

CORRESPONDENCE



Response to: Cost and time resourcing for ophthalmic simulation in the UK: a Royal College of Ophthalmologists' National Survey of regional Simulation Leads in 2021

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TO THE EDITOR:



Lockington et al. highlight the vital role of simulation in training, and its reliance on goodwill and ad-hoc funding [1]. The COVID-19 pandemic created breaks in cataract surgical training that could potentially have negatively impacted trainee confidence and complication rates. We therefore undertook an educational initiative to support recommencing cataract surgery. We supplied surgical packs/model eyes via local consultants to ST1-3 trainees supported by online learning modules and online self-evaluation to 57 trainees across 15 NHS hospitals. Only five trainees (8.8%) completed baseline 'confidence in cataract surgery' questionnaires, none completed post-initiative survey, and a mean of 2 responded to each of 4 in-module assessments.

Online learning material completion rates were surprisingly low given the perceived need for support of surgical training restarting. Various factors may have contributed; although each centre was engaged via a consultant interested in training, without allocated time to simulation training and online module completion, other priorities may override. Trainees may have become less willing to use leisure time for additional work over the pandemic, or struggled to engage senior input or access to theatre/wet labs even where motivation was high. We were not aware of any centre with specific institution-level plan or resource allocation to mitigate risks of interruption to surgical training.

Problems with reliance on goodwill identified by Lockington et al. for the routine provision of simulation training were potentially amplified in our experience of providing simulation training in a situation where ophthalmologists' reserves of goodwill had been already overstretched.

Motivation represents a complex interplay of intrinsic and extrinsic factors, and adult learners can be challenging to motivate [2]. Integration into curricula, and mandated engagement with educational initiatives including simulation can support systemic changes, minimising logistical barriers. The Royal College of Ophthalmologists have demonstrated their commitment to surgical simulation with mandatory interactive courses and EyeSi modules, and College simulation lead appointment. Perhaps if formal regional simulation leads were appointed, rather than relying on volunteers, consultants would be better placed to locally negotiate necessary time to undertake this crucial role and

support the highest quality training of our future consultant workforce.

Samantha Vicki Hunt ^{1✉}, William H. Dean^{2,3}, Victoria Kerins⁴, Adele Brown⁴ and John C. Buchan ^{2,5}

¹Queen Victoria Hospital, Holtye Road, East Grinstead RH19 3DZ, UK.

²International Centre for Eye Health, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, UK.

³Cheltenham General Hospital, Gloucestershire Hospitals NHS Foundation Trust, Sandford Road, Cheltenham, Gloucestershire GL53

7AN, UK. ⁴Bausch + Lomb UK Ltd, 106 London Rd, Kingston upon Thames KT2 6TN, UK. ⁵Leeds Teaching Hospitals NHS Trust, Beckett

Street, Leeds LS9 7TF, UK. ✉email: samanthahunt2@nhs.net

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COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

Correspondence and requests for materials should be addressed to Samantha Vicki Hunt.

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