East Asia Vision Program - Cambodia Case Study One
Ms Nay Keo Syleap - National Refractionist Trainer

Program component: Workforce development
Implementing agency: Brien Holden Vision Institute

Ms Nay is a National Refraction Trainer who works at the eye care unit of the Khmer Soviet Friendship Hospital (KSFH), and also works part-time at a private clinic. Ms Nay previously attended the Brien Holden Vision Institute (BHVI) EyeTeach workshop in August 2013. She is now one of 12 national refraction trainers.

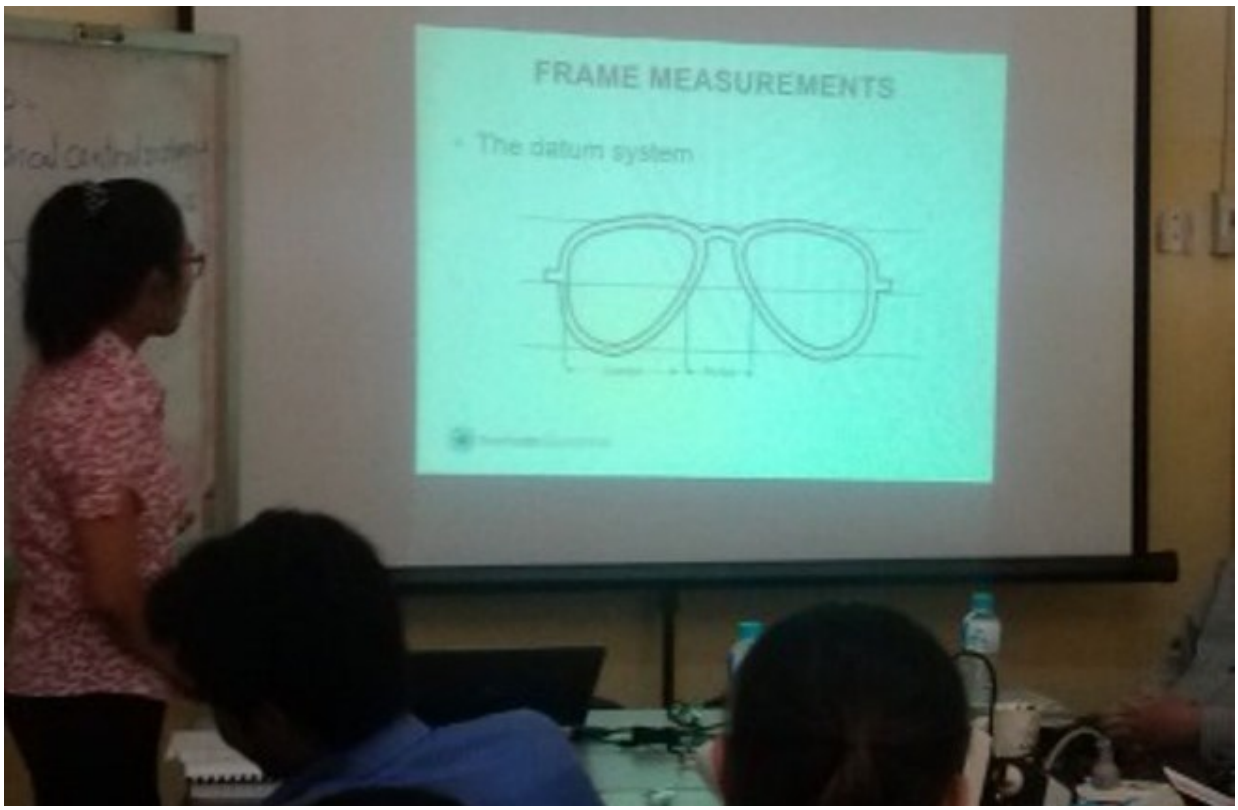

Photo 1: Ms Nay delivers a training course on frame measurements

Ms Nay began teaching the first stage of the National Refraction Training Centre course from October 2013 through April 2014, and the second course from July through to December 2014. Ms Nay reflects on when she started teaching: “I was very nervous throughout the first section of the course. I wasn’t as confident about standing in front of people teaching.”

Ms Nay says that she worked hard to learn, and was paired with an existing trainer for capacity building. In time Ms Nay says her confidence in her teaching ability grew, and she adds “I have improved a lot, and my confidence continues to grow with each teaching opportunity.”

Ms Nay is focused on building her practical expertise, saying “I still spend as much time as possible dispensing spectacles at the eye unit, to help with strengthening my technique.”

Ms Nay was selected to attend the Spectacle Technician Training course to further strengthen her practice. This course, conducted in April 2014, was facilitated by a trainer from BHVI.

Discussing her work at the KSFH eye unit, Ms Nay is proud to say that she holds primary responsibility for all refraction tasks, and that she also assists the ophthalmologist in surgery.

Ms Nay says that she now has the "procedures and processes" to teach, and that this involves presenting learning objectives, communicating relevant information, answering students questions and helping them to brainstorm ideas and concepts.

What is the key to being a good teacher? For Ms Nay, "my strength in teaching is all my preparation beforehand with planning the lessons, demonstration, and presentation".

"I used to dream about becoming a teacher and the National Refraction Training Centre course has made that possible for me. Being invited to participate in the Training-the-Trainer course recognised by the University of Health Science, and Ministry of Health, has been another proud moment for me," Ms Nay added.

Ms Nay is reflective about her work and notes the importance of taking time to develop her skills and ensure she is constantly improving her practice. This includes developing English language skills. Ms Nay gives an example of dispensing bi-focal lenses, which she previously found "very difficult until the BVHI international spectacle technician trainer came to teach and assist with dispensing—now, I am more confident to explain bi-focal dispensing to students."

Ms Nay feels that being a trainer has significantly changed her life, as she now feels more productive: "As a trainer I can teach and I can perform refractions at the eye unit within the hospital … I am contributing to my workplace and I can teach the National Refraction Training course." Ms Nay is proud to note that she has also been given the opportunity to teach at other private universities, and she says that being involved in outreach eye camps in different communities has made people more aware of her and her work. Ms Nay says she is very happy and that she plans to continue to improve her practice with the aim of becoming a well-known trainer.

Ms Nay also reflected on the new paediatric module which is now part of the National Refraction Training curriculum and how she found this part of the program very useful. A recent patient of Ms Nay's was used as a case example in this training: "One child came to see me at the eye unit hospital for examination and said his eyes were normal, but although my examination showed normal visual acuity, I found hyperopia (long-sightedness) and prescribed glasses. During the visit by the BHVI international paediatric trainer she saw the patient and advised that his eye condition is good but he has weak convergent insufficiency (a problem with eye muscles) so he did not need glasses but should do eye exercise instead."

Ms Nay says that because had no previous experience with paediatric refraction, she had been unable to determine the appropriate solution for this patient, and she is glad that BHVI provided training and assistance with this patient: "I have learned from this experience that knowing ourselves and networking for the right treatment and referral is crucial".

East Asia Vision Program - Cambodia Case Study Two
Ms Heav Sokchea - Trainee Refractionist

Program component: Workforce development
Implementing agency: Brien Holden Vision Institute and The Fred Hollows Foundation

Ms Heav SokChea works in the public eye care unit at the Khmer-Soviet Friendship Hospital (KSFH) and works part-time for a private eye care clinic in Phnom Penh. From October 2013 to April 2014, Ms Heav attended the National Refraction Training Centre course where she learnt about new refraction and dispensing techniques. This program was funded by the Australian Government through the East Asia Vision Program.

Photo 1: Ms Heav performing an eye examination at the eye care unit at the Khmer-Soviet Friendship Hospital

When we previously spoke to Ms Heav she was still completing the training program, but now she is very happy to be able to use her new skills. Ms Heav told us that she found the refraction training interesting and very thorough, and that she particularly enjoyed learning about the difference in refraction between adults and children. Ms Heav said, “previously when the eye unit team asked me to help with refraction or measuring visual acuity I didn’t feel comfortable conducting the procedures, but now I can perform refractions, provide prescriptions, and do the dispensing myself. Training provided me with the skills necessary to learn refraction techniques and procedures.”

Ms Heav told us that she is now able to perform and assist with any ophthalmic and refraction tasks needed at the eye unit, adding that “there is also another refractionist there who I can consult with if there are any areas in refraction which I may not understand.” Ms Heav believes that patient numbers have increased since the refraction training was provided.

Ms Heav reflects on the challenges she faced before she attended the training, saying that patients often asked questions she didn't feel able to answer. Ms Heav says, "some parents were unsure about their children wearing spectacles because they were afraid that wearing spectacles would make their eyes worse. I can now explain the difference between surgery, medicine, and using spectacles."

Ms Heav adds that she can now confidently explain to people whether their child has refractive error, myopia (commonly known as 'short-sightedness'), amblyopia (lazy eye) or strabismus (misalignment of the eyes), and is also able to advise parents that when children complain of headaches they should be taken for eye examinations, as headaches can be a sign of vision problems.

Ms Heav tells us about a patient she treated in November 2014, a seventy year old woman who was experiencing difficulty with both near and distance reading.

Ms Heav performed a refraction, which indicated a need for glasses, but due to her financial situation, she could only afford reading glasses, which I dispensed for her. After a few days she came back and was quite distressed about these spectacles, as she remained unable to see properly while walking and riding her bicycle.

Ms Heav says, "I consulted and explained to her again about the purpose of reading spectacles", including guidance on proper use and care.

Reflecting on this experience, Ms Heav notes that she had not previously understood that people were not aware of the different types of glasses and their purposes, saying thoughtfully, "I learnt that providing clear message to patients is very important."

Ms Heav told us that in the future she aspires to run her own optical shop, and says: "The training has had such a positive impact on my personal career and in my life. I am providing for my family and enjoying my work. I wish to continue learning and improving my skills.

East Asia Vision Program - Cambodia Case Study Three
Capacity Building for Ophthalmologists

Program component: Workforce development
Implementing agency: Royal Australian and New Zealand College of Ophthalmologists

Following a scoping study in 2012 to assess Continuing Professional Development (CPD) practices amongst Cambodian ophthalmologists, the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is helping to strengthen the capacity of the Cambodian Ophthalmological Society (COS) to develop and manage a CPD system that is relevant to the Cambodian context. This includes providing technical expertise and resources to support the development of a CPD framework including the establishment of a governance system and an online reporting system.

Photo 1: Dr Sun Sarin, Chair of the COS CPD Committee, presented on the development of CPD in Cambodia during the CPD workshop, Oct 2014

This will be the first formalised medical CPD system in Cambodia, and a structured program will make it easier for ophthalmologists to stay up to date with knowledge and skills. “The challenge will be gaining widespread recognition and acceptance amongst Cambodian ophthalmologists,” said Dr Richard Hart the Chair, RANZCO Advisory Group.

Tanya Parson, RANZCO Manager of Professional Standards and CPD, has worked closely with the COS CPD Committee to support the development of the new framework. Tanya says that “the COS will need to convince Cambodian ophthalmologists of the benefits of critical self-analysis”.

Tanya explained that a formalised CPD will match activities to specific personal skills or knowledge gaps, and will also assist the profession as a whole to show that they are serious about being the best clinicians that they can be, and will improve public confidence in the medical workforce. Shewalso noted that development of a CPD program for the ophthalmology

profession will also help prevent any unworkable government regulations and interventions, as the profession will self-regulate, therefore removing any need for government to do so.

Dr Hart hopes that a system which links CPD with recertification will build patient confidence in ophthalmology, explaining that maintaining CPD allows member ophthalmologists to prove to Cambodia's regulatory authorities that they keep abreast of advances in practice and that they continue to develop new skills. Dr Hart says "there would be tangible benefits in terms of clinical and business risk reduction as well as the intangible benefits such as increased enjoyment of practice".

By participating in the CPD program, Dr Dalin—a female ophthalmologist based in Phnom Penh—expects to gain knowledge on patient care, counselling and compliance, medical record maintenance, updates on clinical and surgical practice and communication and referral systems.

Dr Dalin believes that the CPD system will help her to deliver patient care and referral to eye health, vision care and other services as appropriate. Dr Dalin notes that as well as informing practice with clinical knowledge, the CPD system will build stronger connection among eye health personnel, so we can create a better referral system to help patients in time.

"The more professional and updated I am the better eye care I can provide to the patients. When the patients need specific care, providing them with the right service is the best way to help them with their sight in an efficient and economical way," said Dr Dalin.

Dr Dalin said that she plans her professional development in advance, aiming to attend at least one national and international conference every six months, and that she is also subscribed to ophthalmology websites like the American Academy of Ophthalmology (AAO), the International Council of Ophthalmology (ICO) and Elsevier to get new information in the field. Dr Dalin added the she plans to do sub-specialty observation and training overseas, and to do research studies regularly: these can be short-term or long-term, with larger scope according to feasibility.

Dr Dalin noted that the quality of the current CPD is not well assessed, explaining that, as an example, the contents of slide presentations are not checked before they are presented at the conference. Dr Dalian added that "the level of capacity to provide deeper and more expert knowledge on the subject is still challenging for local doctors", and that participants tend to learn from each other rather than from information and evidence presented by experts in the field.

Tanya hopes that the CPD program will be embraced by COS members with the understanding that participation assists them, their patients and the profession as a whole. I hope that they will find the online reporting tool easy to use and the framework simple to understand yet robust enough to serve their needs.

Tanya notes that the program should focus on ensuring that patients have access to doctors that are actively maintaining their skills and knowledge in order to provide the best possible care.

Tanya reflected on the developing of the CPD framework: "A dedicated group of RANZCO Fellows gave their time and expertise to advise COS on what they could include in their CPD framework, most of whom had worked or taught in Cambodia and therefore understood the landscape. The work of the International Council of Ophthalmology was also very useful, as their recommendations and documentation could easily be adapted for the needs of Cambodian physicians. College staff also assisted in drafting supporting documents, assisting at workshops and giving general advice regarding how to administer a CPD program, as well as advice, testing and feedback for the COS online CPD Diary."

RANZCO has learned from the implementation process of the Cambodian CPD System, and Tanya explained that “developing a CPD program from scratch is not normally something that could be done in Australia, as the majority of professions that require a CPD program already have such programs in place.” Tanya notes that the lessons learned in developing the CPD program in Cambodia can be drawn on to improve the RANZCO CPD program.

Dr Hart believes the involvement of Fellows in the development of the COS CPD program has added value to RANZCO by expanding the involvement of the College in the provision of education and support to ophthalmic societies in neighbouring countries which in turn strengthens international networks and links.

Dr Hart says that running a CPD system without an adequate medical records system will be challenging, adding that ideally the CPD system will integrated with the development of a medical records system.

Tanya noted that management of the CPD program could potentially be constrained by limited administrative resources available within the COS.

Implementation challenges included limited opportunity for meeting with COS members. Tanya noted that “it seems that COS members prefer face-to-face interaction and will commit more readily to timeframes in these situations.” Tanya also mentioned that in meetings, COS members with good English skills helped communication with members with less developed English skills.

All COS members continued to receive education about CPD during CME meetings, and a CPD workshop was held in October 2014, covering all aspects of CPD and giving the membership the opportunity to ask questions in person. Chair of the COS CPD Committee, Dr Sun Sarin, presented on the development of CPD in Cambodia at the World Ophthalmology Conference in Tokyo, to an international audience. Dr Sarin again demonstrated leadership skills at the CME meetings in Cambodia in June and December 2014, speaking about the importance of CPD. The voluntary CPD system was implemented in June 2014, and it is anticipated that CPD will become mandatory in 2015.

East Asia Vision Program - Cambodia Case Study Four
Dr Krin Srey Peou - Trainee Ophthalmologist

Program component: Workforce development
Implementing agency: The Fred Hollows Foundation

Dr Krin Srey Peou graduated from the Ophthalmology Residency Training (ORT) Program at the University of Health Sciences in 2013. With the support of the East Asia Vision Program, she was selected as a candidate to conduct her two month internship at Tilganga Institute Ophthalmology in Kathmandu, Nepal. The internship was an elective learning program in addition to her three-year in-country general ophthalmology residency training and took place in February-March of 2014.

Photo 1: Dr Krin Srey Peou conducts an eye examination

As a newly graduated ophthalmologist, Dr Krin hoped that this learning opportunity would allow her to learn about clinical management of cornea and glaucoma, and welcomed the opportunity to gain experience not accessible in Cambodia.

During the internship in Nepal, Dr Krin gained a clearer understanding of cornea management and effective patient flow management strategies. She learnt about the complexity of corneal transplants and about the importance of pre-surgery counselling, particularly ensuring patients understand and consent to all procedures.

Since returning from Nepal, Dr Krin has been employed by the Cambodian Ministry of Health as a government staff member and she also works as a general ophthalmologist at the teaching hospital Preah Ang Doung, where she applies the skills learned in her internship to work with many patients.

Dr Krin works five days a week, with rotations in both eye examination consultation and operating theatre rooms. She has been able to apply skills from her three years in the ORT program and has also had the opportunity to apply some new techniques in glaucoma and cornea management she learnt in Nepal. In the last seven months Dr Krin has provided about 600 eye consultations, 15 per cent of which were with cornea and glaucoma patients. She has performed 85 eye surgeries including treatment for cataract, pyterguim, lid correction and other types of sight restoration. Three of the 85 cases were glaucoma related, and 10 were cornea related involving cornea repairs from eye injuries.

During her internship Dr Krin learnt that insufficient counselling is one of the most common barriers to timely treatment of eye conditions, therefore she has focused on improving her counselling skills. Dr Krin makes sure she spends time with patients as they make decisions about their treatment as she understands that patients are negatively impacted when they fear talking with doctors or when misunderstandings arise about surgical procedures and processes. Dr Krin said, "I am more aware of how to counsel and advise patients during decision-making, for example for those who having corneal problems and have concerns or misconceptions about corneal transplants".

However, Dr Krin has faced some barriers in applying her new knowledge. Opportunities to provide full sub-specialty services in cornea or glaucoma are limited by the lack of full facilities and equipment at the hospital. The absence of a cornea bank in Cambodia means that services are dependent on external donors, and the absence of a visual field machine to screen patients limits her ability to provide accurate and timely diagnosis of glaucoma that could delay vision loss at a later stage. None of the senior ophthalmologists working with Dr Krin are sub-specialists in glaucoma, meaning she currently does not have local mentoring support to discuss complicated cases. She does, however, have access to a network of visiting doctors from Australia and New Zealand who have been visiting Cambodia as part of the ORT program.

"In Cambodia, there are very few sub-specialty ophthalmologists. Insufficient resources for ophthalmological services in the country more broadly means that in some cases, the appropriate management and care for patients is not available. Sub-specialty is very important for ophthalmologists and patients" Dr Krin said. "The sub-specialty is a key practical step that the new generation of Cambodian ophthalmologists must take, and to do this, not only is an internship program required, but more opportunities should be created for potential young ophthalmologists to attend full-fellowship training in priority sub-specialties according to facilities available in-country."

Dr Krin explained that she felt empowered to continue improving her clinical technical skills: "Even though the internship is a short exposure course, it is a valuable experience and it is the first move to inspire young ophthalmologists like me to make the decision in choosing sub-specialty for future development. Most eye conditions are treatable and avoidable. It is always tragic when we can't help a patient whose sight could possibly be saved, because we don't have specialist human resources like other countries."

Inspired by her internship in Nepal, Dr Krin has decided to pursue a career as a corneal specialist. In December 2014, she was selected by the hospital management team to conduct a cornea observership in Korea for one year.