

徐氏卓越學生計劃-何琮珍卓越領袖基金

Learning Report – Clinical attachment and research at Columbia University Medical Centre

I am genuinely grateful for the opportunity to attach to Edward S. Harkness Eye Institute for one month at the end of my six years of medical study. First, I would like to express my gratitude to the Ho King Chun Leadership Fund for supporting me and making this possible. It has been a fruitful experience exchanging the difference in medical practice between New York and Hong Kong, learning from top researchers and professors the latest technology and meeting friendly patients who generously shared their personal life stories with me. Dr. Tezel, my supervisor, is a world-renowned clinician-surgeon-scientist in the retinal field. He is also an inspiring mentor.

In the programme, I had the chance to attach to three retinal surgeons in Columbia Ophthalmology. I also attended resident and fellow training, research conference, journal club and grand rounds. In these teaching and research activities, I learnt a lot of up-to-date knowledge on disease diagnosis and management, and application of advanced technology in ophthalmology imaging. I listened to presentations of residents, fellows, professors and visiting lecturers. It was a good experience for me to compare the presentation skills and it helped me learn much better how to deliver a good presentation.

It was interesting to note that private medical service dominates, and most patients are heavily insured. As a result, as long as the patient's insurance plan covers the respective treatment, quality medical service is accessible and timely. Apart from local patients, there were quite some international patients flying over for the expert care in Columbia. There are sight-threatening retinal conditions that require immediate surgery or injection to preserve eye sight. I saw two cases from admission to recovery in the one month I stayed who were unfortunately mismanaged and required supplementary surgery to fix the retinal detachment. There was another patient with long-standing glaucoma resulting in visual field loss who underwent a surgery for vitreo-papillary traction. It was hypothesized that his visual field and colour vision might improve after the surgery. If it was proven, there may be hope for some glaucoma patients to regain part of the visual field. Another interesting point was the common practice of gene sequencing in the management of age-related macular degeneration and in the general public.

Dr. Tezel is one of the leaders in vitreoretinal surgery. He has developed many surgical technique and invented new instruments and machines to improve surgical outcomes and patients' satisfaction. I learnt how modern technology can be applied in ophthalmology such

as replacing microscopic surgery with holographic display. I realise that there are a lot of possibilities in the field and I look forward to see more new technology in Hong Kong hospitals.

After this programme, I have broadened my horizon. I understand more about the healthcare system and clinical practice in the United States, advancement in gene therapy, observed more types of vitreoretinal surgeries, participated in research conference and journal club, and more. I had a very fruitful learning experience in New York. Again, I would like to thank the Fund for being so generous in supporting me to participate in this programme.



