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:

Edgar Leuenberger, MD1,2
Jonathan Rivera, MD2
Janet Ongkeko-Perez, MD1
Ma. Imelda Yap-Veloso, MD1

1Asian Eye Institute
Makati, Philippines
2University of the East Ramon Magsaysay
Memorial Medical Center

The corresponding author should have been:

Edgar Leuenberger, MD
Asian Eye Institute
9/F Phinma Building
Rockwell Center
Makati, Philippines
Telephone : +63-2-8982020
E-mail : EUL@asianeyeinstitute.com