Evaluation of the Impact of an Emergency Focused Ophthalmology Teaching Course on the Confidence of Emergency Doctors.

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Introduction:

It has been demonstrated that doctors in Accident and Emergency (A&E) departments have minimal confidence in managing ophthalmic presentations (1,2). The lack of confidence to accurately assess and manage patients presenting to A&E will likely have an impact on the quality of patient management and the accuracy of referrals made to eye casualties. We hypothesize that a teaching course covering ophthalmic examination and management skills will improve attendees' confidence in these areas.

Methods:

Doctors currently or potentially working in A&E were invited to attend a teaching session where they would rotate between three stations which included slit lamp examination, simulation of foreign body removal and managing chemical eye injury. Foreign body removal simulation can be seen in Figure 1.

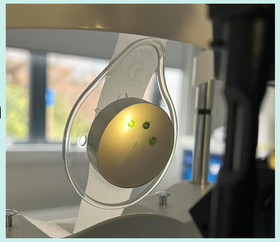


Figure 1: FB removal simulation

Teaching was delivered in small groups, with experienced staff leading the sessions. Pre- and post-course questionnaires included a 1-5 Likert scale self-assessment confidence rating on the three areas of teaching and overall confidence.

Results:

The course was attended by 13 doctors and distribution can be seen in Figure 2. 92% of those who attended reported less than one hour of slit lamp examination time, with no attendees reporting more than two hours of slit lamp use. Confidence ratings of the attendees can be seen in Figure 3.

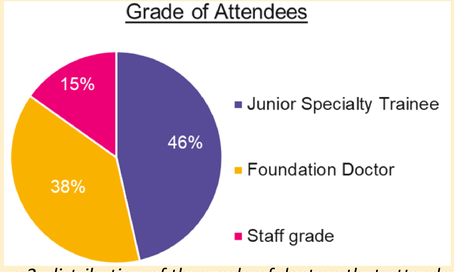


Figure 2: distribution of the grade of doctors that attended.

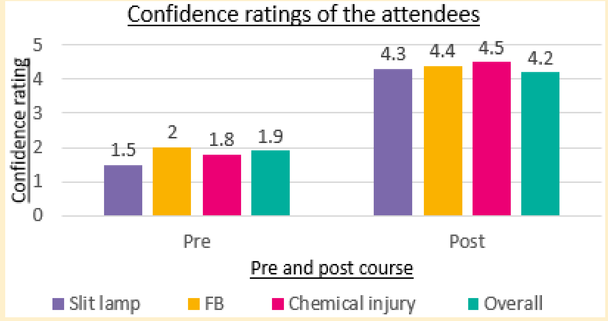


Figure 3: self-assessment grading (Likert Scale) by attendees' pre and post course.

Discussion:

Our findings demonstrate a lack of confidence from the A&E doctors in assessing patients presenting with ophthalmic issues, with an overall pre-course confidence score of 1.9 on the Likert self-assessment scale. Reported confidence in using a slit lamp for anterior segment examination was 1.5, with 92% of attendees estimating less than one hour of slit lamp use. The cohort included more senior members of the A&E team, with 15% being staff grade equivalent to registrar.

There was an improvement in overall confidence to 4.2 from 1.9, which is a positive and encouraging finding – supporting the hypothesis that dedicated teaching can help to improve attendees' confidence in these areas. All areas that were included in the teaching saw in increase.

Conclusion:

The course was successful in its primary aim of improving the confidence of attendees in assessing and managing ophthalmic presentations. However, more assessment is required to establish if this has a meaningful impact on the quality of referrals and acute management from A&E.

References:
1. Murray, P.I., Benjamin, M. and Oyede, O. (2016) 'Can general A&E doctors manage common eye emergencies?', Eye, 30(10), pp. 1399–1400. doi:10.1038/eye.2016.99.
2. Sim, D. et al. (2008) 'National survey of the management of eye emergencies in the accident and emergency departments by senior House officers: 10 years on--has anything changed?', Emergency Medicine Journal, 25(2), pp. 76–77. doi:10.1136/emj.2007.049999.