

## "A day in the life of an Ophthalmic trainee"

- *By Jacintha Gong*

*"Courage!" he said, and pointed toward the land,*

*"This mounting wave will roll us shoreward soon."*

*In the afternoon they came unto a land*

*In which it seemed always afternoon.*

- *The Lotus Eaters, Lord Alfred Tennyson (1809 – 1892)*

It has always fascinated me, how Ophthalmology Land is perceived by non-ophthalmologists. Five years ago, I recall being asked, with a peculiar combination of jealousy and disdain, how I was getting on in 'Ophthalmology'. The implication was that ophthalmologists are the doctors who are privileged enough to get a coveted training number in an apparently undemanding specialty.

We hear of foundation year doctors, disillusioned by waves of exhaustion, striving to reach the shores of Ophthalmology Land. Here, it is rumoured, inpatients and mortality are distant dreams. Here, tranquility reigns, and sunshine is unending. *Row harder, brave sailor, to reach this land, for Rest awaits you.* Meanwhile, ophthalmic trainees watch from the shore with a mixture of bemusement and insecurity, as newcomers arrive, seeming ever more accomplished and intelligent.

The reality, of course, is that our days are not just made up of lounging and desultory work, and fresh recruits realise this soon enough. There may be days of relative relaxation (like the much craved observation clinics), but by and large, our week consists of busy clinics, theatre, ward work, revision, research, administrative work, and teaching. There is enough variety in the week to have days to look forward to, and days to dread. There is not a 'typical' day in the life of an ophthalmic trainee, as what we do on a certain day depends on factors like what rotation we are on and where we are based. However, what is common for every ophthalmic trainee is how each passing day educates us further in the vertical themes of patient-centred care, proficiency, perseverance, purposefulness, and professionalism.

Is there an ideal day for an ophthalmic trainee? I used to think it was a day of constant positives, like straightforward cataract operations in theatre, leaving work on time (or slightly early because everything has been faultlessly efficient), and not being on-call. What a feeling, leaving the hospital when it is still bright, knowing that the work of your hands and the efforts of the operating team have brought about restoration of vision!

Sometimes though, our day surprises us, like today. As I type this, post the busiest on-call in my nearly six years of ophthalmic training, there is a strange satisfaction. Of having done good, of knowing that if I had not seen that condition a few months ago, or if I had not studied that fact for FRCOphth, this patient could have lost their sight and their function – or worse, their life. Our stressful day comes to an end, but the day we meet a patient could well be the start of the toughest day or month of their life. Hectic days like this are the ones we never forget, perhaps because it is precisely at times like these that we are most conscious of the necessity and the reward of our calling.

It is interesting to trace how a working day has changed for me over the years. The content of it is largely unchanged, although with maturity, I have been given more independence in clinics and theatre. Starting off as a junior trainee, I had ill-defined fears of new terrors looming ahead in my uncharted day. The aim of the day was more self-centred – the focus was on me, what I said and did, what I could learn and how I came across. The over-arching purpose was to survive work without harming or offending anyone.

With time, senior registrars like myself begin to expand our comfort zone and build up a practised patter. We start to think less of ourselves in the consultation, and increasingly adopt a more pragmatic approach towards patient care. Should we, for instance, start an eye drop that this patient will have to take for the rest of their life? We understand, more completely, that the days of our lives as ophthalmologists are never just our own – they will always also be the days (or minutes, even) of another person's life, who will be affected for better or worse by our decisions and our expertise, or lack of it. We recognise our limitations, and we begin to accept uncertainty. We learn to look for the presenting and the underlying problem, and listen for the spoken and unspoken arguments for eyesight in every individual.

What we gain in wisdom and productivity, we often lose in intellectual curiosity. As a junior trainee, our day is permeated by an insatiable drive to discover. Every day, our clinics run late, as we spend time copiously recording every minute finding, using different slit-lamp techniques, and agonising over the differential diagnoses. The day stretches ahead, long and challenging, yet often, each hour itself passes too quickly.

A senior trainee's day is meant to be more efficient. We flatter ourselves that we become better at using our resources, but find quickly that there are ever more things to occupy our time. The daily challenge for a senior trainee is to strike the fine balance between rapid decision-making and fighting the false sense of security that familiarity brings, by detecting when there is more than meets the eye. Alongside this, we need to remain inquisitive and accessible. When we see our daily work through someone else's eyes, we regain some of the excitement that first motivated us. It is so easy to forget how incredible a cataract operation is, until we witness a medical student watching their first cataract surgery. We neglect to think about the medical terminology we use, until a patient innocently asks us why uveitis in the left eye isn't called 'ileftis'.

Across all training grades, it is astonishing how easily our emotions fluctuate during the day, depending on how well we think we have performed, or how well our supervisors say we are doing, or how well our patients have done. Far from being slumberous, our day consists of a continuous flux, a dichotomy of achievement and disappointment, of self-assurance and of self-flogging, of motivation and of disenchantment, of confidence and of trepidation. In the midst of this, moments of epiphany can happen when we least expect it. What inspires us often makes us inspiring. It could be a respected colleague, who says something memorable that changes our day, and we long to encourage someone else in the same way. Or it could be a vulnerable patient with a devastating, refractory ocular disease that causes an anger against the pathology to rise up within us, spurring us on to perform research and consult the literature for up-to-date innovation and evidence.

Blindness is what we all fear, really. We battle against it every day – our own blindness, to prevent someone else's blindness. All ophthalmic trainees start our day knowing that mistakes are made in observation, interpretation, and action. We may fail to spot something,

or we may notice it, but not register its relevance, or we may observe something and know it is important, but diagnose and manage it incorrectly. When things do go badly wrong, the guilt is visceral. *How could I not have seen it?*

We instinctively trust our eyes – our natural diagnostic tool. We look at a patient, at their eye, through their lens, to try and figure out what has happened in their life and their eye to cause them a problem. Most of the time, we are gratified to discern the answer and rejoice that ophthalmology is such a visual specialty, that eyes are often truly windows into a person's life. We can make educated guesses at a person's age, ethnicity, health status, and refraction.

But every so often, we see but draw a blank. We look instead into our own minds and experience, searching our precious, ever-expanding mental library of memorised pathologies and curated visual snapshots – but find it wanting. It happens often enough to keep us humble and hungry to learn more, because there is a palpable awareness that the ultimate measure of competence is consistency. Any trainee who has tried comparing their drawing of the same optic nerve on different occasions knows that consistency is key. We may providentially be correct in diagnosing and managing a condition; consistent, considered accuracy – any and every day of the week – requires years of practice, attention to detail, pattern recognition, and clinical acumen.

This is why each day as an ophthalmic trainee matters. Every day is a grain of sand in the seven-year-long hourglass of our training. When the hourglass is turned over, the timer starts. There is a sense of heady anticipation and excitement to begin with, that may wax and wane in phases, as we experience the apparent interminability of the sand trickling through in a steady, seemingly monotonous stream. It is only when we look closer that we see that each grain is different – some days are more noteworthy, whilst others seem to take forever to end – but come to rest they all do, each one somehow fitting in and contributing to the rising deposit in the bank of time.

As we near the end, expectations crescendo, and a sense of finality prevails as we perceive how far we have come, and how much more we still have to learn in the last few moments before we are deemed worthy of independent practice. The need always appears

insurmountable, and the workers too few; the spirit is willing but the body is weak. A wise consultant once told me, "Pick your battles. You can't win all of them – there are many things you care about, but only a few that you are solely responsible for. Put all your energies into these." *These*, for an ophthalmic trainee, could be our personal role as a parent today, or our professional duty to chase results or handover appropriately tomorrow. Unlike the Lotus Eaters, who cried, "*Why should we toil?*", and "*Let us alone!*", we need to strive for balance between rest and work in our day. Each day, we need to remember the big picture, lest we lose the war because of our preoccupation with fighting fires.

What is a day in the life of an ophthalmic trainee? It is not just a day in which we learn and work for selfish personal education or to occupy our time, or to help us pay the mortgage. Rather, it is a day towards preparing us for a vocation as an ophthalmologist, with all the glory, satisfaction, anguish and responsibility that that brings with it. No amount of days will ever prepare us definitively, but each day teaches us more. It is in the resilience that comes from failure, the humility that accompanies insight, and the ambition that drives a relentless pursuit of a high standard of excellence for patients, that a truly compassionate and exemplary clinician is forged.

(1834 words)