Strabismus Surgical Training During the COVID-19 Pandemic

The COVID-19 pandemic is impacting ophthalmology resident training in many ways. In our program at Rutgers–New Jersey Medical School, each second year resident spends one-fifth of the academic year on pediatric ophthalmology and strabismus rotation. The last time elective strabismus surgery was permitted in our institution was March 13, 2020. One or more of our residents will likely complete their rotation with no hands-on strabismus surgery experience. In the New York metropolitan area, ophthalmology residency programs have instituted a successful combined teleconferencing platform, in which residents from 12 different programs participate in didactic lectures.\(^1\) Compensating for lost surgical experience presents a more complex issue.

We are using some excellent resources that are available to all residents in the United States and in some cases throughout the world. We are supplementing their self-learning with frequent individual teleconferencing to answer specific questions they might have. The following resources are particularly helpful and easily accessible.

The American Academy of Ophthalmology Basic and Clinical Science Course Residency Set\(^2\) includes the Basic Techniques of Ophthalmic Surgery text book and the Pediatric Ophthalmology text book. Both of these have descriptions of surgical procedures and surgical videos attached to the chapters. Residents can enroll without cost in the Cybersight program of Orbis International (cybersight.org) and access the 23 strabismus surgical videos and numerous other surgical procedures in their library. Many videos are three-dimensional and can be viewed directly with stereo glasses for the most realistic virtual viewing. We have provided our residents a copy of The Wills Eye Strabismus Surgery Handbook,\(^3\) which concisely instructs them in the decision process for selecting appropriate surgical procedures for almost every type of ocular alignment disorder.

We realize that these resources will not replace the operating room experience, but they provide an excellent alternative to residents who are often being deployed in the hospital in non-ophthalmology roles. In addition to closing the gap on missed actual surgical experience, these measures help them to maintain their perspective on their goal to be fully trained ophthalmologists. Once we return to

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the operating room with our residents, virtual instruction will undoubtedly be incorporated into our curriculum. I always tell the residents that you can learn more while observing surgery after you have participated as a primary surgeon. It is hoped that hands-on participation will be available soon.

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Editor