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Evaluations of Exit Competencies of Optometrists in Mozambique

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MOZAMBIQUE EYECARE PROJECT

Evaluations of exit competencies of optometrists in Mozambique

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Introduction

The Mozambique Eye care Project (MEP) is developing the country's first indigenously trained optometrists using a competency-based education curriculum.

Aims

- To evaluate the exit clinical competencies of the first optometry graduates in Mozambique
- To use the competency evaluations to inform the evolution of the competency curriculum
- To establish entry-level competency standards for emerging optometry graduates in Mozambique

Methods

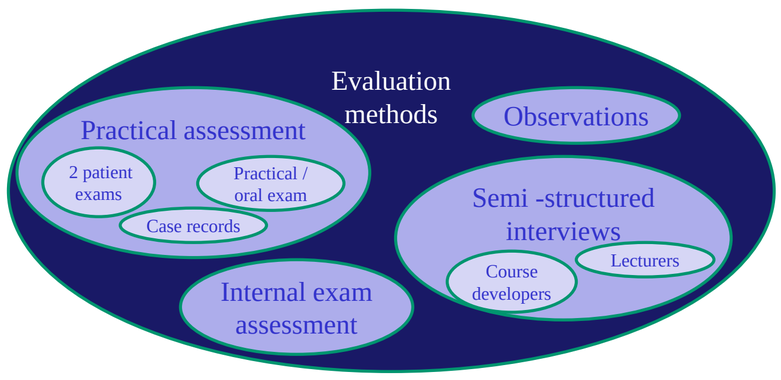


Figure 1: Methods of comprehensive exit competency evaluation

Results

i) Practical assessment and internal exams

Using UK based competencies as a benchmark the following results were obtained:

Competency	Number of students competent (N=9)
1. Communication	9
2. Professional Conduct	9
3. Methods of Ophthalmic Examination	9
4. Ocular Disease	4
5. Visual Function (includes refraction, prescribing and management decisions)	0
6. Binocular Vision	4

Table 1: Results of students competencies

ii) Results from interviews with course developers and lecturers

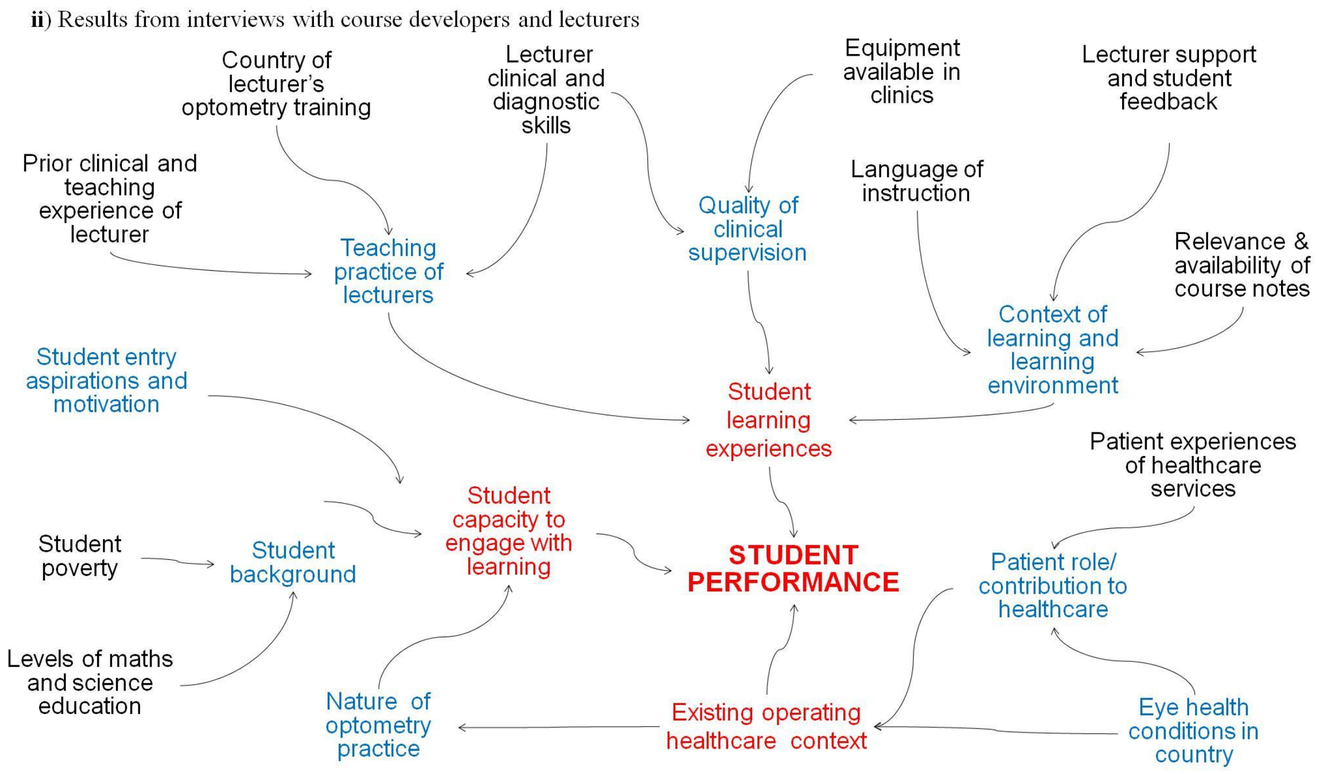


Figure 2: Results from interviews with course developers and lecturers: factors influencing student performance

iii) Observations during assessments

The context of the examinations was UK based exit competencies were used with students on an international curriculum taught by multi-national lecturers. This presented unique challenges.

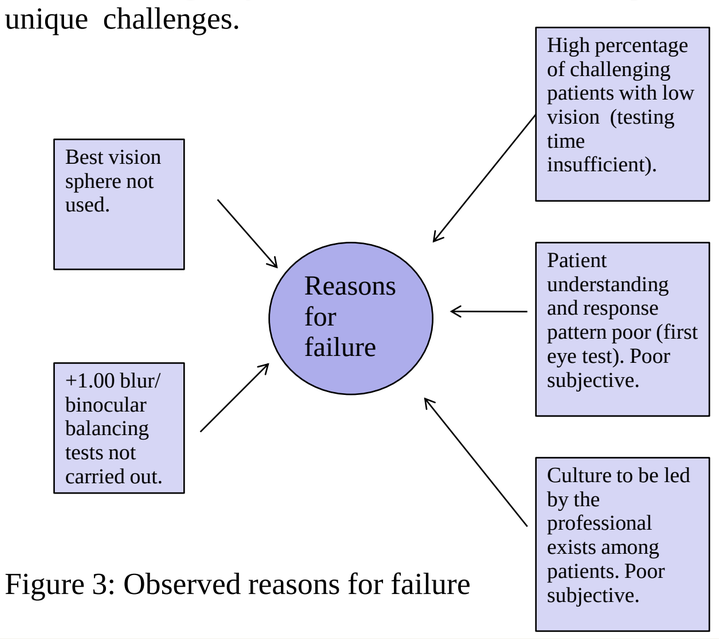


Figure 3: Observed reasons for failure

Discussions and Recommendations

Factors affecting performance

a) Student learning experience

- Lecturer background and training influenced student training - e.g. strong diagnostic and therapeutic influence, at the expense of refraction routine elements such as binocular balancing
- Clinical training protocol need to be implemented to optimise clinical competencies.

b) Existing healthcare context

Enhanced training needs: Adapting the course to increase clinics in:

- low vision
- high refractive errors
- binocular vision
- addressing local issues of health literacy, poverty and traditional medicine

Clinic organisation needs*:* Better structure to allow for more time in clinics with challenging patients and more support staff to give feedback.

Personal development plan: When the students go into practise a personal development plan is recommended to be prepared with a lecturer who mentors them and oversees their training and progress.

c) Student capacity

The University has to set appropriate pre-entrance exams to pick students that are more suitable for the course. Only 9 of the original 16 students progressed to the final year. A higher entry standard for basic maths and sciences would ensure that the students can understand concepts quicker influencing student performance.

Conclusions

Two main lessons have been learnt in Unilurio about starting up a competency based education system for health professionals in a developing country context:

a) A need for early review due to the lack of ideal starting conditions (lecturers with different backgrounds, course materials not arriving etc).
b) Complex health and social contexts have significant impact upon the required performance of optometrists. An analysis of local context is necessary before designing a curriculum based on competencies.

As a result of these evaluations the final year students underwent a one-week intensive course in subjective testing and binocular balancing successfully before graduation.







Figure 4: Students and lecturers in clinic

Acknowledgments

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For further information

Please contact *kajshah@aol.co.uk*. More information on this and related projects can be obtained at *www.mozeyecare.org*