

Eponymous clinical signs, clinical skills and the humanities

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Sir,

McLachlan et al (<https://doi.org/10.12968/hmed.2022.0481>) described three attributes – conscientious, competent and caring – to be nurtured in medical students. Physical examination signs are one tool that fills the gaps related to the competent (skills) and caring (humanism and the art of medicine) aspects of this paradigm (Yale et al, 2021). Learning these bedside clinical signs can be satisfying for learners as this elevates the examination as a tool to understand topographical anatomy and disease pathophysiology, reinforcing patient engagement and centrality through a direct hands-on assessment. Signs confirm diagnostic impressions and technology augments the likelihood of disease without supplanting the physical examination. Furthermore, in some cases, physical examination signs avoid discrepancies between what should be done and what is being done to patients.

The authors believe that medical students would prefer more exposure to these signs as they are an applied bedside tool to teach diagnostic and clinical reasoning skills. Clinical signs engage the student and teacher in meaningful learning methods of eliciting the sign and its implications. Information about the key historical aspects behind the person(s) who discovered the sign further helps the learner to associate the name with the sign, providing a better perspective of these physicians' humanistic qualities and, in many cases, their contributions to society beyond their sign. Furthermore, these signs also provide the opportunity to apply the students' understanding of basic statistical principles to patient care at the bedside.

The authors encourage those who design curricula to consider incorporating historical eponymic signs. These tools complement each other and lead to more thoughtful, directive, efficient, cost-effective and patient-centred medical care.

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Reference

Yale SH, Tekiner H, Mazza JJ, Yale ES, Yale RC. Cardiovascular eponymic signs: diagnostic skills applied during the physical examination. Cham: Springer; 2021

How to cite this article:

Yale SH, Tekiner H, Yale ES. Eponymous clinical signs, clinical skills and the humanities. Br J Hosp Med. 2023. <https://doi.org/10.12968/hmed.2023.0236>