Introduction

I have worked as an Orthoptist for seven years, and also I have experience working in a university hospital and a private eye hospital in Japan. When I moved from the hospital to the other, I found some different things from what I expected and also I was interested in them. It is generally agreed that the systems of medical examination and treatment, for example, forms of medical chart, medical equipments and approaches to the eyes problems, sometimes vary depending on a hospital and an area. There were many interesting things I felt are in Japan alone, so I thought if I go to a hospital to work in another country, how I will feel and what I will be able to experience. So, I really wanted to go abroad to observe an eye hospital. Furthermore I wanted to learn English which I can use when I test foreign patients in Japan. There were a few foreign patients in the hospital in which I work, and I sometimes tested their eyes, but it was too difficult for me to explain to them how to take the tests. Few people would contest that most Japanese can’t speak English well. So when foreigners, who can’t speak Japanese, come to a hospital, we find it difficult.

The aim of this report is to describe what I observed when I went to Taranaki Based Hospital. It will also include the attractions that I experienced there.

Taranaki Based Hospital

I visited Taranaki Based Hospital where I could go to as observer-ship in New Plymouth in New Zealand for eight weeks. This hospital is a general hospital and serves the Taranaki area. When I arrived at the premises and looked at it, I was surprised that this hospital has a huge area, such a big hospital. In addition, this area has beautiful scenery and we can see the Mt. Taranaki clearly from there. I had never been to that amazing place since before. And also that hospital has accommodation available for staff who work or study there. The supervisor who led me was Libby Kelly. She is an expert Orthoptist, who qualified as an Orthoptist in England. In that hospital there is only her working as an Orthoptist, so she manages to test and do orthoptic patients by herself. She also arranged everything for my observation plan, and moreover she helped and supported me.
whenever I was there. I had rotation in different departments, such as general outpatient clinic, orthoptic clinic and retinal photography clinic. Furthermore, I got an opportunity that I explained to patients about the test and tested them for eyesight, visual fields, eye movement, etc. with Libby. I thought it was an absolutely good experience for me. In those place I met many staff, Dr Kevin, Dr Ross, Dr Simon, Nicola, Raewyn, Maree, Rosalie, Wendy, who are very kind, teaching me a lot of things which helped improve my knowledge of ophthalmology.

Besides, Libby introduced other facilities, to which I could visit. These are the Foundation of the blind, that supports the people who is blind or have low vision, the child welfare work, that supports the children who can’t take lessons easily because of a handicap, and The Terrace Eye centre that is in Wellington. In New Zealand I could experience many things I couldn’t do in Japan.

What is the difference between New Zealand and Japan

Firstly, there are Eye specialists and Optometrists in New Zealand and they see patients. As far as I know, if people are in good health, who don’t have eye disease, want to buy glasses, they usually go to the Optometrist and get a prescription, including for contact lenses. There are only Eye specialists in Taranaki Based Hospital, so I didn’t see those patients there. On the other hand, there are no Optometrists in Japan. So we, Orthoptists, usually test a lot of those in hospital.

Secondly, they don’t wear a white coat in New Zealand. I thought it’s very good for children. It’s probably true to say that some children are frightened at a white coat which causes bad memory, for example, an injection. In Japan some medical staff don’t wear that, but we usually do. There are those who argue that we don’t need to wear that in hospital. After observation, I think we could be permitted to not wear a white coat in certain situations.

The Problem was that I couldn’t speak English well

I had really wanted to go abroad for working or studying. But the thing was, I couldn’t speak English at all. So I needed to go to some school to study English before I went to Taranaki Based Hospital to observe. When I went to the English school, which is in Wellington, I was surprised that there were many foreigners, such as Chinese, Korean, Vietnamese, Malaysian, Saudi Arabian, Japanese, German, Italian and Brazilian, who had an ambitious plan to go to a University or work in New Zealand. In there people speak British English, called Kiwi English, so it’s different from American English which I, Japanese, had studied since when I was a junior high school student. After I graduated from that English school, I worked at the Japanese foods restaurant to practise speaking English, and then I went to Taranaki Based Hospital. I got an opportunity to explain to patients about the tests while I was studying by observation there. Of course that was too difficult for me at first, but I thought I was making gradual progress in doing that.
Attraction in Taranaki

There are many places of interest in Taranaki, especially Mt. Taranaki which looks like Mt. Fuji in Japan. I went to that mountain with Libby and her children by car. There is a public institution, in which we can learn the history of Mt. Taranaki and look out over Taranaki area from there. So we visited there and enjoyed that. When you see the mountain on a fine day, you will be struck by a grand view. And also I went to the Puke Ariki museum, Tawahiti museum, Pukekura park and Surf Highway 45. I would strongly recommend that you should visit those sightseeing spots, if you go Taranaki.

Conclusion

I thought I had a great experience, which I couldn't have in Japan, as an Orthoptist. So I feel it would be to our advantage, if we, Japanese, join this exchange program. And also I can recommend that to other country’s Orthoptists. Lastly, I want to thank all concerned, especially Libby Kelly and Sally Macklin who taught me a lot of things, and for their help.