

WOLFE Report

World Ophthalmology Leaders Forum in Education A Forum at the American Academy of Ophthalmology's Annual Meeting

Channeling Idealism Into Action

11/18/2013

New Orleans, La.

Introduction

This year's World Ophthalmology Leaders Forum in Education (WOLFE) meeting focused on the rise of a new generation of leaders in ophthalmology. Whether they are active on the local or the international ophthalmic stage, young ophthalmologists (YOs) are blessed with an abundance of creativity, energy, ideas, and inspiration.

But how can that energy best be directed? Moreover, how can ophthalmologists around the world—and across generations—join together in conversation and collaboration? This year's WOLFE meeting, "Channeling Idealism Into Action," took a look at three areas in which YOs channeled their ideas into concrete outcomes: advocacy, education, and global ophthalmology.

In his introduction, Richard L. Abbott, MD, noted that the WOLFE meeting is sponsored by the Academy's Division of Global Alliances, which "focuses on educational opportunities for ophthalmologists around the world," he said. As evidence of this worldwide emphasis on education, Jialiang Zhao, MD, professor of ophthalmology at Peking Union Medical College Hospital in Beijing, presented copies of the 2nd edition of the Chinese translation of the Academy's *Preferred Practice Patterns (PPPs)* to Dr. Abbott and the Academy. China's ophthalmologists now use the *PPPs* as the foundation of their clinical care, thanks to a 2009 joint agreement between the Academy and the Chinese Ministry of Health, said Dr. Abbott, Academy Secretary of Global Alliances.

A number of initiatives fit under the Global Alliances "umbrella," including the opportunity for international members to become involved in Academy committee work, the development of global educational programs, efforts to improve and increase communication between the Academy and its international members, and efforts to provide support and information for U.S. members who want to become involved as international volunteers in underserved areas, said Dr. Abbott. And, he emphasized, "Today, we are looking at opportunities for international members to become involved in Academy committee work."

Brad H. Feldman, MD, and Grace Sun, MD, served as moderators of the WOLFE meeting. In his introduction, Dr. Feldman said, "What we want to do is to highlight what the young and ambitious—and the young at heart—have accomplished as they have taken on the big challenges in their communities." And Dr. Sun noted that the structure of the meeting—presentations followed by roundtable discussions among attendees—was expressly designed to foster the exchange of ideas, challenges, and potential solutions.

One theme that consistently emerged during the presentations and roundtable discussions was that of mentorship. Whether the mentor was a member of one's own family, a person in the

community, a colleague, or a member of the Academy's leadership, mentoring proved to be a critical element in bringing ideas to fruition. As attendee Dawn Grosvenor, MD, put it at the end of the meeting, "Mentorship is the gift that keeps on giving."

Advocacy

Shelly-Anne Lalchan, MD

Trinidad and Tobago

Developing WINGS to Confront Glaucoma in the West Indies

Caribbean ophthalmologists are "inundated" with glaucoma patients, said Shelly-Anne Lalchan, MD, president of the West Indian Society of Glaucoma Surgeons, or WINGS. "Glaucoma is not a subspecialty; it's a responsibility that we all share in the Caribbean."

What needs to take place for glaucoma care to improve in this region? Changes in "education, attitudes, acceptance, compliance, and cost," Dr. Lalchan said. She noted that "acceptance and denial are a duality in our culture," one that must be understood for care to be effectively delivered.

In discussing her journey towards advocacy, Dr. Lalchan noted that when she left England and moved to Trinidad in 2011, she went from "one island to another," from an island with an established infrastructure to "a tiny one with big problems."

Mentorship—both in terms of particular individuals who played a role in her learning and in terms of pre-existing organizational structures—helped her create WINGS. For instance, in 2012, Dr. Lalchan "was pushed," as she put it, to become part of the leadership development program of the Pan-American Association of Ophthalmology (PAAO). The training she received in that program gave her a deeper understanding of what it takes to launch and sustain an effective medical organization.

WINGS took flight earlier this year. The organization's motto—"glaucoma awareness and education: responsibilities we all share"—highlights the focus on education and inclusion. WINGS is "patient focused," Dr. Lalchan said, and "education is at the heart of what we do."

Specific goals include furthering the awareness of glaucoma via patient education, encouraging regional research and an evidence-based approach to clinical care, and supporting continuing professional development for member physicians. Patient education efforts include not only printed materials but also a patient-led blog and a support group, and a mobile screening unit is planned. Research and professional development efforts include junior training, using the Moorfields safe surgery system, a poster competition, and a genetic research project with the *myocilin* gene that is supported by the University of the West Indies.

Dr. Lalchan cited a number of challenges that must be dealt with, from the attitudes and perspectives of a high-risk population of patients, to the need for greater training and resources for member physicians, to the ever-present challenge of delivering care and resources over a wide geographic area.

In reflecting on the journey WINGS has taken in such a short time, Dr. Lalchan said, "We want WINGS to be island focused. We want to stay on our islands, to do what we love to do and do what we do best."

Jason Pithuwa, MD**Democratic Republic of Congo***Maintaining High Quality Eye Care in Challenging Environments*

The Democratic Republic of Congo is an unusually challenging setting in which to practice ophthalmology, said Jason Pithuwa, MD, who works as an ophthalmologist with Aide–Vision in Goma, which is located in the country’s Nord Kivu Province.

Begin with the numbers: The country’s population is approximately 70 million, 70% of whom live in rural areas. There are about 70 practicing ophthalmologists, 50 of whom live in the capital city, Kinshasa. That leaves 20 ophthalmologists to care for the bulk of the population. There is a national eye care program, “but it is not operational at the provincial level, and eye care services, structures, and programs are weak,” said Dr. Pithuwa.

The political environment adds another layer of complexity to the challenge of delivering care, said Dr. Pithuwa. For instance, Nord Kivu Province, which has been politically unstable for the last two decades, has three hospitals with eye departments, but “they are poorly equipped,” Dr. Pithuwa said. There are five ophthalmologists in the province, but they receive no support from the government. NGOs do provide some short-term support with regard to health care delivery. However, given the level of poverty and ongoing political conflicts, many NGOs are dealing with emergency situations and are serving displaced peoples. “Eye care is not considered an emergency or a priority,” he said.

Access to care is another hurdle, Dr. Pithuwa said. With a destabilized population, the question becomes, “How to reach people? How to inform people?” he said. “People can be helped, but it is difficult to reach them.” And even when potential patients are identified, they may not be able to afford care, as the country has no social safety nets.

Aide–Vision’s goals are to provide high quality eye care in Goma and the surrounding areas, Dr. Pithuwa said. Short-term plans include upgrading the cataract service, establishing a pediatric ophthalmology program, and introducing a diabetic eye service. The long-term plan includes the construction and staffing of an eye hospital in Goma and a regional plan for the prevention of blindness.

The organization has achieved a number of successes to date, Dr. Pithuwa reported. For instance, community screening events have identified glaucoma patients, and educational outreach efforts have alerted teachers and parents to the issue of visual impairment among young children. The eye clinic now has a functioning operating room and a workshop for dispensing spectacles. Moreover, eight newly trained ophthalmologists have returned to the area, with seven of the eight returning from training programs abroad. All “are young, enthusiastic, and willing to work toward improvement,” Dr. Pithuwa said.

In conclusion, he noted, “even in one of the most challenging environments in Africa,” eye care is needed and wanted. “Good quality eye care can be provided, but with the current sociopolitical situation, it is not easy. Still, with the willingness, determination, and involvement of all stakeholders, it can be done.”

Advocacy discussion questions. 1) What can our organizations do to better advocate for those lacking a voice? 2) Is there a role for organizations to encourage our members to practice in areas of need, rather than in areas that may be more attractive to ophthalmologists?

Sample audience feedback. A number of strategies were suggested, including inviting guest speakers, developing relationships with corporate partners, and offering more education opportunities via partnerships with other organizations, both not-for-profit and corporate.

Education

Anthony Khawaja, MBBS

United Kingdom

Harnessing YO Energy in the Societas Ophthalmologica Europaea

It all started at the 2006 Academy meeting in Las Vegas, when Anthony Khawaja, MBBS, met several young ophthalmologists from around the world at a YO social event. “I enjoyed getting a perspective on training around the world from people at my stage of career,” said Dr. Khawaja, who is undertaking a PhD at the University of Cambridge, U.K. But the connections and exchange of ideas that began in a social setting quickly took root and grew into a new professional group, with Dr. Khawaja and his peers establishing a YO group for the Societas Ophthalmologica Europaea (SOE), with the aim of meeting the collective needs of YOs in Europe who are in training or in their first five years of practice.

The Academy’s leadership and, in particular, its YO committee provided a wealth of inspiration and practical guidance, Dr. Khawaja said. And clearly, the time was ripe for a European counterpart to the Academy’s YO group: By 2008, at another Academy meeting in Atlanta, the SOE’s YO committee had grown and developed to the point that they offered a session, entitled “Training, Globalization, and the Young Ophthalmologist.” This session, cochaired by Dr. Khawaja, investigated differences in training and presented solutions that had been developed to overcome any hurdles to collaboration across international boundaries.

The SOE YO group has continued to organize and present sessions at SOE and other meetings; in 2014, the group will participate in the World Ophthalmology Congress and the Nordic Congress of Ophthalmology, for instance. Other goals of the group include providing support for collaborative training across Europe and providing a platform for the discussion of ophthalmic professional examinations. The group also monitors technology and political developments, even rating ophthalmic applications for smartphones.

In discussing his experience, Dr. Khawaja cited a number of critical elements, from the specific to the universal. From inspiration and serendipity to the collegiality, collaboration, openness, and willingness of his fellow YOs, “all were critical elements,” he said. In particular, he highlighted the importance of mentorship, giving credit to those who provided inspiration and guidance.

Prashant Garg, MD

India

Expanding the Ophthalmic Classroom: Innovations in Education

Education at LV Prasad Eye Institute (LVPEI) is a multipronged and extensive endeavor. From programs that train allied health personnel to those training optometrists and ophthalmologists,

education takes place at five different locations within different cities and states in India, reported Prashant Garg, MD, associate director of the LVPEI in Hyderabad.

With regard to the Institute's overall educational goals, "We have three primary challenges: to provide a stimulating learning environment, to coordinate educational activities across the network, and to ensure patients' safety," he said.

The traditional educational model—the didactic classroom—works well as a method of imparting scientific knowledge to young ophthalmologists in training, Dr. Garg acknowledged. But LVPEI wants its graduates to not only possess the requisite scientific and technical knowledge but also develop critical thinking skills, communication skills, and the innate drive to become a life-long learner. "These goals cannot be achieved in the didactic classroom," he said. "Thus, we realized that we needed to expand the scope of education beyond the classroom—and that we needed models that encourage active student participation."

To achieve this change in strategy, education at LVPEI transitioned from a teacher-focused to a learner-focused platform, Dr. Garg said. Making this shift involved a greater focus on student-to-student interaction as well as greater interaction between students and faculty. "We set up a 'buddy' system and now encourage students to interact with each other and react to one another's work," he said. And because active and experiential learning were deemed critical elements, education at LVPEI now incorporates a diverse array of active learning techniques, such as self-test tools, assignments, discussion boards, presentations, and different types of wet labs, he said.

LVPEI has also made greater use of technology in the form of interactive webinars, which have been used to link the different campuses together in educational events as well as to connect LVPEI students with global ophthalmic leaders and researchers at universities abroad. Dr. Garg said.

"These are not expensive strategies," he said. "But they do require creativity." He added, "We've been talking down to trainees for decades; it's time to start the conversation and see what they want."

Education discussion questions. 1) What benefits might there be from more YO involvement, and how would one encourage more YO participation? 2) YOs may learn best in nontraditional ways. What is your organization doing to adapt to new learning methods?

Sample audience feedback. The words "paradigm shift" emerged during this discussion period, said one attendee. Essentially, today's YOs are more likely than earlier generations of ophthalmologists to question what they are being taught; moreover, they expect that information will move back and forth outside of and without regard to traditional hierarchical models. With regard to specific nontraditional learning methods, just-in-time learning using technology is likely to play an ever-increasing role.

Global Ophthalmology

Linda Lawrence, MD

United States

So You Want to Change the World? The Importance of Mentoring

Linda Lawrence, MD, isn't done with her dreams or adventures. In her presentation, she outlined the journeys she has taken, both literal and symbolic, away from the flat and open landscape of Salina, Kan., where she is in her 28th year of practice as a comprehensive ophthalmologist.

The theme of mentorship was wound throughout Dr. Lawrence's talk, from her earliest mentors—her grandfather and father—to the varied personal and professional mentors she has met throughout her life and career. All have helped her achieve a number of long-held goals on her personal “bucket list,” including work with ORBIS and travel to India.

After a decade of local volunteering, Dr. Lawrence began volunteering internationally in 1998. She has collaborated with over 30 different not-for-profit organizations, including programs in Peru, Guatemala, Nigeria, Vietnam, and Brazil. Her work has included organizing medical retinal training courses, manual small-incision courses, and training multidisciplinary medical teams.

Over the years, she has learned a number of home truths from her work around the world. Her work in India, for instance, taught her the value of teamwork and experiential learning. In discussing her ophthalmic colleagues there, she said, “We traded surgical knowledge; we taught each other.”

In many countries, she has learned, time and again, to never underestimate the power of ingenuity, as she has watched medical personnel improvise in lieu of a well-stocked examining and operating room. “There's always something on the ground, something that can be built upon,” she said.

She also learned the hard-won truth that, as she put it, “Nothing is free. Someone always pays, and that someone may be the patient.” For instance, if you're offering free services, patients must figure out a way to get to you, she pointed out. “The poor aren't going to come to your free clinics; the middle class will, because they have the money to get there.” Thus, if you want to reach the poor, you have to be the one to go to them. This, however, led to a word of caution: “Only go where you are invited.” Naturally, that led her to discuss the power of networking and of making the connections that will open doors.

With regard to global applications of technology, she had two recommendations: First, “find someone who knows more than you;” second, be willing to “work with telemedicine.”

Above all, she said, if you want to create lasting change in the world, “First find your mentors ... then learn ... then become the mentor.”

John Szetu, MD

Fiji Islands

The Pacific Eye Institute: Partnerships in Eye Care and Training in the Pacific

How do you provide eye care to the 9 million people who live in the more than 20 countries on islands scattered across the broad expanse of the Pacific Ocean? More critically, how do you address the facts that 1 million of those 9 million are visually impaired (and 90,000 are blind),

and ophthalmologists are in exceedingly short supply? John Szetu, MD, who established and directs the Pacific Eye Institute (PEI), shared his experience with building an eye care network in this area.

Approximately 24 physicians with formal ophthalmology training now practice in the Pacific Islands, Dr. Szetu said; more than 80 are needed. Similarly, approximately 100 eye nurses and vision technicians with formal training practice in the area; more than 300 are needed.

Dr. Szetu founded the PEI with the goal of closing these gaps by providing the training to eye nurses, technicians, and physicians that would enable them to return to their own islands to deliver sustainable, quality eye care. In 2006, when the Institute was established, it had two staff members; today, it has 33 and is located in Suva, Fiji Islands. During the seven years of its existence, 22 physicians and 85 nurses and vision technicians have graduated from its programs, with the graduates coming from 13 countries, Dr. Szetu reported.

Team training is an essential component of the PEI approach. “Nurses and doctors train together and support each other during training and learn to work as a team,” Dr. Szetu said. This team approach is applied during outreach activities in individual communities.

The academic program is benchmarked to the International Council of Ophthalmology curriculum, up-to-date with regard to the latest international developments, and contextualized for the Pacific Islands region, he said. Continued monitoring and evaluation are provided, as is follow-on workplace support after training is completed via mentoring, visits, and CME opportunities. Partnerships—national, regional, and global—have proved essential, and the PEI has working relationships with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO), the International Agency for the Prevention of Blindness, and the Fred Hollows Foundation in New Zealand, among others. For instance, RANZCO coordinates all visiting subspecialist lecturers to PEI and provides ongoing evaluation.

Dr. Szetu noted that Pacific Islanders support PEI, as it not only provides needed eye care but also offers an opportunity to attain formal qualifications and pursue careers in ophthalmology. However, challenges still remain, he said. “We have weaknesses and issues of sustainability,” and further evaluation of outcomes and impact is needed. The realities of geography mean that delivery of care and resources will continue to be a challenge. However, he concluded, teamwork and success go hand in hand.

Global ophthalmology discussion questions. 1) Traditionally, mentoring takes place one on one. Is there a way for organizations to facilitate the creation of these relationships, and how can this be scalable? 2) What are some examples of successful partnerships from your organization/country in promoting eye care service and delivery? What were the keys to success?

Sample audience feedback. It may be possible to use telemedicine and other forms of technology to further the process of mentoring, attendees suggested. (For instance, subspecialty groups can share cases across the electronic borders.)

Summary Points

Challenges to consider:

- * **Education.** Patient attitudes toward health care must be recognized and incorporated into developing the most effective local delivery model. Governments may not understand the need for eye care and its impact on the quality of life for the patient, particularly if they are struggling to provide basic services. The education and training of allied health personnel may require new and innovative methods of teaching and training rather than using the more traditional modes of presenting educational information.

- * **Infrastructure.** Many countries and regions lack the infrastructure needed to deliver adequate health care. Geography and demographics can be problematic, in that it's difficult to deliver care across broad and diverse population areas.

- * **Instability.** Political instability poses an ongoing threat in some areas. Social safety nets are often unavailable, threatening access to care. Sustainability is an ongoing challenge for some programs.

Keys to success:

- * **Alliances.** Build networks with other established groups and associations, and use their experience as a template, if appropriate. Emphasize teamwork and collegiality. Resource building and creating a local infrastructure for delivery of care are critical for success.

- * **Identity.** Recognize and respect the uniqueness of your setting and culture. What works in one area may not work in another.

- * **Inclusion.** Involve patients in their own care. Use experiential learning methods for training young physicians and allied health personnel.

- * **Technology.** Make use of novel and innovative forms of technology.

- * **Mentorship.** Never underestimate the power of a good mentor, whether that person is a patient, a family member, or a colleague. Strive towards becoming an effective mentor yourself.