

Video Education for the Surgeon

A look at the past, present, and future of this resource.

BY ROBERT H. OSHER, MD

Ophthalmic surgery cannot be learned from the podium. Nor can it be mastered from a textbook. Although there is nothing as valuable as sitting at the microscope and actually performing a procedure, it is not so easy on a trainee's coronaries, and inexperience is not always fair to the patient. How, then, can residents and fellows learn to operate? The obvious answer is by watching videos. Undoubtedly, it is the way that I learned best how to become a competent cataract surgeon.

EARLY EXPERIENCE

As a resident and fellow in the late 1970s, I began watching surgery when the first video machines were installed in the brand new ORs at the Bascom Palmer Eye Institute in Miami. At that time, there was no such thing as a video library. I simply filmed and reviewed my own cases. I made lots of mistakes and often encountered vitreous. I was impressed that I could review the case and determine not only what went wrong but why it happened. Just the fact that I was using "replay" to think about a completed case was unprecedented and helpful.

I convinced the "attendings" to film their surgeries and donate the 3/4-inch video for a cataract surgery "library." Then, I would study the polished maneuvers and techniques of my teachers. Quite frankly, surgeons do not know what they do not know, which became apparent when I compared myself to my teachers. Watching their videos required time but was invaluable, and my "monkey see, monkey do" approach improved my technique.

In any residency program, there are surgeons with different methods and levels of skill. I wanted to see the real masters—not just those in Miami but the best surgeons on the planet—perform their craft. I would hop on a plane and travel across the country to observe cataract extraction performed by Charles Kelman, MD; Richard Kratz, MD; Robert Sinskey, MD; James

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Little, MD; James Gills, MD; and Howard Gimbel, MD. Unfortunately, these trips were time consuming and expensive.

THE NEXT STEP

In the early 1980s, I started the *Audiovisual Journal of Cataract and Implant Surgery*. Rather than travel around the world to see leading surgeons operate, I invited them to send to me their videos, which I studied and edited into a quarterly video periodical. Not only did I learn a great deal, but so did the journal's small but loyal group of subscribers.

The advantages of video were numerous. First, I could watch when I chose to watch in the privacy and comfort of my own home. Second, I could push rewind and review a technique over and over until it made sense. Third, unusual events, complications, and challenging cases could be shared among surgeons. No one makes perfect decisions in the face of an adrenalin surge. One is much better prepared after having seen a similarly tough case in advance. Moreover, managing a complication successfully is more likely if one has seen it and can think about it before actually encountering it. These are some of the reasons that thousands of surgeons around the world subscribe to the *Video Journal of Cataract and Refractive Surgery*.

TODAY

Thirty years after my days at Bascom Palmer, studying surgical videos remains my primary source of continuing

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education. Every year, I watch more than 500 videos from around the globe. Not only do I learn from videos, but I teach by video. Fortunately, I no longer have to carry around the heavy suitcase filled with VHS and Betacam tapes. High-definition video has become the norm in my OR, and even three-dimensional viewing is proving to be a superior way to learn. Since early 2010, I have been recording surgery with TrueVision (TrueVision Systems, Inc., Santa Barbara, CA) and using it to teach residents at the University of Cincinnati. I also edited dozens of videos for the inaugural Cataract Surgery: Telling It Like It Is! course in Sarasota, Florida, in January of this year.

THE FUTURE

Regardless of the inevitable innovations in educational technology, video will remain the backbone of teaching ophthalmologists to be better surgeons. Video will be ubiquitous at the major meetings. It will be coupled with the new surgical simulators. It will be available on telephones and iPads (Apple Inc., Cupertino, CA). It will be viewed on high-definition Web sites like Eyetube.net and the *Video Journal of Cataract and Refractive Surgery* from anywhere in the world.

Nearly every week, I have the privilege of teaching young surgeons. My advice remains unchanged after 3 wonderful decades: challenge your teachers, treat your patients like family, push yourself to be the very best surgeon you can be, and watch lots of videos! ■

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