The Login That Provided the Password to a Clinician Educator Career

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"If you can't imitate the walk, you don't know it," Dr Login declared as we practiced various neurological gaits. He fit the bill of the stereotypical attending neurologist: salt and pepper hair and beard, which he periodically would stroke thoughtfully on rounds. I was simultaneously in awe and terrified when I met him during my neurology clerkship. His encyclopedic knowledge was intimidating, and he was known for his thoroughness of the physical examination. At the same time, his smile demonstrated an undercurrent of kindness beneath his steeliness.

One afternoon on service, he gathered the medical students and residents to discuss the assessment of gait. He had each of us choose one gait and demonstrate it for the others to guess the diagnosis. I was sweating because I had spent my introverted life avoiding any public performance. My best friend from medical school was the first to volunteer; she careened around the room, veering to either side, just catching herself before she fell. *Astasia-abasia*, we called out. I braced myself against the arms of the chair as I arose, barely budging my feet that seemed stuck to the ground. *Magnetic gait: normal pressure hydrocephalus (NPH)!* We each found a different way to ambulate around the room, and Dr Login would comment and give us feedback on how to make our movements more realistic to the deficit.

Finally, we were surprised that Dr Login himself volunteered to demonstrate a gait. "Everybody always seems to laugh when I imitate this one," he said, smiling as he waddled around the room. He exaggerated the swing of his hips up and down, accentuated by the flip of his white coat. *Trendelenburg gait!* We were impressed that he led by example.

Because of my experience with Dr Login on the inpatient wards, I asked him to be my mentor when I applied for neurology residency. I was still awed, but somewhat less intimidated. I was touched by how deeply he cared for my future and by his attention to detail with my application. I had written 2 separate essays, one for my internal medicine internships that drew parallels between my love of drawing human portraits and how this illustrated my passion for medicine, and another for my neurology categoricals about how my paraplegic physician grandmother inspired my pathway to becoming a doctor.[1] While the story about my grandmother was meaningful to me, it felt hackneyed, a typical essay about a family member's illness inspiring an applicant to become a doctor. Dr Login thought the portrait essay yielded better insight into my passion for neurology, so he suggested I switch the application essays.

I matched for neurology residency where I attended medical school, so I worked with Dr Login for another 4 years. I had a slightly different perspective of his inpatient approach as a resident because, while as detailed and informative as ever, rounds always ran long. He wasn't completely oblivious to reminders that we needed to finish by noon to attend the daily lecture, but he insisted on completing a neurological examination on every patient admitted. Not just reflexes and strength on a suspected acute inflammatory demyelinating polyneuropathy patient, not just the relative afferent pupillary defect on a first-time optic neuritis: the full neurological examination. On every single patient to the general neurology service. I can still picture him encouraging us to call out the muscle groups being tested with hip flexion and extension, knee flexion and extension.

His encyclopedic knowledge also often meant that he would whip out an additional maneuver nobody else had seen. Every year he bought each of the second-year residents a Maddox rod and gave us red swizzle sticks so we could assess extraocular movements and red desaturation. I still have these tools after all these years, and I think of him whenever I pull out the Maddox rod or demonstrate 5 different ways to elicit the plantar extensor response (Gather round, there's more than just the Babinski!).

His skill as an educator was widely recognized. He had an endowed chair, the David A. Harrison Distinguished Teaching Professor of Neurology. He won multiple awards for teaching residents. Abstracts, book chapters, research articles, national lectures, community education: he had done it all.

Dr Login exemplified lifelong learning by his natural curiosity. My neurology categorical years spanned 2008 to 2011, around when smartphones emerged. Once, we assessed a patient using an optokinetic strip

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he pulled from his bag. He joked, "Is there an app for that?" He ended up mentoring one of my co-residents with an interest in research and technology, and they worked with some undergraduate biomedical engineering students to develop an app that included a virtual optokinetic strip that moved at various speeds and other ophthalmological assessment tools.

He was as endearing as he was brilliant. Even while contributing to the app development, he joked about keeping up with rapidly changing technology. Our hospital system moved from paper inpatient charts to an electronic health record (EHR) during my residency. We had used a basic electronic system for some outpatient clinics and ancient DOS-based inpatient ordering, but switching to a completely different EHR that encompassed everything was a transition for all of us. One time he called information technology for help: he could see his name on the screen, but he couldn't get into the system. After some minutes, the tech realized that Dr Login had been interpreting the part of the screen that was asking him to log in as his name: LOGIN.

As I moved to fellowship and practicing as an attending, I often thought about Dr Login, particularly when teaching on rounds. I began to appreciate those countless reps of doing the full neurological examination under the watchful eye of a master clinical teacher. When I myself won the faculty teaching award from our neurology residents at my medical center, I reflected with gratitude on my educator mentors. I thought about him more specifically this spring, when I attended the American Academy of Neurology (AAN) annual conference. During one of the plenaries, they listed the physicians with the longest continuous membership. I was excited and proud to see "Dr Ivan Login" listed as being a member of the AAN for 50 years. I had a fleeting thought: "I should reach out to him!" I wish I had acted on that impulse, because I found out that Dr Login died a few months later.

I had my own "Dr Login" moment a few years into being an attending. On a busy inpatient service, my team was consulted to manage hypertension in posterior reversible encephalopathy syndrome. The resident presented this as an open-and-shut case, but I sensed the examination had not captured the entirety of the patient's deficits. With residents and medical students at the bedside, I whipped out the Boston Cookie Theft drawing, a line bisection task, and a modified smiley face for the patient to copy. The patient's failure to describe the left half of the drawing, copy the left half of the face, and correctly judge the line bisection that skewed rightward demonstrated the missed hemispatial neglect. The icing on the cake was when I asked the patient to count how many people were around his bedside: he missed the half of the team to his left. We spent half an hour performing these tests and eliciting additional clinical details. The extra time for these tests extended rounds, but they helped the team arrive at the patient's correct diagnosis, progressive multifocal leukodystrophy.

Dr Login, nurturer of careers, would have been proud.

Reference

1. Acosta S, Acosta LMY. Localizing my paralyzed grandmother. *Neurology*. 2024;102(3):e208086. doi:10.1212/WNL.0000000000208086

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This essay is dedicated to the consummate clinician educator, Dr Ivan Login (1946-2024), Professor of Neurology at The University of Virginia Health System, and in gratitude for the scores of learners and colleagues whose lives he touched.

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