

Lily Jones

Speice 3A

Independent Study and Mentorship

19, April 2019

### Observing T1D Patient

#### Assessment 19- Observance

**Observed:** Dr. Carey Brooks: Interaction in Appointment with Type 1 Diabetes Patient

**Profession:** Optometrist (O.D.)

**Location:** Frisco Eye Source

8049 Preston Rd Ste 200, Frisco, TX 75034

**Date:** April 9, 2019

**Time:** 9:00am

#### **Assessment:**

During this observance, I was able to watch Dr. Brooks' interactions with a Type 1 Diabetes patient. The observance first started with a quick analysis of the patient and how the individual has balanced diabetes and his/her eyesight. Facts such as having a 6.5 A1C, having dry eye at some point in his/her life, and having trouble with daily contacts was stated, in order to get a general look at the situation at hand.

To first start out the appointment, the patient was asked to read lines of letters across the room, first with his/her contacts still in. Then, the patient was asked to remove the contact lenses and go through three machines, for test results. While getting the scans of the patient's eyes, Dr. Brooks allowed me to see her at work and view the images she was seeing

of the eyes. From this, Dr. Brooks was able to conclude that the individual was somewhat nearsighted. After this process, Dr. Brooks adjusted the lenses and introduced the patient to a new set of letters across the room. After more adjusting and testing each of the patient's eyes, Dr. Brooks was able to come to a conclusion as to why the patient was having difficulties with his/her daily contacts.

Dr. Brooks stated that the person had -4.75 in the right eye, and -4.00 in the left. The patient's prior prescription was weaker than needed and the individual's eyes had been undercorrected the whole time. The patient's contacts had been monovision, meaning some distance was taken away overall, when looking through the contacts. At this point, there were some options that Dr. Brooks proposed. The first choice was monovision, which is one eye gets full distance coverage, while the other eye gets closer vision. The second option was bifocal contacts, which is slightly undercorrected vision in both eyes, making long vision a difficulty. After some conversation between the patient and Dr. Brooks, the individual chose to try out the monovision contacts for a week. This meant changing contact brands and trying out the new prescription for a little while. Dr. Brooks did warn the individual that the new contacts are not for everyone and may take some adjusting to.

The last part of the examination was testing light in the patient's eyes. I was able to observe and see the individual's healthy cornea. Toward the end of the appointment, Dr. Brooks looked at pictures of the patient's eyes and examined that the person has some gland blockage, but nothing major. With diabetic patients, certain aspects and parts of the eye must be more closely examined in order to ensure that everything is healthy and in line with T1D.

Overall, the observance with Dr. Brooks ran very smoothly. I was able to see the patient's eyes, while Dr. Brooks pointed out anything that she noticed. Also, while working with her patient, she talked through what each machine does and what specifically we were looking for.

Lastly, the final part of the visit with my mentor was covering some important topics, since the last time we met up. This included the Watauga visit in a couple of weeks, the amount of glasses collected during my drive, and the article that I am working on. The time spent with my mentor was valuable because it served as both an observation and a visit. Over the next month, more projects will be completed in order to finish my Final Product for Final Presentation Night. It will be exciting to see how everything unfolds and how much I have learned by the end of the year.

[Observation Notes 1](#)

[Observation Notes 2](#)