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**PERDAMI YO-Share**  
PERDAMI Young Ophthalmologists Newsletter

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# Fellowship Edition Part II

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## Editor's Letter

**Life is about creating and living experiences that are worth sharing.** We are beyond glad to see the enthusiasm of the young ophthalmologists to connect with others by sharing their fellowship experiences. That was why we present this second fellowship edition of the **Perdami YO-Share**.

In this edition, you could find thorough **experiences** of YOs during their fellowship inside and outside the country. Let their stories inspire you, and they are even more worthwhile if you aim to walk the same path. You could also take a closer look at the **interview** session that we've had with two experts in fellowship education and get the essentials.

Look what's inside the **survey** section to know what YOs think about fellowship and their favorite subspecialties. For YOs who plan to undergo an international fellowship program, you should not miss the **tips** section, where our colleagues share their to-do-list before going abroad for fellowship.

We cannot stop ourselves from serving you a rich selection of articles, so we got two brand-new sections for you. In the **activities** section, YOs from each YO-division shared their excitement in what they're doing. Moreover, a literature-based article regarding the eye health issue during the pandemic era, a trending topic nowadays, is in the **Covid-corner** section.

We are truly grateful to have the continued support from the President of the Indonesian Ophthalmologists Association (PERDAMI), Mohamad Sidik, MD; the Perdami YO Chairman, Muhammad Bayu Sasongko, MD, M.Epid, Ph.D.; as well as our mentor, Rina La Distia Nora, MD, Ph.D., thus allowing our team to grow and publish this third edition of **Perdami YO-Share**. Our heartfelt thank also goes to all the contributors for their brilliant writings.

Enjoy exploring and see you in 2021

**Yulinda Arty Laksmita, MD**

Editor-in-chief

# Perdami Young Ophthalmologists' Newsletter



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# Ask The Mentors: Seven Answers You Should Hear Before Getting Into A Fellowship



**Prof. Arief S. Kartasasmita, MD, PhD**  
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**Virna Dwi Oktariana, MD, PhD**  
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The best thing you can do to get the essentials is by knowing the perspective of the experts. Perdami YO-Share is beyond glad for having the chance to bring you the insight of two renowned ophthalmology fellowship mentors.

## *Why is it essential for an ophthalmologist to consider proceeding with a fellowship program?*

### **Arief Kartasasmita:**

A fellowship is an advanced education for ophthalmologists. During residency training, we have learned about fundamental science in order to become a general ophthalmologist. However, in our real world, the growth of technology and knowledge in ophthalmology develops rapidly; hence, basic science is becoming scarce and advanced understanding is requisite. A fellowship aspires to refine our healthcare services in serving the community. Therefore, I encourage all young ophthalmologists to consider taking part in fellowship, not merely in a field needed by the workplace but also to coincide with one's passion for implementing a better service for our patients thereafter.

### **Virna Oktariana:**

The ophthalmology residency program teaches students about essential points in the general practice of ophthalmology. However, a fellowship provides a more in-depth understanding of a sub-specialistic field. This program is expected to improve the quality of the ophthalmologists in terms of specific knowledge and skills. I highly recommend ophthalmologists join fellowship programs based on their interest to gain a more in-depth insight and proficiency, thus providing greater benefits to their patients.



### *What are the merits of taking an ophthalmology fellowship at your hospital?*

#### **Arief Kartasasmita:**

Cicendo Eye Hospital was designated as a national eye center, if not one of Indonesia's best centers of excellence. In consequence of those providential circumstances, CEH is endowed with the latest sophisticated diagnostic tools and avant-garde surgical equipment. Owing to its title role as a teaching hospital, it offers congenial ambiance in bearing fellowship training activities yet securing a safe environment for both participants and patients from a medicolegal perspective. As a tertiary referral center, CEH also makes allowance to our fellowship participants to get involved in many complicated surgeries, handle overflowing compelling cases as well as to conduct pertinent research projects continually.

#### **Virna Oktariana:**

There are four main advantages of joining an ophthalmology fellowship program at Cipto Mangunkusumo Hospital-Universitas Indonesia. First,

all aspects of the fellowship education process have been carefully prepared, including the curriculum or teaching design, with a fair and distinct evaluation system. Therefore, both fellowship participants and their mentors will have a clear direction in the fellowship education process. That includes a comprehensible design in terms of the learning targets, which medical or surgical cases should a fellow master independently, and which cases are simply good to know.

Second, all mentors have proficiency not only in the management of patients but also in teaching. They are devoted both to quality clinical care and teaching program. Each mentor is equipped with the expertise in teaching to optimize the knowledge share and surgical skill transfer. Third, the wide range of facilities available, including diagnostic and therapeutic tools, allows trainees to have a comprehensive experience during their fellowship. Finally, there are a large number of patients with a wide variety of cases, from simple to advanced ones, thus enrich participants' insights.

### *Concerning their wide-ranging age and diversity of backgrounds, what are essential personal qualities that you look forward to in aspirants for a fellowship program?*

#### **Arief Kartasasmita:**

Several essential qualities of a fellow are to have a willingness to learn, enthusiasm to achieve more, intellectually curious and eager to expand the horizon of knowledge, alongside with developing self-awareness of their limitations. Have a keen observation of what the mentors were doing; once you emulate it, you will be ingenious to modify the technique well-suited to your preference. Do not petrify to ask questions and seek the mentors' guidance. Keep a deep dive into textbooks and kinds of literature to strengthen your understanding and broaden your mind. Because at the end of the day, we are going to enact what we have learned to other human beings.

Besides, a fellow should also have high endurance, great perseverance, unabridged determination, and ability to adapt in different work settings. To be able to work well with others, having good leadership is indispensable.

#### **Virna Oktariana:**

Fellows who participate in this program are expected to be highly motivated and have the perseverance and passion for learning to optimize their skills. Besides, they should also adapt quickly and work with everyone in the hospital, including the mentors, colleagues, residents, nurses, as well as administrative and supporting staff.

*If there is more than one fellowship participant at the same time, how to dispense the target learning and level of competence equally?*

**Arief Kartasasmita:**

Surgery is a fraction in ophthalmology, and surgery requires practice; you do get better as you do more. Though the number of surgeries is often to be taken into account, they do not always impart everything. There is no bare minimum number for competency to be reached.

Surgical competence depends on each fellow individually. Everyone has a different learning curve and disparate walking pace. Nevertheless, if by any means, the two fellows have been on par during the training period, I tend to dispense the number in an equal manner.

With that being said, having a recorded video of your own surgery case and critically analyze it afterward is

one of the best ways to self-assess the surgical competence and to give meaningful feedback for further self-improvement.

**Virna Oktariana:**

The roles of each fellow enrolled in the program are regulated in the fellowship curriculum. For instance, in the glaucoma division, fellows learn about medical and laser management during their first month. Starting from the second month, they begin to learn about glaucoma filtration surgery then developing new skills to do more advanced surgeries such as glaucoma drainage device implantation. Enrollment of fellowship participants has been arranged; thus, at the same time, each participant will have different learning targets.

*From a mentor and program coordinator's perspective, what are things and specific learning points expected to be achieved by fellowship participants at the end of their training?*

**Arief Kartasasmita:**

The ophthalmology training program in our country bearing a few mostly whirl around cataract surgery. Though all participants must meet the collegium's standard fellowship curriculum at the end of their training year, VR itself is a specialty that involves far more intricate comprehensive management than a mundane thought of mastering vitrectomy surgery alone. All VR fellows should be able to scrutinize the interrelation between etiology and clinical manifestation before deciding to perform a surgery. At the end of their training, all fellows should conduct a descriptive study to uplift their ability to recognize particular problems occurring in clinical practice and sharpen individual data analysis skills.

Philosophically speaking, the foremost attitude VR fellows should be perpetuated until the end of their training is honesty and be daring to concede all the weak-points. Failure to acknowledge what you are

incapable of, along with personal denial, are the biggest mistakes in the learning process and proven to be a hindrance to excellence. Recognition and acceptance of one's limitation never mortified pride or dispute an individual's competency.

**Virna Oktariana:**

As the clinical fellowship program's main goal is to improve one's clinical and surgical practice in a specific field of interest, fellows will have a deeper understanding and develop higher competency in the subspecialty. Our program offers an active hands-on role in ophthalmology care delivery in the medical and surgical aspects and research. Fellows learn to master all the skills required to practice their specialization autonomously, employing the specific techniques known during the fellowship. The detailed breakdown of the goals varies between subspecialty as regulated in the curriculum. In the glaucoma subspecialty, specific competencies that fellows are expected to gain comprise of medical and laser

glaucoma management, trabeculectomies, implantation of glaucoma drainage device procedures including Virna glaucoma implant and

Ahmed implant, as well as how to handle complications during surgery.

### **What are the eligibility criteria and administrative requirements for applying to the ophthalmology fellowship program? How many seats offered per acceptance session, and how long is the training duration in Cicendo Eye Hospital?**

#### **Arief Kartasasmita:**

After deciding on your preferred interest, you can reach us through [sidik.rsmc.id](http://sidik.rsmc.id) and fill in the registration form before applying to our Ophthalmic Training Centre (OTC). Kindly upload your application letter, CV, ophthalmologist diplomas and certificates, a reference letter from IMA, IOA, and director-general in the hospital you are currently working. The age limit for candidates is mostly under 40 years old. Fellowship training duration may vary among divisions, range from 3-6 months, except for VR that lasts up to 12 months. Total quota maximum of 9 participants per 3 monthly acceptance period. Once you decide to join the program and submit your registration, the staff will put you on the waiting list. For further information about other requirements and program cost, you can directly contact our staff through this number: +62812-2010-7745 (Tirna Simarmata, S.Pd).

#### **Virna Oktariana:**

The primary administrative requirements include a curriculum vitae, ophthalmologist certificate, a valid doctor registration certificate from the medical council, and recommendation letters from the Indonesian Medical Association. For fellowships in certain fields, such as pediatric ophthalmology and cataract and refractive surgery, you also need to prepare a logbook list of your previous cataract surgeries. There is no age limit for enrolling in the fellowship program. The enrollment period may vary between fields, ranging from every 2-3 months, with 1-2 fellows admitted per period in each division. It is recommended to submit your application early as there will be a waiting list depending on the sub-specialistic field. For registration or more information, kindly contact our staff through number +62821-1060-3699 (Siti Mursidah).

### **What will be your piece of advice to Young Ophthalmologists in Indonesia?**

#### **Arief Kartasasmita:**

Do not be plainly satisfied with what you have been achieved as an ophthalmologist. Being an ophthalmologist is not a one-stop destination. It is a journey. Continue to develop your self-potentials. Do not hesitate to create well-built networking and establish a strong partnership with other consultants across the country; it will help you expand your knowledge and open many doors of unforeseen opportunities. However, the doors can not remain open indefinitely, so you have to get your foot in it straightaway.

#### **Virna Oktariana:**

The word "young" connotes passion and ingenuity. Since the world of medicine is developing exponentially throughout the years, enthusiasm to improve your knowledge and skills should be nurtured. There are always new things to find out if you go looking for them. For young ophthalmologists, the opportunity to grow is wide open as long as you keep your passion and focus on maximizing your potential. Those positive habits would give a huge return not only on your career but also on society.

## An Impressive Six Months



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I am an ophthalmologist who works at Saiful Anwar Hospital, Malang. Being a doctor is my life choice; means I chose to continue learning throughout my life, especially for eye patients. During my practice as an ophthalmologist, infection cases are the most frequent cases that I encounter. It motivates me to learn more in Infection & Immunology area so that my life goal to be useful for others could be achieved.

The Infection & Immunology Division has a very extensive and continuously developing knowledge, so it is often thought that this division is a scary part of eye health science that is difficult to learn. As just one example of dry eye syndrome, until now new things are still being discovered both in finding the cause, diagnosis, and therapy.

I had the opportunity to do a fellowship in the Infection and Immunology Division at Kirana, dr. Cipto Mangunkusumo Hospital, Jakarta. On one hand, I doubted my ability to deal with the infection and immunology cases because it is a very broad field of medicine. But on the other hand, I am very curious and I feel challenged. My curiosity overcame my doubts and made me decide to take the opportunity.

There are many valuable lessons that I got at Cipto Mangunkusumo Hospital. The variation of cases was extensive, including the typical cases, rare cases as well as diseases that I had never known before. I also got the chance to perform various kinds of

surgeries in the field of infection and immunology, which uplifted my interest and made me feel more challenged; be cause to be honest, surgery is my core passion. I was allowed to perform various kinds of surgical procedures that I have only been able to see on YouTube and have never thought of being able to see it directly or let alone to do it. Some of them are keratoplasty in pediatric corneal ulcer patient with descemetocoele, limbal stem cell graft on limbal stem cell deficiency disease, periosteal graft, banana patch graft on Mooren ulcer, keratoplasty on post-periosteal graft patient, phacoemulsification on cataract patient with the previous keratoplasty, combined keratoplasty, ICCE, as well as scleral fixation, and many other, with the guidance of the supervisors. The transfer of knowledge by teachers is very educational and professional. It was really beyond my expectations. I feel like my dreams and prayers have been fulfilled.

I also learned that there are still many treatment options before finally deciding to do the evisceration. In some cases that I met in my hometown, it seemed that there was no hope and often patients also refused to be referred, but apparently, we could still try to save the eyeball. Besides, there are also opportunities to develop Eye Bank in our area of origin. I hope this can help to reduce the number of blindness. Happiness is when our information

# Infeksi Imunologi



could be the energy for patients to improve their condition, even able to see again.

Another memorable thing for me during the fellowship program is that it coincided with Ramadan Kareem. A wonderful experience to fast during the learning process. Facing many patients took me to spend most of my time in the hospital. In doing daily activities, it doesn't feel hard because all the doctors, supervisors, nurses, residents, and officers were very supportive. In most of Maghrib time, we broke our fast

together. This togetherness strengthens our relationship and makes us feel like family.

I am so grateful to join this six-month fellowship program. This opportunity expanded my relationships and networks, as well as gave me so many valuable lessons that are applicable in my hometown. Besides, I am delighted to have a job based on my interests. Yes, passion is the key. You have to love what you do to make this a career for life.



# The Story of My Fellowship: The Power of Now



**Nurul Widiati, MD**  
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**Editor:**  
Rizki Rahma Nauli, MD

After three years of working as a general ophthalmologist, I finally decided to apply for the Medical & Surgical Vitreoretinal fellowship program at Cipto Mangunkusumo Hospital – Kirana Jakarta in early 2018. I have been put on the waiting list for two years and predicted to start my fellowship in 2020. However, unexpectedly the fellowship coordinator asked me to join in January 2019 because another candidate canceled to attend the December 2018 program. I remember the wise Marie Forleo once said: "The key to success is to start before you are ready". So even though I lacked much of preparation, I said yes with no hesitation.



I aspire to help people to get Vitreoretinal services more accessible. There were hardly any facilities to accommodate the particular service in Batam; thus treating patients who need retinal treatment, mainly the surgical ones, was strenuous yet challenging. Moreover, I thought it was more convenient for me to take my training in Jakarta because I lived there during my college years, so I was already familiar with the city. Besides, being legally certified by the collegium was important because this was my first fellowship.





My training started from 7.30 AM until 5.00 PM every day if I was on a roll. Several times I got home at 8 PM due to emergency cases. We had morning discussions with other fellow participants, residents, and one consultant, twice a week as scheduled. Nevertheless, I could ask the consultants anytime without reluctance. They would cast light on my questions without a doubt.

Six months of training period passes very quickly when you are working in a Vitreoretinal time zone. The total of the outpatient clinic was more than a hundred with 8-10 surgeries every day. The fellows and residents helped each other in the operating theatre and the clinic under the supervision of retinal consultants. We also performed the retinal photocoagulation laser and intravitreal injection on a regular basis.

Moreover, we also participated in the hospital accreditation event. One sure thing was that we never skipped breakfast. "You can skip lunch or dinner, but you should never skip breakfast!" that was the first enlightenment from my consultant, and I

started to burst out laughing right after. At the end of the fellowship program, I had to do descriptive research, but one of the best things I have got was being able to make new friends that became like a new family.

Even though I hardly went home often due to a presidential election riot and a high airplane ticket price at that time, I still find myself lucky that I did not attend my training in 2020 as the previous plan. I could only imagine how hard it is to be in the program during this pandemic situation, being far away from our family with a decreasing number of patients.

***A handful of advice  
to those who want to do a fellowship is:  
JUST START.  
Start to decide.  
Start to apply.  
Start to get another great thing outside of  
your comfort zone.  
And make it NOW.  
Then let God do the rest.***

# Ways to Improve Your Fellowship Training



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Ida Ayu Ary Pramita, MD

It is an exciting time to be joining the evolving fields in ophthalmology. With the ongoing technological advances in the field of medical and surgical, many specific areas in ophthalmology are poised to stand at the forefront of cutting-edge medicine in the future. With each phase from medical school, to residency, and then fellowship comes the expectation to sustain productivity levels in less time and to maximize the studying process. In this article, I would like to reflect on my experiences as a past fellow of the medical retina at the National Eye Center Cicendo Eye Hospital, a humble perspective on how to get the most out of fellowship programs in such a small time frame. The program that I took lasted for six months in which curriculum I have learned retinal diagnostic examinations, laser treatments, and basic retinal surgery techniques.

Fellowship starts when your letter of acceptance has arrived. If you have a waiting period before entering the program then start to heat your brain and fill the piggy bank. You already have a solid foundation in your fellowship program from residency and daily practice. Despite having learned from those resources, there is much you are yet to not know. Because free time is a luxury, try to at least re-read some basic chapters for the most common conditions or procedures you will face before starting the program. Later on, when the fellowship begins you can read about interesting or pertinent cases you see during the training. Once a week there are several scientific journals and literature discussions with the faculty. I had much spare time in the first couple of months that I could use to study.

Meanwhile, last month was the busiest as my daily duty was in OR.

Fellowship students are, in general, either poorly paid or don't even get paid at all. Many of them must prepare expenses for rent and daily needs while still having to provide financial support for their family and/or burdened mortgage at home. Always try to stay focused by building up your reserves before starting the program and you will be able to make the most of your experience. During my fellowship, I stay at the Cicendo Eye Hospital dormitory and the daily cost in Bandung was quite affordable.

Keeping an accurate log has multiple benefits because it is important to track your prior efforts to improve and progress. Recording a log will help you to re-evaluate all of your previous cases. Keep in mind that every case may have taught a great deal that will help to give an honest general sense of how your results are with the different medical approaches or surgical techniques. Sometimes submission of a log upon completion of fellowship is also required to earn a special certificate of competency. Writing down log and notes can be tough if not done incrementally, so I try to do it at least once a few days or once a week.

Learn the tools, instruments, devices, and machines that were being used in your field as best as possible. Get to know how to provide the many devices that will be used routinely in your daily practice and learn how to operate it. Company representatives assigned to the teaching hospital will be very helpful in this matter. You could contact them on your own or speak with them when they visit the facility. They will always willing to answer questions and set up instruction sessions to review the basic setup and troubleshooting of common problems. This knowledge is also related to the financial aspects of medicine that will have an impact on your livelihood long after the fellowship ends. My fellowship has given

me a better understanding of using various machines such as OCT, Laser, and vitrectomy machine.

You only have a limited time to acquire as much knowledge, skill, and experience as possible. Strive to see as many patients but don't get too rush in handling each one of them. Keep an open mind in your approach to how you develop your clinical acumen. Spend time with each of your different attending or faculty in the clinic and ask questions, get to know each of their mindset on how to treat a specific disease and/or surgical techniques. Attendings are there for a reason, and you can extract valuable knowledge and insights from them, not only about managing diseases, but also about the factors outside of physician control such as expectations, adherence, and compliance in which every attending probably will have a different point of view.

The last month of my training was probably the hardest as the duty shifted to the OR. The daily

routine was more exhausting as we must do follow up then continue pre-surgery examination after getting through all the surgeries that sometimes end at night (not to mention all the emergency surgeries). At the end of the program, I presented a descriptive study, where the biggest challenge was collecting the sample and finishing it while still maintaining daily duty in OR.

A fellowship is a time and place to feel uncomfortable (again), you will leave your comfort zone and move to the fast lane once more. Don't shy away from doing procedures or perform a new technique, there are seniors and attending who are there to watch and save you should you make mistakes. Either do it now with someone watching or you will have to do it for the first time alone. Maximizing these various experiences during fellowship increases the likelihood that you will be comfortable managing a given situation when fellowship ends.



**Learning with the Eye Simulator. This one of a kind device in Indonesia has various simulation procedures in vitreoretinal surgery that help me understand BIOM viewing system and basic vitrectomy.**



**Observation in OR. Prof. Arief S. Kartasmita, MD, PhD performed vitrectomy using NGENUITY 3D Visualization System (Alcon), the first time in Indonesia.**



**Sclera Buckle wet lab.**

# JAPAN : An Eye Opener Experience, Professionally and Personally



**Dyah Tjintya Sarika, MD**

*JEC Eye Hospitals and Clinics*

**Editor:**

Kukuh Prasetyo, MD

Japan is known for its natural beauty, breathtaking scenery, unique tradition, and distinctive culture. Yet, these were not the sole reasons for me selecting the place for my first fellowship program as Japan was also known for its high-quality education system. As a fresh graduated in general ophthalmologist back in 2017, I had a strong interest in orbital, oculoplastic, and reconstructive surgery division. Hence, I seek information for the opportunity to take a fellowship program through the Asia Pacific Society of Ophthalmic Plastic & Reconstructive Surgery (APSOPRS) portal. This community gave opportunities for fellowship exchange programs to all oculoplastic enthusiasts around the world in four hospitals within the Asia Pacific region (Singapore, Korea, and Japan). Thus, I sent my application letter and CV to those preceptors in Korea and Japan through email,



which they replied to my application letter afterward with some terms and conditions. Coincidentally, one of the preceptors, Hirohiko Kakizaki from Japan were invited as an international speaker in the 42<sup>nd</sup> annual scientific meeting of the

Indonesian Ophthalmology Association in Malang. In this opportunity, I discussed with him the opportunity for a fellowship program to enhance my capabilities in this particular subject. After the discussion with Hirohiko Kakizaki, I decided to go to Aichi Medical University Hospital (AMUH), Nagoya Japan for my first fellowship program.

Prior to the departure date, several things to be prepared were the special VISA, admission from Aichi Medical University Hospital (AMUH), lodging, financial support, medical license, and Hospital's director recommendation letter. It took approximately four months to get clearance from Aichi Medical University Hospital (AMUH) and Japan immigration office. Even though sound complicated dealing with administrative paper-work, the fellowship program in AMUH is free of charge.

In AMUH, lacrimal, orbital, ophthalmic, and plastic reconstructive was a dedicated department, different from in Indonesia where it is part of the Ophthalmology department. As result, all cases happened there were mainly orbital, ophthalmic, and reconstructive cases. In terms of regular working hours in the Lacrimal, orbital, ophthalmic, and reconstructive surgery department in AMUH was between

8 AM and 6 PM, Monday to Friday. However, you might also work outside normal working



hours during emergency cases or prolonged elective surgery. Monday and Thursday mainly worked on the outpatient clinic, while on Tuesday we focus on journal reading and scientific purposes. Orbital, ophthalmic, and reconstructive surgery was performed on Wednesday and Friday. Weekend and bank holidays were days off, which I spent my time exploring the city. During my fellowship program, there were other international fellows from Nepal and a local fellow. The staff there was very friendly, on my first day, I was given an orientation and hospital tour by the secretary of the department.



During my time there, I learnt about the high quality of professionalism practiced by all my teachers, to be called 'sensei' in Japan. They arrived on time every morning, greet all the patients, visit and explain the diagnosis and the plan briefly but very clearly. Most of the time, during

busy days, they might skip lunch break if there were long patients queue. My preceptor, in every patient visit, explained in detail of patient's case to ensure all the fellows understood before continuing to other patients since all communication done in Japanese. We were also given time to ask directly to the patient if we had any questions.

For the surgery cases, my preceptor provided a notice one day prior to the schedule and translated a step by step on how to perform surgery giving us time to understand and raise questions before the surgery begin. Orbital, oculoplastic and reconstructive cases in AMUH were very variant which beneficial for me during my time here. On the daily basis, the AMUH polyclinics manage 30-40 patients while for surgery cases they performed 12-15 cases.

Japan is a very traditional country where native people rarely use foreign languages, hence it becomes my biggest challenge when performing fellowship in Japan. However, it also encourages me to adapt to this new environment and start learning basic Japanese for basic conversation. During my time there I see Japanese people were very friendly, high working ethic, and open-minded to help foreign people like me. Also, Japanese cuisines are some of the best foods I have ever tried. Even though I only spent a short time here, I will always remember the fellowship program in Japan as one of the best experiences in my life.



# Seeking the Opportunity to Study Inside the Great Wall



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Eka Rahmawati, MD

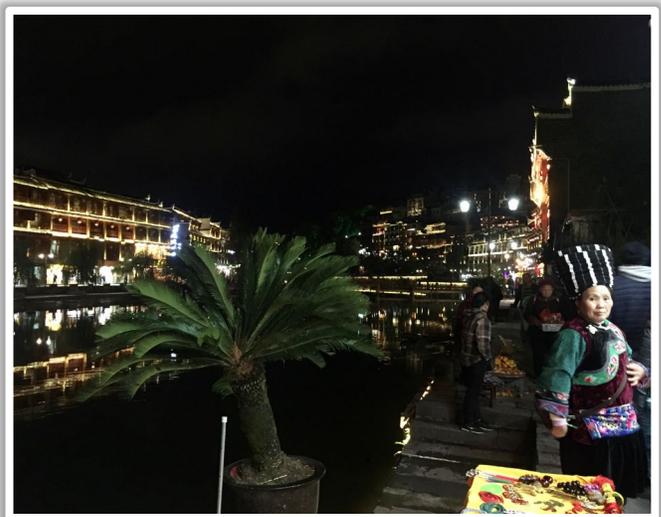
In 2018, we had an opportunity to join annual Phacoemulsification Training at AIER Hospital in Changsa funded by the Ministry of Science and Technology of the People's Republic of China for one month. They provided us with many basic and advanced lectures, daily wet lab sessions, and hospital activities. Not only training, but we have also got many chances to explore more.

Many countries sent their young ophthalmologist to join this training, such as China, Mexico Mongolia, Jordan, Morocco, Algeria, Palestine, and Pakistan. As young ophthalmologists from different countries, we have some similar characteristics. We like to study new things, seek new experiences, and take the opportunity for doing fun things. Here we shared our experiences and learned from each other.

From this fellowship, we learn many things about diversities because the education patterns in

each country are different. The Moroccan don't have wet lab methods for their residents, while Mongolian didn't do cataract surgery when they were resident. That's why they ought to learn more after graduating. We used to give input and support to each other, so our skills and knowledge were getting better than before.

Apart from studying, this program also allowed us to do fun things in exploring Chinese tourism, culture, and culinary. Due to our different habitual background, we can explore new stories together. Every country has a different history, language, and living style. In China, it's rather difficult to communicate in English so we must learn the Chinese language. Changsa is a multi-ethnic city, as well-known as an ancient city with a history of 3.500 years. All of this history was showed in Hunan Museum. China's museum opened to visitors for free, so you shouldn't miss it.



How about culinary? As Indonesian, eating Chinese Food is a usual thing, but it is very uncommon for our Algerian and Pakistani friends. They don't familiar with using chopsticks. But, surprisingly in Changsa, we didn't find any trouble to seek places that served halal food there. We could found it by Moslem apps or by asking the local citizens. Local traditional food is something you must try! One of them is a famous street snack called *Chòu Doufu* or "stinky tofu" that tastes good and spicy.

It's a common thing to feel homesick while we were a thousand miles from home in a period of time. Changsa offers so many scenic spots to visit. We used to go out around the city after the clinic, went to

historical places, orange island, lake, watching movies, and shopping. In China, we must have Alibaba or WeChat application as an alternative for payment besides cash because they don't support VISA. On weekend, we usually went out of town. We went to Zhang Jia Jie as known as Avatar mountain, Yuelu mountain, Tiamen mountain, and ancient cities (Fenghuang and Tanhe). The AIER hospital helped us to arrange this travel happened.

We and other participants still keep in touch and share information about international meetings, training programs, even our life stories with each other. Until now, we are all still friends!





International Workshop on  
Cataract Prevention and  
Treatment  
**Admission Brochure**  
Organizer: Ministry of Science and Technology  
of the People's Republic of China  
Undertaker: Aier Eye Hospital Group Co., Ltd.

## HOW TO APPLY

### Requirements:

1. Clinical practitioners, training faculty, researchers.
2. Age < 50 years old.
3. Have a minimum of 3-year working experience in blindness prevention with sufficient ophthalmic knowledge.
4. Priority: proficient in ECCE procedure.
5. Proficient in English language.

### Applications:

#### 1. Materials to submit:

- a. Application form.
- b. A form of the national report on cataract Management.
- c. A personal health report of the recent month issued by an authorized hospital.
- d. The scan of passport.

e. The scan of the incumbency certification.

2. All documents shall be submitted to [mmc@aierchina.com](mailto:mmc@aierchina.com).



## COURSE CONTENT

1. Basic Knowledge, diagnosis, pre- and post operative investigations of cataract.
2. Patient evaluation for phacoemulsification.
3. Step by step phacoemulsification training.
4. Ophthalmologic equipment and instrument application training.
5. Peri-operative and complications management of cataract surgery.
6. Patient screening in communities and patient Management.
7. Form of cataract blindness prevention system
8. Exchange on prevention of cataract blindness.
9. Clinical practice and exams.

### COURSE DETAILS

This workshop sets out comprehensive courses on the prevention and treatment of cataract-caused blindness, including patients screening, surgical techniques, patient management, and the establishment of a sustainable blindness prevention system. This course duration is 20 days with only available for 20 participants (4 participants maximum for each country).



# Three Countries, Three Languages, Three Perspectives: Beyond Ophthalmology Fellowships



**Nina Asrini Noor, MD**  
*JEC Eye Hospitals & Clinics*

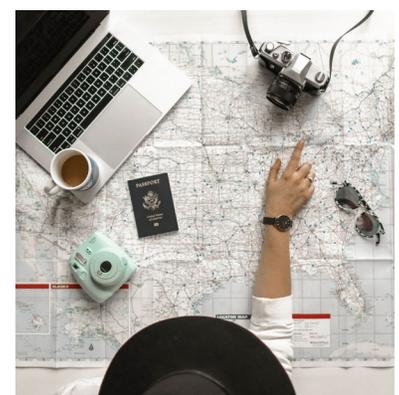
**Editor:**  
Eka Rahmawati, MD

By the time I graduated ophthalmology residency, an ultimate question came across my mind, “What do I do next?” I did think about how I was going to do my practice, but I didn’t want to just stop there. One of my consultants whom I highly respect once told me not to be mediocre and his words kept running through my thoughts. So, I made up my mind and decided which direction I wanted to develop my knowledge and skills. Then, I realized that the world of the anterior segment, be it the ocular surface disease, dry eye, cornea, or cataract, has driven me a lot of interest.

In 2017, I attended a Dry Eye Symposium in Japan, and there I gathered my courage to ask one of the council members whether there was an opportunity for me to have a fellowship in Japan. “Yes, of course! You should also apply for a scholarship” he said, and so I did. I was very grateful to be granted that scholarship from the Asia Cornea Society to have a one-month observership at Kyoto Prefectural University of Medicine (KPUM) in Kyoto, Japan, starting in January 2018. There I followed one of the top dry eye experts in Asia, Prof Norihiko Yokoi, who turned out to be incredibly kind. At KPUM, I learned mostly about dry eye disease, ocular surface diseases such as Steven-Johnson syndrome, OCP, corneal diseases, etc.

In the beginning, I felt horrified to do my first fellowship in a country where you barely understand any word, but it turned out very differently. This fellowship gave me the opportunity to learn not only about ophthalmology but also about the Japanese way of life and culture, how they treat each other, how they are very determined in everything they do, how they prioritize others above themselves, and my admiration towards them grew enormously.

My second fellowship took place six months later. Just like the previous fellowship, it started with a light conversation with one of the world-renowned experts in dry eye, Prof Christophe Baudouin, at IOIS Meeting 2017, asking whether there was any chance for me to learn in France under his supervision. Not only did he say yes, but he also generously





recommended me to submit a scholarship to Société Française d'Ophtalmologie for a 3-month fellowship, and so I flew to Paris in July 2018 to study at Centre Hospitalier National d'Ophtalmologie des Quinze-Vingts. During this observership, I attended a special ocular surface clinic, and I also learned a lot about

corneal disease and surgery especially DMEK surgery. To be honest, the first month during my fellowship was very difficult because of the language barrier. I felt lonely and unable to cope. And I later found out that the reason was language. But after a while, I managed to adapt, live, and socialize in their way. Then, the rest of my time there became one of the best moments of my life.

Going home from France did not stop me to look for more opportunities, but this time I wanted to learn in a place where the language is not a barrier. I decided to give a shot at one of the leading eye hospitals in the world, Moorfields Eye Hospital in London, UK to take the cornea and external diseases fellowship. To have the fellowship in 2019, I had to apply one year prior, and thankfully I was able to secure my place for Cornea and External Disease Observership in September 2019. I was also very fortunate to do the fellowship together with my husband as newlyweds (although he is more into the posterior segment and we had different fellowship

timetable). At Moorfields, I learned mostly about corneal diseases such as keratoconus, acanthamoeba keratitis, atopic keratoconjunctivitis, and many more, in their cornea clinic. I also had the opportunity to observe many corneal surgeries including DMEK, DALK, PK, etc. One thing I admire the most is their way of education. It was as if there is no barrier between residents and consultants.



Residents are allowed to ask anything or learn any surgical skill without the fear of making a mistake in the learning process. As I might expect, my knowledge is far less compared to their fellows, but not in a way that discouraged me. Instead, it lifted my spirit and eagerness to learn more.



To conclude, these fellowships have undeniably expanded my knowledge and horizon. I extremely admire how people abroad are so open-minded. I saw how the consultants from all three different fellowships are being very passionate in teaching, in sharing their knowledge and skills. And I also learned how they treat and respect their patients, by listening carefully and treating wisely. All these experiences have changed my perspective and largely influenced my practice.

Oh, there is another thing I want to share with all of you. Every fellowship journey includes the visa application, and I know it can be very frustrating and time-consuming. But believe me, in the end, they were all worth it!



# Achievement Unlocked: Fellowship Made Me Cook



## Ratu Puri Paramita Sastradiwirja, MD

Bandung Eye Center, Bandung

### Editor:

Ida Ayu Ary Pramita, MD

Those who know me well understand that I don't particularly appreciate cooking. As much as my husband and my mother expected me to cook, I have never seriously considered their request. The thought of having to deal with the preparation and the aftermath (i.e., sink full of dirty dishes) fills me with dread. And what if the food does not even taste good?

Those are precisely why I seldom set foot in the kitchen.

But since the beginning of my fellowship in Singapore, I found myself walking over to the grocery store every other day. I browsed the vegetable and meat stalls, picking different types of spices, and making plans on what to cook for dinner.

Why this rush of culinary energy? It could have been the weather or the extra time I had because now I lived by myself. Or the realization I have had about how everything in Singapore is expensive. But it was not that. I wanted to cook because my housemates are all doing it!

I lived in a shared apartment with four other people; two Italians, and two Chinese-Malaysians. Ever since the COVID-19 pandemic hits Singapore,

they have been studying and working from home, hence the cooking galore. I was so envious of their cooking skills that I observed them religiously at every dinner and tried to recreate a few meals that I like. I have to admit, apart from the dirty dishes, cooking is not that bad.

After a short while, I grew fond of baking cookies and cakes. The only experience I have had with baking was 20 years ago when I used to help my mother make cookies for Raya celebrations, but then she got caught up with work, so we have not done it ever since. I think it was the patisseries I have always passed by on my way to work which responsible for my sudden interest in baking.

Through some blog-reading and YouTube-watching, I realize it is not that hard for a beginner. Having said that, I have had a few failed bake attempts until I found the right technique. If you are curious about what kind of cakes I have successfully made so far, I inserted a few pictures and a muffin recipe that is not only simple but also tastes good!

Following a few successful simple dinners, I showed it to my family through a video call. They asked incredulously, "You really cook this all by yourself?". I could see the overjoyed look from their faces, my daughter even said, "Whoa, Mom. You're beginning to become more motherly than ever". I know they wished I would continue to cook when I am back in Indonesia, but we will have to wait and see until I finish my fellowship.

Well, I guess living abroad encourages independence and responsibility. It pushes me out of my comfort zone and makes me do things I have never imagined. Now I feel like patting myself on the back!

### Low Carb, No Sugar Almond Flour Muffin Recipe

#### Ingredients

- 2 1/2 cups almond flour (280 gr)
- 1 teaspoon baking soda
- 1/4 teaspoon salt
- 1/2 cup granular sweetener
- 3 large eggs, beaten
- 8 ounces fat-free Greek Yogurt
- 2 teaspoons vanilla extract
- 1/3 cup sliced almonds (optional)
- 1 cup blueberries (optional)
- 1 cup sugar-free chocolate chips

#### Instructions

1. Preheat the oven to 200 degrees Celcius and line a 12 cup muffin pan with liners. Spray the inside of the liners with cooking spray.
2. In a large mixing bowl, combine the almond flour, baking soda, salt, and sweetener. Now add in the beaten eggs, greek yogurt, and vanilla extract. Finally, fold in the sliced almonds, chocolate chips, or blueberries.
3. Scoop the batter into the muffin cups evenly using a scoop. Bake in the oven for 20 minutes or until a toothpick comes out clean.



# A 360-Degree Perspective of Fellowship



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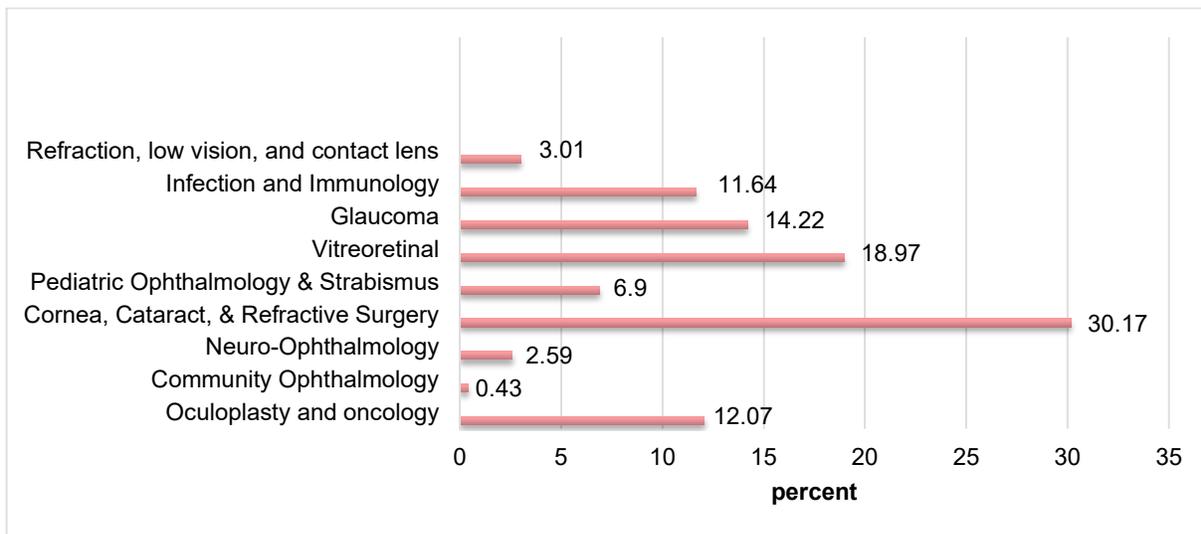
**Editor:** Yulinda Arty Laksmिता, MD

A fellowship is one of the self-development efforts whose ultimate goal is for providing the best health care for the community. To join a fellowship or not is a question that often arises after we finished the residency programme. Desire to be skillful in a specific interest field or to gain a better future career, as well as the doubt to sacrifice more time or money by temporarily leave the job or family often complicate the decision making.

Based on a survey that we conducted on 252 young ophthalmologists (YO) in Indonesia, 38.49% of which (97 YOs) stated that they have undergone a fellowship program nationally or internationally. The fellowships in which these YOs participated were in the field of cataract and refractive surgery (32.9%), vitreoretinal (24.74%), glaucoma (13.4%), oculoplasty and oncology (12.07%), and infection and immunology (19.58%) with the average fellowship accomplished were hands-on fellowships (90.7%). These subspecialties are similar to the result of a study by Al-Essa et al (2019) in Saudi Arabia, which suggested that the most favoured areas of ophthalmology fellowship are anterior segment, retina, and glaucoma.<sup>1</sup> These three subspecialties are in fact relevant to the needs of community which cataract, glaucoma, and retinal disorders are the main causes of blindness in Indonesia.<sup>2</sup>

Most of the ophthalmologists (>90%) who have yet to undertake a fellowship are actually interested in continuing their education through a fellowship. Aside from its purpose to improve skills and knowledge and intention to take part in reducing the number of blindness cases in Indonesia, another reason to pursue the fellowship is the fact that there are many patients related to the fields, or yet there are no consultants nor experts for those particular fields in their hometown. The most preferred fellowship subspecialties are cataract and refractive surgery (30.17%), vitreoretinal (18.97%), glaucoma (14.22%), oculoplasty and oncology, and infection and immunology (23.71%), pediatric ophthalmology and strabismus (6.89%).





**Fig 1.** Preferred subspecialties of 154 YOs who are considering in joining fellowships

Before undergoing the process of fellowship, there are several possible obstacles. Some of them are the immensely long waiting line, the information limitation regarding the programme itself, and the difficulties in obtaining the fellowship permit from one's senior. Regarding the process of registering and completing the necessary documents, there seemed to be no substantial impediments; unless the YO

intends to pursue a fellowship abroad, which means he/she will be required to include his/her TOEFL/IELTS score as the test presents its own challenge. For the ophthalmologists who plan to seek fellowships within the country, the limited number of institutions providing fellowships is still a heartfelt challenge. Skepticisms related to the inability to put their knowledge into

use due to facility and infrastructure inadequacy within their practicing place sometimes become a challenge. Upon undertaking their fellowship programme, just as how people live in a new environment, these YOs may endure many more inconveniences such as being away from family, adapting to the different cultures and language, and also difficulties in time management.

However, the advantages outweigh any of those drawbacks. For instance, YOs will gain improved confidence as a result of improved knowledge and skill in resolving even more complicated cases which certainly gives enormous impacts on the quality of service to the community. Another advantage of no less importance will be the broader network of acquaintances and colleagues. This certainly enables them to meet various teachers and peers which will open up to more insights into the subspecialty.

For the future, YOs who have completed and have yet to complete a fellowship expect more institutions to provide fellowship programmes with definite curriculums thus provide equal education for many more ophthalmologists and alleviate the long queues. If so, fellowship would be more accessible for all by reducing travel distance, simplify the fellowship permit process, and allowing better time

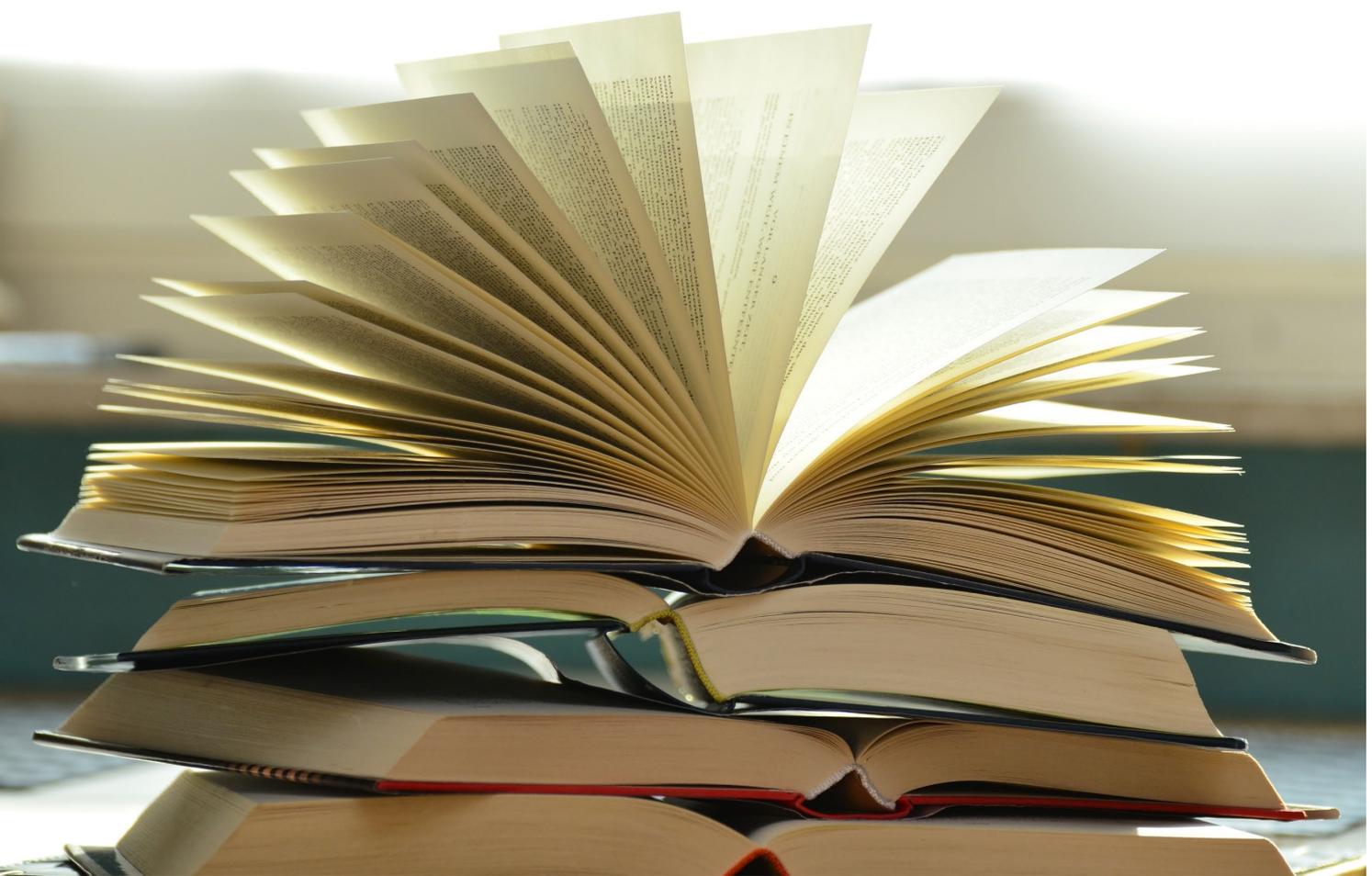


management during the fellowship. Another thing to expect is clear and extensive information regarding the fellowship. A more frequent establishment of mini fellow events will open up to possibilities of broadening the expertise of ophthalmologists who have difficulties in obtaining the leave permit from their workplace or being away from their family for a long time.

It is clear that a decision to take a fellowship could be complicated and various intertwined factors must be weighed beforehand. But eventually, the decision on fellowship is very personal. What you really need to answer is "do you truly need that specific training that you are passionate about?" This question will help us to decide whether fellowship is the best answer to our future.

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# 10 Things to Prepare for an International Fellowship



**Ardiella Yunard, MD**

*Faculty of Medicine Universitas Indonesia – Cipto Mangunkusumo  
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**Valenchia, MD**

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## Editor:

Ratu Puri P. Sastradiwirja, MD

Going for a fellowship either locally or internationally is one of the essential milestones in our career. Both have their advantages and disadvantages. However, an international fellowship offers you an eye-opening, mind-bending, and life-changing experience if you make the most of it. Here, Valenchia and Ardiella share with you the 10 things they wish someone told them before going.

## Passport and visa

Ensure your passport is valid, not expire, and will not expire within six months of your intended return to Indonesia. In addition to a valid passport, you may need a visa to have an international fellowship. Different countries have different visa requirements so look up your intended fellowship destination's regulations. If the training duration is more than one month, you will probably need to apply for a student visa. You may need to complete additional prerequisite documents such as vaccination proof and laboratory tests because you will have direct contact with patients throughout your fellowship.

Attach the letter of acceptance and letter of recommendation from your hospital along with



other required travel documents to reduce the risk of your visa getting rejected. Both passport and visa applications can take several months to process, so apply early!

## Place to stay

Find out about the place you will stay in detail, such as the type of the place (flat, homestay, shared room, apartment, or dormitory), its distance from the hospital, and the surrounding's atmosphere. If you prefer a place which gives you more privacy, then a private apartment or flat would be your choice. In contrast, if you like to stay with someone else and are convenient in sharing the bills, the kitchen, and other household utensils, choose a shared flat/room. Find the most suitable one for you because you will stay there during your fellowship.

The distance from your hospital or public transport is another thing you should consider. You will need less time to get to the hospital, and you can even go back to your place if you want to get

something important or have a short lunch and pray time. You might be lucky enough to find one near your mentor house so that they can invite you over for dinner! Note that the more centrally located, the more expensive the rent.

The surrounding ambiance is also an important consideration. Choose the quiet one if you want to relax and concentrate on studying. But if you get bored easily or feel lonely because you are away from family and friends, it is better to find a place with busy surroundings.

Another important thing is to ask about what kind of amenities provided; washing machine, kitchen utensils, bedding sets, air conditioner/heater, elevator, etc. so you are prepared.

## Transportation

Learn about the transportation system beforehand. The types of public transport available, routes, schedules, and rates. It helps to commute easier and prevent you from getting

lost. In big countries, they usually have a transportation card that offers students a reduced price if you have a student pass.

## Budgeting

Money is one of the most crucial things to prepare before leaving. During the fellowship period, our income will plummet, and expenses skyrocketed. Careful planning will save you from overspending. To find out our approximate monthly expenditures, you can find out at <https://www.expatisan.com/>. Rough calculations on how much money you should save before departure is monthly fee X number of months of the fellowship, and prepare a reserve fund of 20% of the total amount.

Notify your current bank and credit card companies about your plan to study abroad to minimize the risk of getting locked out of your account while abroad. Suppose you are going to do a long-term fellowship, in that case, it is advisable to open a local bank account to facilitate banking transactions, especially if you get a monthly stipend from the institution.

To earn some, you can set up an online consultation or offer 'jasa titip' for your friends back home several weeks before returning.

## Ask about your timetable

It would be better if you know your schedule in advance to manage your time better there. In general, the hospital secretariate will give a roster

to follow during your attachment. However, if you want to observe someone in particular, you may ask about their schedule personally.

## Connect with your loved ones

Before deciding to go for international training, talk thoroughly about the plan to your family. Especially when you are married and have children. Make sure they understand that you are going to be away for a while, ensure their well-being, give assurance that you will make time to communicate regularly despite the time differences. Find places where they have a good wi-fi connection, utilize your break or lunchtime to call your family and friends.

Inform your family and friends about your condition and everyday activities. Having a strong support system will help you get through the challenges of living in an unfamiliar environment far from home

Although public wi-fi is easy to find nowadays, I recommend buying a local sim card because it is way cheaper than activating the international roaming service.

## Prepare for the worst: The need for a good travel insurance

Most of the countries require you to have travel insurance. It is crucial to have a reliable health and accident insurance policy while having an international fellowship. Besides your health, travel insurance will also cover other important things related to your travel, such as coverage for

lost luggage or if your flight is delayed or canceled. In addition to travel insurance, some institutions (for example, in CHU de Reims, France) require fellow to have internationally renowned professional insurance.

## Break the culture barrier: learn about the local languages, customs, and people

If your attachment is among one of the English-speaking countries, you probably would not have to worry. However, if that is not the case, you need to learn some simple phrases for daily conversation and give patients instructions, i.e., please sit down, take off the glasses, or directives to glance up/down/right/left. Also, take some time to familiarize yourself with your fellowship country better. By knowing even briefly your soon-to-be home's culture, history, geography, economy, and government, your fellowship experience will be enriched, and your time spent more meaningful.

Take your time to explore the country. The tourism center provides events, locations, and many tourist attractions information such as which museums have a free entrance policy for student-card holders. Take a lot of photos and keep a journal to help you remember these times.

It is also important to make a good first impression at the hospital. Bring something unique from Indonesia, such as batik clothes or coffee beans for the hospital staff. They will appreciate not the value of your gift but your sincere gesture.

## Bring important personal belongings

Ensure you bring your essential personal belongings such as laptops, chargers, international adaptors, drugs, and vitamins to keep you fresh and healthy. It is terrible being sick in a foreign country while you are away from your family. Although a special physician clinic in the hospital is

usually available, it could be costly. Besides, it is almost impossible to buy antibiotics in pharmacy as they have strict regulations, so do bring all of your medications.

Do not forget to bring your favorite instant noodles and instant seasoning! Cooking your food instead of buying will save you money. Moreover, if

you are a Muslim, it can be quite challenging to get halal food so that cooking might be your better option.

### Prepare yourself mentally

It is not easy to leave your family, even only for a while. Although goodbyes can be tough; they are a necessary part of your journey. Think of all the experience and excitement you would have. While having a fellowship, you will encounter people with different concepts. Be ready to learn and observe these differences without being judgmental. Try to sort things out, accept the good things which improve yourself, and leave the bad ones behind.

There might be a time you face problems there; try to communicate with your family or friends to know that you are not alone. Try to

socialize and make friends so that you will not feel lonely.

All in all, there is no such thing as fully prepared. No matter how much time you spend researching, there will always be some details you leave out or unable to anticipate. Enjoy the surprises as they come along. At the end of the day, **you** are the one who decides on how your fellowship experience turned out. Get the most of it, grab all the opportunities, step outside your comfort zone, and live your life to the fullest potential!



# Perdami Young Ophthalmologists Culinary and Plants

**Sofia Risti Widhiarty, MD; Tri Rejeki Herdiana, MD; Evy Irmawaty Apidian, MD; Anna Nur Utami, MD; Febriani Yohanna, MD**

**Editor:**

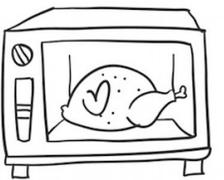
Ida Ayu Ary Pramita, MD



**Sofia Risti Widhiarty, MD**

*H. Moch Ansari Saleh Hospital, Banjarmasin*

Currently, there are more than 450 young ophthalmologists in Indonesia. The Perdami Young Ophthalmologists Culinary and Plants community was formed in the middle of the Covid Pandemic. We spent more time at home. When we were at home, we believed that many Young Ophthalmologists, the majority of whom are young mothers, bring out their hidden talents. A lot of young ophthalmologists have talents in cooking and baking. Also, many ophthalmologists started to spend their free time on gardening.



Amid the pandemic, we started to appreciate more on the positive sides. The young ophthalmologists who used to spend most of the time working behind the slit lamps have begun to deepen the art of cooking, mixing flour with the right composition to produce beautiful works that we dedicate to our family at home.



Some of the members have also started to explore the pleasure of gardening. In this community, there are even those who are professional caring for orchids, there are those who have a large greenhouse who are really concerned about the vegetable production process. What a talent that has just revealed. The pleasure of being in this community is that we can share not only cooking recipes, tips for making a fluffy cake, but also some tips on how to propagate plants, how to handle pests, tips on plants leaves and flowers, which make us even happier.



In this newsletter, we will share some simple recipes that you can make in minutes. You can even prepare these meals during your busy days. Thus, these might be suitable for you who undergo a fellowship. Greeting from us, the Young Ophthalmologists Culinary and Plants Community. Let's cook with love.

## Microwave “Indomi Komplit” Recipe

### Ingredients

- ✓ 1 pack of instant noodle
- ✓ 1 egg
- ✓ 2 meatballs/sausage/fishballs
- ✓ 1 bunch of mustard greens/broccoli/bean sprouts/other vegetables (chopped)
- ✓ Boiled water/warm water from water dispenser
- ✓ Salt, pepper, chili
- ✓ Heatproof/ microwave proof lunch box/bowl with closing lid (preferably *tupperware*)

### How to cook:

1. Prepare the *Tupperware* box/bowl and fill with boiled water
2. Put in vegetables with meatballs (it will cook faster when the lid is closed), set microwave timer to 2-3 mins
3. Take it out, check if it's tender enough, move it to another bowl, vegetables and meatballs could be seasoned with pepper and salt
4. Put in the egg to the *Tupperware* filled with enough water, don't close the lid to tight or it would cause an explosion, set the timer to 2 mins
5. Take it out, check the egg if it's boiled enough, move it to the bowl
6. Unpack instant noodle, put it into the *Tupperware* filled with water. Set the timer to 3 mins or until it is cooked enough depend on the type of microwave
7. Take it out, drain well
8. Move it to the bowl, spread the seasoning, stir well (add boiled water if it is noodle soup)



**Tri Rejeki Herdiana, MD**  
JEC Eye Hospitals and Clinics



- If you don't have enough time, just put the vegetables, meatballs, noodle, and egg together into the *Tupperware* filled with water, and put it into the microwave for 2-3 mins
- Take it out, check if the ingredients are cooked enough, drain well
- Put it into a serving bowl, season well
- Enjoy!!

## Cassava Soup Recipe



### Ingredients:

- ✓ ½ Kg cassava (peel off the skin, diced, wash thoroughly, drain well)
- ✓ 150 gr (2 pcs) carrots (roundly sliced)
- ✓ 100 gr (2 pcs) potato (diced)
- ✓ 200 gr skinless chicken breast (diced) or ¼ kg chicken feet (washed, sliced in half)
- ✓ 100 gr broccoli (sliced as intended, wash with salted water, drain well)
- ✓ Leek (sliced)
- ✓ Celery

### Seasoning:

- ✓ 3 cloves of onion (chopped)
- ✓ 2 cloves of garlic (minced)
- ✓ ¼ teaspoon ground pepper
- ✓ Salt and sugar
- ✓ Chicken broth

### How to cook:

1. Boil 250 ml of water, put in 200 gr of chicken breast 1/4 kg chicken feet. Wait until chicken fat is floating on the surface
2. Boil 1 liter of water in a pan or rice cooker, add diced cassava with salt, cook for 20 minutes until tender
3. Put in chopped onion and garlic, ground pepper, cooked chicken breast, diced potato, and carrot. Stir slowly, wait until all ingredients are cooked
4. Add sliced leek, broccoli, and chicken broth. Wait until broccoli looks half done. Add some salt and sugar
5. Move the dish to a serving bowl. Serve with sprinkled celery and chilies. Serve while it's hot



**Evy Irmawaty Apidian, MD**  
KMU Madura Eye Clinic

## “Nasi Gila” Recipe



### Ingredients:

- ✓ White rice
- ✓ 5 meatballs
- ✓ 1 beef sausage
- ✓ 2 handful of chopped pak choy/caisim
- ✓ 1 egg
- ✓ 2 tbsp vegetable oil
- ✓ 2 cloves minced garlic
- ✓ 1 tbsp tomato ketchup
- ✓ If you want to be spicy, add 1 tbsp of chili sauce OR cayenne pepper as preference
- ✓ 1 tbsp oyster sauce
- ✓ Sugar 1 tsp
- ✓ Salt
- ✓ Pepper

### How to cook:

1. In a skillet or wok, preheat oil with medium heat. Add minced garlic. Cook for about 2-3 minutes or until it smells good.
2. Add meatballs, sausages. Cook until browned. Add egg and scramble.
3. Add the rest of the ingredients. Stir well. Add salt and pepper sufficiently.
4. Viola.. DONE! Just add these to your favorite white rice and crackers.



**Anna Nur Utami, MD**  
*JEC Eye Hospitals and Clinics*

## "Ingkung Ayam" Recipe

### Ingredients

- ✓ 1,5kg "ayam kampung muda" young chicken, made whole, don't cut into pieces
- ✓ 8 cloves of onion
- ✓ 4 cloves of garlic
- ✓ 6 candlenut
- ✓ 3 chilies
- ✓ 2 segments of turmeric
- ✓ 1/2 tsp of coriander
- ✓ 1/2 tsp of salt
- ✓ 1/2 tsp of pepper
- ✓ 1/2 tsp of powdered broth
- ✓ 2 lemongrass "digepek"
- ✓ 1 segment of ginger, "digepek".
- ✓ 2 segments of galangal, "digepek"
- ✓ 50 grams of brown sugar
- ✓ little bit tamarind
- ✓ 4 pcs of lime leaves
- ✓ 5 pcs of bay leaves
- ✓ 1000ml coconut water
- ✓ 1/2 box of instant coconut mil

### How to cook:

1. Spices are mashed by blending with a little bit of water (25cc)
2. Coat the chicken with the ground spices, then let stand in the refrigerator for about 30 minutes.
3. The marinated chicken along with coconut water, instant coconut milk, lemongrass, lime leaves, bay leaves, tamarind, brown sugar, cook over low-medium heat for 1 hour (well done)
4. \*If the chicken is still hard, you can add more coconut water and cook until the coconut water starts to shrink.

Served with "nasi uduk", "sambal goreng ati" and "urap-urap".



**Febriani Yohanna, MD**  
Ciputra Mitra Hospital, Banjarmasin



# PERDAMI Young Ophthalmologists Eye Health Policy and Project: A Brand New Spirit of Indonesian Young Ophthalmologists in Generating New Ideas for Better Eye Health Service in Indonesia



**Andreas Surya Anugrah, MD**  
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**Editor:**  
Marsha Dechastra Chairissy, MD

The famous Henry Ford ever said: “Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young.” This spirit also lived in the life of Indonesian ophthalmologists especially for the young, who have a great passion for learning new things every day for better eye health services in Indonesia.



## Young Ophthalmologist Eye Health Policy and Project

### Activities and Projects

One of the main activities of YO Eye Health Policy and Project (YO EHPP) is eye health education. Delivering clear education regarding eye health to the community, including disease prevention, eye health myths and hoaxes, and also useful information for medical professionals is the key point.

Even though young ophthalmologists are still new to the world of eye health practice, and might have limited facilities and support systems, they have important roles in strengthening the community eye health. Not only by practicing eye health service but also by delivering massive eye health education to society. Especially in the era of the COVID-19 pandemic, many ophthalmologists reduce their services, many patients unexpectedly have to postpone their appointment to eye care services, on the other side many myths and hoaxes appeared and 'trapped' many people in false insights about eye health. Therefore, as Indonesian young ophthalmologists, we merely unite to start from the small things first and work to grow further. Delivering eye health educations is one small first step that we can do together.

Several targets of eye health educations that YO EH PP subjects are the communities, medical professionals, and stakeholders such as government, private sector (NGO), schools, and mass media. Indonesia has a plural community with its multiethnic traditional beliefs that inevitably affect people's understanding regarding eye diseases. Moreover, many hoaxes and myths make it more complicated.

All of these issues and education must be conveyed not only to the community but also to the stakeholders involved. Some good collaboration will help promote eye health and prevent further eye disease burden in Indonesia.

Why is it important to provide a brief education about eye health and combat eye myths? The American Academy of Ophthalmology on November 20, 2019, has announced an article about 20 Myths of Eyes and Sight in the world. In the

**The Indonesian Young Ophthalmologist Eye Health Policy and Project** is a activity-based group, which can provide the opportunities for Indonesian young ophthalmologists to formulate new ideas for better eye health services in the future.

YO Eye Health Policy and Project particularly focus on Eye Health Awareness Raising which include: Education, Discussion, Analysis, and Initiatives, as a response to eye health issues in the community, eye health policies, and national and global health issues by under supervision of PERDAMI.

article, the American Academy of Ophthalmology states and clarifies all eye myths and it is important for all ophthalmologists to participate and take action on this matter.

## Eye health survey and research

YO Eye Health Policy and Project plan to hold surveys and research about eye health issues, eye health policies, and eye health services in Indonesia. For the purpose to deliver evidence-based information about eye health issues, the YO EHPP plans to collaborate with the PERDAMI community ophthalmology section to hold surveys and researches regarding cataract economic burden, retinopathy diabetic burden, and other impactful issues. In these surveys or researches, YO EHPP tries to collect data and evidence, discuss, analyze, and bring new initiatives or insights. The results of these surveys and researches may contribute to formulate good policies in eye health service and eye health funds in Indonesia and also may give inputs to Indonesian authorities in formulating eye health regulations.

## Young Ophthalmologists Initiatives in PERDAMI Covid-19 Response

In the Covid-19 era, there are many new adaptations that we all do, YO EHPP plans to observe and look deeper into the ophthalmology practices during this era so that young ophthalmologists can get new ideas for a safer and better eye care service.

YO EHPP also emphasizes the importance of the Indonesian young ophthalmologists' role in educating the public about the manifestations of COVID-19 in the eyes and prevention of transmission. We also promote strict protection for ophthalmologist during the Covid-19 pandemic by using the right masks and other personal protective equipment, and by implementing practical safety guidelines.

Many projects and plans ahead, and YO EHPP has started its move in eye health policies and global health in Indonesia. Many collaborations and projects regarding community eye health are in our sight. For newly graduated ophthalmologists, if you like to be an educator in community eye health, care for eye health policies and eye health future, YO Eye Health Policy and Project welcome you to join. We will

*Fellowship Edition Part II*

## Our Health Promotions and Education Through Social Media



learn together, grow together, and enjoy many-valued collaborations here in YO Eye Health Policy and Projects. See you soon. Keep growing Perdami Young Ophthalmologist!

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# Young Ophthalmologists Eye Health Policy and Project

# PERDAMI SOCIAL MEDIA

YOUNG OPHTHALMOLOGISTS



**Widya Anandita, MD**

*Achmad Wardi Eye Hospital, Serang*

**Editor:**

Rizki Rahma Nauli, MD

WEBSITE

**YO Social Media & Website is the second core activity that takes shape in YO Perdami. Aiming at becoming YO Perdami beacon of information, YO Social Media & Website team manages YO Perdami's Instagram and Youtube accounts, and more to come!**

Our current team consists of 22 individuals spreading around Indonesia, proving that physical distance is no longer a hindrance to collaboration. As stated above, the primary duty of the YO Social Media & Website team is to spread information, both amongst YO Perdami members and to the greater public. We help relay projects from other YO Perdami core activities; promote upcoming webinar programs, interesting clinical cases, journal review, and inspiring stories from our YO members. We also have a particular segment on public education, specializing in dissecting myths and wrong information around eye health.

Our main projects currently consist of two social media programs; Instagram and Youtube. Our Instagram [@yo.perdami](https://www.instagram.com/yo.perdami) starts out in July 2020, and now in late September we just crossed the 1000 followers mark. We shared monthly theme posts, case sharing, quizzes, and journal reviews. Each month we take on a new topic for our monthly theme and share a couple of posts regarding the selected topic.

# PERDAMI

## YOUNG OPHTHALMOLOGISTS

### SOCIAL MEDIA & WEBSITE

**Our first monthly topic in July was on fellowship. We invite YO Perdami members to share about their fellowship journey, and it had created quite a buzz.**

Our peak moment was on our August monthly theme. Following Indonesia's Independence Day, we released a hashtag #YOSabangToMerauke, which highlights the life of our fellow YOs in remote areas. It was exciting to see the challenges that our colleagues were present within their practice and how they cope with it to serve their communities best. We believe that their perseverance and grit are enlightening and inspiring to the rest of us.

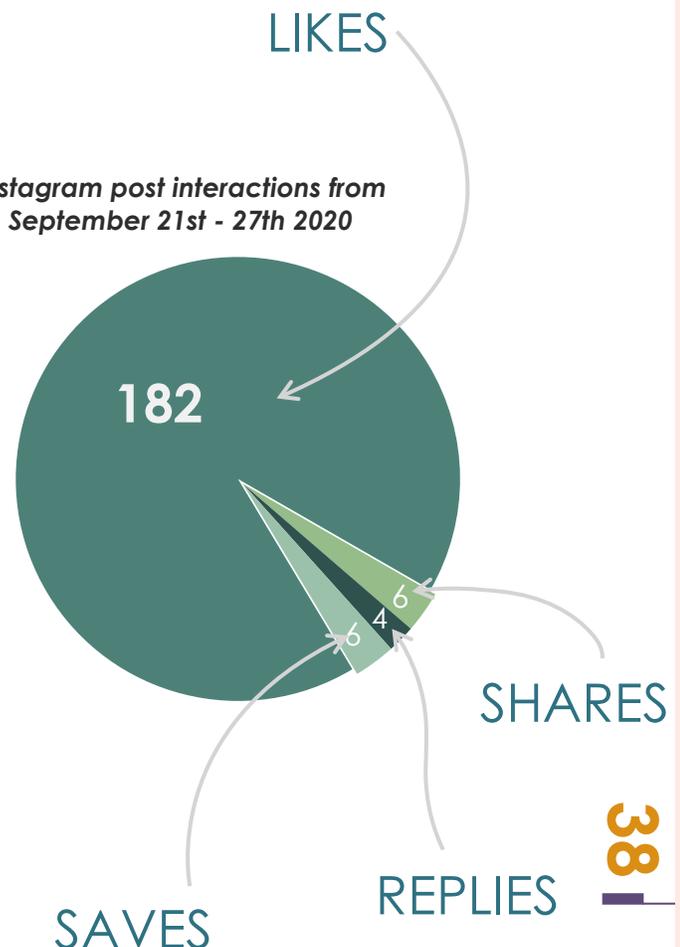
Unsurprisingly, a lot of our most loved posts are those shared by our friend from YO Art & Music! That is the core of what we do; we help other core activities to promote and publicize their work so that more people will engage in it. We are also looking forward to upcoming content from other core activities, so please make sure to follow and tune in to our Instagram feed.



Kindly hit the follow button to our Instagram page. We are working on new posts and interesting cases. Stay tuned for more exciting details!



Instagram post interactions from September 21st - 27th 2020



# PERDAMI

## YOUNG OPHTHALMOLOGISTS

### SOCIAL MEDIA & WEBSITE



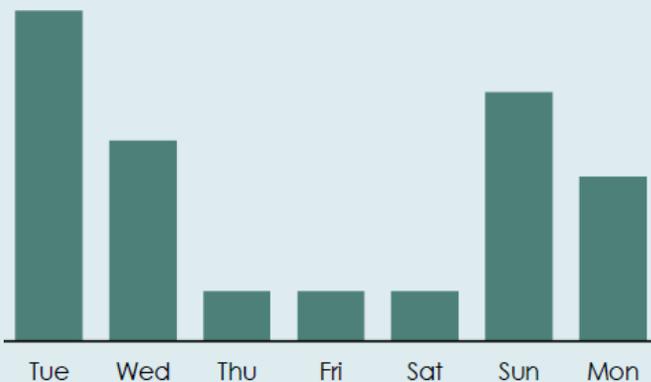
**Instagram Accounts Reached**  
**1,434 accounts**  
**+ 112.1% vs September 21st - 27th 2020**

**Impressions**  
**- 2.2% vs Sep 21st - Sept 27th**      **3,815**

**Account activity**      **230**

**Profile Visits**  
**+ 0.4% vs Sep 21st - Sept 27th**      **230**

**Story Interactions**  
**- 40% vs Sep 21st - Sept 27th**      **4**



**Account reached from Sept 28th - Oct 4th**

**We do the same with our Youtube channel [Young Ophthalmologist PERDAMI](#); we created content, and we help promote and document other YO Perdami core activities project.**

We have our own podcast session on Youtube. The theme in our podcast ranging from a discussion around YO Perdami activities to public education related to eye health. So far, we already have 14 episodes of our podcast on Youtube, and it has gathered more than 220 subscribers. On Youtube, the prominent YO Perdami core activity projects were TINDER YO (To Initiate Decide Evaluate and Review YO Fellowship), which talks about our Fellow YOs experience on fellowship across all subspecialty. We from YO Social Media & Website team help to document the long Zoom meeting discussion, making it available for future viewing.

As much as we are proud of what we have accomplished so far, we realize that our social media account still has a lot of potentials. Therefore, we are committed to developing our social media accounts and engagements even further, and we hope that we can carry out our duty better and bring more benefits to YO Perdami members!

# Perdami Young Ophthalmologists: Photography Division



**Kukuh Prasetyo, MD**  
JEC-Anwari @Purwokerto

**Editor:**  
Kukuh Prasetyo, MD

## WHY DOES IT EXIST?

Perdami Young Ophthalmologist had just been initiated a year ago at Perdami Scientific Meeting at Makassar, Sulawesi Selatan. A group of young Ophthalmologists decided to facilitate a form of communications between ophthalmologist who were freshly graduated and aged below 40 years old.

Enthusiasm grew amongst Indonesia Young ophthalmologist. The member of Perdami YO reaches 467 members within 2 months from the first activity. Perdami YO provides activity based on member's interest. Not for long, Photography division was launched.

Ophthalmologist must be aware of what people see, how clear the vision they have, how detail

## WHAT DO WE DO?

Considering the name of this division, of course we can conclude that this division consists of young ophthalmologist whose interest in photography. We are communicating each other using chat application. Frequently we shared tips and tricks in making a good photo. In a week, there will be a photo challenge came up. It happens usually on Sunday so that will not bother our daily activity. Within a day, member of this division will share their  
*Fellowship Edition Part II*

the image can be perceptualized. Bringing a vision to our patient is not so different of making a good photograph, yet most of us still unfriendly with photography technique and jargons. Here on this division, we learn together.

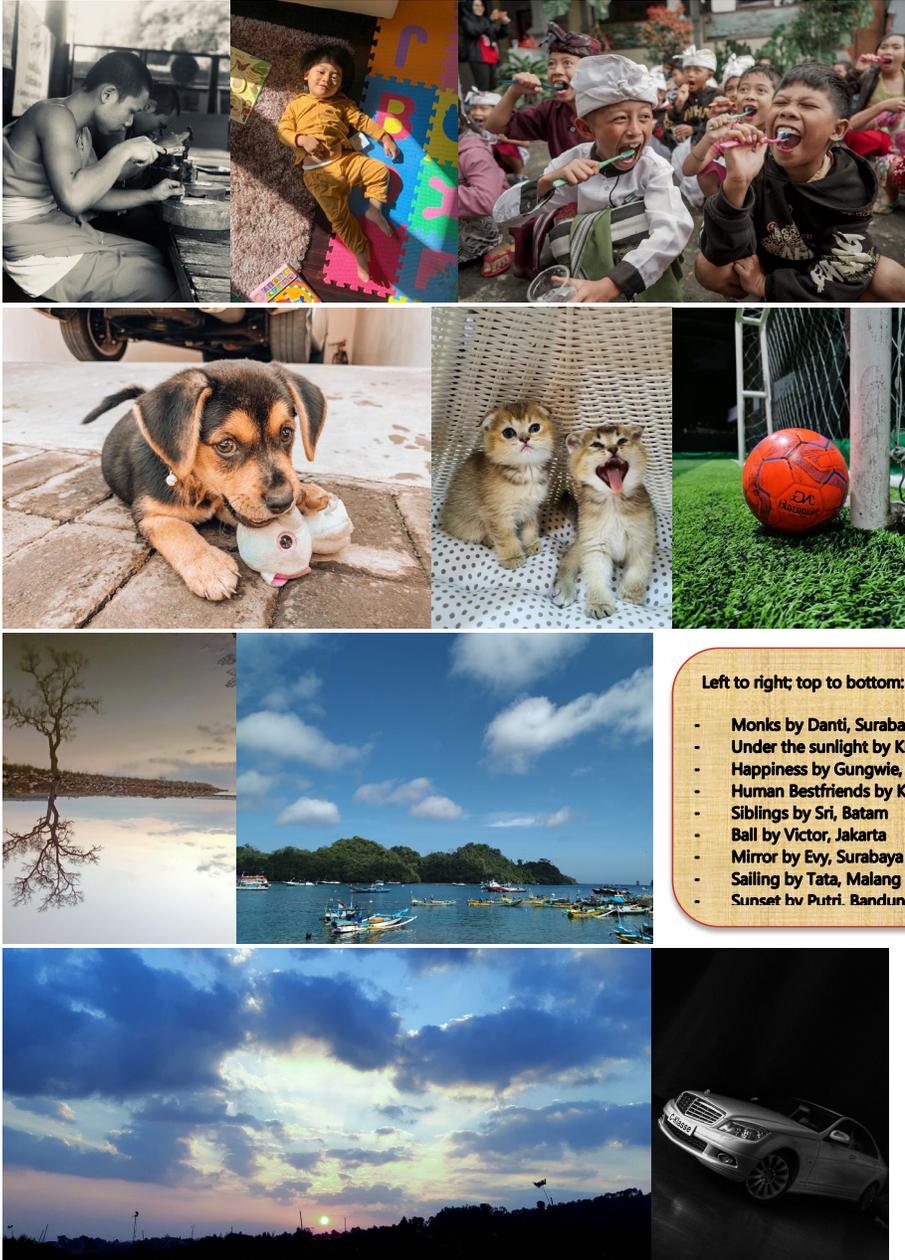
The concept of making a good picture, such as deciding a good composition, a balanced-colors, perfect contrasts, exact field of view, and ability to produce the correct depth of view might be very useful in order to bring a perfect vision to our patients.



photo and the other member of the group will give comments.

The photo we have can be used for Perdami YO activity to be a background for Perdami YO's newsletter, as a photo collage during Perdami YO art and music division's video clip, and others. Sometimes when Perdami YO social media division needs contents to be posted and so they will reach

us and we make it as a photo challenge. This division is an absolute paradise for young ophthalmologist who like to take a picture.



Left to right; top to bottom:

- Monks by Danti, Surabaya
- Under the sunlight by Khatania, Bali
- Happiness by Gungwie, Bali
- Human Bestfriends by Khatania, Bali
- Siblings by Sri, Batam
- Ball by Victor, Jakarta
- Mirror by Evy, Surabaya dan Bangkalan
- Sailing by Tata, Malang
- Sunset by Putri, Bandung

Here are some of our pictures

Photography is the story I fail to put into words

-Destin Sparks

# Young Ophthalmologists Art and Music (YOAM)



**Putri Hartini, MD**  
*Netra Eye Clinic, Bandung*



**Jimmy Andre, MD**  
*Patria Hospital IKKT, Jakarta*



**Adelina T. Poli, MD**  
*Departemen IK Mata Fakultas  
Kedokteran Univ Hasanuddin,  
Makassar*

**Editor:**

Irma Seleкта V, MD



Young Ophthalmologist Art and Music (YOAM) division were initiated in June 2020 after other few previous YO division correlated with fellowship, newsletter etc.

Art & Music division initially brought up by few ophthalmologists which have interest in that field to express hobbies and their art and musical abilities. The idea of the YOAM division then caught YO inisiator attention and what's app group were made by YO inisiator, consist initially of 3 person (dr Aryo, dr.Hisar and dr.Puhar).

Each of these three people then promote the YOAM group and asking other young ophthalmologists with same interest to join. Long story short this what's app group member is already 38 young ophthalmologist at the moment.

To make things easy and to know each other better we have basic info data about music interest genre, instrument ability, vocal range in choir, and also birth date. Sounds a bit silly to have that kind of data but it's really hopeful once we need to make a project. We have variety vocal



range area & instrumental player. Such as in Sopranos/Mezzosopranos we have dr. Aryaning, dr. Ara, dr. Riani, dr. Ika, dr. Puhar, dr. Manda, dr. Gungwi, dr. Irma, dr. Sandra, dr. Tessa, dr. Adelina, dr. Astri, dr. Dita, dr. Rannu, dr. Astri, dr. Ukhie, and dr. Yessica. In Alto we have dr. Nieke, dr. Nining, dr. Josi, dr. Yasmin, and dr. Weni. In Tenor & Bass we have dr. Aryo, dr. Andreas, dr. Hisar, dr. Bayu, dr. Elyas, dr. Mario, dr. Victor, dr. Herwindo, dr. Dian Dwi, dr. Bernard, dr. Jimmy, dr. Simon,

dr. Chan, dr. Irfan.

For instrument players, in keyboard / piano we have dr. Hisar, dr. Adelina, dr. Dita, dr. Aryo,

### Musical Product

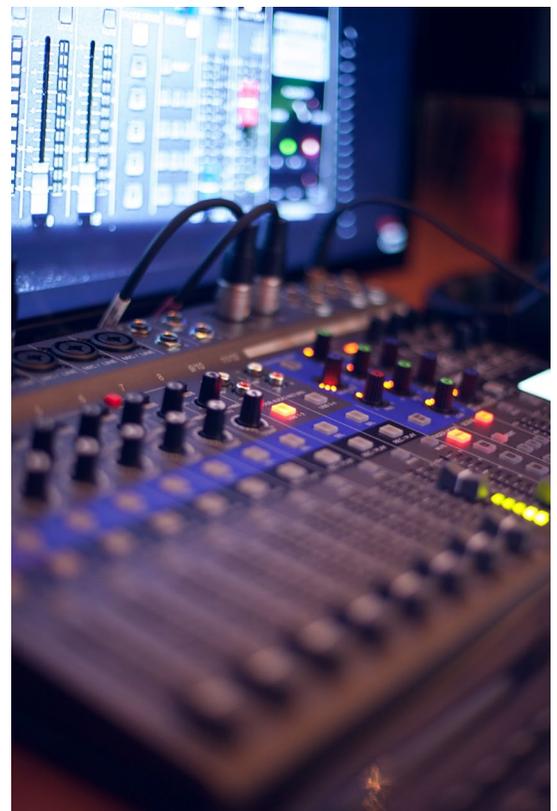
Some song are already launched since June 2020. The first one is "Officially Missing You (Cover)" sung by dr. Aryo & dr. Puhar and arranged by Hisar & dr. Aryo. This first project was made as an inducement for others to join and excite to make more musical work.

Other product of YOAM are collaboration in making Hymne Perdami virtually, despite all the obstacle we finally made it and dr. Hisar even found a new skill to make a new arrangement out of it. Another result of this virtual collaboration are "Satu Indonesiaku" released during Independence Day.

Young Ophthalmologist theme songs were also made together virtually, the first one is the YO Song (Compose by dr. Andreas, Lyric by dr. Puhar and music arrangement by dr. Hisar, dr. Andreas, dr. Aryo) and YO KPOP version that was made by dr. Aryo.

dr. Bayu, dr. Jimmy, dr. Tessa, dr. Yessica. As drum player we have dr. Chan and dr. Simon. As violin player we have dr. Bernard, dr. Yola and dr. Bayu. As cajon player we have dr. Hisar and dr. Chan. As guitar player we have dr. Andreas, dr. Herwindo, dr. Hisar and dr. Dewa Benny. As ukulele player we have dr. Gungwi. As thrombone player we have dr. Chan.

In other form of art such as poetry and rap we have dr. Ukhie and water color painting we have dr. Adelina. (And probably they are more talents hidden among our members. We are looking forward to explore more of those!). As an extra skill we have dr. Irma in video editing and dr. Jimmy as a "debt" collector that helps to unify every one's piece. We appreciate any musical and art abilities of our members have and we hope YOAM can make them develop their skills further.



## Ups & down

There's always 2 side in everything. The "Ups" poin is the passion in art and music makes every member taken those project seriously. The down sides are delay in finishing task due to occupation-related activity or other etiology and technical difficulties in recording, mixing because we're not in music studio.

So why should you join YOAM? Despite of sharing same interest, it's also a place for gaining your musical and art skill, a "subconsciously" -stress relieved therapy- place, place to show your art and

gain positife input. Another poin we share good vibes only because art & music is about appreciation in every human unique individual taste.

What's next? Of course making more projects, more jamming sessions and explore even more art & musical abilities in each of our members. Also we are hoping to develop other forms of art as we grow, such as music videos, dance, paintings or perhaps theatrical shows, maybe? We'll see where it leads us to.



# Photos Gallery

## WORLD SIGHT DAY 2020



World Sight Day 2020  
World Sight Day – the most important advocacy and communications day in the eye health calendar – is on 8 October 2020.

-The International Agency for the Prevention of Blindness-

"Eye screening for children with developmental disabilities"  
Lely Retno Wulandari, Malang (2019)

"Once you choose hope anything is possible!"  
Fitri Muslim Nathin, Tangerang (2019)





"Hole of hope"  
Fitri Muslim Nathin, Tangerang (2019)



"World Sight Day 2019"  
Andreas Surya Anugrah, Yogyakarta (2019)



Kukuh Prasetyo, Purwokerto (2020)

WORLD SIGHT DAY 2019 VISION FIRST!



N.M. Ari Suryathi + Cahya Setiabudi, Kuta (2018)



"Pelayanan"  
N.M. Ari Suryathi + P. Daivi Prakriti, Denpasar (2018)



N.M. Ari Suryathi + Cahya Setiabudi, Jembrana (2019)



"Enthusiastic"  
Andreas Surya Anugrah, Yogyakarta (2019)

2020  
WORLD  
SIGHT  
DAY

WORLD SIGHT DAY 2019 VISION FIRST!



N.M. Ari Suryathi + Cahya Setiabudi, Jembrana (2019)



Gung Wie + Andy William, Soe (2017)



"It will sting a little, Mam"  
N.M. Ari Suryathi + Nadia Elena, Denpasar (2019)

2020  
WORLD  
SIGHT  
DAY

WORLD SIGHT DAY 2019 VISION FIRST!



"Steroid induced catarat in young people, due to *Jamu*"  
Evy Irmawaty Apidian, Madura (2020)



Andreas Surya Anugrah, Yogyakarta (2016)



"A direct funduscopy examination for retinal suspected case"  
Andreas Surya Anugrah, Yogyakarta (2019)

WORLD SIGHT DAY  
2019

VISION FIRST!



"Learning by doing"  
N.M. Ari Suryathi + Surya Dinajaya, Singaraja (2019)

2020

WORLD SIGHT DAY



"Social service of cataract surgery for  
World Sight Day"  
Martin Hertanto, Sukabumi (2018)



"World Sight Day 2018"  
Martin Hertanto, Sukabumi (2018)

"World Sight Day 2018"  
Martin Hertanto, Sukabumi (2018)



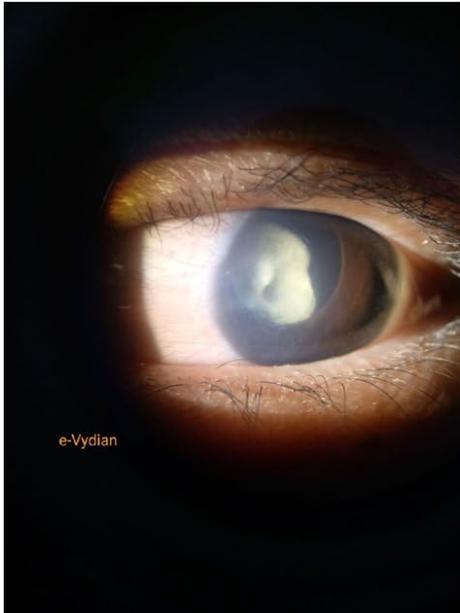
Erii Nur Lubis, Pekanbaru (2017)

Andreas Surya Anugrah, Yogyakarta (2019)



WORLD  
SIGHT DAY  
2019

VISION FIRST!



"Juvenile Cataract"  
Evy Irmawaty Apidian, Madura (2019)

Eighty percents of the visual  
impairment worldwide can  
be cured or avoided.

Be aware and smart and  
protect your eyesight



2020  
WORLD  
SIGHT  
DAY

# How Do We Prevent Myopia Progression During Covid-19 Pandemic?



**Karina Satyani Pratiwi, MD**  
*JIH Hospital Yogyakarta*

**Editor:**  
Yulinda Arty Laksmi, MD

On March 11, 2020, WHO officially declared COVID-19 as a pandemic.<sup>1</sup> Specific actions were taken to interrupt coronavirus transmission, reduce the impacts of the outbreak, and support control measures to lower the morbidity and mortality caused by COVID-19. WHO recommends every country to improve its public health and social movements by implementing personal measures and lockdown including physical and social distancing and limiting mobilization both locally and internationally.<sup>2</sup>

One specific measure taken is to close the conventional school and replace it with a virtual learning platform. Unfortunately, children must spend more digital screen time which increases near work activity, along with a decrease in outdoor activity. Prolonged current e-learning methods will probably increase the burden of myopia in children in terms of earlier onset and faster progression.<sup>3</sup> Although school closure is

temporary, there is a concern that this method of learning will be adapted in a long-term behavior.<sup>4,5</sup>



## Why myopia is a burden

Myopia is a refractive error caused by axial elongation that can be corrected by glasses, lenses, and refractive surgery. Asian race is associated with higher myopia prevalence.<sup>6,7</sup> The

prevalence ranged from 2.5-53.7% in Asian countries.<sup>8</sup> Myopia is associated with few complications that lead to irreversible blindness. A meta-analysis study by Haarman et al showed that

complications and visual impairment were higher in high myopia, however, low and moderate myopia carries a considerable risk.<sup>9</sup>

The most important myopic complication is myopic macular degeneration (MMD) as a common cause of visual impairment. The prevalence ranged from 0,1-7% in low myopia, 0,3-

7,8% in moderate myopia, and increased to 13,3-65,4% in high myopia.<sup>9</sup> Myopia is also associated with retinal detachment (RD) and open-angle glaucoma (OAG). Posterior subcapsular cataract and nuclear cataract are related to myopia, but not with cortical cataract. Odd risks for each complication are listed below.

Table 1. Odd risk for each myopia complication according to Haarman et al, 2020.<sup>9</sup>

	Overall myopia	Low myopia	Moderate myopia	High myopia
Myopic macular degeneration	102,1	13,57	72,74	845,08
Retinal detachment	3,45	3,1	8,74	12,6
Cataract	2,09	1,56	2,55	4,55
Open-angle glaucoma	1,95	1,59	2,92	

Aside from visual impairment caused by myopia complications, myopia brings down the social impact of a myopic patient including the family. Myopia does not only affect educational outcomes, but also leads to decreased quality of

life, increased economic burden, and impaired personal and psychological well-being.<sup>10</sup> The economic burden of uncorrected distance refractive error, largely caused by myopia, is estimated to be the US \$202 billion annually.<sup>11</sup>

### What contributes to myopia development



Myopia has a multifactorial origin. There are modifiable and non-modifiable factors contributing to myopia development. Children born from parents with myopia are very likely to have early-onset myopia. Compared to children with non-myopic parents, the odd ratios to develop early-onset

myopia is 1,42 for children with one parent myopia,

2,7 for children with both parents myopia, and 3,39 if both parents developed childhood myopia.<sup>12</sup>

Near work activity as a risk factor for developing myopia is still debatable. Prolonged near work activity was reported to induce myopia development, specifically reading activity.<sup>13</sup> Myopia progressed more rapidly in children with intense and continuous reading for more than 30 minutes with less than 30 cm distance to read. Jones-Jordan et al<sup>14</sup> reported no difference in the amount of time consumed playing video games or computers between myopes and emmetropes. However, the difference was significant following myopia onset. In this case, myopia was considered to influence near-work activity behavior. A meta-

analysis including 25.025 children aged 6-18 years concluded a recommendation to reduce time on reading to reduce the risk of myopia.<sup>15</sup>

A systematic review conducted by Lanca et al<sup>16</sup> showed that there was no association between screen time and myopia prevalence, myopia incidence, and myopia progression. However, myopia prevalence grew more rapidly in persons with more years of education and intensive schooling without exposure to a digital screen. This pattern showed that education and intensive schooling plays more role in developing myopia

than screen time itself.<sup>16</sup>The decreased outdoor activity also contributes to myopia development. A study conducted by Jones-Jordan revealed that persons who finally became myopia had less outdoor or sports activity before, at, and after the onset of myopia.<sup>14</sup> Increasing more time outdoor reduced odd ratios of myopia by 13% for each hour spent outdoor per day.<sup>17</sup> Adding outdoor activity for 40 minutes a day decreased myopia prevalence by 23%. Wu et al found that accumulated outdoor activity for 11 hours a week reduced myopia development to 54% both in myopes and non-myopes.<sup>18</sup>

### What to do during the time of virtual learning

Amid the pandemic, digital learning is no longer a supplemental activity. The necessity to continue learning with this method puts children to screen time exposure more than they already have. Unfortunately, there is a possibility that this method will be adapted as a new method of

learning even after this pandemic. It is urgent to do an intervention before this myogenic behavior leads to worsening myopia prevalence. WHO and AAP recommendation for screen time is listed in the following table.

Table 2. Daily digital screen time by age as recommended by American Academy of Pediatrics (AAP) and World Health Organization (WHO)<sup>19</sup>

18- 24 months	< 1 hour
3 – 5 years	1 hour
6 - 10 years	1 – 1,5 hours
11 – 13 years	2 hours

Mutual collaboration is needed to mitigate the burden from myopia in terms of delaying its onset and progression. Parents should increase their awareness that a high amount of near-work activity and low outdoor time relate to myopia progression. Parents should develop healthy eye habits including frequent breaks from intense near work activity and limit unnecessary screen time. Eye health professionals and government should collaborate with schools to shape home-based learning outside reading and studying from home

*Fellowship Edition Part II*



that involves children being more creative, such as cooking, baking, cleaning, etc. China, Taiwan, and Singapore have been successfully integrating policy to increased outdoor activity during school time.<sup>8</sup> Outdoor activity 2-3 hours per day is likely more doable today with the flexible study schedule.<sup>3,17</sup> However, outdoor activity should always prioritize general health and limit COVID-19 transmission by using a mask, frequent hand washing, and physical distancing.

One cannot deny that advanced technology benefits us in so many perspectives during this pandemic, particularly for home-based learning. To prevent digital technology dependency which may impair children's eye health, there are few things parents can implement. Parents are expected to build a healthy relationship between children and digital device without reducing the function of virtual learning itself. The easiest way is to set a timer during screen time. Parents can choose to limit screen time per day or per session, either manually or using downloadable applications such as Plano and Screen Time as for parental control. Children should be supervised by parents during virtual learning to

make sure screen time is properly spent on studying. This circumstance supports learning effectivity and creates a conducive learning atmosphere. Parents can also set rules and schedules about when and where to use digital devices while children can manage routine and discipline they usually have from school at once. Finally, parents should play as a role model for their children regarding screen time. It is best that parents also limit their screen time and use their time more for another outdoor activity and indoor activity such as playing music, crafting, and



involving children to do chores.<sup>3</sup>

## Summary

The conventional face-to-face learning method has been suspended temporarily as a measure to limit COVID-19 transmissions. Virtual learning is used as an alternative pathway to continue the educational program from school which leads to higher exposure of digital screen

time for children. Thus, putting a higher risk for them to develop myopia. Therefore, a collaboration between parents, school, and the government is mandatory, particularly in advocating educational policies that prioritize health in general and minimize myopia development in a long term.

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## Coming Up Next

We'd love to hear the stories of Perdami Young Ophthalmologists who devoted themselves for the sake of people's eye health from **Sabang to Merauke**, and in all **around the world**

Let's **share your experience** of fighting against blindness, especially in remote areas.

Special stories from abroad would also be lovely!



Kindly contact us and send your writing to [editoryperdami@gmail.com](mailto:editoryperdami@gmail.com)

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With love, Perdami YO-Share