

Making the most of your foundation year rotation in ophthalmology

BY ROHAN AZIZ



Ophthalmology continues to be a highly desirable speciality in the UK; however, medical students usually encounter only minimal exposure, generally ranging from one to two weeks, during their studies [1]. Nevertheless, eye-related conditions represent a considerable share of presentations in general practice and A&E, highlighting the importance of ophthalmology knowledge across multiple specialities, such as neurology, rheumatology and endocrinology [2].

Foundation year posts in ophthalmology are scarce, and information about them is limited. This article provides guidance on maximising your experience during an ophthalmology rotation, offering practical tips based on my time in a busy district general hospital in West Yorkshire.

Roles and responsibilities

Responsibilities vary by hospital trust, but as an FY1/2 doctor, you are typically supernumerary and the most junior team member. You will receive close supervision and normally won't participate in on-call rotations or weekend duties, offering a much-appreciated respite from the pressures found in other rotations. However, you may be expected to see patients in emergency eye clinics. Inductions usually cover basic slit-lamp examinations, which you will refine as the rotation progresses. Your main duties will include:

- Managing ward attenders or admissions
- Assisting in surgeries
- Participating in emergency eye casualty clinics under supervision
- Teaching medical students.

Maximising your experience

With ST1 applications in mind, there are several key opportunities to strengthen your portfolio during this rotation [3]:

1. **Publications and case reports:** The four months of rotation will provide exposure to a wide range of pathologies, and you're bound to encounter interesting cases. Registrars and consultants encounter fascinating cases that they may not have time to document, presenting an opportunity for you to showcase these cases at conferences or even publish them as reports.
2. **Conferences and study leave:** Being supernumerary usually means securing study leave to attend ophthalmology conferences is relatively easy. These can also provide opportunities to present any audits, QIPS or research you've undertaken.
3. **Surgical simulation training:** If your unit has access to an Eyesi simulator or similar training equipment, you can spend time developing surgical skills to accumulate the hours needed for your portfolio. Alternatively, they can help you gain access to the nearest simulator.
4. **Teaching opportunities:** Leading teaching sessions for medical students can enhance your teaching skills while earning valuable points for ST1 applications. This is also an excellent opportunity to get involved with your local university and create ophthalmology-related teaching programmes.
5. **Attending 10 ophthalmology clinics and theatre sessions**
6. **Quality improvement projects and audits:** Most departments have ongoing audits or QIPs you can contribute to, which can later be presented at conferences.
7. **Discretionary evidence:** This could be as simple as presenting at your local journal club meetings. If not, then this could be something you setup as an easy QIP project.

Personal reflections

Before my rotation, I was exposed to ophthalmology through the Duke Elder exam and an undergraduate elective. Despite this, I felt apprehensive due to my limited practical experience. To prepare, I revised basic ocular anatomy and common conditions using online resources such as Tim Root's ophthalmology atlas [4] and the University of Iowa's EyeRounds resource [5]. Watching slit-lamp examination tutorials from the University of Michigan Kellogg Eye Centre helped me learn how to perform a systematic slit-lamp examination and how to manipulate the microscope effectively [6].

Despite my preparation, I initially struggled with visualising the different eye structures. However, with guidance from my registrars, I quickly became more proficient. Regular teaching opportunities further strengthened my confidence, and by the end of the rotation, I had learned how to safely manage common

“Observing the significant effect that successful cosmetic surgery has on patients’ lives was especially rewarding”

complaints seen in the emergency eye clinic, such as corneal ulcers, foreign bodies, and scleritis.

Assisting in oculoplastic and strabismus surgeries was an invaluable experience. It provided me with greater insight into the complexities of extraocular surgery and gave me an opportunity to refine my suturing skills. Observing the significant effect that successful cosmetic surgery has on patients’ lives was especially rewarding.

I particularly enjoyed my paediatric ophthalmology clinics, which underscored the significant impact ophthalmologists have on patients of all ages. These clinics frequently involved difficult conversations with parents regarding the poor prognosis of their child’s eyesight. Managing parental expectations while addressing the child’s condition required a holistic approach, carefully balancing the risks and benefits of surgical interventions.

Additionally, triaging referrals provided valuable insight into the challenges registrars and triaging nurses face. I gained an appreciation for the importance of a well-structured referral with a clearly defined question and for the sheer volume of referrals the NHS receives. Overall, this rotation reaffirmed my ambition to pursue ophthalmology as a career.

Challenges and considerations

1. **Steep learning curve:** Ophthalmology is a highly specialised field with a strong senior-led structure. With only four months, it can be daunting to examine patients with the slit-lamp and interpret OCT and retinal imaging.
2. **Deskilling in general medicine:** With limited exposure to general medicine, I noticed a decline in skills like phlebotomy, cannulation and managing common medical conditions. This can be a challenge if you are then transitioning onto a primarily ward-based speciality.
3. **Financial considerations:** Transitioning from a 1:3 or 1:4 on-call medical rota to a supernumerary Monday-to-Friday schedule is often seen as a blessing, but it has a significant financial impact. Budgeting and undertaking occasional locum shifts helped mitigate this.

Conclusion

Despite the challenges, an ophthalmology rotation is a rewarding experience, providing invaluable skills applicable across various medical fields. Whether or not you pursue ophthalmology as a career, the knowledge gained is beneficial and offers a unique insight into a fascinating speciality. I highly recommend this rotation to anyone interested in broadening their clinical expertise.

References

1. Baylis O, Murray PJ, Dayan M. Undergraduate ophthalmology education – A survey of UK medical schools. *Med Teach* 2011;**33**(6):468–71.
2. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2017-18>
3. <https://www.severn deanery.nhs.uk/recruitment/vacancies/show/oph-st1-25/evidence-folder-lib>
4. <https://timroot.com/>
5. <https://webeye.ophth.uiowa.edu/eyeforum/cases.htm#gsc.tab=0>
6. <https://www.youtube.com/@kelloggeyecenter/playlists>

AUTHOR



Rohan Aziz,

FY2 Doctor, Calderdale and Huddersfield NHS Foundation Trust, UK.

Declaration of competing interests: None declared.

SECTION EDITORS



Abdus Samad Ansari,

TSC Glaucoma Fellow, Specialty Registrar in Ophthalmology (ST7), Moorfields Eye Hospital NHS Foundation Trust.

abdus.ansari@kcl.ac.uk



Rebecca Turner,

Consultant Nurse, Oxford Eye Hospital, UK.