How to Guide: Navigating Dr. Lee's Rotation

Neuro-Ophthalmology, Houston Methodist Hospital

Made by Dylan McBee

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ON-BOARDING

MERLIN Application:

- Must be completed before the rotation!
- Complete the application here: www.houstonmethodist.org/apply
- Please refer to Claireese Kimmons (Baylor) for detailed instructions
- Required Documents that must be submitted:
    - Immunization Records (Including yearly influenza + COVID)
    - Health Insurance Coverage
    - Driver License/Passport/Resident Alien Card
    - Background Check: (I used ClearCheck)
    - Urine Drug Screen (10-drug Panel - I did mine at Methodist for $32)
    - BLS Certification
    - Step 1 score report

Learning Management Online Courses:

- After successful completion of MERLIN, you will receive online training modules that must now be completed.
- If you do not receive the online modules within 48 hours, you can contact Charlotte Johnson to expedite the process.

EPIC Training:

Use SuccessFactors to register for and complete the following two courses:

1. Epic Training for Inpatient Medical Students COURSE 1583065 (Online)
2. Epic Training for Outpatient Medical Students COURSE 1583066 (Online)
3. Epic Training for Medical Students COURSE 1584006 (Instructor-Led)

THE ROTATION

Locations:

HMH Clinic: 6560 Fannin St., Suite 450 Scurlock Tower Houston, TX 77030

M-F Clinic with Drs. Lee (am) and Mortensen (pm)

San Jose Clinic: 2615 Fannin St, Houston, TX 77002

Friday Afternoon Free Clinic every other week with Dr. Mortensen & fellows

WIFI:

MethodistGuestWiFi (No password)

WhatsApp:

Used by fellows, residents, and rotating students to coordinate assigning patients.

If you do not get added, make sure to ask on your first day to join

Morning Report

Monday through Thursday from 7:00 – 8:30am via Zoom

Zoom Link: https://us04web.zoom.us/j/71834827197

Password: neuro

What to Expect/Duties:

- Interesting cases from clinic the day prior are reviewed to emphasize critical learning points.

- Requires full participation as you will be asked many questions (even about patients that were not yours).
- Make sure your camera is on at all times.

Neuroradiology Conference

Every Other Tuesday Afternoon via Zoom/Microsoft Teams

Zoom/Teams Link: Please ask fellows for link!

What to Expect/Duties:

- Interdisciplinary meeting between Neuroradiology and Neuro-ophthalmology.
- Cases with indeterminant imaging or those requiring secondary review are brought to neuroradiology for re-evaluation.
- Students can participate by transcribing radiologist's re-interpretation on a word doc.

Houston Methodist Hospital Ophthalmology Grand Rounds

Every Friday Morning from 7:00 – 8:00 AM

Hybrid Conference: Look for weekly announcement to determine location

- Student Learners are expected to attend *in person*

What to Expect:

- In addition to attending grand rounds as an audience member, students have the opportunity to **participate as presenters** if they so choose.
- Case Presentation Tips from Dr. Lee: https://docs.google.com/presentation/d/10vFd8yFTgJjQUUS6QoqxZEu5hOoobvk3/edit?usp=share_link&ouid=118373946104006443157&rtpof=true&sd=true

HMH CLINIC:

General Expectations:

1. Participate in seeing patients with Dr. Lee (top priority)

2. Pre-charting on and seeing select patients (Typically, students take established patients)
3. Try to be helpful to everyone around. Anticipate help needed and do so before being asked (for example: filling out sticky notes, performing IOP if it has not been done)

Pre-Charting*: "Pre-chart with Purpose"*

- Pre-charting takes times and should be performed *at least the day prior* to a clinic visit.
- Use the EPIC smart phrase ".noteLee1" to create the correct template.
- *Tip*: Make sure all other doctors that need to be CC'd are up to date on the note
    - *Any doctor that the patient has seen needs to be CC'd. Doesn't matter if its ortho for a knee replacement. Just add it.*
- *Note*: Pre-charting should focus on the patient/disease AND the patient's experience navigating the healthcare system.
    - E.g., Look for missed appointments, MyChart messages, and telephone calls to the office.
    - Reminder: Uncheck the "Hide additional visits/encounters" tab
    - "Prechart with purpose" means make sure you're not just transcribing the history, but guide Dr. Lee into a diagnostic direction (sometimes this differs from Dr. Lee's initial diagnosis)
- Clinic visits can be categorized into 3 visit types. It is important to understand what type of visit so as to guide your clinic note/presentation.
    - Initial or Diagnostic Visits:
        - No Established diagnosis. A differential diagnosis must be established.
        - Emphasis is placed on patient history & physical exam and should follow with ordering diagnostic labs and imaging.
    - Treatment-Focused or Diagnostic Follow-up:
        - Diagnostic labs and imaging have resulted. A diagnosis is known (Or differential is narrowed)

        - Your visit should focus on treating the problem: Medication, Vision Therapy, Etc.
    - Monitoring or Treatment Follow-up:
        - Is the patient improved/stable/worse? (main question to be answered)
        - Gauge the effectiveness, adherence, and side effects of treatment
        - Is the patient adhering to lifestyle modifications and participating in therapy?

Seeing Patients

Standard testing is performed on all patients:

- Humphrey Visual Field Testing: *Report Mean Deviation*
- Optical Coherence Tomography: *Report global OCT score*
- Asymmetry Analysis
- Visual Acuity
- Intraocular Pressure via Tonopen (Measured by the student)
    - How to use: https://www.youtube.com/watch?v=0IGpGiDHmXs

Results of HVF Testing, OCT, and Asymmetry Analysis can be viewed on Zeiss Forum Viewer which can be opened on desktop selecting the corresponding application and clicking the patient's name.

A Sticky Note should be written for each patient based on the standard testing results with the following information: If there is a prior exam, be sure to document that too. Can be in form of (). For example: MD -2.00 (-5.00), this indicates that the patient has an improvement from prior.

- VA:
- IOP:
- Pupils:
- MD (HVF Mean Deviation):

- OCT Global score:

* Be Sure to give Dr. Lee this sticky note while he is dictating!

Presenting: *Brevity is critical*

- Presenting patients occurs in the clinic room and should be brief.
- Dr. Lee is most interested in the following:
    - Is the patient worse/better/stable?
    - What were the results of their diagnostic testing?
    - Is the patient adhering to treatment and lifestyle modifications?
- Be ready for any question about that patient's history to be asked!

Some Must-Know Diagnoses

While you never know what you will see in clinic there are a few diagnoses to be familiar with…

1. Idiopathic Intracranial Hypertension

   Link: https://www.youtube.com/watch?v=aMWU9euJKe8

2. Giant Cell Arteritis

   Link: https://www.youtube.com/watch?v=McbiRK_0KGE

3. Non-Arteritic Anterior Ischemic Optic Neuropathy

   Link: https://www.youtube.com/watch?v=tW8PUoDvoVk

4. Migraine

   Link: https://www.youtube.com/watch?v=NEKU8cP9eto

5. Diplopia

   Link: https://www.youtube.com/watch?v=hiy3SQ7Gzss

6. Ocular Myasthenia Gravis

Link: https://www.youtube.com/watch?v=vgc_xDxAvK8

Outside Studying

If you have the time to study, I recommend these 2 resources:

1. Neuro-Ophthalmology with Dr. Andrew G. Lee:
   https://www.youtube.com/@Neuro-OphthalmologywithDrAndre
   - Comprehensive video series that will give you the basics on any disease process
2. OphthoBook: Intro to Neuro-Ophthalmology
   https://timroot.com/neuroophthalmology/
   - Easy read to get started…

SAN JOSE CLINIC:

Friday Afternoon Free Clinic every other week with Dr. Mortensen & fellows

- Use this opportunity to help workup patients and practice physical exam skills

THE USUAL SUSPECTS:

While testing will vary between patients, many cases require testing for "the usual suspects".

They are listed below:

1. Neuromyelitis Optica (NMO Ab)
2. MOG Antibody Associated Disease (MOG Ab)
3. ESR/CRP (GCA)
4. CBC (Degree of thrombocytosis predictive of Giant Cell Arteritis disease activity)
5. Vitamin B9 & B12 (AND MMA and Homocysteine)
6. Syphilis (RPR and FTA-AB)
7. Bartonella IgM/IgG
8. Lyme Disease (borrelia burgdorferi IgM/IgG)

9. Tuberculosis (QuantiFERON-TB Gold)
10. Sarcoidosis (Serum ACE & Lysozyme levels)

DR. LEE's PHRASES: *What is he really telling you?*

The Phrase	The Interpretation
Pre-chart with purpose	Formulate a hypothesis, test the hypothesis, and establish a diagnosis and management plan. If you don't know a diagnosis, look it up and preferably add a diagnostic criterion
Start at the start	Begin at the start of the patient's clinical presentation and include all hypotheses, diagnostic and laboratory work up, and follow up visits in chronological order.
S/he could have died	A portion of the patient's clinical history may include potentially life threatening or debilitating aspects. Don't do that.
Don't do that	Most of the time it is not meant in the literal sense. Learn from the case, learn to recognize what other people are missing/not doing, and incorporate that in your future practice.
Use the props/prompt	Use the images, including the highlighted portions and arrows on the images, provided to guide you through an explanation. Dr. Lee will likely be moving the cursor to guide you.
Stay on the train	Use the pattern of the discussion to guide your answer to the question: ex. When discussing the elements of the HPA axis: Hypogonadotropic hypogonadism → hypergonadotropic hypogonadism → hypogonadotropic hypergonadism → hypergonadotropic hypergonadism.

Don’t let amygdala grab you	Avoid (1) word salad of different terms you know related to the topic at hand without answering the question (2) Broca aphasia of not using the discussion to guide you towards the answer (3) saying what is at the tip of your tongue or the first response that comes to mind.
Don’t just answer	Use the phrases and interpretations to use prompts, patterns in the discussion, and structure to answer the question. Used in conjunction with “use the slow system”. Don’t just answer, think about it first.
It’s not a trick	It really isn’t a trick and the answer is right in front of you (Dr. Lee will either be pointing to the answer physically or with his cursor, or the answer is a repetition of the question stem, or the answer is related to a pattern of answers in the discussion). Example: what is the most common cause of nephropathy in a diabetic patient? Diabetic nephropathy.
Your answer must include…	When discussing the meaning of a particular phrase, dissect the phrase into individual components and interpret the terminology backward to forward.
You didn’t answer the question	Quite literally, the question was not answered. What likely happened is that the question was either misunderstood or altered in your mind. Hence the answer to that question, while it may be correct, was not the answer to the question. You can prevent this by repeating the question prior to answering.
Use the slow system	Repeat the question and have structure within your thought process. Avoid saying the first thing that comes to mind.

Use a structure	You must have a framework prior to answering the question, otherwise you'll likely give an overly precise answer. Example question: what is the cause of optic disc edema in this patient? Instead of just listing NAION vs GCA… etc. List broad thoughts: ischemic, autoimmune, infectious, elevated ICP, etc. Once you establish the structure, then proceed with details.
You must the fix the bad answer first	You must repeat the bad answer and then fix it by getting to the root cause of why the answer was given. Often times, you must start with what normal looks like, then explain the bad answer, and finally, fix it by giving the right answer
Show your work	If the answer to the question is "-20" and you answer "20", you get a 0/10. However, if you showed all your steps (which were correct), but ended up with the wrong answer, you still get 9/10. Show Dr. Lee that you didn't just guess or memorize the answer, but that you know the underlying basics
Explain it to them	This is a combination of everything: "fix the bad answer first", "use the slow system", "use a structure", and "show your work". Explain it to them like Dr. Lee would.