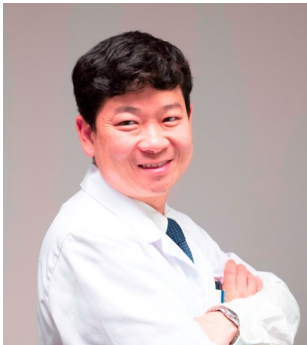


SUB-SPECIALITY FOCUS—PART 3 THE BATTLE WITH REALITY: FROM MENTEE TO FUTURE MENTOR

Finally, everything is coming together, and all the years of pain and struggle seem like a distant memory; the exciting yet daunting prospect of being initiated into the world of sub-specialty awaits. But is the reality of practise as we have imagined? In this final part, we will get some advice and viewpoints from junior sub-specialists who will share their experiences in managing the leap in expectations and the challenges they have to face.



Dr Ch'ng Tun Wang, MD is a **Glaucoma Sub-specialist** based in **Hospital Raja Permaisuri Bainun, Ipoh**. He also provides and covers the glaucoma services for the Northern part of Malaysia. He did his fellowship in Malaysia, Switzerland and Osaka, Japan.



Dr Siti Norzalehawati Sopian, MD is a **Paediatric & Strabismus Sub-specialist** based in **Hospital Sultanah Nur Zahirah, Kuala Terengganu**. She also caters for the paediatric services in the East Coast of Malaysia. She did her fellowship in Malaysia and Cape Town, South Africa.



Dr Ling Kiet Phang, MBBS is a **Vitreo-retinal Sub-specialist** based in **Hospital Sultanah Aminah, Johor Bahru**. He also extends his services to include other Southern parts of Malaysia. He did his fellowship in Malaysia and Taoyuan, Taiwan.

What is the biggest unexpected challenge you encountered after being posted to your new place and how did you manage it?

Ch'ng Tun Wang, MD: The biggest challenge I faced is the inability to fully apply the latest technology and innovations available. During our training, we had the opportunity to learn and be

exposed to the latest treatment modalities in the field. Most of the new, fascinating and innovative ophthalmic technologies originate from developed countries and are often deemed not cost effective in the local setting which can be frustrating at times when treating patients.

Ling Kiet Phang, MBBS: The most significant obstacle for me is having to make important decisions for patients with an expected poor outcome. This is not easy. The patient pool in my center is larger than I thought and I have to ensure the quickest and best treatment options for my patients. With long waiting times for surgery, I have to decide when and whether to operate on poor outcome patients. With time and experience, I have learnt to identify my post-operative outcomes and it helps me to decide on the timing of surgery for the good and the poor outcome patients. Sometimes, I ask my mentors for advice on complex retinal cases. Learning never stops even after you are a sub-specialist.

Siti Norzalehawati Sopian, MD: For me, the most demanding and unexpected challenge was to find out that the place I was posted to wasn't expecting my presence. There was lack of proper instruments, working space and lack of supporting staff members which are all vital to run the Paediatric Ophthalmology services. To add to my struggles, I had to deal with making crucial decisions in complex cases on my own. Nevertheless, nothing is impossible. With time, proper paperwork, and collaboration with a supporting team, I was fortunate to secure instruments and personnel that is crucial to the service. As what Ling mentioned earlier, learning never stops. I always have open discussions with my mentors when managing difficult cases.

How do you evolve from being a mentee to a sub-specialist?

Ling Kiet Phang, MBBS: As a sub-specialist, I find that I am more in control and have deciding power compared to when I was a mentee. I try to emulate my mentors to train medical officers and set up a vitreo-retina team. Life is not easy. I realize, as a sub-specialist, I need to work harder and continue learning for the betterment of my patients.

Siti Norzalehawati Sopian, MD: Being a solo Paediatric Ophthalmologist is sometimes stressful. I have to constantly equip myself. I have to spend time

reading, have discussion with other colleagues and previous mentors regarding challenging paediatric cases. I also have to attend CMEs and workshops frequently to keep abreast with the latest technology and find ways to improve my surgical skills.

Ch'ng Tun Wang, MD: It is challenging. I am adapting every day. Flow of thoughts and speed of decision making need to be more efficient and consistent. Confidence in decision making is essential. I need to be a step (or many steps) ahead, to foresee what is going to happen next and lay out the management plan in advance.

What is the one thing you would like to change at your place of practise right now as a sub-specialist ?

Siti Norzalehawati Sopian, MD: I would like to implement some additional treatment options in my clinical practice e.g. Botox in squint management.

Ch'ng Tun Wang, MD: From clinical assessment, imaging to treatment, what we know about glaucoma has evolved tremendously. With the latest evidence based research data, we should be able to move forward by implementing the latest ophthalmic technology such as applying OCT technology in diagnosis and monitoring disease progression. Latest ophthalmic innovations such as MIGS (Minimum Invasive Glaucoma Surgery) is less invasive with shorter surgical time, fast recovery and rapid visual rehabilitation, hence improving quality of life of patients. This is where we should be heading towards and this is what I want for my patients.

Ling Kiet Phang, MBBS: As a sub-specialist, one of the many pertinent things I would like to see change is the wages and benefits for sub-specialists. As we are aware, the wages and benefits of general ophthalmologists and sub-specialists is similar but sub-specialists have to manage more complicated cases; on top of that, share the general ophthalmology workload and there are more responsibilities over our shoulders, bearing us down. This is overwhelming.

What is your advice for the final year trainees waiting to make the leap?

Ch'ng Tun Wang, MD: Grab as much experience (both clinical and surgical) as possible to face the reality in government hospitals which have a wide

spectrum of diseases from mild to advanced. Management of patients are individualized and unique.

Ling Kiet Phang, MBBS: Never stop learning and don't be afraid to ask for advice. There is always a steep learning curve as you make the leap.

Siti Norzalehawati Sopian, MD: I believe in positive thinking. We should learn from our previous mistakes to improve ourselves in the future. Always be humble and know our own limitations. My motto is "if other people can do it, you also can achieve it"

How do you find your happiness in doing what you do?

Ling Kiet Phang, MBBS: Learning something new or discovering some surgical methods each day gives me a teeny-weeny bit of happiness. Sometimes, chatting about the latest, juicy department drama with my colleagues keeps me going. *Ain't life full of drama after all? (*Laughs)*

Siti Norzalehawati Sopian, MD: I always feel honored whenever I receive a referral from other colleagues. I also feel great satisfaction when I get to see my paediatric patients growing up with good vision and general well being in front of me. I am privileged because I can be with children everyday and that keeps my heart forever young. Handling children has opened up my heart even bigger now and that is a true bliss for me.

Ch'ng Tun Wang, MD: Ability to innovate (new method/medication). Exploring the new treatment modality as well as exploring the "area of the impossible" is what keeps me moving forward.



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