

ELECTIVE 2022 (SSC5b) REPORT SUBMISSION FILE

Once you have received formal approval for your Elective you should complete this document with all the relevant details of your SSC (and objectives but don't answer the objective). You should complete one file per Elective placement you have arranged. This file should be given to your Elective supervisor either by email prior to arrival.

The fully completed submission file must be given to your supervisor for assessment prior to completion of the Elective and uploaded as a PDF to QM Plus by 12pm (mid-day) on Monday 6th June 2022. Please rename the file with your FULL NAME and COUNTRY, eg John Smith Australia.

Student Name: Emilia Bober

Student Number: 160199486

Dates of elective: 04/04/2022 To: 16/04/2022

Elective Subject: Ophthalmology

Host Organisation: St John Eye Hospital in Jerusalem

Elective country: Israel/Occupied Palestinian Territory

Supervisor's name: Dr Salam Iriqat

Supervisor's email: Salam.Erakat@sjeh.org

Are you happy for this report to be uploaded to the SMD Electives website in its entirety? Yes

Dear Colleague,

This letter introduces one of our undergraduate students who has been accepted for a period of elective study with you. May I take this opportunity to thank you for agreeing to take this student and to provide further information about the elective attachment.

Final year students of good standing on the MB BS degree at Bart's and The London School of Medicine & Dentistry course may undertake a short period of elective study. While we are anxious that our students should obtain the widest possible range of experience it is important that they should not be asked to undertake duties beyond their level of training. Invasive techniques should be carefully supervised by staff who have the appropriate competences themselves. Students should not be exposed to inappropriate hazards. **A hazard avoidance checklist is provided with this letter and should be completed with the student on arrival.**

The students are required to set specific objectives, which have been agreed in advance with the School. A list of their objectives is provided with this letter. At the end of their placement they are required to write a short report addressing these objectives (less than 1200 words) and we hope that you will be willing to assess these on our behalf. This will form a part of their overall elective assessment. Students are also required to provide proof of satisfactory attendance on completion of their elective study.

On completion of the elective an assessment of the student is required, and I would be most grateful if you or one of your colleagues would complete the attached assessment form. Please be open and frank in your assessment. We encourage students to read these reports and it is important that they should be as informative as possible.

The completed student report will be given to you by the student by either email or in person within one week of the placement being completed along with an assessment form and we ask that you reply by e-mail back to the student, within one week, with a copy to us, providing a score of between 0 and 10 (10 = excellent, 5 = satisfactory and 0 = unsatisfactory).

In order to assist with this process, we encourage students to write their report while on placement so that you are able to grade it before they leave. Please let us, or the student know if you are unable to assess the student's report so that we may make other arrangements to undertake the assessment.

Should you or the student need to contact us about the student in an **emergency** please email: elective-emergency@qmul.ac.uk or telephone me directly on **+44 (0)7961 374303**.

Again, I am very grateful to you for accepting one of our students and I hope that s/he will be a credit to the Medical School.

Yours faithfully

Dr Nimesh Patel
Head and Principal Internal Examiner of the SSC & Elective Programme

HAZARD AVOIDANCE FORM (to be completed upon arrival with host)

Hazard	Problems	Y/N	Comment
Climatic extremes	Dry/desert, monsoon/storms, oxygen deficiency/rarefied air, sunburn/skin cancer, Tidal/water/wind considerations	N	Click or tap here to enter text.
Contact with animals (wild or domestic)	Allergies, asthma, (bites, dermatitis, rabies, stings, other physical contact)	N	Click or tap here to enter text.
Contact with insects	Bites/stings Lyme's disease, malaria, yellow fever, other	N	Click or tap here to enter text.
Contact with reptiles	Poisoning, snakes, scorpions etc, remoteness, shock, availability of antidotes, medical back-up	N	Click or tap here to enter text.
Contaminated food	Allergies (food-poisoning, Hepatitis A	N	Click or tap here to enter text.
Contaminated water	Diarrhoea, legionella, leptospirosis	N	Click or tap here to enter text.
Contaminated drinking water	Cholera, polio, typhoid, other	N	Click or tap here to enter text.
Electricity	Compatibility of equipment and supply, safety standards (higher / lower / different)	N	Click or tap here to enter text.
Emergencies (including fire)	Arrangements and procedures (first aid provision, 'help' numbers, contacts and response expected	N	Click or tap here to enter text.
Environment (local)	Culture (customs, dress, religion)	Y	It is a time of Jewish Passover, Muslim Ramadan and Christian Easter so need to be vigilant when walking in the city.
Excavations / confined spaces / tunnelling	Permits to work (risk appreciations, safe systems)	N	Click or tap here to enter text.
Hazardous substances / chemicals	Antidote available (CHIP, spillage arrangements, transport requirements)	N	Click or tap here to enter text.
Legal differences	Local codes / guidance (local standards, statutes, information & training)	N	Click or tap here to enter text.
Natural phenomena	Avalanche, earthquake, volcano, other	N	Click or tap here to enter text.
Needles (contaminated)	HIV, Hepatitis B	N	Click or tap here to enter text.
Stress	Accommodation problems, civil unrest, crime, vandalism and violence, extremes of heat/cold, fatigue, language/communication problems, lack of support (of family and peers), load/expectations excessive, loneliness/remoteness, sickness, unfriendly environment	Y	Language – most patients speak Arabic
Transportation	Competent drivers, hazardous terrain, properly maintained vehicles, suitable transport	N	Click or tap here to enter text.

ELECTIVE (SSC5a) OBJECTIVES

Please write out your submitted objectives below

OBJECTIVES SET BY SCHOOL (Objectives set by you when you submitted your application to the school)
What is the prevalence of different types of uveitis in the population of East Jerusalem and how does it compare with the global prevalence of uveitis?
What are the medications used to manage uveitis in East Jerusalem? How is it different from the UK?
What are the challenges faced by uveitic patients in East Jerusalem when seeking diagnosis and treatment?
Gain more exposure to using slit-lamp in order to enhance my examination skills. Develop a better understanding of the geopolitical situation in East Jerusalem.

ELECTIVE (SSC5a) REPORT (1200 words)

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

What is the prevalence of different types of uveitis in the population of East Jerusalem and how does it compare with the global prevalence of uveitis?

Uveitis is a relatively rare eye condition. However, it is the 5th leading cause of blindness in the developed world. It can affect both genders and occurs across different age groups, including children and young adults. There are different ways of classifying uveitis (e.g. according to the anatomical location of the inflammatory process and aetiology).

Globally, idiopathic anterior uveitis is the most common form of uveitis. Non-infectious types constitute a vast majority of cases in the developed countries (67-90%); whereas infectious types occur more frequently in the developing areas (30-60%).

After attending uveitis clinics and searching through the patient records during data collection, I noticed that, anatomically, the most common diagnosis is anterior uveitis. There is a high prevalence of Behcet disease in the Palestinian population. Behcet disease is most common along the ancient "Silk Road" route in the Far East and Mediterranean areas, which explains the increased prevalence of this eye condition among Palestinians. Interestingly, there is no data published on the uveitis epidemiology in Palestinian patients. Thus, my reflection is limited to my observations of patients attending St John hospital in Jerusalem.

What are the medications used to manage uveitis in East Jerusalem? How is it different from the UK?

The treatment of uveitis is similar in both places. Treatment is personalised to each patient depending on the extent of inflammation and patients' response to medication. During flare-ups, uveitis is managed with increased doses of oral Prednisolone. Sometimes, topical steroids are also given. Experiencing flare-ups prompts review of long-term immunosuppressants, such as DMARDs. Depending on the case, their dose might be increased or another medication can be added. If flare-ups are recurrent, a decision can be made to add/change to a much more expensive treatment, which is a biologic medication (such as Humira).

In East Jerusalem, I noticed that DMARDs of choice include Azathioprine and Cyclosporine for adults. For children, Methotrexate is typically given. Some patients are also managed with Infliximab and Rituximab. Roughly 30 patients are treated with Humira, which is a type of biologic (Adalimumab) given mostly to patients that did not respond to other immunosuppressants.

It is important to note that many uveitis patients have systemic involvement, and hence a multidisciplinary approach is often required to achieve the best treatment outcomes. The MDT approach is the same in both East Jerusalem and the UK. It mostly involves collaboration with rheumatologists, as many patients suffer from spondyloarthropathies and other types of arthritis. Some of them require review from internists if they develop any derangements in their blood tests, or symptoms of, e.g. heart or liver problems. The threshold for referral to other healthcare professionals is lower as many patients receive immunosuppressants.

What are the challenges faced by uveitic patients in East Jerusalem when seeking diagnosis and treatment?

There are many challenges faced by patients in East Jerusalem. Even though St John offers the best treatment and ocular assessment, some patients struggle with access to the hospital due to difficult geopolitical situation in this region. Most patients live in West Bank and have to go through checkpoints when entering Jerusalem. This might result in delayed presentation and missing follow-up visits.

When I was collecting data on patients on Humira, I noticed that some of them struggled to obtain Humira on time. As a result, some patients did not receive a few doses of Humira in a row, which caused their uveitis to flare-up. I was explained that this happens due to supply issues from the Ministry of Health.

Gain more exposure to using slit-lamp in order to enhance my examination skills. Develop a better understanding of the geopolitical situation in East Jerusalem.

During my stay at St John, I could observe how to correctly set up a slit lamp. I gained a better understanding of the different types of lenses used to look at the back of the eye. I also learned what parameters to assess when examining eyes under the slit lamp. These include, but are not limited to, assessment of eyelids, conjunctiva, cornea, anterior chamber, lens, vitreous and retina. I was also shown OCT images, from which I learnt how to spot drusen in someone with dry age related macular degeneration.

One of the highlights of my stay was the opportunity to learn about the complicated geopolitical situation in Jerusalem. I was quickly made aware of the fact that East Jerusalem is not part of Israel but rather an Occupied Palestinian Territory. I was explained that Palestinians struggle to make their voices heard and are continuously subjected to rigorous checks when entering the city.

Moreover, Jerusalem is a focal point where three main religions converge and coexist. It is a theologically important place for Christians, Muslims and Jewish. Christians believe that this is a location where Jesus was crucified and buried. In Judaism, Jerusalem is considered the holiest city where God resided. For Muslims, it was where the Prophet Muhammad visited before he ascended to the heavens. Jerusalem is a special place for many but it is also a source of dispute and political tension that introduces unrest in this region.

As a tourist, I felt very safe in the city. Everyone was very friendly and welcoming. I have not seen or experienced any acts of aggression or danger. Overall, I feel much more educated about the situation in Middle East and I will continue reading books and articles in order to keep my knowledge up to date.

ELECTIVE (SSC5a) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?

Overall, this placement exceeded my expectations. Travelling to Middle East was something I wanted to do for a long time and I am so glad I had the opportunity to do so this year.

Clinical experience?

Due to COVID restrictions, I was not able to attend theatres. However, I could observe outpatient visits in the uveitis clinic.

What did you learn about the people and the country?

Everyone I met was welcoming and friendly. Since I travelled during Ramadan, I had an opportunity to learn a bit more about it and I was invited a few times to attend Iftar and try some delicious meals. As I already described in my essay, Jerusalem is a place of political tension. However, as a tourist I always felt safe and everyone was very approachable and friendly. I tried to learn a few words in Arabic and I will continue on this quest as I definitely want to come back to Jerusalem in the nearby future.

What did you learn about the health care professionals you worked with?

Healthcare professionals working at St John are very professional and skilled. They deliver the highest standard of care to their patients. As most staff is Palestinian and commutes from West Bank, they understand the challenges faced by their patients. Moreover, St John has a very good IT system, which made it easier for me to collect data for a research project.

What did you learn about the health care system in that country?

The Palestinian health care system has public and private sectors. Overall, it faces significant challenges. There are shortages of staff and medical equipment in many sectors. On top of that, Palestinians are limited by permit restrictions and it is more difficult for them to obtain access to more specialized services. Many specialised units are located in East Jerusalem and Palestinians are often denied permits to travel there. Electricity and water shortages in West Bank and Gaza can be intermittent and unpredictable, which also impedes maintenance of medical facilities.

In terms of St John's initiative, it delivers expert eye care mostly to Palestinian patients. It is a charitable organization, meaning that all patients can attend regardless of their ethnicity, religion or pay. St John also organises outreach clinics in West Bank, and they have a separate hospital in Gaza strip. They receive aid and funding from foreign countries and as such, are able to purchase all the essential equipment.

What were the best bits?

Travelling to Jerusalem and exploring this culturally rich city was an amazing experience. Even more memorable was getting to know all the doctors, nurses and other members of staff. They made me feel there like at home and I definitely want to go back in the future.

What were bits you least enjoyed?

Nothing! Everything exceeded my expectations.

Were there any shortcomings?
No.

Would you recommend it to another student?
Definitely yes.

Would you do anything differently?
No.

What did you learn about yourself?

I learnt that I really enjoy research. Doing data collection was very rewarding and I hope to learn in the future how to use statistical programmes, such as SPSS.

Where there any deviations from the risk assessment?

No.

How was your accommodation?

Very good! There was shared living room, kitchen and bathroom. My room was spacious and bed was very comfortable. I shared my flat with residents and nurses. Everyone made me feel welcome.

How were your travel arrangements?

Flying there was easy. I was warned that I might be asked a few questions at the border control but in fact, the whole process was smooth and without any problems. After that, I took a shuttle bus from Tel Aviv to Jerusalem. On the way back, I opted for a train from Jerusalem to the airport in Tel Aviv which was a cheaper option. I experienced no problems when using public transport.

Other experiences and information useful to future students:

Familiarise yourself with the geopolitical situation in East Jerusalem.