ELECTIVE (SSC5c) REPORT (1200 words)

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

I feel I fulfilled my personal development goals in multiple ways, with thanks to the flexible timetable as set out by the hospital. Spending time in the emergency department allowed me to see some patients before the doctors, thus I was able to take a brief history and slit lamp examination with no prior knowledge of the patient (the registrars discouraged me from reading the triage notes!). With the additional benefit of observing multiple new patient consultations also through the emergency department, I soon learned how to take a focussed ophthalmic history including the importance of asking about past ocular history and medical history of diabetes and hypertension.

My one week experiencing Ophthalmology at Moorfield's during fourth year went by in a (very enjoyable) flash; I felt there was a lot of medications and terminology which I did not totally get a grasp on, so I was aware of this weakness prior to beginning my placement at RVEEH. The majority of eye drops I saw used or prescribed during my observation were Alcaine anaesthetic drops- commonly combined with the fluorescein strips for dual administration- Chlorsig antibiotic drops and Tropicamide dilating drops. Prednisolone drops were commonly used in the corneal unit in preventing corneal graft rejection and antiviral drops/ointments were used for treating a young girl with herpetic keratitis.

I was grateful to have many opportunities to practice using the slit lamp, including the 90D lens for viewing the retina- although reporting my findings was always another challenge entirely! I was able to examine most patients I met whilst observing clinics and the emergency department, as well as at Registrar teaching sessions on a Monday morning and Wednesday lunchtime. I was surprised at how welcoming all the staff were; willing to let me borrow their personal lenses for retinal examination, and giving up their time to let me examine the patient.

I was fortunate to meet many registrars willing to let me follow them to their theatre lists, including the once-monthly oncology list. I witnessed the insertion of Ruthenium plates as a form of brachytherapy for choroidal melanoma, which occurs more commonly in people with fair skin and light irises; its relationship with sun exposure is not proven. I was glad to be able to scrub up during a cataract operation and I am grateful to all the doctors who were keen on teaching me; other procedures I observed were thoroughly explained, including trabeculectomy (and trabeculectomy revision), laser ciliary body ablation, vitrectomy, internal limiting membrane peel, macular hole laser surgery. It was also very interesting examining patients post-corneal graft surgery, and I grabbed plenty of opportunities during corneal clinics.

The emergency department was always an interesting place to be! A wide range of diagnoses were made including vitreous detachment, retinal vein and arterial occlusions, conjunctivitis and blepharitis. Foreign bodies were a very common presenting complaint, with many places of exposure being the workplace. Many admitted that they should have been wearing protective eyewear; I am sure the same would be true throughout most countries, but it did leave me wondering if some geographical areas are more obliging with occupational health regulations than others.

During my stay in Melbourne, promotion of cancer awareness was not something I noticed commonly; I once heard a thought-provoking advert on the radio for smoking cessation full of statistics. Skin

cancer is known to be prevalent in Australia and thus coming from the UK I expected more sun awareness campaigns. However, the time of year I am visiting Melbourne is not generally regarded as the sunniest, so sun protection might not be a huge priority at the moment. I had wondered if public education with regards to sun awareness would extend to the recommendation of sunglasses to protect the eyes from harmful UV radiation. I did come across a charity- Cancer Council Australia- in the street, who were encouraging donations and raising cancer awareness to the public.

The delivery of healthcare in Australia appears to have a much greater balance between the general and private systems compared with UK. The public system appears to be similar to the NHS, available to anyone requiring healthcare including Australian citizens, visitors, visa holders and asylum-seekers. Medicare is a publicly-funded health insurance scheme providing free public/ subsidised private healthcare. Private health insurance is optional, for full/ partial cover of private healthcare. The aim of the current healthcare schemes is to give all Australians access to affordable, adequate healthcare. Advantages for patients wanting to go private include the consistency of the doctor seen and guarantee of their senior position with a marked reduction in wait time to be seen. In an emergency, the public system delivers the same service as private- there is no wait time, although for less time-sensitive appointments- such as cataract surgery- the wait time can be as long as two years, thus rendering the option to go private much preferable. The mix of public and private systems appears to work in Australia; on the whole it differs greatly from Britain's NHS, which although highly ideal in principle, is a system known to be unsustainable and prone to abuse. It will be interesting to see how the UK healthcare system will change over the next few years, and I wonder if it will adapt into a system similar to Australia.

Considering Ophthalmology as a career, I found myself analysing all aspects of the profession to truly weigh up my desire to make it my career goal. With an ideal lifestyle it is a very competitive field in the UK, and I will have to begin tailoring my CV for Ophthalmology as soon as possible. Ophthalmology is certainly a postgraduate subject, with much of the discussions during registrar teaching being a completely new language to me altogether. I observed one of the vitreo-retinal fellows performing an ultrasound scan on a patient; we discussed the practical side of the specialty, and it is appealing that there are many investigations the doctors are trained to do themselves. I am also fond of the mix between medicine and surgery/microsurgery, as I have been very indecisive about choosing between the two! Ophthalmology training in Australia is a few years shorter than that in UK. Australian hospitals provide excellent training, thus I met many doctors from Britain practicing in Melbourne, mainly doing their fellowships. It seems that consultant posts are easier to attain here than in UK, which one of the doctors advised me to take into consideration when choosing my specialty.

My experience at RVEEH was highly enjoyable and certainly one I'd recommend to other students. I am still very keen to undertake ophthalmology as a specialty, although I know realistically that my mind will probably change multiple times during my career before the time comes to apply for specialty training! Either way I am excited by the prospect of gaining the experience to become more senior with time; there are many qualities in the doctors I observed at RVEEH which I aspire to develop.