

# Ask the Next Question

Elizabeth Hoppe, OD, MPH, DrPH



**L**ike many optometric educators who have been teaching for a while, I can think of several “best days” that have happened over the years. As I am completing my term as editor of this journal and embarking on the next exciting phase of my career in optometric education, I want to take this opportunity to reflect on one of my *first* best days. This memory has stayed with me as a source of inspiration and an important reminder for about 20 years.

Early in my faculty career, I spent a fair amount of time as a preceptor for third-year students in the primary care service. I always enjoyed working with these students, who were taking their first steps transitioning from the classroom to patient care. I took pleasure in helping them translate their book knowledge into solid clinical skills. One of the areas where I spent the most time was in helping to develop the students’ communication skills. We did role-playing to practice patient education skills and to improve basic instructions for performing the different parts of the examination. We wrote and practiced scripts to provide information about common eye conditions. One area on which we worked particularly hard was enhancing history-taking skills.

I found that students were quite proficient in reciting a list of history ques-

tions. What they lacked, however, was the ability to handle the information they received. They had not yet developed the skill set or the comfort level to enable them to probe more deeply when necessary. It was a challenge for them to gain a better understanding of the information patients presented during the initial case history portion of an examination. It was not unusual for a student to report a “positive history of cancer” for a patient but not be able to describe when, what type of cancer, what type of treatment, and most importantly, how the *person* is doing now. One of my first “best days” took place in this context.

My bright and eager third-year student performed an excellent ocular health assessment of the anterior segment and reported the patient had significant staining on the inferior portion of both corneas. Although a number of causes may be associated with this sign, for some reason, based on the findings, it occurred to me the staining might be associated with nocturnal lagophthalmos. From past experience, I had noticed that many of my patients who presented with these signs were undergoing significant stress in their lives. I instructed the student to return to the examination room and ask the patient how she was sleeping at night and if she was experiencing anything particularly stressful.

Some time later, the student returned with a detailed story. When she asked the questions, her patient broke down in tears. About a year previously, the patient’s daughter had been in a terrible car accident. The daughter sustained multiple severe injuries, including a significant traumatic brain injury. As a consequence, the patient was now car-

ing for her impaired daughter and her young grandson on a 24-hour basis with no support services. The stress was just too much for her to bear, and she was experiencing a number of physical symptoms as a result, not the least of which was difficulty sleeping.

The student was understandably overwhelmed by the patient’s circumstances and certainly had not expected her “routine” examination to take this dramatic turn. In this teachable moment, I had a conversation with my student, emphasizing these critical points: 1) when you open the door to receive information from a patient, you have to be prepared to deal with the situation further; 2) as a primary health care professional, it is your job to care for the whole patient; and 3) as a health care professional you are in a much better position to navigate the complexities of the health care system and health care services than your patients are.

Coincidentally, I had recently attended a community-based public health networking event. I recalled learning about an adult day care program at a rehabilitation hospital that provided care for individuals with traumatic brain injury. I dug through the papers in my office until I uncovered the brochure from the program. With my support and guidance, the student presented the information to her patient, provided the phone number, and encouraged her to call.

A few weeks later, toward the end of the term, I told the student it was time to follow up. The student pulled the patient’s record and found time in her schedule to call the patient and touch base on what had transpired. The patient had indeed followed up on the

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referral. She enrolled her daughter in the program and was now transporting her to the center on a daily basis. This gave the mother and her daughter some much-needed support, and it allowed the grandmother to take better care of her grandson. It was still early in the process, but the patient was already experiencing some benefits to her overall health because she knew that her daughter was getting improved access to care.

This was a valuable learning experience for the student and for me. It started with making a clinical observation and asking a question. It involved creating a

safe and comfortable environment for the patient to talk about an important issue. It involved listening with compassion. It involved taking the time to help in some way. I know this experience helped me become a better doctor and a better teacher. I hope it helped shape the career of the student who was involved.

All these years later, if I ever encounter the same situation, I will handle it differently. Now, I have a better understanding of interprofessional care, and I have better access to other professionals working together in the same health care team. I also have a deeper apprecia-

tion for the role optometrists play in rehabilitation of traumatic brain injuries. Next time, I might not be the one who finds the community resource. Instead, I might be the one to introduce my patient to members of an interprofessional team, who can all work together to coordinate her daughter's care. That is exciting to think about for the *next* 20 years!

*Dr. Hoppe is Founding Dean at the College of Optometry at Western University for Health Sciences.*

## INVITATION TO PARTICIPATE UPCOMING THEME EDITIONS

### Implementing the Teaching of Critical and Clinical Thinking

In optometry, critical thinking as it relates to clinical decisions and patient care is a specific outcome of the educational process. Many optometric institutions have initiated courses dedicated to teach critical thinking, clinical decision-making, and integration of knowledge. *Optometric Education* is announcing a future theme issue, which will focus on courses designed to achieve the goals of teaching critical thinking, clinical decision-making, and integration of knowledge. **We invite all educators involved in these courses to participate in the theme issue.** To allow for additional time for outcomes assessment, the deadline to submit articles for this theme issue has been extended to **November 30, 2010**. Accepted manuscripts will include: innovative teaching methodologies, course description and assessment, research on how, when, and why students learn about clinical thinking or teaching interventions that increased learning.

### Scholarship

Scholarly contributions by faculty are a critical component of faculty development, promotion/tenure, and delivery of optometric education. Most optometric faculty have minimal formal training in professional writing, research, and publication. Scholarly contributions move education forward and can significantly impact the profession. *Optometric Education* is announcing a future theme issue, which will focus on scholarship. The theme issue is scheduled for publication in 2012. We are sending this invitation early to allow for adequate time to design appropriate studies. We invite all educators and administrators to participate in this theme issue.

For additional information on the theme issues, contact Dr Aurora Denial, deniala@neco.edu