

- Suitable opportunities to demonstrate each procedure in a patient-centred manner.

Training tips

- Draw on candidates’ existing capabilities and knowledge
- Give them opportunities to practice and learn from mistakes in a safe learning environment (e.g. by practicing in a wet lab)
- Assess candidates’ progress at regular intervals by checking their knowledge and skills against the standards expected of them (Figure 1). Give relevant and accurate feedback that will help them improve (**formative assessment**)
- Practical assessments and examinations at the end of the course or module is designed to objectively determine if the candidate has mastered the taught competencies (**summative assessment**).

Teaching methods for active learning

How students learn is as important as what they learn. Training should include exposure to real-world or clinical situations. This can be done through observation, using practice labs (e.g. surgical wet labs), or by performing the procedure under supervision. Hospitals that perform their own training should strive to integrate training within patient care.

Today’s technology allows for flexible training options such as online courses, videos and webinars to supplement or even replace the classroom.

In the **flipped classroom** model of teaching, trainees are required to engage with the content online before coming to class, and the classroom sessions are typically used to clarify and test their understanding.

In **mixed-mode** or **blended** learning, trainees complete part of the course online, over a set period (while away from the training centre) and then come to the centre to complete their training. This makes better



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use of trainers’ time and learners actively take charge of their learning.

Ongoing training

Quality is a moving target, and procedures and equipment change as time goes on. Constant retraining is essential to maintain quality. Here are some examples of what to look for when re-assessing training needs.

- Patient safety incidents
- Patient complaints
- New technology
- Changes made to standard protocols and procedures
- Staff performance records (e.g., a surgical outcomes audit may highlight needs for retraining)

We can sustain and improve the quality of human resources for eye care by recruiting the right people and training them to be competent.

Interactive learning supports the team approach.

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Further reading

Supportive supervision
www.who.int/immunization/documents/MLM_module4.pdf



From the field

My journey: from clinician to educator

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Just before my final year of residency training, the entire faculty from the University went on an industrial strike that would last a whole year. We were on our own as residents and yet I credit this year as the most productive in my training. Our seniors took on the role of educators and mentors, teaching me more surgical and administrative skills than I had learnt in my previous years. They were my role models. They made me realise that, as clinicians, we have a moral obligation to be educators. I have

continued to cherish and invest in this role throughout my career.

In later years, as Head of Department of Ophthalmology in Rwanda, I realised that, as clinicians, we teach but have no training as educators. Being a great ophthalmologist does not make one a great ophthalmology educator!

I purposefully set about to improve my skills as an educator through online courses for educators, learning about curriculum development and how to evaluate different ophthalmology curricula for our local needs. At conferences I registered for education courses, and was lucky to benefit from a ‘Training the Trainers’ programme through a link between my College of

Ophthalmology (COECSA) and the Royal College of Ophthalmologists in the UK. I now consider myself a clinician-educator.

Blending my clinical and education skills and knowledge has enabled me to design a curriculum that was benchmarked against international standards. I was able to design the Primary Eye Care curriculum for use by nurses in the WHO Africa region. In my quest to mentor a new generation, we have now launched the first ophthalmology residency programme in Rwanda using an innovative model that is untried in our region. I am glad that I have adequate skills to confidently navigate the world of competencies, mind maps, assessment tools such as Socrative or Kahoot, milestones and portfolios.