OPHTHALMOLOGY training in the Philippines has certainly evolved through the years. During my time as a resident, all it took were a handful of diligent mentors, a study guide, robust caseload, and hands-on skills training. “See one, do one, teach one” was very much the mantra of training. After 3 years of exposure, we looked at the Philippine Board of Ophthalmology (PBO) syllabus, went back to the books, studied together, and successfully hurdled the PBO diplomate examinations.

Fast forward to the present. As a residency-training officer (RTO), I now find myself applying the same formula with the added benefit of more teachers, more didactic examinations, and more access to medical information through the Internet. Are we more successful now? Ironically, I think not. I am wary of two alarming trends: increasing failures in the specialty board examinations and more graduates opting not to even take the board exams (but practicing nonetheless). In my institution from 2001 to 2007, around 38% of graduates (16/42) have not passed the board exams (but practicing nonetheless). In my institution from 2001 to 2007, around 38% of graduates (16/42) have not passed the board exams (but practicing nonetheless). The PBO figures validate this observation. In 1995, Fajardo noted an average failure rate of 28% (1985-1991). In 2007, Tuaño reported the examination trends from 1995 to 2006 and quoted an average failure rate of 25%.

Moreover, 18% (131/727) of graduates did not take the exams, bringing the total of nondiplomates (those who failed or did not take the tests) to 316 (43%). Most of these nondiplomates are actively practicing. The Philippine Academy of Ophthalmology (PAO), on the other hand, has had to deal with issues such as unethical practice in missions, cataract sweepers, and fraudulent PhilHealth claims. Is this in some way related to our current woes on residency training? Are we producing truly competent and ethical eye practitioners?

Obviously, the solutions to these issues are complex and will involve numerous stakeholders. The PBO is currently updating its training requirements and curriculum. The PAO is stepping up efforts to provide more scientific activities for both residents and practitioners. The RTOs, being the main implementors of training policies, are vital cogs in the ophthalmic-education system. We can initiate changes in the trenches that can affect ophthalmic education in no small part. To do this on a major scale, the efforts should be coordinated and organized. Let me share with you some of the measures that I think will enhance ophthalmic residency training in the country.

Define learning objectives. Every learning activity should have a desired outcome. If you are on a journey, having a roadmap may serve you well; but if you don’t have a destination, how will you know you have arrived? Such is the logic of competency-based education. In this system, the final outcome behaviors are defined clearly. Learning activities and assessments are designed to achieve those goals. The PBO is working on a standardized competency-based curriculum for this

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purpose; but admittedly, this will take time to develop. What we can do in the meantime is review all the resident activities and define learning objectives for all of them.

Teach other competencies. A single written or oral examination does not define what an ideal ophthalmologist is. There are other attributes like professionalism, work ethic, and interpersonal skills that must be developed in every trainee. However, most training programs rely heavily on medical knowledge to determine the competence of residents. The US Accreditation Council for Graduate Medical Education (ACGME) has identified 6 core competencies that define residency training in any medical specialty. These are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. A written exam measures only medical knowledge. Teaching professionalism and ethics may require other techniques such as role-playing and mentoring. These attributes are as valuable in practice as medical knowledge.

Measure performance regularly during training. Every resident activity is a chance to perform. I personally feel we are not rating residents as often as we can. Performance assessment with adequate immediate feedback is a powerful tool for enriching the learning experience. There are numerous validated assessment tools tailored for ophthalmology and designed to test the various competencies (OCEX, GRASIS, OASIS, OCAT). We can employ these assessment tools early on in training and track the progress of each resident as they go through the program. Remedial measures may then be given at the proper time before they even step into the PBO board-examination room.

As in any endeavor, meaningful change comes from within. I urge training officers to look into your system, compare it with others, and share successes and failures. Let’s make a united effort to standardize the residency experience. I enjoin all training officers to take the big step towards competency-based education. I always tell my trainees: the resident that you are now is the consultant that you will be. Let’s invest in improving the residency experience for them. It could make a difference in our collective future as a profession.

References

ERRATUM

In Vol. 33, Issue No. 1, the article “Ahmed glaucoma valve tube erosion: a retrospective review of autologous scleral flap versus donor scleral graft,” pages 17-21, should have listed the following as authors:

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