

# Barometer Ambassador Programme

A day in the life of...



...Dr Mali Okada

Role: *Vitreoretinal specialist*

## What is your role in ophthalmology care?



I am a retinal specialist in Melbourne, Australia. My area of expertise is in the management of patients with vitreoretinal diseases including age-related macular degeneration, diabetic retinopathy and retinal detachment. I am involved in the direct care of patients, both in the clinic and in surgery, and also indirectly through clinical research on retinal disease and degeneration with the Centre for Eye Research Australia. I am also on the Clinical Standards Committee with the Royal Australian and New Zealand College of Ophthalmologists.

## Within your role, what motivates you and what do you enjoy the most?

As a doctor, the greatest motivation for what we do is our patient. I enjoy meeting people from all walks of life and feel fortunate to be in a position where I can help restore or improve their sight. Although we have come a long way in treating many retinal conditions, there are still significant challenges, and I enjoy being involved in a profession where we are constantly striving to improve.



## Why is patient-centric care important to you?



In some industries, measures of success may be based on a general statistic or key performance indicator, but in medicine, it comes down to the outcome and satisfaction of the individual patient sitting in front of you. What may be important to one person, may be meaningless to another. So we really have to take into account the circumstances and concerns of the person who the treatment is actually for.

### How do you empower your patients?



I try to empower patients by firstly helping them to understand their disease and intended treatment in clear simple language. I think, often, patients feel bombarded with complex terminology and jargon, and it can all feel too overwhelming. For some patients, using analogies or diagrams can also be helpful to improve their understanding. Setting out the shared goal for treatment is also important. This helps patients to feel informed and in control of any decisions.

### Do you have any top tips on how to engage caregivers?

I agree this is something that is overlooked, and I readily admit that this is an area I could also improve on! It is very easy sometimes to focus all our attention on the patient themselves, without also engaging their primary caregivers and addressing their concerns. Every patient and caregiver dynamic is different, but one strategy is to ensure caregivers have an opportunity to also ask questions and be involved in discussions, particularly when a lot of information is being conveyed. Caregivers often express they feel helpless, so ensuring referrals to support groups and that vision services include caregivers for practical advice can be helpful, particularly for low-sighted patients.



### Is there anything else you would like to share with the Ambassador community?



My best advice is to demonstrate to the patient that you really care about their individual needs and concerns and that they are not just another number.

### Are there any resources you would like to share with the Ambassador community?

I would also recommend that physicians familiarise themselves with their local vision service support groups; for example, in Australia, there is the Macular Disease Foundation. Patients often find it helpful to have a support network of similar people to interact with, and this vision service is also another source of reliable information for patients to obtain information from.



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