

ELECTIVE (SSC5a) REPORT (1200 words)

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

Coming from a city as diverse as London, I was pleasantly surprised with how equally varied the patient population was at Moorfields Eye Hospital in Dubai. The city truly felt like the melting pot of the middle east. As someone who speaks Arabic, English and French fluently, I found myself drawing on these skills in order to appropriately comprehend and communicate with all patients. Despite Arabic being the national language, the sheer volume of expats from around the world in contrast to local emiratis, or expats from the Arabic world, was however clearly evident. Moorfields is a private hospital, with a strong brand in the western world, which is likely to have contributed to this disparity. I was based with the glaucoma department at the hospital. However, as Moorfields is a private hospital, the doctors I shadowed saw a wide variety of pathologies beyond their particular subspecialty. This is a key difference between how ophthalmology is practiced in the UK and the USA, and the Middle East (I observed similar practices in Jordan). As the modus operandum here is private care, each clinician must see cases beyond their subspecialty in order for the hospital to remain financially afloat. A positive consequence of this system is that HCPs here remain more proficient in assessing a wider array of pathologies. The mode of care delivery here also alters the patient-doctor relationship. Private care as a mainstay has rallied multiple competitors within a distinct region. Many practitioners are at the top of their fields, and the lifestyle offered here, coupled with the financial incentive makes for an attractive package. As a result, the market can often appear saturated, and personal branding and softer skills like patient manner come more readily to the fore to create local success. Learning how to manage patient expectations is also a more critical skill here than might be given notice to elsewhere. As a consequence, surgeons here may be more cautious in choosing to operate, as the gravitas of a poor patient outcome, if accompanied by poor management of patient expectations can have disastrous effects on ones' reputation. Reputation here is a trademark for business.

It's also important to consider how the privatized system impacts multi-speciality care. This is often more difficult to coordinate due to the presence of a number of smaller centres. Practitioners here must learn to build their own networks of 'known contacts' that they trust and to whom they can recommend patients for further care. It is also not uncommon for patients to 'shop around' for second or third opinions from multiple doctors from the same specialty. This is of course very different to the NHS where what you get, is what you get.

With regards to the cases I saw here, dry eyes was by far the most common ocular manifestation present amongst all patients. The dry hot desert climate of Dubai, coupled with the constant need for air conditioning was a significant risk factor for this. Furthermore, blepharitis was also a common presentation further propagated by the environment. Being housed within the glaucoma department, I was fortunate enough to be present when my supervisor inserted a Preserflo microshunt to manage a patient with progressive disease. This device was developed fairly recently and only became available on the market within the last decade. Due to COVID-19, I did not have a chance to spend any time in the operating theatres (OT) whilst rotating at Moorfields London. As ophthalmology is a surgical specialty, it was great to be able to spend some time in the OT, and appreciate firsthand the nuances of microsurgery.

Having had placements at both Moorfields London and here in Dubai, it was interesting to see how a

hospital's culture can translate globally despite different employees and cultural contexts. The London branch is of course significantly busier, but many patients mentioned having had previous surgeries done in the UK and some referenced looking for patient advice from the London branch website, and wider NHS resources. There is a strong sense of patient education here, with the Moorfields Dubai team often hosting informative talks and Q&A style sessions with the HCPs.

My colleague and I from Barts were also fortunate enough to be given projects by our supervisors whilst here that we will be continuing on our return to the UK. This region of the middle east is not yet known for a significant research output, unlike the UK and the US. However, many of the doctors at Moorfields Dubai who have recently made the move from these two countries have made use of their research skillset and insights in this context. This is critical as for example, cases of pseudoexfoliation are widely documented as being significant within the Scandinavian population. However, on conversing on the matter with my supervisor, he informed me that he personally has identified a high incidence rate within the east African population who travel to Moorfields Dubai as a regional eye care centre of excellence. This knowledge can have significant impact on patient care, and it's therefore a welcome adoption in region.

Another doctor in the glaucoma department was a gentleman of Pakistani origin who had completed his higher training in the UK. In his clinics, I found that urdu-speaking patients often preferred to converse with him in their native tongue. The NHS is a very multicultural system, so it is not unfamiliar to me to see doctors communicate in other tongues to ease patient consultations. The scale at which this occurs though was very different here. I originally thought I'd have to make much greater use of my Arabic here as it is the country's national language and the patients in my prior placement in Jordan spoke almost exclusively Arabic. However Dubai is home to a much greater number of nationalities, and so English is still the primary language spoken. That being said, for the consultations taking place in Arabic, I did manage to expand my vocabulary of specialist ophthalmic terms, which I'm sure will contribute towards my future clinical practice.

In conclusion, my placement at Moorfields Eye Hospital Dubai was a most fruitful experience. I had the opportunity to consider clinical practice in a unique context, in a specialty I hope to one day be a part of. I have made connections that I will carry with me beyond the length of this placement, and it has given me food for thought for where my career might one day take me.