EDUCATION AND LEARNING

Early structured core training of junior trainees in ophthalmology

N Patel, R Zia, D Dewitd, S Morris, A Ionides

The implementation of modernising medical careers (MMC) has resulted in some specialties being allocated very inexperienced trainees such as ophthalmology. We aim to describe the process of implementation of MMC and how it may affect the service provision in smaller specialties such as ophthalmology. A methodical approach in a district hospital setting was used to provide early core training to such trainees involving managerial support. The quality of service provided by newer trainees can be enhanced by providing early structured training during induction to create an atmosphere of enthusiasm and continued learning. This example can be used in other units and specialties.

Modernisation of medical training in the UK has introduced very inexperienced trainees (foundation year 2, and year 1 specialist trainees) into our departments. While some units have already had first hand experience, there are many concerns over the wellbeing of patients and the knowledge base of these trainees, particularly in small specialties such as ophthalmology, ear, nose and throat, and others where time spent in clinical undergraduate training may be inadequate. At present there are no means to establish basic knowledge and the skills to trainees who have been allocated these posts before start of their rotation. Potential longer waiting times in primary care (eye casualty), constant second opinions from senior trainees and consultants leading to delays in general and subspecialty clinics, and F2 motivational issues (especially if trainees have no intention of committing to ophthalmology) need to be considered. The 4 month rotation can be over in a blink and, in the absence of a structured training programme, trainees may complete the rotation without gaining confidence in dealing with common ophthalmic emergencies. This is made worse when no extra resources, neither in man power nor finance, are available to train and supervise them. A methodical approach to enhance the trainees' experience may shift the traditional apprentice system of education to a curriculum based training programme in which goals, expectations, competencies, and technical training are defined to improve eye care, as reported previously.¹

Individual trusts could set up policies regarding training and induction of F2 trainees which can be used universally, provided they are approved and endorsed by relevant authorities. This has been previously demonstrated in American ophthalmic residency programmes where on-call performance

of such trainees could also be evaluated using established tools to improve training.¹⁻² At East Kent Hospital NHS Trust, the department has come up with a solution to train new doctors to a desired level of competency within 1 week. A week long intensive induction has been developed in which junior trainees are provided with essential ophthalmic knowledge and practical skills. During this period, F2 trainees are not expected to cover casualty or clinics, or provide first on call services after 5 pm. Feedback from these doctors after completing the rotation revealed the undeniable importance of practical skills and intensive induction as it helped them gain confidence and quickly find acceptance within the team. It suggests that intensive and focused induction programmes have an important role, potentially including a more formal, approved and recognised practical training course with online modules that may help to consolidate and supplement the desired knowledge and clinical skill base.³⁻⁵ With a significant change in the ophthalmic training process, a coordinated, thoughtful, and standardised effort will be required to meet the challenge.⁶

Authors' affiliations

N Patel, S Morris, A Ionides, Moorfields Eye Hospital, St George's Hospital and School of Medicine, London, UK

R Zia, East Kent Hospitals NHS Trust, Kent, UK

D Dewitd, Cambridge and Addenbrooke's NHS Trust, Cambridge, UK

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Correspondence to: Mr N Patel, Moorfields Eye Hospital, St George's Hospital and School of Medicine, Blackshaw Road, London SW17 0QT, UK; drnish1975@yahoo.com

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