RetinaThread | 30 minutes

Clinical working session with Dr. Dhanashree Ratra | 9 October 2026

Leave with: one agreed use case, three corrections, named clinical and institutional owners, and a date for the next review.

Opening: “Your objective is that nobody loses vision because information or the next step was missing. RetinaThread connects each eye’s evidence, your approved plan and whether care happened. Today we need your judgment on where to start and what would make this trustworthy.”

COA in twenty seconds: Every case has a defined identity, permitted actions, an accountable owner and a recorded result. Evidence is linked to the plan; booking, understanding, attendance and measured vision remain distinct.

0-4 min	Agree the patient group and failure to solve
4-16 min	One invented case: evidence > plan > understanding > follow-through
16-21 min	Agree the evaluation outcome and stop condition
21-28 min	Research permissions, export route and first clinic team
28-30 min	Read back decisions; name owners and the next date

1. Is adult DME follow-up the right first workflow, and which single failure matters most?

Capture: population, exclusions, priority failure and primary user.

2. What evidence must you see before reviewing a case, and what missing or contradictory fact must block progress?

Capture: required sources, measurement methods and blocking omissions.

3. What is unrealistic in this invented case, and which two difficult cases should we test next?

Capture: three corrections, two scenarios and who can adjudicate them.

4. If evidence is poor or follow-up is missed, who receives the problem and what must happen next?

Capture: owning role, clinician-defined timing and escalation route.

5. What in this patient plan could be misunderstood or unsafe? What should the patient explain back?

Capture: approved wording, first language, caregiver role and language reviewer.

6. Which first result would persuade you this is useful, and which error would stop the pilot?

Capture: outcome, comparator, duration, unacceptable failure and evaluation owner.

7. Who can confirm reuse rights for OCTSurfer, related code, weights and data, and arrange authorized device exports?

Capture: separate rights owners, data custodian, export formats and technical contact.

8. Which clinic team could evaluate the corrected version, and who owns the next step?

Capture: site, clinical lead, coordinator, institution contact and review date.

Demonstrate: upload the invented report, check patient/eye, enter a source-linked fact, sign the exact plan, open the patient document, and record a witnessed step. Introduce one missing fact and let Dr. Ratra correct the flow.

Be precise: deployment and software tests establish engineering behavior. They do not establish clinical performance. No learned diagnostic or treatment model is released. Real data, research reuse, device commissioning and a supervised pilot each need their actual institutional route.

Close: “We agreed [use case], [three changes], [owners] and [next review date]. What have we misunderstood?”