

Cataract surgery education in member countries of the European Board of Ophthalmology

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ABSTRACT • RÉSUMÉ

Purpose: To address the use of and knowledge about skills assessment and competency-based training in cataract surgery in European Board of Ophthalmology (EBO) member countries.

Methods: A survey was emailed directly to all directors of the European societies in ophthalmology. The survey included queries about criteria to undergo training in cataract surgery, regulation of education in cataract surgery, and skills assessment and training methods. In addition, all Danish Eye Departments were further asked to what extent they find assessment tools useful, if competency-based training in cataract surgery would be an improvement, and if an assessment tool would be considered for use in future training of cataract surgeons.

Results: Training in cataract surgery in EBO countries is very diverse; although some EBO countries consider it mandatory in residency, most do not. In EBO countries where training is mandatory and regulated by the local health authority, the use of skills assessment tools and competency-based education are more prevalent (e.g., U.K., Ireland, Switzerland, and the Netherlands). In Denmark, training in cataract surgery is not mandatory, and none of the eye departments used assessment scores to evaluate their trainees; 63% did not believe that using assessment tools would improve the outcome of surgical training, and less than one-third would consider frequent use of assessment tools in the future.

Conclusion: General unawareness and scepticism toward objective structured assessment of technical skills and a considerable heterogeneity in concept and organization of training in cataract surgery across EBO countries is an issue to address.

Objet : Examiner la connaissance et l'utilisation de l'évaluation des compétences et de la formation fondée sur les compétences dans le domaine de la chirurgie de la cataracte dans les pays membres de l'European Board of Ophthalmology (EBO).

Méthodes : Un sondage a été envoyé directement par courriel à tous les directeurs des sociétés européennes d'ophtalmologie. Le sondage contenait des questions sur les critères d'admissibilité à une formation en chirurgie de la cataracte, la réglementation de l'enseignement dans ce domaine de même que les méthodes d'évaluation des compétences et de formation. On a en outre demandé à tous les départements d'ophtalmologie du Danemark dans quelle mesure ils trouvaient utile de disposer d'outils d'évaluation, si une formation fondée sur les compétences dans le domaine de la chirurgie de la cataracte constituerait selon eux une amélioration et s'ils envisageraient d'utiliser un outil d'évaluation dans le cadre de la formation de chirurgiens de la cataracte.

Résultats : La formation en chirurgie de la cataracte dans les pays membres de l'EBO est très hétérogène; cette formation est obligatoire dans le cadre de la résidence dans certains pays, mais elle ne l'est pas dans la plupart. Dans les pays membres de l'EBO où la formation est obligatoire et réglementée par l'autorité de santé locale, l'utilisation d'outils d'évaluation des compétences et le recours à la formation fondée sur les compétences sont plus prévalents (par exemple, au Royaume-Uni, en Irlande, en Suisse et aux Pays-Bas). Au Danemark, la formation en chirurgie de la cataracte n'est pas obligatoire et aucun des départements d'ophtalmologie n'utilise de système de notation pour évaluer les médecins en formation; 63 % ne pensaient pas que des outils d'évaluation amélioreraient l'issue de la formation en chirurgie, et moins d'un département sur trois envisagerait l'utilisation fréquente d'outils d'évaluation dans l'avenir.

Conclusions : La méconnaissance générale de l'évaluation structurée et objective des compétences techniques, le scepticisme qu'elle suscite et l'hétérogénéité considérable constatée dans la conception et l'organisation de la formation en chirurgie de la cataracte dans les pays membres de l'EBO sont des sujets sur lesquels il faudrait se pencher.

Several factors challenge ophthalmic surgical training and education. Young doctors may cause patients harm in the process of acquiring new competencies as they may lack the required knowledge, experience, and technical skills.^{1,2} The need to redesign professional health education was acknowledged, and recommendations were published in the *Lancet Commissions Report* from 2010.³ Accordingly, the Accreditation Council for Graduate Medical Education (ACGME) in the United States has shifted from the “see one, do one, teach one” (apprenticeship) model of education to a model based on competency.

This has been done in the recognition that the apprenticeship model is insufficient as young doctors learn by practicing and performing procedures on real patients. Also, residents have expressed that they are not adequately trained to perform procedures safely by themselves.^{4,5}

To drive ophthalmic surgical trainees along the surgical learning curve in a setup based on a competency model, it is necessary to be able to assess the demonstrated competencies adequately. Hence, an easy-to-use, valid, and reliable evaluation tool is required to assess the

demonstrated competencies in an objective and valid manner.

Assessment tools specific for cataract surgery training have been published—for example, the Objective Assessment of Skills in Intraocular Surgery (OASIS) from Iowa,⁶ the Global Rating Assessment of Skills in Intraocular Surgery (GRASIS),⁷ and the Ophthalmology Surgical Competency Assessment Rubric (ICO-OSCAR) from the International Congress of Ophthalmology.^{8,9}

The European Board of Ophthalmology (EBO) is a European educational body covering the European Union (28 countries) as well as Norway, Iceland, Switzerland, and Turkey (altogether referred to as EBO countries). Authorization documents for medical doctors, including ophthalmologists, are mutually recognized between EBO countries with the exception of Turkey. Hence, quality in surgical training is an issue.

To our knowledge, this study is the first European survey that addresses the knowledge, perception, and use of structured assessment and competency-based education in ophthalmic surgical training in EBO countries. It also provides a characterization of a Danish trainee in cataract surgery.

METHODS

This study sought to evaluate the knowledge and usage of skills assessment tools and the competency-based model in cataract surgery training in EBO countries as well as the general opinion at departments of ophthalmology in Denmark. This study also profiles the typical Danish cataract surgery trainee as to age, position, and number of surgeries performed during the first year of training.

A survey was emailed directly to all presidents of the European ophthalmological societies. The survey covered the following items: if training in cataract surgery is mandatory under residency, if the national health authority regulates the training, if structured skills assessment methods are mandatory, and if the training is based mostly on the apprenticeship model or the competency-based model. The ICO-OSCAR phacoemulsification (PHACO) assessment tool was attached to exemplify the concept of structured skills assessment. In addition, all Danish program directors at all 11 departments received an additional questionnaire. The program directors were asked to report the frequency of use of structured skills assessment tools within the last 3 years, whether assessment tools were

Table 1 Questionnaire results for EBO-countries.

	Is Cataract Surgery Training Mandatory in Your Country?	Are There Health Authority Regulations Regarding the Training?	Is It Mandatory to Use Assessment Tools (e.g., OSCAR-Phaco)?	Is The Training Mostly Based on Apprenticeship Model (AM) or Competency Model (CM)?	Is It the Impression of Your Society That Such Assessment Tools Are Used in Your Country?
European Union countries					
Austria	No	No	No	CM	No
Belgium	No	No	No	AM	No
Croatia	No	No	No	AM	No
Czech Republic	No	No	No	AM	No
Denmark	No	No	No	AM	No
Estonia	No	No	No	AM	No
Finland	No	No	No	AM	No
France	Yes	No	No	AM	No
Germany	No	No	No	AM	No
Greece	Yes	No	No	AM	No
Hungary	No	No	No	AM	No
Ireland	Yes	Yes	Yes	CM	Yes
Italy	No	No	No	AM	No
Latvia	No	No	No	AM	No
Lithuania	No	No	No	AM	No
Malta	Yes	No	No	AM	No
The Netherlands	No	No	No	AM	No
Poland	No	No	No	AM	No
Portugal	No	No	No	AM	No
Romania	No	No	No	AM	No
Spain	No	No	No	AM	No
Sweden	No	No	No	AM	No
United Kingdom	Yes	Yes	Yes	Both	Yes
Non-EU countries					
Norway	No	No	No	AM	No
Switzerland*	Yes	Yes	Yes	Both	Yes
Turkey	No	No	No	AM	No

Did not reply: Bulgaria, Cyprus, Luxembourg, Slovakia, and Slovenia.

*An additional postresidency program is offered in ophthalmosurgery, only in which cataract surgery is given.

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