

COVID-19 crisis and residency education: A moment to seize the opportunity and create a new road map!

COVID-19 pandemic is the biggest crisis witnessed by this generation and the disruption to normal life has been on an unprecedented scale in recent times. United Nations Children's Fund (UNICEF) has estimated that there has been a disruption in the education of over 1.57 billion students in more than 190 countries constituting 91% of the worldwide learners.^[1] Many higher education institutions have made efforts to minimize this disruption by using technology to facilitate academic activities without compromising the safety of the faculty and the learners.^[2] Ophthalmic education is not an exception to the upheaval.

Therefore, the study by Mishra *et al.*^[3] in this issue of Indian Journal of Ophthalmology is timely, as it looks at the impact of the epidemic on ophthalmic education. This online survey shows a significant impact both on the theoretical and surgical training of the trainees, which is no surprise. Equally important is the observation of the impact on stress levels and the well-being of the students. The study highlights the possible measures to overcome the difficulties created by the disruption.

The period of the pandemic has seen a plethora of webinars in the field of ophthalmology to fill in the vacuum created by the decrease in clinical and surgical work, teaching activity, and conferences. The survey points to the benefits derived from these activities by the trainees. However, very few of these webinar have been designed with the concerns of the residents or fellowship trainees in mind. The disruption in clinical and surgical training is even more difficult to compensate.

The pace of change in the teaching techniques in ophthalmology and indeed, in medicine in many parts of the globe including India has been disappointing, with largely centuries-old lecture based approaches. Existing gaps in the training are well known to us.^[4,5] This crisis in education presents us a unique opportunity to seize the moment and create a new road map of residency and subspecialty training. The silver lining in the pandemic is that the institutions will now be better prepared to integrate the new technology solutions to their academic programs and modalities such as webinars, simulation-based learning, artificial intelligence, etc. will come to the fore.

The number of webinars organized in recent weeks has shown that the faculty is willing to teach – we just need to channelize that energy. It is time for teaching programs all over the world to reorient and create a new direction. The Academic and Research Committee (ARC) of the All India Ophthalmological Society (AIOS) should prepare a road map of interactive webinars directed solely towards the training of residents and subspecialty fellows. These programs should be well-structured and based on existing curricula.

We are fortunate to have well-structured curricula available both for residency^[6] as well as for all the subspecialties of ophthalmology,^[7] drafted for the country by the AIOS. I had the good fortune to be associated with the development of these curricula which involved a major effort with the participation of a large spectrum of the ophthalmic academic community in the country. These webinars could be planned and executed by a dedicated subcommittee for residency and subspecialty training. This subcommittee should include some of the most dynamic members of the medical colleges.

The use of webinars as a medium will also provide the opportunity to provide high-quality training in subspecialties such as neuro-ophthalmology, oculoplastics, uveitis, and ocular trauma which have received scant attention in the past. The committee could also prepare webinars designed to impart the skills for examinations including theory, clinical examination, viva voce, objectively structured clinical examination (OSCE), and the multiple-choice questions (MCQs). The whole series could be made available on an AIOS residency and fellowship education website. This could be revised from time to time under the guidance of the subcommittee.

This is absolutely the opportune moment to give a new direction to ophthalmic education, for several reasons. The epidemic has highlighted and brought into a sharper focus the crisis in residency training and created a felt need for a revamp. The right technology is accessible to all teachers and residents today, and we are on the cusp of a 5G revolution. We have a rich pool of willing teachers in all subspecialties available to us, who would be happy to give their time to such an endeavor.

The one major thing needed at this stage is leadership to catalyze the process. Do we have it in us to seize the moment?

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Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_1498_20

Cite this article as: Grover AK. COVID-19 crisis and residency education: A moment to seize the opportunity and create a new road map!. Indian J Ophthalmol 2020;68:959-60.

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