

# Knowledge and Skills Transfer

Are traditional ophthalmic courses effective?

BY LEE T. NORDAN, MD



A fair number of ophthalmologists, including yours truly, have taught more than their fair number of courses throughout the years. A few weeks ago, an interesting question dawned upon me: "Are the courses as we're teaching attendees the most

effective means of transferring ophthalmic knowledge and surgical skill?" For an accurate assessment, I propose that we engage in an interactive exercise of answering a few

questions. Perhaps this activity will not only show what the readers feel is the best method of teaching a course, but it will also help the course participants determine which factor(s) is really the most important in learning a new skill or becoming comfortable with a new product.

## THE EXERCISE

Let's assume that you, the reader, are interested in learning about a new pharmaceutical agent (ie, a

COURSE CREDIBILITY AND QUALITY OF INFORMATION	KNOWLEDGE TRANSFER
1. The course director is a paid consultant (or has some financial arrangement) with the sponsoring company. <input type="checkbox"/>	7. The usefulness of microscopes, artificial eyes, and practicing the surgical procedure in vitro. <input type="checkbox"/>
2. The primary speaker(s) has only used the product or procedure for less than 6 months or quotes the company's statistics more than his own. <input type="checkbox"/>	8. Very directed, 1-day courses rather than longer ones. <input type="checkbox"/>
3. Company representatives are in attendance at the course with booths dedicated to products other than the one highlighted at the course. <input type="checkbox"/>	9. Learning surgical techniques and tips from doctors rather than company representatives and technicians. <input type="checkbox"/>
4. The primary speaker, a credible teacher, gives courses or endorses a similar product for a company that is different from the one sponsoring the course. <input type="checkbox"/>	10. Surgical courses that include scrub nurses and other office members as speakers and/or participants. <input type="checkbox"/>
5. One effective primary speaker is preferable to several speakers with varying degrees of experience or teaching skill. <input type="checkbox"/>	11. Extensive question-and-answer period available. <input type="checkbox"/>
6. Discussing the product/surgical procedure with a trusted, respected colleague who is not speaking at the course. <input type="checkbox"/>	12. Traveling a longer distance if the course is in a desirable location for me or my spouse (ie, San Francisco, Las Vegas, golf or ski resort, etc). <input type="checkbox"/>

Figure 1. Respondents should rank the six elements of each section in the order of their importance.

Possible points: 10, 8, 6, 4, 2, 0						
Question	1	2	3	4	5	6
Answers						

  

Possible points: 10, 8, 6, 4, 2, 0						
Question	7	8	9	10	11	12
Answers						

Figure 2. A condensed answer sheet might have this appearance.

glaucoma medication) or a new surgical device (ie, a phakic bifocal IOL). Figure 1 begins by listing factors concerning what makes you feel comfortable with the credibility and quality of the informational aspects of the course. It then lists possible methods of increasing the effectiveness of knowledge/skills transfer to the student. In other words, it indicates why you might or might not attend a course.

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The grading rules are simple. Please rank the questions in each section from most to least important according to the scale 10, 8, 6, 4, 2, 0. If you simply must rate two questions as equals, you may take the total of the two questions and give one-half to each (ie, if you wish to rank the second and third most important questions equally, give each one a 7).

**CONCLUSION**

I encourage you to submit your answers to me in a condensed form (Figure 2). Depending on readers’ responses, I will publish the results in a future column. The goal is to determine whether we should continue to offer and teach courses in the same time-honored manner or if there may be a better way to exchange information and surgical skills. ■

*Lee T. Nordan, MD, is a technology consultant for Vision Membrane Technologies, Inc., in Carlsbad, California. Dr. Nordan may be reached at (858) 487-9600; laserltn@aol.com.*