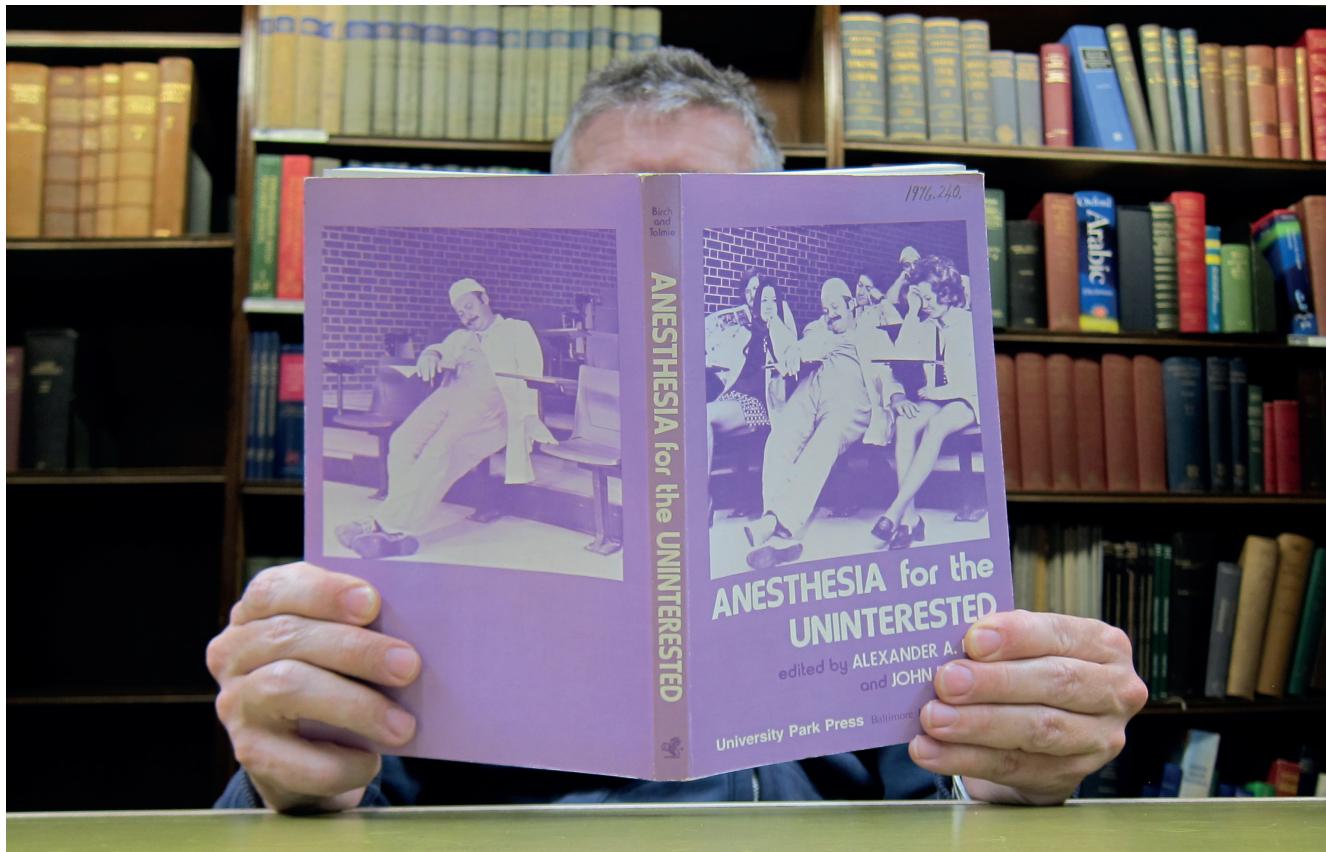


# Doctor at large



*"In 1930, the Republican-controlled House of Representatives, in an effort to alleviate the effects of the... Anyone? Anyone?... the Great Depression, passed the... Anyone? Anyone? The tariff bill? The Hawley-Smoot Tariff Act? Which, anyone...?"*

In this memorable scene, the monotonous voice of the economics teacher continues during his lesson to a very bored class in the movie *Ferris Bueller's Day Off*. One has to feel a bit of sympathy for Bueller's economics teacher as it can be difficult to deliver a dry subject, such as a piece of US import duty legislation from 1930, to a bunch of bored high school students. Unfortunately, you are only as good as the material you have to work with. In a similar fashion I find it hard to keep lectures such as 'retinal vascular disorders' and 'optic neuropathies and glaucoma' interesting and exciting for the medical students.

The legendary book *Anesthesia for the Uninterested* by AA Birch and JD Tomlie, published in 1976, was passed around St Thomas's Medical School library with stifled laughter when I was a student in the early 90s. The authors, back in the more permissive 70s, had used slightly unorthodox and novel means to keep the student interested in anaesthetics with its, ahem, 'colourful' illustrations [1,2]. However, "The Times They Are a-Changin'" as Bob Dylan once sang and the Benny Hill / Carry On style humour as in the aforementioned book is no longer really acceptable.

To keep up with the times, therefore, I have adopted alternative means to keep the students entertained and maintain their attention. I interject my rather dry medical student lectures with pop quiz ophthalmology related questions. Here follows one which you may also wish to use to keep your own students interested:

**Question:** David Bowie had anisocoria with a distinctively dilated left pupil seen on many of his album covers including *Space Oddity* and *Heroes*. What was the cause of his anisocoria?

**Answer:** He was involved in a fight in the playground when he was 15 with a friend over a girl they were both hoping to date. He sustained a punch to his left eye resulting in a traumatic mydriasis.

I also have the odd eye-related joke up my sleeve to keep the students amused:

**Question:** Guess who I bumped into on the way to the optician's today?

**Answer:** Everybody!

Unfortunately, some of the insecurities which developed during my clinical years as an undergraduate as described in my previous instalment have remained with me. Despite my experience from over two decades of giving presentations, I always feel some apprehension before giving a lecture or tutorial to any group of people, including the medical students. As one consultant explained to me during my training: "If you are not anxious before giving a presentation, then you haven't prepared enough." Essentially, he was saying that conversely, the more you prepare, the more you realise what you don't know about your subject and how unprepared you are (the known unknowns as Donald Rumsfeld once described).

What I fear most is the medical student equivalent of a comedy club heckler. I imagine an over-confident student might pipe up from the back of the lecture theatre: "That was an interesting and informative talk on uveitis Dr Cackett, but can you remind me of the human leukocyte antigen (HLA) association of multiple evanescent white dot syndrome (MEWDS) and explain the pathogenicity of the condition?" [3,4]. My envisaged response would be to freeze followed by a stuttering and awkward: "Er... I don't know...". My inability to think

up a quick reply such as: "Consider that your homework" is why I have discounted stand-up comedian as an alternative career. Suitable replies usually enter my head an hour after the event.

The onset of the pandemic last year has meant that the medical student lectures have been temporarily delivered virtually. Whilst this has taken the pressure off from performing in front of a live face to face audience, it has felt a bit soulless with no real interaction with the students. Also, there is only a list of students attending in the virtual teaching room with no visible way of knowing if they are actually present and not in their living room watching *Bargain Hunt* or down the pub having an early afternoon pint.

I feel in more comfortable and safer territory away from large group teaching. When students observe in clinic, I don't feel so exposed at being unable to answer a difficult question since there is no audience to witness my demise. I can also use the opportunity in clinic to teach them Pete's hidden curriculum, which is my survival guide for a career in medicine and I consider to be of more value than observing a clinic full of medical retina patients and will follow in a future instalment.

### Fast forward to old age

It is important to keep in mind that optimal training of medical students is imperative as we may be in need of their skills in our old age. However, if we don't get it right there are words of warning from the movie *The Breakfast Club*. In this film five high school students from different cliques spend a Saturday in detention in their school library with their teacher Richard Vernon. During the day, Richard is wandering the deserted school and runs in to the janitor Carl.

"Now this is the thought that wakes me up in the middle of the night. That when I get older, these kids are going to take care of me," the teacher laments.

"I wouldn't count on it," the janitor replies.

### References

1. At the start of each chapter in the book *Anesthesia for the Uninterested* there is a quote, one of which by Leonardo Da Vinci is quite pertinent to this article: "Just as eating against one's will is injurious to health, so study without a liking for it spoils the memory and it retains nothing it takes in."
2. Another book that was popular in St Thomas's library in the early 90s was the *Atlas of Sexually Transmitted Diseases (STDs)*. This was not because of a thirst for knowledge about STDs amongst the students, but because a popular practical joke at the time was to drop the book into an unsuspecting student's bag, so that when leaving the library, the alarm would sound, resulting in much embarrassment for the student when the librarian discovered the book when searching their bag. Obviously, I cannot condone such juvenile behaviour.
3. The HLA association of MEWDS is in fact B51 but this kind of knowledge for me has a half-life of approximately three hours for an impending medical exam, unlike other defunct and useless knowledge such as the programming code "POKE 35136,0" to get infinite lives on the fiendishly difficult platform game *Manic Miner* for the ZX Spectrum, which for some unknown reason still remains easy to recall even though I last used it in 1984.
4. Most of my residual medical knowledge is only retained via amusing mnemonics, e.g. an easily relatable one: the branches of the axillary artery: "Screw The Lawyers, Save A Patient" = Superior thoracic, Thoraco-acromial, Lateral thoracic, Subscapular, Anterior humeral circumflex, Posterior humeral circumflex. This is also now defunct knowledge for an ophthalmologist, apart from the handy mnemonic, that is.

### SECTION EDITOR



#### Peter Cackett,

Medical Retina Consultant, Princess Alexandra Eye Pavilion, Edinburgh, UK.

E: [pd.cackett@hotmail.com](mailto:pd.cackett@hotmail.com)