

## CORRESPONDENCE



# Response to: 'Is undergraduate ophthalmology teaching in the United Kingdom still fit for purpose?'

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**TO THE EDITOR:**

Thank you to the authors of 'Is undergraduate ophthalmology teaching in the United Kingdom still fit for purpose?'. As a recent medical education fellow with an interest in ophthalmology, I agree with the assertion that undergraduate teaching is failing to prepare trainees to confidently recognise and manage ophthalmological complaints due to diverted curriculum priorities and educator reticence to update teaching resources or alter their pedagogical style [1]. However, I feel that the issues within undergraduate ophthalmology education run deeper. To complement curriculum-driven teaching, I believe equal value must be placed upon students' experiences within the clinical setting, which contextualises and scaffolds learning. Some educational responsibility, therefore, must be placed upon those interacting directly with students on clinical attachment.

On ophthalmology placement, students are required to apply new knowledge and skills in an unfamiliar environment with new multi-disciplinary team members who have varied expectations. Whilst an education fellow working with my local ophthalmology department, I noted variable placement feedback. It was evident that student engagement and enjoyment was directly proportional to the perceived commitment to their education demonstrated by the ophthalmology staff encountered. Students who felt they had negative interactions with clinical staff or did not feel included in clinical activities appeared disengaged from other learning opportunities, irrespective of the pedagogy used.

My conclusions were that students can feel easily alienated by the complexity of ophthalmology. We as clinicians need to acknowledge this and take steps to ensure student involvement, set realistic expectations regarding their knowledge base and skillset and work collaboratively in the clinical setting to enhance these. To mitigate the risk of negative student-clinician interactions, student-facing staff must be supported to create positive learning environments through adequate teaching materials or

student-friendly clinic lists, allowing them to make time for education whilst providing quality care.

Although updating the pedagogical style of teaching with technological resources is a worthwhile strategy, it is important to acknowledge the shared responsibility of medical educators and clinical staff in students' educational journeys. Improving placement by encouraging clinical involvement and positive student-clinician interactions will enhance engagement with ophthalmology and potentially garner career interest from those inspired by clinical attachment.

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**REFERENCE**

1. Scantling-Birch Y, Naveed H, Tollemache N, Gounder P, Rajak S. Is undergraduate ophthalmology teaching in the United Kingdom still fit for purpose? *Eye*. 2022;36:343–5.

**AUTHOR CONTRIBUTIONS**

The material is original and my own thoughts on the subject are based on my experience working as a medical education and simulation fellow in the UK. No other authors contributed to this work.

**COMPETING INTERESTS**

The author declares no competing interests.

**ADDITIONAL INFORMATION**

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