Tips for organising and delivering a national ophthalmology educational series

BY MAIAR ELHARIRY

Organising a national teaching series is both deeply rewarding and surprisingly complex. It requires more than just good content – it demands a well-thought-out purpose, seamless logistics, strong communication and meaningful evaluation. Over the past year, I had the opportunity to lead and deliver a national ophthalmology series through Mind the Bleep (MTB), aimed at final-year medical students. Below are my top five tips for anyone looking to run a national educational programme!

1. Start with purpose: Define your vision and goals

Before recruiting team members or selecting topics, start by defining what you want to achieve from the teaching series. This guiding principle informs all aspects of planning – from content development to publication potential. Are you passionate about delivering teaching sessions yourself, or do you prefer focusing on programme organisation and leadership? Are you hoping to build your CV through publications or presentations, or is the primary aim educational impact? These questions shape the structure, assessment methods and feedback tools you'll use. For instance, if a publication is a goal, you need to design registration and feedback forms that allow data collection – qualitative (e.g. confidence ratings post-session) or quantitative (e.g. thematic analysis of session highlights). This informs whether to use Likert scales or open-ended questions and how to obtain ethics approval where applicable.

Moreover, establish your target audience. Is this for medical students or junior doctors? What level of experience is needed? For our series, the focus was on final-year students preparing for UK Medical Licensing Assessment (UKMLA)-aligned curricula. This specificity influenced the choice of topics and level of detail, helping us align with our attendees' expectations [1].

2. Build a robust framework: Structure and quality assurance

With the purpose clarified, break down the series into its core components. Early planning ensures consistency, especially when working in a team. I started by circulating a survey through the MTB mailing list to identify interested doctors keen to co-lead or deliver sessions. I selected two fellow foundation doctors whose vision aligned with mine and we collaboratively developed a strategic framework.

We then co-developed a provisional timetable that avoided clashing with existing MTB events and considered optimal timings for student availability. Using the teaching platform (MedAll, at the time), we planned a series of live, interactive webinars, making sure the delivery method was user-friendly and consistent. We followed five key steps in our planning:

- Topic selection: we matched sessions to final-year ophthalmology learning objectives.
- Advertising templates: designed to ensure consistent branding and communication.
- Teaching objectives: each speaker was asked to share objectives at least two weeks before their session.
- Content review: all teaching material was reviewed by at least a specialty registrar for accuracy and relevance.
- Speakers and moderators: we ensured each session had at least one assigned teacher and one moderator (a member of our team always on standby – essential for technical issues or last-minute cancellations).

To maintain quality, we created a detailed checklist spreadsheet for listed tasks to be completed by teachers before and after each session [2]. For example, before the session, we mandated assessing registration responses to tailor content accordingly and advertising the session on social media at least two weeks in advance. On the other hand, some of the tasks to be completed after the session included: disseminating certificates, sharing recordings and slides, reviewing feedback and ensuring it's relayed to speakers constructively.

3. The art of delegation and collaboration

You cannot (and should not) do everything yourself. Delegation was not only a time-saver for us – it was a tool for empowering others and augmenting skillsets. When building a team, decide whether responsibilities will be fixed (e.g. one person always handles promotion) or session-based (e.g. each teacher manages their own logistics). I followed the latter, handing over responsibility for individual sessions to the relevant speakers. This empowered each speaker to engage fully with their session – understanding registration insights, preparing content and reviewing feedback. This model instilled a sense of ownership and fostering personalised engagement with learners [3].

However, delegation must come with transparency and support. We fostered a culture of transparent feedback, encouraging both peer-to-peer and student-driven insights. We shared anonymous feedback from all sessions and encouraged open conversations about what worked – and what could have gone better. This allowed all team members to benefit from each other's strengths and experiences, reinforcing a cycle of mutual learning and continuous improvement. As highlighted in educational leadership literature, fostering a 'safe space' and collaboration enhances team productivity and motivation [4].

4. Engage the audience: Preparation, interactivity and inclusivity

Adult learning theory stresses the importance of clear expectations and relevance [5]. Publishing session objectives at least two weeks in advance helped students prepare and understand the relevance of sessions to their upcoming assessments or clinical work. When sessions built upon earlier ones, we encouraged including brief recaps or 'refresher' segments. Moreover, where possible, teachers were invited to share preparatory reading or slides. This ensured all attendees, regardless of their baseline knowledge, were able to engage with the content meaningfully.

Session delivery itself also matters. Sessions should begin promptly, out of respect for those who join on time. We always recorded the sessions to accommodate those who couldn't attend live or preferred to rewatch at their own pace. We catered to diverse learning styles through varied delivery. For example, visual aids were encouraged for visual learners and case-based discussions for applied learners. We also leaned into interactivity: polls were used to test understanding and encourage participation; breakout rooms supported small-group discussions and case-based learning; live Q&As created opportunities for clarification and spontaneous discussion.

These maintained engagement in virtual settings – especially valuable when attention spans are tested online [6]. Incorporating active learning techniques not only improves attention but also supports higher-order thinking skills (application, analysis, evaluation), in line with Bloom's taxonomy [7,8].

5. Reflect and refine

Once your team is trained and confident, take a step back. Allow team members to run their sessions independently but stay available for support. I scheduled one-to-one check-ins with regular teachers bi-monthly and team meetings monthly. These informal chats were invaluable as they provided space for feedback, mentorship and motivation. It was important to me that my colleagues felt supported and gained something personally from the experience, whether that was more confidence, portfolio material or future leadership aspirations.

Reflection was built into our process at both individual and team levels. We held regular debriefs to discuss what went well, what needed tweaking and how to iterate for the next cycle. Reflection should be part of every step with corresponding iteration. Regular debriefs must lead to action points. For example, our first session received glowing feedback for including case-based discussions that helped students apply theory to practice. We then encouraged other speakers to use similar approaches, such as integrated multiple choice questions (MCQs) and clinical scenarios. Taking feedback seriously meant implementing small, measured changes and observing their impact [9]. It also provided the foundation for further development.

Bonus tip: Maximise your output

If you've put this much work into organising a high-quality educational series, don't stop there! Use the data you've collected to evaluate impact and share your experiences locally, nationally, or even internationally. Data could include pre- / post-confidence scores or knowledge measures, qualitative feedback from learners about the teaching format, broader trends – e.g. the impact of early ophthalmology teaching on medical student interest or confidence. Depending on the data collected through feedback and registration forms, your work could contribute to understanding the efficacy of virtual learning, engagement strategies or curriculum alignment.

You can present your findings at conferences, publish them in education journals or submit abstracts to medical education meetings. You might also consider turning your sessions into a recurring series or collaborating with other specialties. Additionally, by documenting your framework and sharing learning points, you pave the way for other educators to replicate or adapt your model in other specialties or contexts. Ultimately, the impact of your series can go far beyond the final slide!

Conclusion

Running a national ophthalmology education series is a journey – collaborative, iterative and deeply empowering. Whether your aim is to enhance ophthalmology education, develop your leadership skills or contribute to academic publications and presentations, begin with a clear purpose, establish robust systems, embrace collaboration, tailor content delivery and commit to reflective, ongoing improvement.

These principles apply not only to virtual ophthalmology teaching programmes but also to a wide range of educational series across various formats and sizes. A thoughtfully designed teaching programme can leave a lasting impact – not only on your audience but on you as an educator, as the process of teaching often becomes a profound journey of personal and professional growth.

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