

Twelve months Subspecialty Training in Paediatric Ophthalmology & Strabismus II: One Year Afterwards

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Background: The Commonwealth Eye Health Consortium (CEHC);¹ funded by the Queen Elizabeth Diamond Jubilee Trust² provided

opportunities for clinical fellowships. Ispahani Islamia Eye Institute and Hospital, Bangladesh³ was one of the training institutions. At completion of training, we set our own goals regarding what we wanted to achieve in our home institutions within the next one year. Below is an abridged version of my one-year report to my sponsors at CEHC.

Objective: To describe my experiences as a paediatric ophthalmologist one year after returning home to National Eye Centre, Kaduna.

Challenges: realities of readjusting back to a Nigerian public hospital; coming to terms with new

Goals & Results:

Table 1. What I hoped to achieve in 6 and 12 months after returning home (July 2016 to June 2017)

I will...	I will start...	and I will finish...	Evidence...	Feedback at 6mths (31/12/16)	Feedback at 12 months (01/07/17)
Establish an orthoptic unit	18/07/16	30/08/17	Pictures	Achieved	35 patients evaluated
Offer squint surgical services	01/08/16	As long as I am in active practice	9-gaze pictures pre and post op	One squint surgery	7 squint surgeries
Develop protocols for common conditions	01/08/16	30/09/16	Completed protocols	Still in progress	Retinoblastoma completed. Others still in progress
Train a counsellor	01/09/16	30/11/16	Pictures	Not accomplished due to shortage of staff and funding	
Make our paed ophth dept more child friendly	18/07/16	31/12/16	Pictures	Partly accomplished. Only orthoptic room renovated	
Increase number of clinic days from 2 to 3	01/08/16	30/09/16	New schedule approved by the Head of dept	Accomplished. Three clinic days with one consultant on each day	Increased to 4 with a dedicated retinoblastoma clinic. Visiting oncologist comes twice a month
Increase number of theatre slots from 1 to 3	01/08/16	30/09/16	New schedule approved by the Head	-Achieved decentralization of theatre schedules from departmental to consultant basis; thus increasing theatre utilization from 2 to 4 days/week	
Others	-Cycloplegic refraction with cyclopentolate (1.5hrs wait) instead of atropine ointment (3 days' wait) thus reducing number of hospital visits -Anterior vitrectomy for all cataracts in children <4yrs and those with nystagmus-Slit lamp examination of small children in 'flying position' thus reducing number of EUA.-Designed tools for patient clinical information: clinic notes, examination under anaesthesia -Designed information materials for parents/patients on paediatric cataracts and retinoblastoma in English and Hausa languages. (squint, glaucoma and refractive errors still in progress)-Working on a proposal for a National Eye Centre Retinoblastoma project				

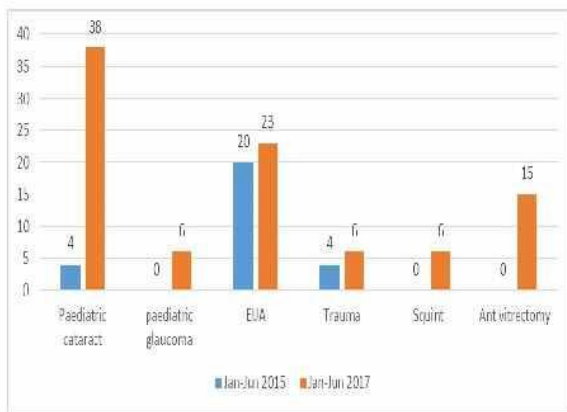


Fig. 1: Comparison of my surgical output before and after one-year subspecialty training

responsibilities; and managing people, attitudes and setbacks.

Coping mechanisms: being realistic in setting goals and expectations; continued mentoring under my seniors; applying diplomacy and persistence.

Conclusion: we can achieve a lot with what we have by setting realistic goals; proper planning; and applying small, but consistent efforts.

References

1. Commonwealth Eye Health Consortium. <http://cehc.lshtm.ac.uk/>
2. The Queen Elizabeth Diamond Jubilee Trust. <http://www.jubileetribute.org/>
3. Ispahani Islamia Eye Institute & Hospital. <http://islamia.org.bd/index.php>