

Interview Assessment #2

Name of Professional: Dr. Dwain Robertson

Profession: Non-surgical Sports Medicine

Company: Baylor Scott & White Sports Therapy & Research at The Star

Date of Interview: October 26, 2021

Assessment:

Dr. Robertson was my second interview, whom in which is also a part of the Sports Concussion Program at The Star. He treats athletic injuries that are musculoskeletal related, as well as traumatic and mild traumatic brain injuries and chronic degenerative conditions. Going into our meeting, I hoped to learn about patients-doctor relationships as well as the methodology behind diagnosing and treating patients.

Oftentimes, patients come in with an idea of what they want to be told and are not open to other diagnosis, so I wanted to inquire about how to overcome this problem. Dr. Robertson told me that he always keeps in mind that patients have the right to their own autonomy, so he can not try to change their opinion, but rather can stand firm in his medical advice. He also reminded me that doctors can suggest second opinions to reassure patients in their decision making. Moreover, Dr. Robertson recommended that I try to intern at a medical clinic or volunteer as a scribe at a doctors office to get medical experience. However in his advice he suggested that I don't just lock in on neurology, but explore other specialties as well so that I can determine what I am truly passionate about. On the treatment side, Dr. Robertson and his team use the Impact, VOMS (vestibular oculomotor screening), BRAC (behavior regulation assessment), and clinical profile screen to assess concussions. These tests monitor if patients are doing their assigned concussion recovery activities appropriately, and screen symptoms associated with concussions.

In terms of diagnoses, Dr. Robertson first looks over patient's past medical history things such as past surgeries, current medicines, or even little things like allergies to get background information before he goes to even physically see a patient. This reminded me that as a physician it is crucial for me to seek medical history prior to patients' visits, that way I can determine various underlying issues. Next in Dr. Robertson's process is asking patients questions such as what makes their pain worse or better, and where exactly is their pain? Lastly, he does a physical examination doing what is called a differential diagnosis, which is a list of possibilities that the issue could potentially be that will help guide whether he or not he needs to order x-rays. Through Dr. Robertson's description of his physician routine, I realized how crucial it is to narrow in on the little things about a patient, rather than look at their issues or injuries holistically. Analyzing these minor details can make not only my life as physician in the future easier, but my patient's treatment a smoother process.

This interview was very insightful for me as it informed me on the behind-the-scenes of what being a doctor truly entails. I have to be willing to be very detail-oriented and open minded when it comes to treating, assessing, and diagnosing a patient's issues. Above all, I learned the realities of what it takes to be a physician, but more importantly a good one.