

ORIGINAL ARTICLE

# Perceived Influence of Update Courses on Part One Fellowship Examination Success

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## ABSTRACT

**Objective:** Update courses in ophthalmology are organized in Nigeria with the aim of improving understanding of the basics of ophthalmology and also enhance chances of pass at the part one fellowship examination. It is assumed that the desired effect should be achieved at the end of the courses. This study was conducted to assess the candidates' views on impact of the program. **Methods:** A descriptive study involving administration of semi-structured questionnaires to consultants and residents was carried out. Information was sought on how participation in the prepart one update courses influenced their success at the examination. **Results:** Together, 84 respondents filled and returned the questionnaires. 51 (60.71%) were consultants and 33 (39.29%) were resident doctors. 44 (94.12%) of the consultants and all resident doctors participated in the update courses. 30 (63.83%) of the 47 consultants agreed that they understood the topics better, after the course. 16 (34.04%) responded that it assisted them to some extent, but one person felt it was no use. 18 (54.55%) of the resident doctors felt the update courses gave them a clearer insight, 13 (39.39%) said to some extent, and 2 (6.06%) concluded it was of no effect. 27 (81.82%) of the residents and 44 (93.62%) of the consultants agreed that the course contributed a lot to their success in the examination. **Conclusion:** Update courses have been found useful by majority of persons who participated in the study and should continue. Reorganization may be very helpful, especially, for those who felt that the courses made little or no impact on them.

**Keywords:** Part one fellowship exams, perceived influence, update courses

## INTRODUCTION

Postgraduate training in ophthalmology in Nigeria requires passing three major examinations; the primary, part one, and part two postgraduate examinations. Most training institutions admit residents for the program after they have passed the primary examination.

The foundation for the in-depth understanding of the discipline is laid down in the pre-part one examination period.

Specialist training is designed to provide a structured program of learning that facilitates the acquisition of knowledge, understanding, skills, and attitudes to a level appropriate for an independent ophthalmic specialist practice.<sup>[1,2]</sup>

Courses are, therefore, organized during the training period to facilitate the process. In Nigeria, update courses are organized by West African College of Surgeons and National Postgraduate Medical College in optics and refraction, clinical ophthalmology, and neuro-ophthalmology at different periods. Attendance at these courses is currently compulsory for pre-part one resident doctor. In the rapidly evolving world of

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medicine, the state of the art practice requires an update of knowledge.<sup>[2]</sup>

The first update course organized was optics, in University of Benin Teaching Hospital, in 1988. The choice of Benin stemmed from availability of required material resources. Benin has remained the venue until date. It is usually for a period of 2 weeks in the month of February. This was followed by the basic sciences course to prepare candidates for the primary examination. This suffered poor attendance and for that reason it was scrapped this year, 2015. The clinical ophthalmology course took off in 1992 in University College Hospital, Ibadan. Presently, it is organized in Lagos University Teaching Hospital as well. It is a 2 weeks course holds in March and July, respectively. The center for the Neuro-ophthalmology Course is University of Nigeria Teaching Hospital, Enugu. It commenced in 2005 and usually in the month of June, for a period of 6 days.

The aim of organizing these courses included; (a) to improve performance of resident doctors in the examinations; (b) for uniformity of knowledge transferred to residents. The examiners observed poor performance among candidates and nonuniformity in the teaching and knowledge transmitted to the residents; (c) for in-depth knowledge of ophthalmology; (d) to motivate resource persons to read and update themselves.

Organizing these courses has its attendant challenges and includes the following; from the resident doctor's point of view, cost is a major problem, especially for those who have to travel long distances, pay course fees, and sponsor their accommodation. This is made worse in situations of salary irregularities experienced in some states; there is also the clinical wet laboratory equipping challenge; and finally, not all residents are able to attend the courses for one reason or the other. Some of the consultants as well who are not domicile in the locations of the courses may experience accommodation related problems.

This study was conducted to assess the views of both consultants and resident doctors who have participated in the courses and attempted the part one postgraduate examination of one of both colleges, on the perceived impact of the courses on their success at the examinations.

## METHODS

The study was both a quantitative and a qualitative survey. A Semi-structured questionnaire was distributed

to consultants and resident doctors, who converged at the Ophthalmological Society of Nigeria Conference in 2013. Only, those who had attempted the part one examination and were willing to complete the questionnaire were eligible. Those who did not wish to complete the questionnaire were excluded from the study. The following information was collected from the questionnaire: Bio-data; status; fellowship obtained; if the candidate participated in update courses; if the courses improved understanding; if part one exam had been passed, and the college passed; number of attempts after the courses that candidate passed and if it could have been possible for the candidates to pass without attendance at the courses. The data were analyzed using simple proportions and EPI info version 6 software (U.S. centers for diseases control and prevention, Atlanta, GA).

## RESULT

Altogether, 84 respondents filled and returned the questionnaires.

44 (52.38%) were males while 40 (47.62%) females.

51 (60.71%) were consultants and 33 (39.29%) resident doctors. Forty-seven of the consultants participated in the update courses, whereas four were not opportune to take the courses before their examination.

The age range of the residents who responded to the survey was 30–56 years. Mean age was 35.70 years. Mean age of consultants was 45.22 years standard deviation  $\pm$  6.44. Modal age was 40 years.

The sex distribution of the respondents is shown in Table 1.

21 (41.18%) of the consultants were fellows of both National and West African Colleges.

16 (31.37%) were fellows of National College, and 14 (27.45%) fellows of West African College.

30 (63.83%) of the 47 consultants agreed that they understood the topics better. 16 (34.04%) responded that it assisted them to some extent, but one person felt it was no use. 18 (54.55%) of the resident doctors felt the update courses gave them a much clearer insight, 13 (39.39%) said to some extent, and 2 (6.06%) concluded it was of no effect [Table 2].

27 (81.82%) of the residents and 44 (93.62%) of the consultants agreed that the course contributed a lot to their success in the examinations. All the respondents, however, agreed that the courses should continue.

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24 (28.57%) of the respondent passed the fellowship exam in <1 year, whereas 48 (57.14%) passed between 1 and 2 years after attending the update courses. *P* = 0.023 (fisher exact). Table 3 shows the number of attempts before passing the examinations.

Many felt they could have still passed without attending the courses.

**DISCUSSION**

The advantages of attending update courses are for better understanding of ophthalmology. It is not only to pass fellowship examinations but also to have a foundation for better patient management. A good number of the respondents in this study agreed that the update courses were very helpful by having greater in-depth and understanding of ophthalmology after attending the courses. This also reflected in the few numbers of attempts before passing the exams. This will be encouraging, especially to the teachers that the courses have been found very helpful and should continue. A female consultant remarked that the course as well provided opportunity for interaction, questioning/clarification between residents, trainers,

and residents from other centers and learning from them.

Similar to this study is update courses directed by Lucy Jenkins and James cave.<sup>[3]</sup> The general practioners (GP) update course is run entirely by GPs. They trawl through all the journals, and do all the legwork, to bring them up to speed on the latest issues, literature, research, and guidelines in GP. The GP update course is designed to be very relevant to clinical practice and to help them meet the requirements for their appraisal and revalidation. Similar courses have been organized elsewhere for doctors and medical students for the past 10 years<sup>[4]</sup> and consistently get excellent feedbacks. They aim to provide structure and core knowledge that underpins the doctors and medical students' exam preparation and success.

However, impressive the findings were, there is still room for improvement, judging from personal comments of some of the respondents and the above listed challenges. There were suggestions such as increasing the time for the practical sessions and geographical spread for the locations. A male resident suggested that the courses should be taught in different centers by the teachers at earlier stage.

These comments and suggestions are food for thought for the teachers and organizers of the courses.

**Table 1: Sex distribution of respondents**

Category	Males (%)	Females (%)	Total (%)
Consultants	24 (28.57)	27 (32.14)	51 (60.71)
Residents	20 (23.82)	13 (15.47)	33 (39.29)
Total	44 (52.38)	40 (47.62)	84 (100)

**Table 2: Response of the 80 participants who attended update courses**

Category	Number of consultants (%)	Number of residents (%)	Total number (%)
Better understood	30 (37.50)	18 (22.50)	48 (60.00)
Understood to some extent	16 (20.00)	13 (16.25)	29 (36.25)
Not helpful	1 (1.25)	2 (2.50)	3 (3.75)
Total (%)	47 (58.75)	33 (41.25)	80 (100)

**Table 3: Number of attempts before passing the examinations, after the course**

Category	Number of consultants (%)	Number of resident doctors (%)	Total number (%)
No that passed at first attempt (%)	25 (31.25)	23 (28.75)	**48(60.00)
No that passed at subsequent attempts (%)	22 (27.50)	10 (12.50)	32 (40.00)
Total number (%)	47 (58.75)	33 (41.25)	80 (100)

\*\*48 (60%) of all the respondents passed the examinations at their first attempt while 32 (40%) passed at subsequent attempts

**CONCLUSION**

Update courses have been found useful by the majority of persons who participated in the update courses. They should continue. Reorganization of mode of delivery with greater emphasis on practical sections and geographical location are suggested.

**RECOMMENDATIONS**

The courses should be decentralized. Emphasis should be placed on practical sections in all the courses. Early continuous advertisement of the courses should be undertaken. An objective assessment of the pass rate after attending the courses is suggested.

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### Conflicts of interest

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