

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Elective Reflection Cyprus 2015

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the commonest presentations seen in a General Ophthalmology clinic in Cyprus and how does that compare with the UK?

Demographics in Cyprus follow the trend of developed countries and survival age is around 75 for men and 81 for women. It did not come as a surprise therefore that there is a high proportion of patients in a general ophthalmology clinic with cataract problems. Another commonly encountered eye condition was glaucoma. All the patients who had glaucoma had come in as routine monitoring appointment. I did not come across a closed angle glaucoma case during the time I was there. There were quite a few routine patients who came for their diabetic retinal review. Another common presentation was that of "red eye". Most of the times, since it was spring season, the diagnosis was allergic conjunctivitis, although few people had viral conjunctivitis. Some other usual presentations were blepharitis and chalazions. In terms of problems in the posterior chamber and retina, the majority of cases involved dry age related macular degeneration. I only came across one patient with detachment of the retina and she was referred straight to a specialist in another city to be operated on. The consultant I was with told me that in his near-30-year experience in Cyprus, he had only seen 7 cases of melanoma in the eye. Generally the conditions that I had seen in the clinic were more or less similar to the ones I had seen during my SSC placement at the Royal London Hospital. Nevertheless, there were no statistics available to comment on the frequency of these eye conditions in Cyprus.

Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How can patient access ophthalmology services and how are these delivered in Cyprus? How far and in what way do the private and public sector work together in order to deliver best patient care?

The healthcare sector in Cyprus is in the process of remodelling. Currently however, it is a mixture of public and private/insurance healthcare. As a general rule, people who can receive free healthcare from the state general hospitals are those who work in the public sector. Also, people with chronic conditions such as rheumatoid arthritis patients can have their medication subsidised by the state. What is more, there are certain more specialised procedures which are not performed by the state hospitals. For such procedures, the department of health subsidises the operation to be done privately. People who are not civil servants usually have as part of their job contract health insurance, which covers for themselves and their immediate family. As a result, there are a lot of people who visit private clinics of Doctors rather than go to the hospital. Generally the private sector tends to be quicker. Consequently, patients with an acute eye problem for which they are worried, tend to seek help from the private sector due to ease of access. Because of the system and the high number of private doctors, as well as the fact that Cyprus is a small place and from person to person it is very quick and easy to be suggested a specialist doctor, it is very easy to be seen within the day by one.

Health related objective: How far do the tasks of an ophthalmologist, running his/her own private clinic, overlap with those of other disciplines in other eye healthcare professionals such as opticians and optometrists? How is the upcoming remodelling of the healthcare system going to integrate these disciplines into one efficient multi-disciplinary team?

Generally speaking, there is no regulation regarding the cooperation of the various disciplines in the field of eye health. There are a few corporations that house opticians, similar to ones in the UK such as Specsavers. Such corporations have been offered the opportunities to be part of the upcoming remodelled national health system, by being contracted to provide services to the public. However, at the moment there is little incentive for them to do so as they already are well established and people generally go straight to them for issues to do with glasses, contact lenses and refractive issues in general. Some opticians and orthoptists will be employed by hospital trusts but whether the majority of the other disciplines in the field of eye care will fully integrate in the national health plan is uncertain.

Personal/professional development goals.: How were personal experience, competencies and skills applied in a different healthcare system and which areas for improvement or different approach were identified?

The experience in Cyprus was quite different to being a medical student in the UK. Medical schools in Cyprus have only existed for 3-4 years. The hospitals staff and patients in Cyprus are thus not really used to having medical students around. I frequently needed to explain what my role there was. Often patients would still have expectations from me to come up with advice and management plans before they would see the doctor himself. Thankfully, I have had good experience and training during Medical School in communication skills and I was able to handle situations like this. In terms of practical skills, I had the opportunity to insert a cannula on a patient who required fluorescein angiography. I became more confident with the direct ophthalmoscope. I had an opportunity to use the high magnification lens with the slit lamp to look at the retina. Although a routine skill for an ophthalmologist, it was really rewarding to be able to see the retina through that lens as I felt I am doing the first, perhaps “baby”, steps towards a career in the speciality I am interested in. I was exposed to visual field testing and OCT machines and images. In theatres, I was not required to scrub in since the surgeon had an assistant with him. The way in which cataract surgery was carried out was similar to the procedures I observed here in the UK. The difference was that he would always perform a subtenon’s block for anaesthesia rather than eye drops. I had observed quite a few cataract surgeries in the UK which were all uncomplicated and I was not expecting in the shorter number of operations I would see in Cyprus to come around problems. However, I observed a patient with phacodonesis who unfortunately during surgery had rupture of the posterior capsule of the lens. The procedure was stopped and the surgeons got in touch with a colleague specialised in vitreo-retinal surgery who would operate on the patient the next day. I did not know much about that condition or the complication so this urged me to read up on the subject. It was also interesting to observe how the medical staff dealt with the situation. This gave me an opportunity to think how I would deal with such a situation and compare the way of dealing with this kind of adverse event in Cyprus and in the UK. I was not convinced the patient left knowing very much of what had happened, in fact he must have felt quite confused.

All in all this was a very enjoyable placement where I got to be involved in the speciality that interests me the most, in a welcoming environment at my country of origin. The fact that I also got to speak to

patients in my native language was also something very enjoyable as it was even easier to create a rapport with them. I got a taste of how it is to be a doctor in my home country as in previous encounters within the healthcare sector I had almost always seen things from the patients' point of view.