Uncovering the optimal training environment for cataract surgery: a two-sided survey exploring the trainee-trainer relationship

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Introduction:

- There is a significant difference of opinion between consultant trainers and novice trainees, regarding which intraoperative characteristics are most favorable for learning cataract surgery.
- Cataract surgery remains the most commonly performed surgical procedure in the NHS[1].
- Confidence levels in new trainees are low[2].
- Awareness of such disparities in opinion facilitates an open dialogue for discussion, reflection, and change.

Methods:

- Two-way survey using surveymonkey.com.
- Consultants and trainees were asked open question: what characteristics made a good or bad trainee or trainer cataract surgeon.
- Proportion (%) of trainees vs. trainers suggesting each characteristic were recorded.

Results:

What makes a good trainee (see Figure 1):

- Trainees vs. trainers rated as less important: **listening to instructions** (37% vs. 91% p=0.002), **practice** (5% vs. 30% p=0.011) and **preparing the list** (8% vs. 26% p=0.054).
- Trainees rated as more important: **enthusiasm** (34% vs. 13% p=0.058)

What makes a bad trainee (See Figure 2):

- Trainees rated as less important: not **listening to instructions** (21% vs. 78% p=<0.001) and lack of **practice** or **preparation** (16% vs. 43% p=0.021).
- Trainees rated as more important: **laziness** (24% vs. 4% p=0.049).

What makes a good trainer (See Figure 3):

- Trainers rated as less important: **allowing trainees to operate** (13% vs. 32% p=0.19), **Debriefs** (13% vs. 29% p=0.142), **supportiveness** (30% vs. 48% p=0.259).
- Trainers rated as more important: **patience** (70% vs. 39% p=0.089).

What makes a bad trainer (See Figure 4):

- Trainers rated as less important: not **allowing trainees to operate** (13% vs. 34% p=0.09).

60 second guide to interpreting graphs + highlighted results

Figure 1: What makes a good trainee?

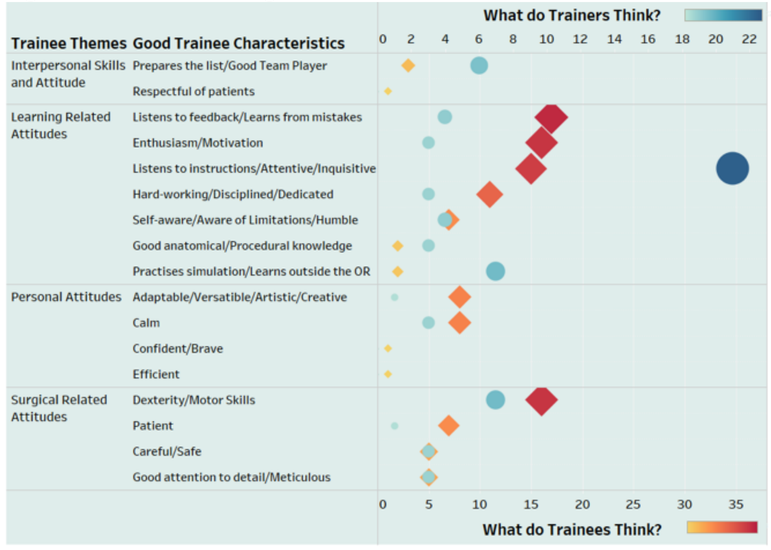


Figure 2: What makes a bad trainee?



Figure 3: What makes a good trainer?

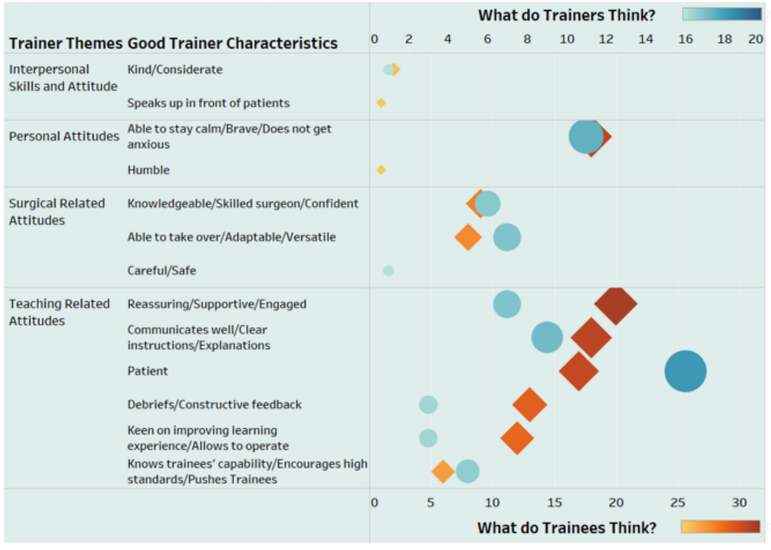
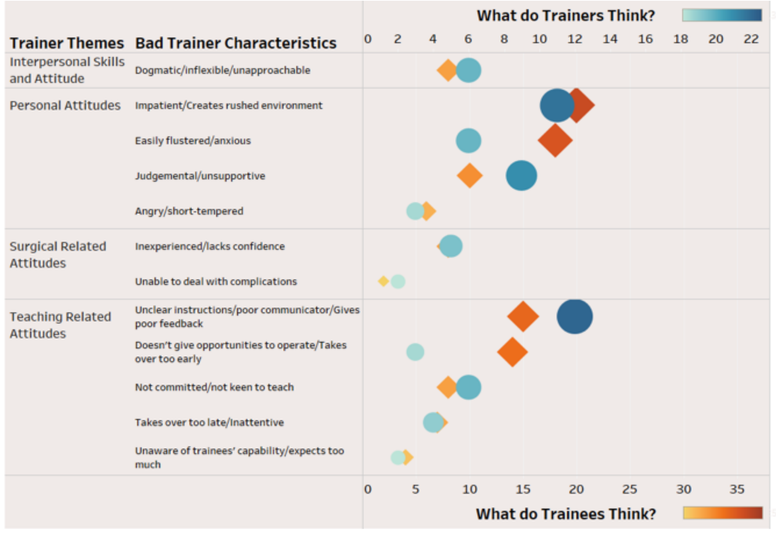


Figure 4: What makes a bad trainer?



Discussion - Trainees:

- Trainers desired maximum efficiency on the day of surgery. This requires practice beforehand, planning the patient list and precise execution of instructions on the day.
- Trainers were less concerned with personal attitudes e.g. enthusiasm, dedication, laziness.
- Despite increased access to virtual simulation facilities[3,4,5], trainees undervalue practicing outside of the operating room.
- Trainees need to place a greater value on team-work and human factors in eye surgery.

Discussion - Trainers:

- Trainers underestimated the value of giving opportunities to trainees to operate.
- Evidence suggests that pre-operative negotiation of role distribution and objectives for each session, aligns expectations and facilitates active learning [6,7,8].

Conclusions:

- A unique 2x2 survey matrix of two different participant groups. This is easily applicable to other areas.
- Trainees that arrive to an operating list well prepared, having planned well and listen to instructions are the best to work with.
- Trainees desired greater autonomy.
- Highlighting these disparities facilitates reflection and open dialogue.

References