

Speaking of Spokane

beat the vulture. By “beat” I mean that I slapped its wing at the top of Doomsday Hill while running the annual Bloomsday run in Spokane, Washington. I had come to Spokane with a physician friend to attend a Primary Medicine Conference and compete in one of the largest organized runs in North America. The race includes a long climb out of the river valley topped by a large vulture (not a real vulture, as that would be cruel) watching for stragglers. The passing runners slap the vulture’s wing in celebratory tradition. In case you look up my time, I run under my Kenyan pseudonym, Allan Kiprono.

My buddy and I had attended the same conference 15 years ago and returning to Spokane was an interesting cultural experience. One of my first observations was that Americans drive closer to the speed limit, which I think can be attributed in part to the numerous gun-slinging Clint Eastwood-esque highway patrol officers. Also, the people of eastern Washington are very nice but they talk funny (just my opinion).

Fifteen years ago the conference exhibits were staffed by pharmaceutical companies handing out a plethora of items including towels, clocks, and laser pointers. Due to current severe advertising restrictions I only found a few booths detailing some of the newer medications, so sadly I couldn’t replace my faded Viagra towel. This year the space was filled with various health groups advertising their services and programs. I also find it interesting how medications change names as they travel across the 49th parallel. For example, Pradaxa is Pradax in Canada. How can you leave off the “a” considering our speech habits? Maybe they believe we will add it anyway—Pradax eh?

Conferences tend to be the same and, without a doubt, physicians in Washington State dress just as poorly as physicians in BC. The only place you will probably see more pairs of


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pleated pants is at an engineering conference. I also observed the same demographics—physicians are an aging profession. One contrast I noted is that the speaker introductions tended to be long, worshipful summaries of credentials. I never realized how many of our Washington State colleagues are Nobel Prize-winning, philanthropic, recreational astronauts.

We often hear about how American physicians have it so good what with their high salaries and elevated quality of living. I think they actually have a very difficult job. They have to navigate the fine line between managing costs for the insurance companies while pleasing one of the most litigious societies in the world. This struck home when, after answering one of the presenter’s questions, he asked me if I taught residents or medical students (either I gave a good answer or he wanted me removed). I answered, “Not since the trial!” You could have heard a pin drop in the room. I quickly added, “Just joking,” at which point everyone laughed with relief.


Spokane is a very pleasant city and I was briefly able to picture myself living there. However, I changed my mind after browsing through a department store that had an entire wall dedicated to guns and ammo. As enjoyable as the weekend was, there is something very comfortable about being greeted by a Canadian border guard sitting with her feet up, pretending she cares if you have anything to declare.

—DRR



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iLearn (...or do I?)

In days gone by, there were few people in the world who had the wherewithal or education to actually make any educational choices in their lives. To learn medicine, for instance, would require years of sacrifice and largely self-motivated and experiential training for an acolyte. Few, therefore, could even consider our vocation.

We now have almost all of the highest levels of knowledge of the most brilliant of history's brains available in print, video, and 3D within seconds of our most esoteric questions. In many cases this information has been reworked to make it even more accessible to those of us with lesser minds. We are able to appreciate the most gifted at the click of a mouse. We can solicit the opinions of almost anyone on any issue. We can independently and quietly teach ourselves nearly anything we want to learn.

However, having all of that resource and actually achieving something with it requires one more thing: commitment to the actual process of learning. We have to respect and appreciate how easy it has become to inform ourselves. We can't just take it for granted or we won't actually value making the effort to retain that information. Even a quarter century ago, educating yourself about a subject meant many hours in the library touching actual books and physically haul-

ing them around to read them. You really had to want to find the answer. Part of how well things were learned or how much you were affected by your quest was in the painful process of extracting it. Verifying something required you to actually talk to someone or follow many hours on the heels of someone with more experience, even to hear a different take on what you found and make you re-examine things again. Seeing and assessing actual patients and writing histories and physicals that were way too detailed than necessary might have actually helped us learn medicine. There is intrinsic value in a process that took longer and was seemingly less efficient.

Now, because we can get good information so very easily, we have changed the way we learn. Medical school PBL curricula actually depend upon students finding out at short notice information to teach each other. We are able to attend webinars, academic meetings, and rounds online, or participate actively or passively in chat rooms, user groups, and other online resources. There are courses in how to use search engines effectively. The process of getting the information is painless, but are we better learners?

It worries me that the more freedom and easy access to information we have, the less we may feel we have to commit to actually learning the things we pick up just from our own full participation in the process. I was at grand rounds a few months back and sat closer to the front than my usual spot. During the talk, which was not in my field, but still very interesting, I looked behind me up the rows and internally cringed at the sight of almost a third of the "participants" frowning down, watching their thumbs flagellate their version of technological device. There were well-meaning, very smart surgical residents who had actually set up little carrels of sorts in the back rows with their laptops open

and a stack of printed PDF files they needed to get through in lieu of a rounds they were "required" to go to, but didn't feel they needed to spend brain power listening to. It must have been less than gratifying to be the visiting professor who was presenting his years of work, learning, and philosophy to be facing such an apparently uninterested group. It was a very interesting talk that I would never have known anything about otherwise and would never have researched. With learning online, you choose what you are exposed to based on what you know or think you need to know. The reason we have CMEs like grand rounds is so that you will be exposed to something you don't even realize might help your practice. In an educational world that is now so self-directed, we have to remind ourselves to take every opportunity to be directed from the outside every now and then.

It is the same when it comes to the practical part of medical education, which I believe at its core has to have the unit of interaction between a patient and learner. It is hard for trainees to understand that an afternoon in the clinic actually helps them pass their exams. Many seem to believe that if there are no classifications to learn, or esoterica to bank, or it seems like they are seeing repetitive cases, that it is wasted time that could be better spent studying on their computer. In fact, the actual *doing* of it and retention of the whole of the educational experience is what focuses the value. Let's not forget about fully engaging wherever possible and actually experiencing what real life—and real people—can teach us.

—CV

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valuable.

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