THE IMPACT OF COVID-19 ON OPHTHALMOLOGY TRAINING IN MALAYSIA

If there is one word that can describe Ophthalmology training in Malaysia during this period of Covid-19 pandemic, the word is PAUSED. Not only has it affected the post graduate training (both Master and FRCOphth) but also the MOH post-basic and subspecialty training.

In this article, I would like to describe the impact of Covid-19 pandemic at key areas of Post Graduate training.

I. Clinical and Surgical Exposure

Most of the designated Covid-19 hospitals are major teaching hospitals which had to temporarily shift their focus from teaching trainees to caring for Covid-19 patients. Training in hybrid and non Covid-19 hospitals too have been affected as the movement control order (MCO) significantly reduced the numbers of patients attending clinics and follow-ups.

At the same time, all elective surgery had to be postponed. Semi-emergency and emergency cases had to be done only by specialists to reduce complications and to avoid the need for additional follow-ups. Even as elective cataract surgeries are beginning to resume, the trend to limit the number of patients listed for surgery is being continued and is predicted to remain so until the end of the year.

Some of our trainees had to be redeployed to manage the surge of Covid-19 cases. They have been involved in screening activities in ED and in helping out in the COVID-19/SARI wards. Some of them have even volunteered to help out with the production of personal protective equipment.

All these changes significantly reduced our trainees' contact hours with patients and the number of procedures and surgeries performed by them.

II. Face to Face Teaching

Face to face teaching can either be didactic (formal) or informal (work based e.g. in clinical or surgical setting). Most Ophthalmology departments had to withhold from doing face to face big group classroom teaching. In Selayang, we have started online teaching such as cataract surgery video discussion and journal club. We have also taken the initiative to open up the sessions for trainees throughout Malaysia. Despite all these challenges, we acknowledge that there are committed consultants who continue to conduct limited work-based teaching in their wards and clinic.

We are also aware that most of our trainees' subspecialty rotations, either within or outside their respective hospitals have been postponed during the MCO. Basically, they are expected to stay in whichever hospitals they had been posted to, before the MCO.

As we all know, most major conferences for 2020 have been postponed (APGC, COSC) and some have even been cancelled (APAO). The WOC 2020 in Cape Town is going virtual. Even though there are a number of online CPD webinars, the impact of virtual teaching on trainees learning process may not be as effective as face to face teaching.

III. Assessments and Exams

All Master's exams have been postponed till the end of the year. Trainees who were supposed to sit for Part 1, 2 or 3 exams in May 2020, will be joining their colleagues who are having their exams in November 2020. There are concerns in terms of seniority for the Part 3 May candidates who are sitting for their final exam in November. Hopefully the Universities and MOH will come up with an amicable solution.

The Royal College of Ophthalmologists has cancelled all their exams until September. This has affected our candidates who had made arrangements for their pre-exam hospital attachments in the United Kingdom.

IV. Research and Thesis

Lack of patients in clinic, has affected those who are doing clinical research. Some trainees who were doing collaborative research with other departments such as Medical and Anaesthetics who are currently busy with managing Covid-19, have also been negatively impacted. Even those who are doing retrospective study or audit have not been sparred, especially if redeployed to the front line. Most are not able to proceed with their studies and are left with insufficient sample. Even those with completed data set are facing a setback when it comes to analysis due to limited access to biostatisticians.

What is the future for Ophthalmology Training in Malaysia?

The core domains of learning are cognitive (thinking and reasoning), psychomotor (kinesthetics/procedural skills) and affective (emotional/professionalism). Of the 3 domains, the most likely to be affected during this period would be the psychomotor, as this domain needs the trainees to be active participants rather than just passive observers. With limited number of cataract surgeries, quality should be emphasized, rather than just numbers. It is high time for us to consider using cataract surgery simulation integrated with trainer's interactive feedback as part of our cataract training.

We also need to analyze how we conduct our teaching and learning. We need to innovatively come up with methods of delivering educational content to our trainees. There is also a need to review the conduct of clinical exam especially if it involves simulated or real patients.

The principles as advocated by the DG are for us to practise physical distancing and avoid the '3Cs'; confined spaces, crowded places and close conversation with one another.

We may need to change from big group classroom type of teaching to small targeted group with alternate/floating use to the common resource room. Another option is online teaching and mentoring/ supervising. This can surely be a viable method for the future formative continuous assessments.

As we continue our daily work and practice in this new norm, we need to realize that training is part of our core business. Hence, we need to continue with training either face to face or virtually. The adaptation of technology in terms of simulation or virtual cataract surgery and online teaching may be used to enhance learning.

Conclusion

We need to adapt to a new norm for our delivery of training and education. The main challenge lies in manoeuvring and charting the best path for the future of Ophthalmology training while fulfilling not only the training needs but also the safety needs of our trainees, other healthcare workers and our patients.

Finally, the exit criteria for our trainees should always be based on competence rather than time or the duration of their training.

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