

My Best Day in Optometric Education: And I Wasn't Even Present

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Five years ago, my teaching career entered a new phase. For the first time, I had the unique privilege of teaching in all three years of our didactic academic program, as well as the fourth year clinical program.

Teaching in each year of the curriculum, from the entering class's first semester through graduation, allowed me to see the remarkable development of the nervous first-year students, who wonder if they can get through the demanding program, to confident competent clinicians. Seeing them and their families during graduation is always a high point for educators, but it means even more to me now that I have followed them through the whole of their optometric education.

As in most optometric programs, we begin in the first year by emphasizing basic knowledge and tools while simultaneously introducing integration. While the students progress in school, the integration of accumulated knowledge and application to clinical situations takes a more central role.

My first lecture of an entering class's first semester begins: "You are no longer students. You are doctors-in-training. This requires a different frame of mind, concentrating on what is needed to care for patients rather than simply learning to pass tests." This message holds – at least until they approach the first exam. By the third year, however, they get it.

They are truly becoming doctors.

A second message I give the students (which some have named London's axiom) is: "Accept the fact that if you can't apply it, you don't know it (at least not well enough)." The intention is to encourage them to take responsibility for their education and recognize the impact that errors can have on patient care.

All this leads to an example of my best day as an optometric educator. Our goal is to develop excellent and self-sufficient clinicians, with a strong knowledge base and the ability to integrate that information to provide quality patient care, with the knowledge to make the proper diagnosis and the confidence to stick by it when challenged.

Ironically, my best day in optometric education happened when I wasn't even present. I was lecturing out of state, and a colleague filled in for me. A patient was referred to our clinic with the diagnosis of esohypotropia of the left eye. The preceptor agreed with this diagnosis. One of my interns, however, remembered to check the alignment in different positions of gaze and compare those findings with her ocular motility findings. She said, "I don't think the problem is in the left eye at all, nor is it an esotropia. I think this patient has fixation duress and the real problem is a superior oblique palsy of the right eye."

Although doubtful, the preceptor listened as the intern explained that fixation duress occurs when a patient has a dominant or preferred eye that he chooses to use for fixation, even though that eye may have some disadvantage, such as a muscle paresis or fibrosis. The patient, therefore, fixates under muscle duress. This can confuse a clinician who, for instance, expects the result of a stroke to be a left esotropia, yet the patient presents with a right esotropia. In

this case, the patient preferred to fixate with his right eye, even though a superior oblique palsy was present. The result was that the left eye appeared hypotropic. Over time, the phoria also manifested and the eso became obvious.

Childhood photos of the patient confirmed he had a marked left head tilt to compensate for the right superior oblique palsy. The good news was the patient's prognosis improved with the new diagnosis of a superior oblique palsy with compensating head tilt. With proper treatment, he now had a chance to reclaim binocularity.

When my colleague told me about the case later that week, he was clearly impressed. So was I – and proud. What could be better for an educator than to hear about an intern who could remember what you had taught her didactically, then apply it to a difficult case – of a type she had never seen before – make the correct diagnosis, and have the courage to defend it.

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