

Commentary: Tools for standardization of skills transfer

India is producing a large number of ophthalmologists, but many institutions have limited facilities to impart proper surgical training during post-graduation.^[1] In order to improve the surgical acumen of these ophthalmologists, several skills transfer courses are being offered in different centers of the country. There is a sudden spurt in such centers. Thus, there are a lot of variations in the quality of training. Following the skills transfer and hands-on courses, assessment methods are hardly or never used to assess the transferred skills and competence level achieved by the trainees. Recording the feedback from the trainees is essential, which lacks uniformity. Several tools, like written feedbacks, have been tried by a few centers. However, they are not well recognized. In order to make it more useful, International Council of Ophthalmology (ICO) has developed several methods. The Ophthalmic Clinical Evaluation Exercise (OCEX) is used for assessing the residents' competence. But this is for ability to diagnose and discuss various other probabilities around the diagnosis.^[2]

Similarly, tools are available like "Objective Assessment of Skill in Intraocular Surgery" (OASIS) for assessment of competence in surgical skill of phacoemulsification^[3] and "Global Rating of Skills in Intraocular Surgery" (GRASIS) for the assessment of knowledge of preoperative instruments.^[4] A tool like "Objective Structure Assessment of Cataract Surgical Skill" (OSACSS) was developed by Saleh *et al.*^[5] They are objective evaluation to test surgical technique and postoperative results including complications. This has been modified by ICO called ICO-OSCAR to assess the acquisition of the skills for various degrees.^[6] The ICO-OSCARs are designed to facilitate assessment and teaching of surgical skill. Surgical procedures are broken down to individual steps and each step is graded on a scale of novice, beginner, advanced, and competent. A description of the performance necessary to achieve each grade in each step is given. The assessor simply circles the observed performance description at each step of the procedure. The ICO-OSCAR should be completed at the end of the case and immediately discussed with the student to provide timely, structured, specific performance feedback.

These tools were developed by panels of international experts and are valid assessments of surgical skill. A modified OSCAR has been developed by Farooqui *et al.* to assess the competence of the learner for wet labs. This tool has 22 questions to be used before and after the end of the wet lab sessions.^[7]

The ICO-OSCAR has been evaluated in this issue of the IJO by looking at the training parameters in first and last five cases operated by the trainee in short-term phacoemulsification skill training sessions.^[8] The authors have done this study in a group of trainees having previous surgical experience of SICS to advance to phacoemulsification by using ICO-OSCAR. They have found the tool to be valid and comprehensive in the assessment of the surgical skill achieved by the trainee in short-term period. Energetic and enthusiastic incorporation of the national curriculum for training, competency-based learning, robust formative and summative assessment, common certification of the trainees, and rigorous accreditation of the training programs are much needed to standardize ophthalmic training in India.^[9]

There has been a problem of difference in the matching of trainer's comments and trainees' self-evaluation. This ICO-OSCAR tool may solve this problem. Hence, rather than having an independent method of assessment by different centers, it may be recommended to use an easily available tool ICO-OSCAR, which is well researched by the ICO in order to bring about a standardized method for uniformity in the skill training.

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