

Optimising Ophthalmology Trainees Induction: A Digital Orientation Video to Improve First-Day Confidence and Identify Unmet Needs

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INTRODUCTION

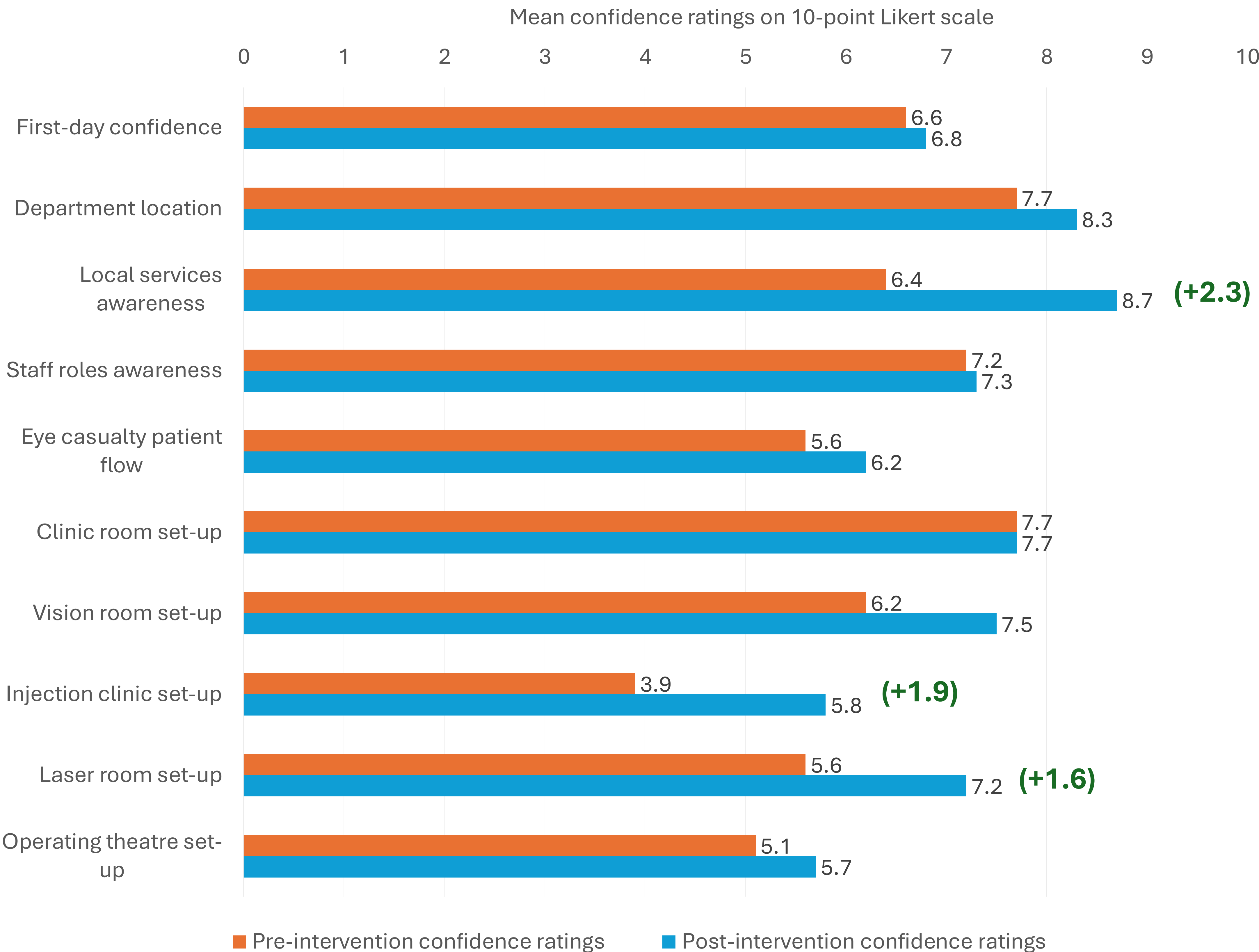
- Effective induction is important to ensure smooth integration of new doctors into department workflow, effective teamwork and maintain high standard of patient care.¹
- In-person induction varies greatly with departmental resources and staffing pressures.
- Digital orientation videos potentially offer a standardised, accessible method of delivering key induction content in advance of trainees' start dates.
- Study design:** Quality Improvement Project
- Aim:**
 - Embed a digital orientation video into formal trainees' induction
 - Evaluate the video's impact on OSTs' first-day confidence
 - Identify unmet induction needs

METHODS

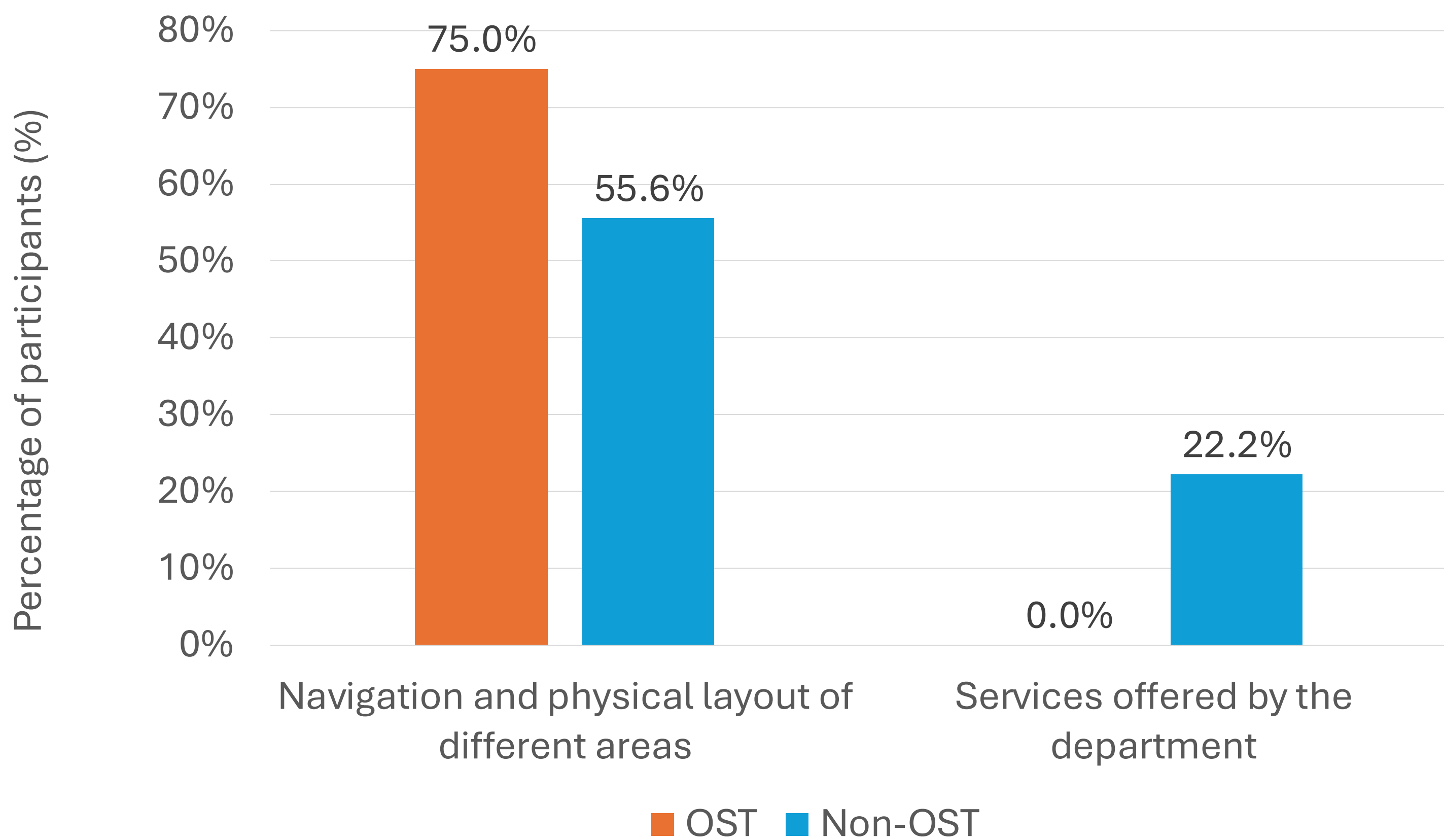
- Setting:** Ophthalmology department at a district general hospital with a small permanent workforce
- Surveyed cohort:** Ophthalmology specialty trainees (OST), consultant ophthalmologists, and allied health professionals in the department
- Intervention:** A professionally produced digital orientation video covering departmental layout, clinic workflows, services offered, and local treatment pathways for common ophthalmic conditions
- Data collected
 - Quantitative: Pre- and post-intervention confidence scores in different induction domains using 10-point Likert scales
 - Qualitative: Open-text feedback on video content, perceived ability to meet induction needs, and areas for improvement in both the video and the wider induction programme
- Data analysis:** Thematic analysis of recurring themes on NVivo 14

RESULTS

Confidence Ratings In Different Induction Domains Pre- and Post- Intervention



Qualitative Feedback on Useful Elements of the Induction Video



CONCLUSION

- Digital orientation videos can enhance trainees' confidence in several induction areas, namely awareness of departmental structure, services, and physical layout.
- The intervention was well received by OSTs – the primary beneficiaries – and represents a cost-effective, scalable supplement to traditional in-person inductions.
- Can be especially valuable for departments with frequent trainee rotation and small permanent workforce
- Further audit cycles and expansion to additional centres are needed.

REFERENCES

1. Jackson E, Kondapally H. Rotational training denies doctors a sense of stability. BMJ [Internet]. 2024 Mar 28 [cited 2024 Jun 5];384:q759. Available from: <https://www.bmj.com/content/384/bmj.q759>