

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***CATARACT and REFRACTIVE SURGERY***

For Completion by Higher Surgical Training **Consultant Trainer(s)**

Following completion, forward to Irish College of Ophthalmologists, 121 St Stephen’s Green, Dublin 2 (Ph: 01-402 2777)

TIMETABLE

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| **Trainee Name:** |  | **Hospital, Specialty & Consultant Trainer(s):** |  |
| **Programme Year:** |  | **Rotation Start Date:****Rotation End Date:** |  | **Sick Leave/ Absence:** |  |
| 1. Audit is compulsory for HSTs – one per year which must be publicly presented (local or national)2. Publication of one peer reviewed paper and presentation at one international meeting is a requirement for CCST3. The following are mandatory for each six months of training:• Local presentation of Clinical case discussions• Presentation of major clinical topics, nationally and or locally.• Assessment of non-technical skills  |

**Timetable:** Please fill in the details of your timetable and in-house teaching: Please clearly state the name of the Consultant Trainer and clinical content (gen vs subsp) of the OPD

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| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* |
| *AM* | *AM* | *AM* | *AM* | *AM* |
|  |  |  |  |  |
| *PM*  | *PM* | *PM* | *PM* | *PM* |
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| **A. Clinical Skills**Trainees must be assessed on three C**linical Competencies** or **Learning Outcomes** (see curriculum) during each six months rotation (interaction with patient, establishing diagnosis, outlining treatment plan). Ideally within first month, at third and sixth month.Please STATE competency **or LEARNING OUTCOME** assessed eg. CATH LO1.  | **Competent** | **Not****Competent** |
| **1**.Clinical Competency / Learning OutcomeDate |  |  |
| **2.** Clinical Competency / Learning OutcomeDate |  |  |
| **3.** Clinical Competency / Learning OutcomeDate |  |  |

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| **B. Professional Development****1.** The following are mandatory for each six months of training: The Case Based Discussion (CBD) and presentation of a **related** major topic **MUST** be linked to a Learning Outcome that is to be acquired to Level 3 or 4 – eg. CATH LO1 - please see curriculum.A Local presentation of Clinical Case Based Discussions (CBD) (2 per six months).B Presentation (nationally or locally) of major clinical topic **linked** to a CBD above (1 per six months)**2.** Audit is compulsory for HSTs – one per year which must be publicly presented**3.** The following must be completed during HST and is a requirement for award of CCST3A Publication of one peer reviewed paper 3B Presentation at one international meeting is a requirement for CCST**4**. SFS and Interactive Classroom – HSTs are required to participate in 60% of assignments and ICs |  | **Not****Complete** |
| **11. First CBD and related Major Topic Presentation.** **A1** **CBD TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSOR:CATH Learning Outcome No. \_\_\_**B1****Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORCATH Learning Outcome No. \_\_\_\_**Second CBD** **A2** **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORCATH Learning Outcome No.: \_\_\_\_ |  |  |
| **2.** Audit **TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Open / Closed Loop:Details Date Presented: |  |  |
| **3A Peer Reviewed paper: Journal****TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****JOURNAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Details**3B International presentation** **TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MEETING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Details |  |  |
| **4. SFS Assignments 60% Yes\_\_\_\_ No \_\_\_\_** **IC Attendance 60% Yes\_\_\_\_ No \_\_\_\_** |  |  |

**Subspecialty Section 3: Cataract & Refractive Surgery**

**Objective**

To acquire demonstrable and certified proficiency in assessment and contemporary management of (adult) cataract surgery, and to develop an understanding of the principles of refractive surgery.

**Essential clinical experience and Index Skills**

|  | Completed | NotCompleted | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| To have attained level 4 competence in phacoemulsification surgeries |  |  |  |  |
| To have attained level 4 competence in complex phacoemulsification surgeries |  |  |  |  |
| To have attained level 4 competence in anterior vitrectomies |  |  |  | \*\*10 |
| 1.CTR 2.Artisan IOL 3.Toric IOL 4.LRI  |  |  |  |  |
| To show documented evidence of having undertaken a personal assessment by audit of the above cases; this should include a full audit of at least 50 consecutive cases\* performed in the latter part of training, measured against the Royal College Cataract Audit data. |  |  |  |  |

\*= Total surgeries this 6 month rotation # = total to date across all years of BST and HST training \*\*= minimum required

**Acquirement of Learning Outcomes CATH 1 – 12 to level 4 and Learning Outcomes CATH 12– 15 to level 2 (in addition to the LOs specified in Core Training) is required.**

Please **circle** each topic below for which **you as the Consultant Trainer have specifically assessed** the trainee’s knowledge and understanding during the last 6 month rotation and **circle the level of competence** from level 1 to level 4 achieved. *Note: It is not expected that each trainee can be assessed on every topic below during each rotation. Further assessments can take place during subsequent rotations and during HST assessments at the end of Year 2.*

1. CATH LO1 To draw up a management plan leading to a target post op refraction after discussion with the patient; this should include a theoretical knowledge of appropriate biometry algorithms & astigmatic management during cataract surgery. Link to (CATB LO 1,2,4,5,6,8)

Assessed: Yes No Level of competence 1 2 3 4

1. CATH LO2 Biometry (keratometry & axial length determination) to indicate IOL power leading to target post op refraction. (Link to CATB LO 1,2,4,5,6,8)

Assessed: Yes No Level of competence 1 2 3 4

1. CATH LO3 Routine phacoemulsification, to include capsulorhexis and placement of PC IOL (including foldable lenses), using a variety of contemporary forms of anaesthesia.

Assessed: Yes No Level of competence 1 2 3 4

1. CATH LO4 Management of difficult cataract cases and complex phacoemulsification procedures. This includes cases with hard nuclei (by phacoemulsification and/or ECCE), small pupils, previous vitrectomy and/or trauma, high myopia, pseudo-exfoliation, mature and hypermature lenses, shallow AC, short / long AL, previous intra-vitreal injections, corneal disease such as previous PK or presence of corneal dystrophy / scarring including Fuchs Endothelial Dystrophy, previous or current uveitis including Fuchs Heterochromic cyclitis. (Link to CATB LO 1,2,4,5,6,7,8,)

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L5 Evidenced-based management of intraoperative complications (including zonular dehiscence by CTR, vitreous loss by anterior vitrectomy, suprachoroidal haemorrhage and wound leak by suturing). (Link to CATB LO 9)

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L6 Implantation of other IOL types (e.g. ACIOL in complicated cases, secondary AC and PC IOLs, Artisan, Toric IOLs).

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L7 Evidence-based management of post-op complications, including raised pressure, endophthalmitis, macular oedema and posterior capsular opacification (by laser capsulotomy). (Link to CATB LO 9)

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L8 Management of cataract in the presence of glaucoma (e.g. prior POAG, AACG or CACG including indication for phacotrabeculectomy and effect of cataract surgery on prior trabeculectomy).

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L9 Management of cataract in the presence of retinal disease (e.g. ARMD; uveitis, presence of diabetic retinopathy/DME).

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L10 Management of cataract in the presence of current or prior inflammatory disease (e.g. anterior, intermediate or posterior uveitis including Fuchs Heterochromic Cyclitis).

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L11 Management of adverse refractive outcomes of cataract surgery.

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L12 Theoretical aspects of refractive surgery, including excimer laser techniques.

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L13 Management of the dislocated crystalline lens.

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L14 Scleral-sutured IOLs and IOL exchange, piggy-back IOLs.

Assessed: Yes No Level of competence 1 2 3 4

1. CATH L15 Extracapsular cataract surgery.

Assessed: Yes No Level of competence 1 2 3 4

Please state level of **overall competence** in this subspecialty: **Level of competence 1 2 3 4**

Consultant Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please highlight areas for further education and training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CATARACT & REFRACTIVE SURGERY LOGBOOK** (must be completed before form submitted to Consultant Trainer)

CATARACT SURGERY (Total no. of phacos completed *prior* to entering HST = )

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| --- | --- | --- | --- | --- | --- | --- |
| Phacoemulsification | P = S = A =  |  |  |  |  |  |
| Phacoemulsification (complex) | P = S =A = |  |  |  |  |  |
| Anterior vitrectomy  | P = S =A =  |  |  |  |  |  |
| ACIOL | P = S =A =  |  |  |  |  |  |
| ARTISAN IOL  | P = S =A = |  |  |  |  |  |
| IOL Exchange | P = S =A = |  |  |  |  |  |
| Other IOL | P = S =A = |  |  |  |  |  |
| Refractive Surgery | P = S =A = |  |  |  |  |  |
| ECCE | P = S = A =  |  |  |  |  |  |

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| **C. Personal Skills** | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional. Capable of performing independently** |
| 1. Communication*Especially relating to paediatric patients*  | Explanations to child / parents are often incorrect & confusing. Often treats nurses & colleagues with disdain & has generated a number of complaints. |  | Good rapport with most infants/children and parents & usually answers questions clearly. Communicates & works well with nursing staff & colleagues.  |  | Excellent infant/child and parent rapport, answers questions clearly & accurately. Treats nursing staff & colleagues with respect & is respected in turn. |
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| 2. Teamwork & Leadership*Managing rotas & clinic numbers. Assisting team when manpower is reduced. Contributes to team morale, is collegial* | Poor team player; works alone, does not support or assist colleagues. Very limited leadership ability. |  | Good team player, but average leader. Demonstrates excellence in some leadership skills but not others. |  | Works well with team members; offers support, coaching and/or feedback & resolves conflict.Exceptional ability to direct / team activities. Assesses needs, allocates tasks, motivates, organises, & maintains a positive team environment. |
|  |  |  |  |  |
| 3. Self-Awareness & Reliability  | Little or no understanding of own limitations or deficiencies & does not respond to feedback. No inclination to organize work, needs to be pushed constantly, Sloppy in appearance & work manner. |  | Demonstrates some insight into strengths & weaknesses & generally responds well to feedback.Does not seek opportunities to learn but accepts these when offered.Generally presents himself/ herselfin a professional manner. |  | Recognises own deficiencies & makes appropriate changes. Responds well to feedbackActively seeks opportunities to advance. Presents himself/ herself in a professional manner at all times. |
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| **4. Management & Organization** | Constantly disorganised, does not identify priorities, always behind in tasks. Tends to panic in a crisis & is unable to deal with emergencies.Unreliable, frequently forgets significant patient duties / tasks. Does not seek second/ senior opinion when appropriate. |  | Generally prioritises appropriately & is efficient. Usually calm at time of crises. Occasionally needs to be reminded of duties but generally dependable.In general, seeks second/ senior opinion appropriately. |  | Exceptionally well-organized. Identifies priorities & remains calm in a crisis. Is able to deal with emergencies. Reliable & seldom forgets significant patient duties / tasks.Always seeks second/ senior opinion appropriately. |
|  |  |  |  |  |
| **5. Motivation & Drive** | Not actively involved in teaching, misses allocated teaching sessions, does not avail of clinical teaching opportunites, shows poor commitment despite prompting to self-directed learning and keeping abreast of literature. Fails to get involved in opportunites to write up case reports or audit. |  | Involved in teaching, volunteers to present, rarely misses allocated teaching sessions. Avails of clinical teaching opportunites. Self-directed learning, with occasional priompting, keeping abreast of main RCTs in relevant field. Gets involved in opportunites to write up case reports or audit. |  | Actively organises teaching and volunteers to present at allocated teaching sessions. Actively avails of clinical teaching opportunites. Strong evidence of unprompted self-directed learning beyond the main RCTs in relevant field. Questions with constant reference to evidence base. Actively pursues opportunites to write up case reports or audit. |
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| B. Relationships | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional for level of training** |
| 17. Medical Colleagues |  |  |  |  |  |
|  |  |  |  |  |
| 18. Nursing & Paramedical Staff |  |  |  |  |  |
|  |  |  |  |  |
| 19. Patients and Relatives  |  |  |  |  |  |
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**Comments: Please identify the specific areas of training that this trainee needs to pay particular attention to in future training posts.** *These areas will be specifically addressed by the next consultant trainer(s)***:**

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**Final Assessment:**

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| 1. Suited for further training
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| 1. Successful further training depends on appropriate attention to areas of need highlighted above
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**Consultant Trainer(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hospital

Stamp

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 **DATE**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**