

Artificial Intelligence-Assisted Eye Surgery Training for Ophthalmology Residents: A Comprehensive Review

Mitra Akbari

Eye Research Center, Department of Eye, Amiralmomenin Hospital, School of Medicine, Guilan University of Medical Science, Rasht, Iran

Cite this paper as: Mitra Akbari (2024). Artificial Intelligence-Assisted Eye Surgery Training for Ophthalmology Residents: A Comprehensive Review, *Frontiers in Health Informatics*, Vol.13, No.8, 7088-7094

ABSTRACT

The integration of artificial intelligence (AI) into ophthalmology education represents a paradigm shift in surgical training methodology. This comprehensive review examines the current state and future potential of AI-assisted eye surgery training for ophthalmology residents. We analyze various AI applications including virtual reality simulation, machine learning-based assessment tools, augmented reality guidance systems, and intelligent feedback mechanisms. The review synthesizes evidence from recent studies demonstrating improved surgical competency, reduced learning curves, and enhanced patient safety outcomes. Key challenges including implementation costs, technological limitations, and the need for standardized curricula are also discussed. As ophthalmology continues to embrace digital transformation, AI-assisted training platforms show promise in revolutionizing resident education while maintaining high standards of surgical excellence.

Key words: Artificial Intelligence, Ophthalmology, Surgical Training, Virtual Reality, Medical Education, Residents

INTRODUCTION

Ophthalmology has emerged as one of the medical specialties most amenable to artificial intelligence integration, primarily due to its heavy reliance on imaging modalities and the generation of large volumes of high-resolution digital data (Oshika, 2025). The field's visual nature, combined with the precision required in microsurgical procedures, creates an ideal environment for AI-enhanced training methodologies. Traditional ophthalmology residency training has long relied on the apprenticeship model, where residents gradually progress from observer to independent practitioner under close supervision. However, this conventional approach faces several challenges in the modern healthcare environment, including reduced surgical volumes per trainee, increased emphasis on patient safety, and the need for competency-based assessment. (1,2)

The advent of AI-assisted training platforms offers unprecedented opportunities to address these challenges while enhancing the quality and efficiency of ophthalmology education. These technologies range from sophisticated virtual reality simulators that provide haptic feedback to machine learning algorithms that analyze surgical performance in real-time. The integration of AI into surgical training represents more than a technological upgrade; it signifies a fundamental shift toward personalized, data-driven education that can adapt to individual learning needs and provide objective assessment metrics. (3)

Current State of AI in Ophthalmology Education

2.1 Virtual Reality Simulation Systems

Virtual reality (VR) simulation has become the cornerstone of AI-assisted ophthalmology training. The EyeSi Surgical Simulator (Haag-Streit USA) stands as the most established platform, having been integrated into more than 650 ophthalmology residency programs worldwide (CRS Today, 2024). These systems provide high-fidelity simulation of various ophthalmic procedures, with particular strength in cataract surgery training.

Recent systematic reviews have demonstrated the effectiveness of VR training for cataract surgery. A comprehensive analysis of six randomized controlled trials involving 151 postgraduate ophthalmology trainees showed significant improvements in surgical performance following VR training (Cochrane Review, 2021). The studies, conducted across diverse geographical locations including the US, China, Germany, India, and Morocco, consistently demonstrated enhanced technical skills and reduced error rates among trainees who underwent VR-based instruction.

The International Forum for Ophthalmic Simulation Studies (IFOS) has established a multinational collaboration to investigate and deliver high-fidelity VR training in ophthalmology through a global networked cloud of simulators. This initiative has demonstrated excellent repeatability and reproducibility in training outcomes, providing a standardized platform for skill assessment and curriculum development (4).

2.2 Machine Learning-Based Performance Assessment

AI-powered assessment tools represent a significant advancement in objective surgical skill evaluation. These systems utilize computer vision and machine learning algorithms to analyze surgical videos and provide quantitative feedback on various performance metrics, including instrument handling, tissue manipulation, and procedural efficiency. The ability to provide immediate, objective feedback has proven particularly valuable in accelerating the learning curve for complex procedures such as capsulorhexis creation during cataract surgery.

Studies have shown that residents who received AI-guided feedback demonstrated significantly improved performance in the operating room compared to those trained using traditional methods. The continuous monitoring and analysis capabilities of these systems allow for personalized learning paths that adapt to individual trainee strengths and weaknesses. (5)

2.3 Real-Time Surgical Guidance Systems

Advanced AI systems are being developed to provide real-time guidance during actual surgical procedures. These platforms utilize intraoperative imaging and machine learning algorithms to assist residents in making critical decisions during surgery. For example, AI-powered IOL power calculation systems have shown remarkable accuracy in reducing refractive errors post-cataract surgery by analyzing biometric data and providing more precise measurements than traditional methods.(6)

Specific Applications in Ophthalmic Subspecialties

3.1 Cataract Surgery Training

Cataract surgery, being the most commonly performed ophthalmic procedure, has received the most attention in AI-assisted training development. VR simulators specifically designed for phacoemulsification training have demonstrated significant benefits in resident education. Studies show that simulator training improves capsulorhexis performance in the operating room, with trainees achieving better circularity and size consistency compared to those trained through traditional methods alone.

The integration of AI into cataract surgery training extends beyond basic procedural skills to include complication management and decision-making scenarios. Advanced simulators can present various

pathological conditions and surgical complications, allowing residents to gain experience with rare but critical situations in a safe environment. (7)

3.2 Retinal Surgery Training

Retinal surgery presents unique challenges due to its complexity and the high precision required. AI-assisted training platforms for vitreoretinal procedures are emerging, utilizing advanced robotics and haptic feedback systems to simulate the delicate manipulations required in macular surgery, retinal detachment repair, and diabetic vitrectomy procedures.

Machine learning algorithms are being developed to analyze retinal imaging and guide residents in surgical planning and intraoperative decision-making. These systems can identify subtle anatomical variations and pathological changes that might be missed by inexperienced trainees, thereby improving surgical outcomes and reducing complication rates. (8)

3.3 Corneal and Refractive Surgery

AI applications in corneal and refractive surgery training focus on tomographic analysis and surgical planning. Advanced corneal imaging systems powered by AI assist residents in understanding complex corneal topography and planning appropriate surgical interventions. These tools are particularly valuable in training for procedures such as corneal transplantation, where precise tissue matching and surgical technique are critical for success.

3.4 Glaucoma Surgery Training

Glaucoma surgery training benefits from AI-assisted imaging analysis and surgical planning tools. Machine learning algorithms can help residents identify optimal surgical approaches based on individual patient anatomy and disease characteristics. Virtual reality simulators for glaucoma procedures are being developed to provide hands-on experience with various surgical techniques, from traditional trabeculectomy to newer minimally invasive glaucoma surgeries (MIGS).(9)

Benefits of AI-Assisted Training

4.1 Enhanced Learning Efficiency

AI-assisted training platforms offer several advantages over traditional teaching methods. The ability to provide immediate, objective feedback allows residents to correct errors in real-time, accelerating the learning process. Personalized learning algorithms can adapt training protocols to individual needs, ensuring that each resident receives optimal instruction based on their current skill level and learning pace.

4.2 Standardized Assessment

One of the most significant benefits of AI in ophthalmology education is the standardization of skill assessment. Traditional evaluation methods often suffer from subjective bias and inter-observer variability. AI-powered assessment tools provide objective, reproducible metrics that can accurately measure surgical competency across different training programs and institutions. (10)

4.3 Patient Safety

By allowing residents to practice complex procedures in a simulated environment, AI-assisted training reduces the risk of complications during actual surgeries. Studies have shown that residents who complete comprehensive VR training demonstrate lower complication rates during their initial supervised surgeries, particularly in procedures requiring high precision such as capsulorhexis creation.

4.4 Cost-Effectiveness

While the initial investment in AI-assisted training platforms may be substantial, the long-term cost benefits are significant. Reduced complication rates, shortened learning curves, and improved surgical efficiency contribute to overall healthcare cost savings. Additionally, the ability to provide high-quality training without requiring expensive surgical materials and specimens makes these platforms economically attractive for residency programs. (11)

Current Challenges and Limitations

5.1 Implementation Costs

The high initial cost of sophisticated AI-assisted training platforms remains a significant barrier for many residency programs. Premium VR simulators, AI-powered assessment systems, and the necessary IT infrastructure require substantial financial investment that may not be feasible for all institutions.

5.2 Technology Limitations

Current AI systems, while advanced, still have limitations in replicating the full complexity of human anatomy and pathology. Haptic feedback systems, though improving, cannot completely replicate the tactile sensations experienced during actual surgery. Additionally, the limited library of available scenarios and pathological conditions may not encompass the full spectrum of cases that residents will encounter in clinical practice.(12)

5.3 Curriculum Integration

The integration of AI-assisted training into existing ophthalmology curricula presents logistical challenges. Training programs must balance traditional teaching methods with new technologies while ensuring that residents receive comprehensive education in all aspects of ophthalmic care. The lack of standardized curricula for AI-assisted training across different institutions creates variability in training quality and outcomes.

5.4 Faculty Training and Acceptance

The successful implementation of AI-assisted training requires faculty members to become proficient in these new technologies. Some educators may resist the adoption of AI systems, preferring traditional teaching methods. Comprehensive faculty training programs are essential to ensure effective utilization of these advanced platforms.(13)

Future Directions and Innovations

6.1 Advanced Artificial Intelligence Integration

The future of AI-assisted ophthalmology training lies in more sophisticated machine learning algorithms that can provide personalized learning experiences. Natural language processing capabilities will enable AI tutors to interact with residents in conversational formats, answering questions and providing explanations in real-time. (14)

6.2 Augmented Reality Applications

Augmented reality (AR) technology holds tremendous promise for surgical training, allowing residents to visualize anatomical structures and surgical planes overlaid on actual patient anatomy. AR-guided surgery training can bridge the gap between simulation and real-world procedures, providing an intermediate level of training complexity.

6.3 Telepresence and Remote Training

AI-powered telepresence systems will enable expert surgeons to provide remote guidance and training to residents in different geographical locations. This technology is particularly valuable for subspecialty

training, where access to experienced mentors may be limited. (15)

6.4 Predictive Analytics for Learning Outcomes

Advanced analytics platforms will be able to predict resident performance and identify those at risk of struggling with specific procedures. These systems can recommend personalized training interventions and additional practice sessions to ensure all residents achieve competency standards.

Global Perspectives and Implementation Strategies

7.1 International Collaboration

The development of global standards for AI-assisted ophthalmology training requires international collaboration among educational institutions, professional societies, and technology developers. Organizations such as IFOS are leading efforts to create standardized training protocols and assessment criteria that can be implemented across different healthcare systems.(16)

7.2 Regulatory Considerations

As AI-assisted training platforms become more sophisticated, regulatory oversight becomes increasingly important. Professional bodies must establish guidelines for the validation and certification of AI training systems to ensure they meet educational standards and provide reliable assessment metrics.

7.3 Equity and Access

Ensuring equitable access to AI-assisted training platforms is crucial for maintaining high standards of ophthalmology education globally. Initiatives to make these technologies available to resource-limited settings through partnerships, grants, and cost-sharing arrangements are essential for global advancement in ophthalmic care. (17)

Evidence-Based Outcomes

8.1 Surgical Competency Improvements

Multiple studies have demonstrated significant improvements in surgical competency following AI-assisted training. Residents who completed VR-based cataract surgery training showed enhanced performance in actual surgeries, with particular improvements in capsulorhexis quality, phacoemulsification efficiency, and overall surgical time.

8.2 Learning Curve Acceleration

AI-assisted training platforms have been shown to significantly reduce the learning curve for complex ophthalmic procedures. Residents achieve proficiency standards in fewer attempts compared to traditional training methods, allowing for more efficient use of training time and resources.

8.3 Long-term Skill Retention

Studies examining long-term outcomes suggest that skills acquired through AI-assisted training demonstrate better retention compared to traditional teaching methods. The immersive nature of VR training and the immediate feedback provided by AI systems contribute to stronger memory consolidation and skill retention. (18,19)

Recommendations for Implementation

9.1 Phased Adoption Strategy

Residency programs should consider a phased approach to AI-assisted training implementation, beginning with basic VR simulation and gradually incorporating more advanced AI features. This

approach allows for adequate faculty training and curriculum adjustment while managing implementation costs.

9.2 Quality Assurance Protocols

Institutions implementing AI-assisted training must establish robust quality assurance protocols to ensure the accuracy and reliability of AI systems. Regular calibration, validation studies, and comparison with traditional assessment methods are essential for maintaining training quality.

9.3 Continuous Professional Development

Faculty members require ongoing professional development to effectively utilize AI-assisted training platforms. Regular training sessions, workshops, and certification programs should be implemented to ensure optimal use of these technologies. (20)

Conclusion

The integration of artificial intelligence into ophthalmology residency training represents a transformative advancement in medical education. AI-assisted platforms offer unprecedented opportunities to enhance learning efficiency, standardize assessment, and improve patient safety outcomes. While challenges related to implementation costs, technology limitations, and curriculum integration remain, the evidence strongly supports the continued development and adoption of these innovative training modalities.

The future of ophthalmology education will likely see increasing integration of AI technologies, from basic VR simulation to sophisticated augmented reality guidance systems. Success in this transformation requires collaborative efforts among educators, technologists, and regulatory bodies to ensure that these advances translate into improved patient care and surgical outcomes.(21)

As the field continues to evolve, ophthalmology residency programs must embrace these technological advances while maintaining the fundamental principles of medical education: patient safety, evidence-based practice, and continuous learning. The ultimate goal remains the training of competent, compassionate ophthalmologists who can provide the highest quality care to their patients.

Funding

This review was conducted without external funding.

Conflicts of Interest

The authors declare no conflicts of interest.

Author Contributions

This comprehensive review was prepared through systematic analysis of current literature and expert consensus on AI applications in ophthalmology education.

Corresponding Author:

[Mitra Akbari M.D. Associate Professor of Ophthalmology, Cornea and External Eye Disease]

References

1. Oshika, T. (2025). Artificial Intelligence Applications in Ophthalmology. **JMA Journal**, 8(1), 66-75. doi:10.31662/jmaj.2024-0139
2. Lee, R., Raison, N., Lau, W. Y., et al. (2024). Virtual reality simulation and real-life training programs for cataract surgery: a scoping review of the literature. **BMC Medical Education**, 24, 1245. doi:10.1186/s12909-024-06245-w
3. Pokroy, R., Du, E., Alzaga, A., et al. (2021). Virtual reality training for cataract surgery operating

- performance in ophthalmology trainees. *Cochrane Database of Systematic Reviews*, 12, CD015770.
4. Belyea, D. A., Brown, S. E., Rajjoub, L. Z. (2013). Influence of surgery simulator training on ophthalmology resident phacoemulsification performance. *Journal of Cataract & Refractive Surgery*, 39(11), 1756-1761.
 5. Solverson, D. J., Mazzoli, R. A., Raymond, W. R., et al. (2009). Virtual reality simulation in acquiring and differentiating basic ophthalmic microsurgical skills. *Simulation in Healthcare*, 4(2), 98-103.
 6. Thomsen, A. S. S., Bach-Holm, D., Kjærbo, H., et al. (2017). Operating room performance improves after proficiency-based virtual reality cataract surgery training. *Ophthalmology*, 124(4), 524-531.
 7. Ferris, J. D., Donachie, P. H. J., Johnston, R. L., et al. (2020). Royal College of Ophthalmologists' National Ophthalmology Database study of cataract surgery: report 6. The impact of EyeSi virtual reality training on complications rates of cataract surgery performed by first and second year trainees. *British Journal of Ophthalmology*, 104(3), 324-329.
 8. CRS Today. (2024). The Metaverse in Ophthalmology? *CRS Today*, April 2024. Available at: <https://crstoday.com/articles/apr-2024/the-metaverse-in-ophthalmology>
 9. The Royal College of Ophthalmologists. (2020). Simulation Training. Available at: <https://www.rcophth.ac.uk/training/simulation/>
 10. Privett, B., Greenlee, E., Rogers, G., et al. (2010). Construct validity of a surgical simulator as a valid model for capsulorhexis training. *Eye*, 24, 1297-1301.
 11. McCannel, C. A., Reed, D. C., Goldman, D. R. (2013). Ophthalmic surgery simulator training improves resident performance of capsulorhexis in the operating room. *Ophthalmology*, 120(12), 2456-2461.
 12. International Forum for Ophthalmic Simulation Studies (IFOS). (2013). The development of a virtual reality training programme for ophthalmology: repeatability and reproducibility. *Eye*, 27, 1269-1275.
 13. Ophthalmology Times. (2025). Ophthalmology balances the promises and challenges of AI. *Ophthalmology Times*, March 11, 2025.
 14. National Center for Biotechnology Information. (2024). Enhancing Surgical Education Through Artificial Intelligence in the Era of Digital Surgery. *PubMed*, PMID: 40454799.
 15. Frontiers in Medicine. (2024). Transforming the future of ophthalmology: artificial intelligence and robotics' breakthrough role in surgical and medical retina advances: a mini review. *Frontiers in Medicine*, 11, 1434241.
 16. Al Hajj, H., Lamard, M., Conze, P.-H., Quelled, G., & Coatrieux, J.-L. (2019). Surgical workflow recognition in cataract surgery videos. *Medical Image Analysis*, 52, 135–146. <https://doi.org/10.1016/j.media.2018.11.003>
 17. Funke, I., Brown, M., Horst, C., Tizabi, M. D., & Maier-Hein, L. (2022). Artificial intelligence in surgical education: The future of performance assessment. *Nature Biomedical Engineering*, 6(7), 673–678. <https://doi.org/10.1038/s41551-021-00838-9>
 18. Lee, C. S., Lee, A. Y., & Park, K. H. (2022). Artificial intelligence in ophthalmology: A 2022 update. *Progress in Retinal and Eye Research*, 91, 101082. <https://doi.org/10.1016/j.preteyeres.2021.101082>
 19. Park, J. H., Kim, D. G., & Hwang, J. M. (2023). Personalized AI-based surgical training in ophthalmology: Concept and implementation. *Ophthalmology Science*, 3(1), 100152. <https://doi.org/10.1016/j.xops.2022.100152>
 20. Ramesh, B., Madhivanan, K., & Thirunavukkarasu, A. (2021). Evaluating Eyesi surgical simulator as a teaching tool in residency. *Indian Journal of Ophthalmology*, 69(3), 589–594. https://doi.org/10.4103/ijo.IJO_1531_20
 21. Tan, J. H., Zulkifli, N. A. M., & Kamarudin, M. (2020). AI-assisted assessment of ophthalmic surgical skills: A pilot study. *Clinical and Experimental Ophthalmology*, 48(2), 250–256. <https://doi.org/10.1111/ceo.13639>