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Presidential Address – 2022

"The ophthalmic trainer"

K. A. Salvin[1]

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It is an honor and privilege to address you, as the president of the College of Ophthalmologists of Sri Lanka, at the annual scientific conference, 2022. As we stand at the crossroads of significant global change, we must reflect on our journey, acknowledge our challenges, and embrace the opportunities that lie ahead.

Let me start my talk with a scene from the film "Karate Kid" (1984). In the film, the wise karate master Mr. Miyagi tells Daniel that there is "no such thing as a bad student, only a bad teacher." This statement underscores the crucial role of good teaching and training. What Mr. Miyagi emphasizes is the importance of good teaching and training, a principle that is highly relevant to our field of ophthalmology.

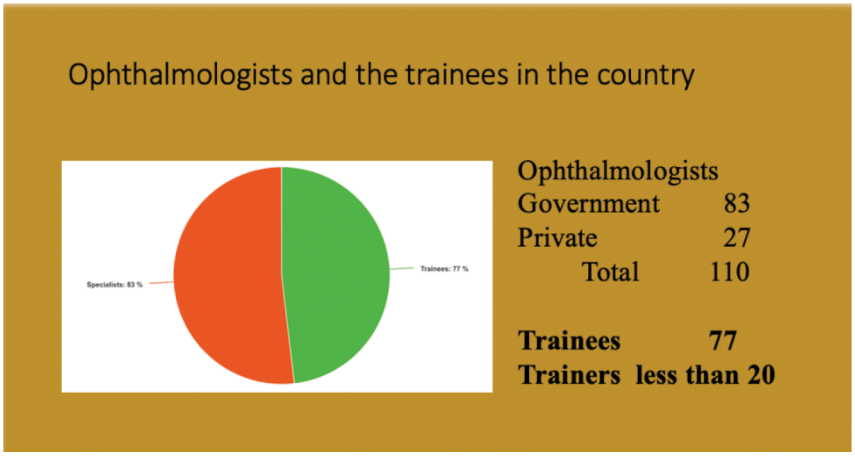

Figure 1. *Ophthalmic care in Sri Lanka – 2022.*

Coming back from the Karate Kid to ophthalmic practice in Sri Lanka, regarding the ophthalmic care in the country, there are 110 ophthalmologists working at 45 hospitals across Sri Lanka. Out of them, 83 are in the government sector, and 27 are in the private sector. Currently, 77 postgraduate trainees are being trained by a small number of these ophthalmologists. Each year, 10-12 new trainees join this group, highlighting the need for effective training and mentorship to ensure the continued growth of our profession.

Brain Drain

Brain drain is not a new challenge to Sri Lanka. However, at present, due to the socioeconomic situation in the country and the increased demand for health workers globally following the COVID-19 pandemic, brain drain may aggravate. This situation poses significant pressure on our healthcare system. Ways to retain talented professionals and offer in them opportunities that encourage them to stay and contribute to the development of ophthalmic care in Sri Lanka.

Enhancing Training Standards

The ophthalmology training programs in countries like the United Kingdom and Australia set high standards for medical education. Their trainers are well-trained, monitored, and regularly updated. To ensure our trainees continue to receive international training and work opportunities, our training programs must meet these global standards. Before board certification, overseas training is a mandatory component. Therefore, our training should be on par with international standards if it is to continue to receive training and working opportunities in those countries.

[1]*The President, College of Ophthalmologists of Sri Lanka, 2022.*

Adapting to Modern Educational Principles

The advancement of clinical knowledge, technology, and its application are rapid. Medical education has changed significantly over the past few decades, shifting from traditional curricula to more holistic and objective assessment strategies. The increasing emphasis on student autonomy in medical education has shifted the center of gravity away from the teacher and closer to the student. In modern education, paying more attention to "learning and the learner" rather than "teaching and teacher" is the underpinning principle. This may be seen by the traditional teacher as a loss of control and power or may be seen as devaluing the role of the teacher. This may be because we, as teachers, are slow to embrace the new roles expected of us in the new paradigm of education.

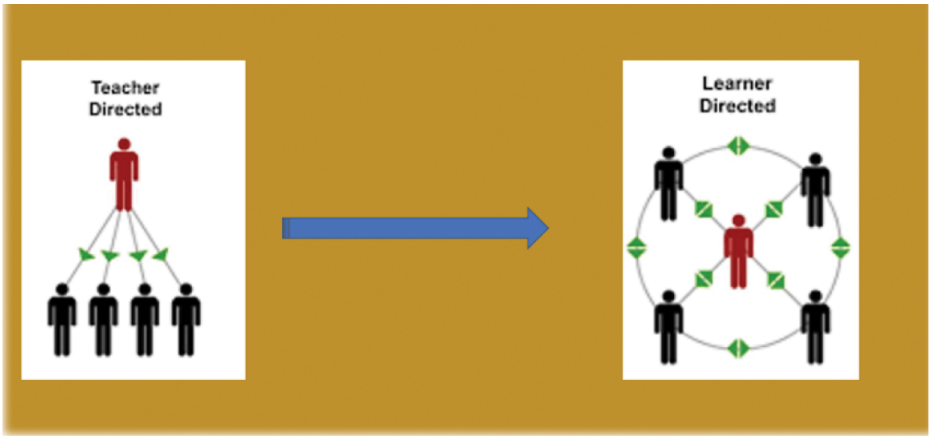

Figure 2. *Learner centered learning.*

Although we have a strong training program that has developed over the years, it may be time for us to look at the curriculum of this program against modern educational principles. In fact, at the Postgraduate Institute of Medicine, Colombo has already started the process, and it is progressing very well.

Bridging Generational Gaps

We, as Generation X, might have thought about training and education in a very different way compared to our trainees who are in Generations Y and Z. The expectations of the generations are quite distinct. Teaching modern generations with the mindset of past generations may be ineffective. Therefore, continuous development of our educational skills and receiving feedback on our performance as trainers will help to bridge the gap between the generations.

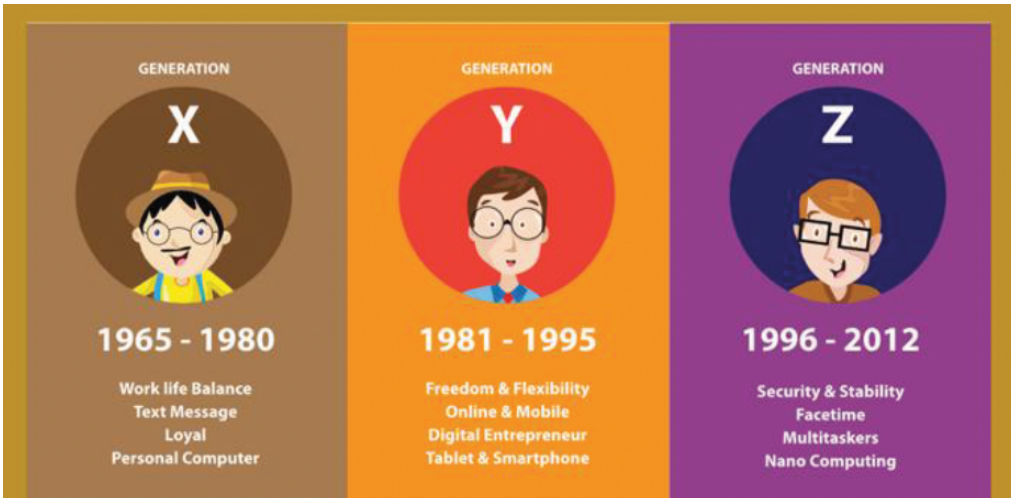

Figure 3. *Generations X, Y, Z characteristics.*

The Role of Feedback

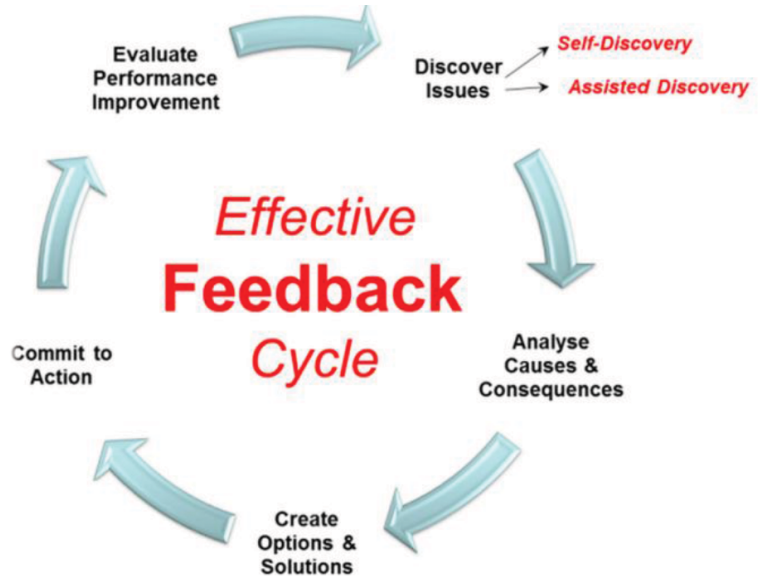

Figure 4. *Effective Feedback Cycle.*

In the current context, the trainer is continuously being monitored by the trainees. Although this may be an unfamiliar practice to us, we should be open to receiving feedback about our teaching and training skills. It is interesting to look back on how the present-day trainer is adjusting to new developments by acquiring the qualities needed to enhance learning.

The Attributes of a Good Ophthalmic Trainer

Ladies and Gentlemen, as a teacher, assessor, course developer, and evaluator in both undergraduate and postgraduate educational spheres in Sri Lanka for more than twenty years, I have selected the topic tonight, "The Attributes of a Good Ophthalmic Trainer and Its Relevance to Our Curriculum."

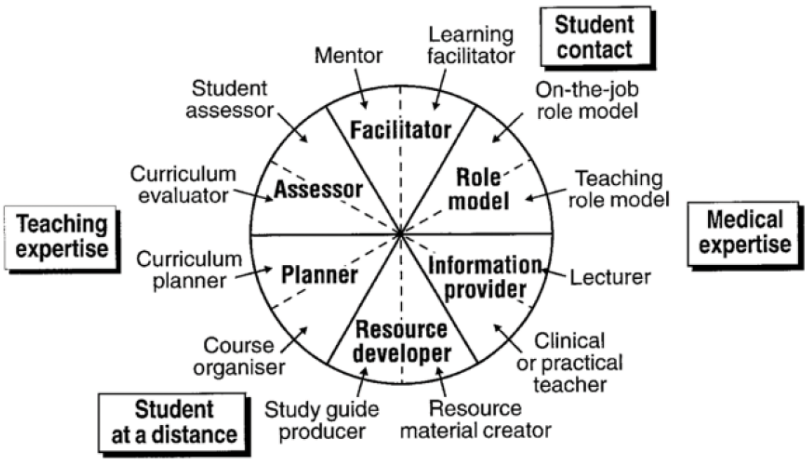

Figure 5. *Multiple facets of a medical teacher.*

Professor Ronald Harden, a well-known medical educationist who introduced OSCE to the world of medical education, said, "The good teacher is more than a lecturer, and that he has got 12 roles to play." According to Harden, a teacher has 12 roles to play, summarized into six broader areas: the teacher as an information provider, role model, facilitator, assessor, planner, and resource developer.

The Teacher as Information Provider

An ophthalmic trainer plays a dual role in the teaching hospital: the teacher and the clinician. Traditionally, students expect to be taught. They believe that it is the responsibility of the teacher to pass on to them the information, the knowledge, and to make them understand the topic. This leads to the traditional role of the teacher as one of information provider or "lecturer." Despite the availability of other sources of information, both print and electronic, including exciting interactive multimedia learning resource materials, even today, a lecture remains one of the most widely used instructional methods.

A lecture is worthwhile only if the lecturer gathers information from various sources, including contributions from his knowledge, selects and summarizes before passing them to the student. The students should feel that listening to the teacher is a cost-effective way of getting up-to-date information not found in standard texts and of providing the lecturer's overview or structure of the field. Many lecturers commonly focus on covering a large area of the topic within the lecture hour irrespective of student learning. This is why we frequently observe some presentations containing too many crowded slides, often not readable by the audience due to smaller fonts and too many slides impossible to display within an hour. Finally, when the time has passed even beyond the limit, the students are requested to read the remaining slides at home. It is not only a poor reflection of the poor standard of the lecturer but also bad training for the student.

10. The Teacher as Facilitator

An effective learning environment is created only after fulfilling the basic needs of learners. Trainers must pay attention to these needs to be influential.

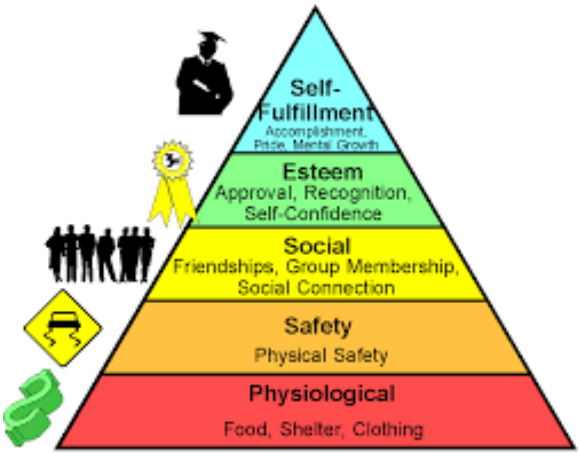

Figure 6. *Basic needs of learners.*

In the postgraduate curriculum, the trainer's role is to facilitate and motivate learning. Teaching in the mode of lectures may be limited and if at all, only to facilitate the student to understand some difficult areas, especially with the support of the lecturer's experience, in other words, pearls of wisdom. Therefore, content areas to teach by lectures and the objectives of each lecture should be clearly laid down in the section of the curriculum. Lectures should be monitored and improved based on student feedback, peer evaluation, and self-evaluation.

Allocation of dedicated time for teacher preparation and teaching during the working period of the week is an important step to be seriously considered in our training program. This will make sure the trainees get regular learning sessions and promote the standard of teaching. This would avoid repeating the same lecture without updating over so many years. Yet, no student communicates to the lecturer about the poor quality of the lecture as no such feedback is regularly entertained. At the same time, such feedback is reliable in our system only if it is anonymous, simply because the lecturer can be one of his or her future examiners.

Lecturers could be assessed in an anonymous feedback form which focuses on communication skills, presentation skills, sense of humor in teaching sessions, innovative nature in using technology in the classroom, organizational and time management skills, and maintaining classroom discipline. The clinical teacher should show a passion for teaching, be organized and accessible, provide feedback for student performance, accept student feedback, demonstrate clinical competence, possess a broad repertoire of teaching methods, and of course, engage in self-evaluation.

The Teacher as Role Model

Good role models hold themselves and their work to the highest standards. They respect people's time, work, and boundaries and always look for ways to improve. Trainees try to copy them. It has been shown in many studies that the teacher is very influential in role modeling. The teacher significantly influences the trainee in many aspects, including professional attitudes and selection of the future career.

The teacher, as a clinician, should model or exemplify what should be learned. Students learn by observation and imitation of the clinical teachers they respect. Students learn not just from what their teachers say but from what they do in their clinical practice, their knowledge, skills, and attitudes they exhibit. Being a role model is widely recognized as critical in shaping, teaching, coaching, and assisting future clinicians, as it is the most powerful teaching strategy available to the clinical educator. Role modeling is one of the most powerful means of transmitting values, attitudes, and patterns of thoughts and behavior to students.

We should not forget that we are serving as role models. Any time the learners see us doing something, they view it as what they should be doing in the future. The aphorism "Do as I say, not as I do" seldom works. What we do is likely to have more impact on learners than what we tell them.

Professional and Personal Qualities

Followings are some of the qualities of the trainers that are marked high in many studies: personal qualities such as leadership qualities, punctuality, being unbiased, having a sound knowledge of the subject, being enthusiastic, enjoying teaching, being honest, and having moral and ethical attitudes. Professional qualities include having up-to-date knowledge in educational principles and technology, being willing to learn and open to change, and being involved in research and publishing.

Negative Qualities to Avoid

However, there are also negative qualities that we must be aware of and avoid. Lack of continuous medical education (CME) is a significant issue. CME is optional in our training system and is not compulsory. Though our work environment is very busy, this is not an ideal situation. The trainers often don't get a chance to read new articles or any other updated information. This is further aggravated by not having free access to most of the important journals. Some smart trainers use the trainees as strengths in this situation. The trainees are encouraged to read and present the latest information. This benefits both the trainee and the trainer.

Evidence-based clinical practice is another important aspect. Unfortunately, the practice patterns differ among clinicians and sometimes do not necessarily follow national or international guidelines. This sets a bad example for the trainees.

Lack of interest in training is also a concern. In certain training units, there is no enthusiasm to welcome the trainees. They are not seen as beneficial to the units. It is a duty of any specialist appointed to training units to be actively involved in the training program, which involves curriculum development, delivery, and assessment. The trainees should be motivated in the units, and any lateral thinkers among the trainees should be encouraged. Not being professional is another issue. It is important to realize that the trainees are adults and must be treated with due respect. They should not be humiliated or suppressed. The burden of work, poor cooperation of the

supportive medical and administrative staff, and many other obstacles often make our clinical teachers aggressive. They find it as an easy way to get things done rather than being more professional in our hospital setup. Though it works on many occasions, it unfortunately affects the trainees negatively. The trainees may feel that being professional is a weakness.

Productive Research

Encouraging productive research early in the training is crucial. Several studies have found a decline in interest in research along the training program. Many studies have found that inadequate motivation by the training program or the trainers is one of the leading factors among a few others. Motivation for research in the country in general, and especially in many of the postgraduate medical programs, is inadequate. A myth has been established in the health sector that academic work is the responsibility of the university community. There are many good researchers attached to the Ministry of Health, and they produce good quality research under minimal facilities. The motivation of postgraduate ophthalmic trainees into research not only benefits the trainees to develop themselves but also contributes to the discipline itself. There have been many occasions when our seniors have invented surgical instruments and surgical procedures, especially in the past when the facilities were even worse. It is more effective and feasible to work in groups rather than individuals in research. This concept should be encouraged among trainees.

We may not have realized the fact that we are observed by our trainees as teachers. They tend to learn their eacher's behavior through us as trainers. We should be capable of creating curiosity in the students' minds to seek information. Sometimes trainees are fascinated by certain teaching techniques used by teachers in the class. Good teachers create imaginary scenarios during the teaching sessions and improve the authenticity of teaching.

The Learning Facilitator

In the conceptualization of education, the teacher is primarily a facilitator of learning. Both undergraduate and postgraduate curricula have changed from teacher-centered to more student-centered. It requires a fundamental shift in the role of the teacher. The teacher's role is to motivate and facilitate learning. The supervisor in the postgraduate context should be a facilitator of learning. They should take all opportunities to provide feedback as this is fundamental to the role of a facilitator.

It does not simply mean that trainees should be allowed to do whatever they want in the ward. The trainer's primary responsibility is to guide students to achieve their academic goals within the period of training. The trainees with different calibers and skills present to the trainers at the same time. The task of the trainer is to ensure that these trainees achieve the standards expected.

The Mentor

The role of the mentor is often misunderstood or ambiguous. The best definition of a mentor is given by Megginson and Clutterbuck (1995): "off-line help by one person to another in making a significant transition in knowledge, work, or thinking." The mentor is usually not the member of staff who is responsible for teaching or assessment of the student and is therefore off-line in terms of relationship with the student. Mentorship is less about reviewing the student's performance in a subject or an examination but more about a broad view of issues relating to the student. It is a special relationship that develops between two persons, with the mentor always there for support but not dependency. It is a trusted counselor's job.

We have noticed some trainees are facing problems, especially related to compulsory attendance, personal leave, or other personal issues, and not being able to sit the final examinations at their due attempts. They need proper guidance early to avoid disadvantages for the trainees. In my opinion, we should review the mentoring process in our training program and officially appoint mentors for trainees. According to Morton-Cooper and Palmer (2000), "Everyone has a mentor or is beginning to want one." Mentoring and counseling are professional work. Their work is crucial in someone's life in crisis. They have to be trained before appointing for those posts in the training

program. Many universities in the country train their counselors and mentors before allocating medical students. They are given general guidelines that are continuously modified for good. Many studies have confirmed that mentoring not only improves scholarly achievements but also career development, research productivity, and personality development. It is fully worth considering a formal mentoring and counseling service in the ophthalmic postgraduate curriculum.

The Student Assessor

The assessment of students is an integral part of teaching. It offers perhaps the greatest challenges facing medical education today. It is further complicated by different modalities of assessments introduced from time to time. Thus, it is possible for someone to be an 'expert teacher' but not an expert examiner. Most teachers have something to contribute to the assessment process. This may be in the form of contributing questions to a question bank, being an examiner in the examination or portfolio assessment, and serving on a board of examiners faced with the key decision of who should pass and who should fail the examination. It is the trainer's responsibility to take adequate steps to ensure that the assessment of students is valid, open, fair, and congruent with course objectives. Trainers should remember that "Students can walk away from bad teaching, but they are unable to do so concerning assessment."

Our trainers also act as assessors. The examiners are not assessed. The comments made by the overseas examiners in postgraduate examinations should be communicated to all the examiners. It is important to introduce an examiner training program regularly rather than only once at the beginning. It is important to conduct a briefing session for all the examiners at the beginning of every exam. This has been practiced by some of the chief examiners. It should be made formal in every exam.

In the Royal College examinations, even a slight alteration of the examination structure is communicated to all the examiners, and they are given prior training each time of such change. Proper training would increase the quality of validity of the assessments and avoid bias and breach of confidentiality.

At present, the PGIM has faced a severe shortage of examiners in ophthalmology. This is going to be even worse with the advancement of retirement age. It takes years to train a specialist to be a mature examiner who can take part in both low-stakes and high-stakes examinations. During this time, they should have formal training in examinations, observation of examinations, and interaction with experienced examiners.

Some of the excellent trainers are not interested in the examination of students or involved in assessment matters. One aspect of determining the quality of training is taking part in examinations. I am sorry to say if the trainers are not involved in assessing trainees, they do not fulfill their responsibility towards the profession and the country. This responsibility may not be defined as law but illustrates the character, morality, and ethical outlook of the trainers.

The Curriculum Assessor

Monitoring and evaluating the effectiveness of the teaching of courses and curricula is now recognized as an integral part of the educational process. The quality of the teaching and learning process needs to be assessed through student feedback and peer evaluation. Part of the expectation of the professional role of the teacher is as an assessor of his/her own competence as a teacher. Standards are most effective when we set them for ourselves, even when there is no one to judge or monitor.

It is important to set up an assessment system to make sure the curriculum is delivered to everyone in a batch equally. If teaching objectives are not given to the trainer, there is a possibility of unequal teaching as the trainees go to different units. It is an important aspect to describe the trainer's responsibility in each clinical appointment. The trainer's report given today is a general observation, but giving a detailed report should be encouraged. The students' feedback on the trainer's role should also be encouraged.

The Curriculum Planner

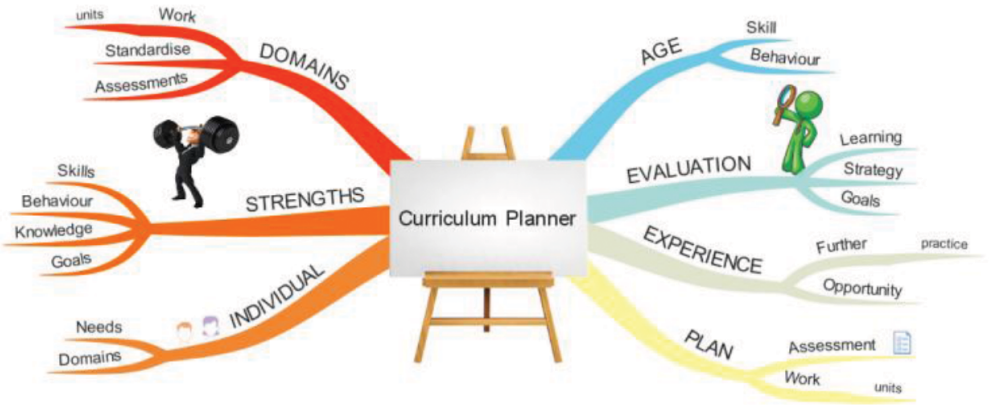

Figure 7. *Curriculum planner.*

The teacher should actively engage in the planning and development of the curriculum. The curriculum should be developed according to the requirement of the country and future projections. In addition, the trends in training ophthalmologists in the world should also be considered. In the development of the curriculum, not only ophthalmologists but also multiple stakeholders should be involved. They could be healthcare and non-healthcare experts who are relevant to ophthalmology practice. The guidelines provided by the UGC and SLMC should also be considered. Changing the training programs as solutions for short-term problems creates long-term issues and disappointment of the trainees.

A properly developed curriculum will provide clear guidance through intended learning outcomes, content areas, details of short courses or phases of the curriculum, mode of teaching of each content area, and details of assessments. Such a curriculum makes both the trainer's and the trainee's jobs easier. The curriculum should be reviewed at regular intervals and must be clearly informed to all relevant parties well in advance. Trainers should be clearly explained or, in the case where a need arises, they should be trained, especially in relation to assessments.

The Resource Material Creator

Students are dependent on having appropriate resource materials available for use either as individuals or in groups. The role of the teacher as a resource creator offers exciting possibilities. In ophthalmic training, like in many other clinical disciplines, some clinical resources are abundant while others are rare to find. The trainees will appreciate it if gaps in patient exposure are bridged by bringing patients down from elsewhere. This is one way of providing resource material to the trainees.

Ophthalmology uses high-tech instruments for both patient management and training purposes. The trainers should be updated on new technologies used in their discipline. The training should aim at providing zero casualties during the training program. In such cases, a well-equipped wet lab is invaluable. A virtual training unit will not only improve the quality of training but also prevent any unwanted complications during training. The trainers should be convinced of the importance of such units to the administration.

The trainer is also supposed to produce study guides and develop virtual teaching modules. They should be encouraged to make their surgical videos. Some trainers produce short modules of surgical training on different topics. This can be extended to clinical examination and diagnosis of diseases.

While each of the 12 roles has been described separately, in reality, they are often interconnected and closely related. Indeed, a teacher may take on several roles simultaneously. It needs to be emphasized that a good teacher

need not be competent in all 12 roles and that it would be unusual to find and unreasonable to expect one individual to have all the required competencies. The Board of Study in Ophthalmology should facilitate trainers to identify their strengths in teachers' roles and capitalize on their participation to provide a better educational experience to our trainees.

Conclusion

Our journey as educators and clinicians is one of continuous learning and adaptation. We must be open to new ideas, embrace change, and strive for excellence in all aspects of our professional lives. As we move forward, let us commit to enhancing our training programs, supporting our trainees, and advancing the field of ophthalmology in Sri Lanka.

As trainers, we need to be exemplary in work-life balance as well. We should do our maximum within the period we are trainers and leave on time, paving the way for the next generation to take over.

Finally, I would like to wind up my talk with a quote by Vitor Belfort: "Legacy is not what I did for myself. It's what I am doing for the next generation."

I am very much thankful to the members of the College of Ophthalmologists for entrusting me and appointing me as the president for the year 2022. My special thanks go to Professor Madawa Chandrathilake for the support extended in preparation for this speech.