

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***CORNEA AND EXTERNAL DISEASE***

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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|  |  |  | *NPGT* |  |

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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. CExtH LO 1.  | **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. CExtH LO 1 - 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:CExtH Learning Outcome No. \_\_\_**B1****Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORCExtH Learning Outcome No. \_\_\_\_**Second CBD** **A2** **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORCExtH 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 7: Cornea and External Eye Disease**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of cornea and External Eye Disease.

**Essential clinical experience and Index Skills**

|  | Completed | NotCompleted | \* | # |
| --- | --- | --- | --- | --- |
| 20 corneal and/or external eye disease clinics |  |  |  |  |
| Actively to have participated in, or assisted at, a minimum of 6 corneal transplant operations. |  |  |  |  |
| Level 4 competence in repair of corneal perforations. |  |  |  | \*\*10 |
| Level 4 competence in repair of corneal / cornea-scleral lacerations. |  |  |  | \*\*10 |
| Actively to have participated in the management of the complications of corneal transplantation, including rejection and refractive problems. |  |  |  |  |

\*=Total corneal and cornea-scleral repair procedures this 6 month rotation # =total to date across all years of BST and HST training\*\*=minimum required

**Acquirement of the Learning Outcomes CExtH 1-20 to level 3 or 4 and Learning Outcomes CExtH 21-22 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. CExtH LO 1 Clinical evaluation, diagnosis and evidence-based management of blepharitis and acne rosacea. (Link to CExtB LO 1,2 4)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 2 Clinical evaluation, investigation and management of acute and chronic conjunctivitis, including appropriate use of laboratory investigations. (Link CExtB LO1,2,3 4)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 3 Clinical evaluation, investigation & evidence-based management of atopic eye disease. (Link to CExtB LO 1,2,3,4)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 4 Clinical evaluation, investigation and management of tear film insufficiency, including the use of punctal plugs and punctal cautery. (Link to CExtB LO 1,2,3,4, 6)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 5 Clinical evaluation, investigation & management of scleritis & episcleritis. (Link CExtB LO 1,2,3,4,5)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 6 Clinical evaluation and investigation & evidence-based management of infective bacterial keratitis. (Link to CExtB LO 1,2,3,9)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 7 Clinical evaluation, investigation & evidence-based management of infective herpetic keratitis & differential from acanthamoeba & fungal keratitis. (LinkCExtB LO 1,2,12)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 8 Diagnosis & evidence-based management of acanthomeba and fungal keratitis. (Link to CExtB LO 1,2,10)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 9 Invx & management of corneal inflammatory disease, including corneal melt, peripheral ulcerative keratitis & other autoimmune disease (Link CExtB LO 1,2,11,21)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 10 Clinical evaluation, diagnosis & management of keratoconus including evaluation by corneal topography, indications & timing for contact lens use, corneal crosslinking & corneal transplantation. (Link to CExtB LO 1,2,15)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 11 Clinical evaluation, diagnosis and management of neurotrophic keratopathy and persistent epithelial defects, including the use of protective ptosis by the injection of Botulinum toxin, tarsarrhaphy, amniotic membrane grafting. (Link to CExtB LO 1,2,11,21)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 12 Clinical evaluation and management of recurrent corneal erosion syndrome

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 13 Acute management of severe chemical burns involving the anterior segment and management of the complications of severe chemical injuries of the anterior segment. (Link to CExtB LO 1,2,7)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH L14 Management & primary repair of penetrating eye trauma. (Link CExtB LO 1,2,7)
2. Assessed: Yes No Level of competence 1 2 3 4

CExtH LO 15 Management of acute corneal perforation by transplantation or tissue glues.

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 16 Pterygium excision, including conjunctival autografting. (Link CExtB LO 1,2,22)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 17 Diagnosis and management of the epithelial, stromal & endothelial corneal dystrophies. (Link to CExtB LO 1,2,18)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 18 Clinical evaluation, investigation and management of cicatricial conjunctival disorders, particularly mucous membrane pemphigoid. (Link to CExtB LO 1,2,20)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 19 Clinical evaluation of the patient undergoing penetrating, lamellar corneal transplantation, DMEK or DSEK, leading to the development, after discussion with the patient, of a suitable management plan. (Link to CExtB LO 1,2,14)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 20 Management of contact lens related disorders. (Link to CExtB LO 1,2,13)

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 21 Diagnosis and management of conjunctival tumours.

Assessed: Yes No Level of competence 1 2 3 4

1. CExtH LO 22 Limbal cell transplantation and conjunctival autografting.

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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**CORNEA / ANT SEGMENT LOGBOOK** (must be completed before form submitted to Trainer)

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| --- | --- | --- | --- |
|  |  | **Performed on this rotation** | **Total Performed to date** |
| Penetrating Keratoplasty | P = S = A = |  |  |
| DMEK / DSEK | P = S = A = |  |  |
| Cross-linking  | P = S = A = |  |  |
| Pterygium Excision | P = S = A = |  |  |
| Pterygium Excision & conjunctival autograft | P = S = A = |  |  |
| Repair of full-thickness corneal laceration  | P = S = A = |  |  |
| Repair (glue) of corneal perforation  | 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. |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**