

CORRESPONDENCE



Dedicated time and resources are required to address variable engagement with ophthalmic simulation opportunities

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TO THE EDITOR:

We thank Hunt et al. for their interest in our article regarding the lack of dedicated resources for maintaining and sustaining ophthalmic simulation in the UK in 2021, and for sharing similar concerns [1, 2]. They experienced poor trainee engagement despite arranging a bespoke cataract educational opportunity in conjunction with industry partners (only 8.8% completed baseline questionnaires, none completed the post-initiative survey, with low response rates to in-module assessments) [2]. Following a discussion of various trainer and trainee factors potentially limiting motivation (including reluctance to engage during personal leisure time), they questioned if appointed simulation lead roles would be more effective than voluntary positions.

We acknowledge the frustrations associated with organising educational activities, and then experiencing poor engagement. The already difficult task of delivering clinical education without dedicated support, time and/or financial resources is compounded by such negative trainer experiences, which may reduce the likelihood of future involvement in other viable events, particularly if outside traditional working hours [3].

To support the consultant Regional Simulation Leads, a network of Trainee Simulation Champions was recently created to help develop simulation activities across the UK. While this is also a 'voluntary' position, the role provides opportunities for leadership, supervision and teaching. Already there has been positive feedback from these motivated individuals, including initiating programmes where the senior trainees actively run simulation-based skill transfer courses for the juniors. This has further enshrined the concept of greater simulation engagement for safer surgical outcomes [4]. However, this positive culture change can only happen with appropriate support and so we agree that goodwill alone is unsustainable.

Our original survey and Hunt et al.'s real-world response further confirms our position that dedicated time and resources need to be made available to enable engagement with high-quality simulation training. Mandatory simulation sessions within trainee and trainer job plans are required if we are to make best use of the simulation-based learning opportunities which exist.

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REFERENCES

1. Lockington D, Saleh GM, Spencer AF, Ferris J. Cost and time resourcing for ophthalmic simulation in the UK: a Royal College of Ophthalmologists' National Survey of regional Simulation Leads in 2021. Eye. 2021. <https://doi.org/10.1038/s41433-021-01796-4>.
2. Hunt SV, Dean WH, Kerins V, Brown A, Buchan JC. 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. Eye. 2022. <https://doi.org/10.1038/s41433-022-01945-3>.
3. Maubon L, Mamtora S, Aggarwal K, Neo YN, Khan S, Lockington D. Ophthalmic surgery techniques can be simulated and supervised remotely in the home environment: a proof-of-concept report. Eye. 2021. <https://doi.org/10.1038/s41433-021-01626-7>.
4. Campbell S, Hind J, Lockington D. Engagement with ophthalmic simulation training has increased following COVID-19 disruption-the educational culture change required? Eye. 2021;35:2660-1. <https://doi.org/10.1038/s41433-021-01494-1>.

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All authors reviewed and agreed the final article.

COMPETING INTERESTS

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CONSENT FOR PUBLICATION

Granted.

ADDITIONAL INFORMATION

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