

Antara Gupta

Mr. Speice

Independent Study & Mentorship

15 February, 2019

Scans, Scans, and More Scans

Assessment 15 - Mentor Visit

Mentor: Dr. Dike

Profession: Neurologist

Location: Affinity Neurocare 3388 Main St. #100 Frisco, TX 75033

Date: January 13th, 2019

Time: 5:00 p.m - 7:00 p.m

Assessment

With less than a day left before the original work deadline, the purpose of this mentor visit was to mainly review the overall project and get Dr. Dike's approval on the final drafts of the case studies. However, this mentor visit also allowed me to learn new information about different neurological tests and even apply the knowledge that I had acquired from research assessments.

Starting off, I showed Dr. Dike the patient case study I had written over Bickerstaff's Brainstem Encephalitis so that he could make any edits or corrections if needed. Dr. Dike found the report well-written and even encouraged me to continue practicing this skill by writing these

types of reports over the summer when there was more free time. This made me realize that as an aspiring physician, there is a lifelong journey of learning and practicing ahead of me because there is no such thing as achieving perfection in the field.

Since Dr. Dike had given his stamp of approval on my case report over the patient with Bickerstaff's Brainstem Encephalitis, I was certain that he would also approve of my infographic over Anti-Gq1b Antibody Syndromes because all the information on the poster was from the knowledge I acquired while working on the case studies. As predicted, Dr. Dike also approved of the infographic, and he was quite excited to hang it up in his office once I was done using it for Research Showcase. I am quite excited to see my infographic being used to help patients develop a better understanding over Anti-GQ1b Antibody Syndromes.

Finally, Dr. Dike showed me the scans and tests that were done on the patients with Guillain-Barré Syndrome and Bickerstaff's Brainstem Encephalitis. As we reviewed the numerous scans and tests, Dr. Dike explained that in patient case studies, only the abnormal scans are included in the report so that readers are able to clearly see how the condition was detected and diagnosed. Thus, there was no reason to show an in-depth interpretation of every scan in my patient case studies.

For the patient diagnosed with Bickerstaff's Brainstem Encephalitis, we decided it would be best to only include the MRI brain scan because it clearly showed the encephalitis. Interpreting the MRI brain scan was quite fun since I had completed a research assessment over this exact topic, and I was able to identify the abnormal regions. When Dr. Dike showed me the scan, I immediately recognized the hyperintensities in the brain stem. Dr. Dike further described the scan, and he characterized the hyperintensity as T2, in which fluid such as water and

cerebrospinal fluid are white. Seeing how the research assessments I completed in the beginning of the year were directly helping me during the mentorship part of ISM truly made me appreciative of the course's layout. For the patient with Guillain-Barré Syndrome, it was decided that only the nerve conduction study needed to be included. Since I was not familiar with how to read the results of such a test, Dr. Dike pointed out the significant parts of the reading and their interpretations. In addition to these scans, I also included the respective results of the CSF analysis because a spinal tap is significant determinant of whether or not a patient has Bickerstaff's Brainstem Encephalitis or Guillain-Barré Syndrome. Thus, readers of the patient case studies could see how the white blood cell count and protein count made the diagnoses clear.

Overall, this mentor visit was quite successful because it established my original work as officially complete. Now that there will be ample time to shadow Dr. Dike in the clinical setting, I look forward to meeting patients and learning about different neurological conditions.