normalities in the examination for common neurologic disorders.

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Disclosure: Dr. Meador serves on the editorial boards of Neurology®, Cognitive and Behavioral Neurology, Epilepsy and Behavior, Epilepsy Currents, and Journal of Clinical Neurophysiology; performs mental status examinations in his practice (2%); has received research support from Schwarz Biosciences, UCB, Myriad, Marius, Esai Inc., NeuroPace, and GlaxoSmithKline; has received funding from the NIH (R21-NS38455 (Principal Investigator); R01-NS-5-2364 (Consultant); R01-NS03966-11A2 (Consultant); R44AG17397 (Coinvestigator); and R01-NS-039466 (Coinvestigator)); and has received research support from McKnight Brain Institute (Coinvestigator) and the Epilepsy Foundation (Coinvestigator).

Reply from the Authors: We thank Dr. Meador for his interest in our article. Our objective was to determine why medical students frequently report a lack of confidence in performing the neurologic examination. Our hypothesis was that it may be because they have difficulty deciding which of the many different elements of the neurologic examination are important to test for a given patient. This indecision would then lead to a lack of confidence.

To test our hypothesis, we compared the self-reported practice of graduating medical students to that of practicing neurologists (“the experts”) for one specific clinical scenario. We agree with Dr. Meador that the actual elements identified as being “essential” by either group would vary depending on the clinical scenario. However, the goal of our study was not to define the one, essential neurologic examination that applies in all situations but to see if the 2 groups responded differently to the specific scenario we presented to them. We did not find major differences between students and neurologists, and concluded that the source of students’ anxiety with the neurologic examination must lie elsewhere. As Dr. Meador points out, among the potential factors may be the ability of students to anticipate which components of the examination to apply based on a given history, or whether they can perceive the patterns of abnormalities in the examination for common neurologic disorders. These and other responsible factors are worthy of future investigation.

Finally, Dr. Meador also expresses concern about the absence of a formal mental status examination from the elements ranked most highly by our participants. We did include several elements of a mental status examination among the 46 elements from which students and neurologists could choose, including the Folstein Mini-Mental State Examination, tests of language, tests of praxis, drawing, and executive function. Neither students nor neurologists ranked these elements highly in our clinical scenario. However, this should not be interpreted as a general statement about the value of the mental status examination.

The objective of our study was to try to determine what students and neurologists actually do when faced by our study’s scenario. We agree with Dr. Meador that, in many other clinical situations, the mental status examination may be extremely important.

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