

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***GLAUCOMA 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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|  |  |  | *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. GLHS 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. GLHS 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:GLHS Learning Outcome No. \_\_\_**B1****Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORGLHS Learning Outcome No. \_\_\_\_**Second CBD** **A2** **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORGLHS 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 4: Glaucoma**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of ocular hypertension and primary and secondary glaucoma in adults.

**Essential clinical experience and Index Skills**

|  | Completed | NotCompleted | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| Attended a minimum of 20 glaucoma clinics |  |  |  |  |
| To have attained level 4 competence in Yag PI |  |  |  | \*\*10 |
| To have attained level 4 competence in selective or Argon laser trabeculoplasty  |  |  |  |  |
| To have attained level 3 competence Cyclodiode |  |  |  |  |
| MIGS (XEN / iSTENT) (*not essential*) |  |  |  |  |

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

**Acquirement of Learning Outcomes GLHS** **1 – 21** **to level 3 or 4 and Learning Outcomes GLHS** **22 - 24** **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. GLHS LO1 To understand the aetiology, risk factors and pathophysiology of Ocular Hypertension, the risk of progression to primary open angle glaucoma, low & high risk indicators, relevance of central corneal thickness, risk calculator, resource management and the NNT, risk of deferral of treatment (OHTS II), management of resources for follow-up and monitoring (OHTS I & II) and to apply this understanding clinically.(Linked to GLB LO1, LO2, LO3 LO4)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO2 To understand the aetiology, pathophysiology, risk factors and risk of progression of primary open angle glaucoma as well as the evidence base for treatment and to apply this understanding clinically. (EMGT, AGIS, SEAGIS) (Linked to GLB LO1, LO2, LO3 LO4)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO3 To understand in-depth the aetiology, risk factors and pathophysiology and differences/similarities in treatment and progression rates between high-pressure and normal pressure open angle glaucoma and to apply this understanding clinically. To understand the importance of systemic vascular conditions in particular vasospasm, low BP and sleep apnoea in NTG. (CNTG Study) (Linked to GLB LO1, LO2, LO3, LO4)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO4 To understand and clinically apply knowledge regarding the aetiology, pathophysiology, risk factors and aggressive clinical course of pseudo-exfoliation glaucoma. (EMGT) (Linked to GLB LO1, LO2, LO3 LO4)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO5 To understand and clinically apply knowledge regarding the aetiology, risk factors and pathophysiology of other open angle glaucoma including pigment dispersion / traumatic etc. (Linked to GLB LO1, LO2, LO3 LO4)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO6 To understand and clinically apply knowledge regarding the aetiology, risk factors and pathophysiology of primary closed angle glaucoma including the EAGLE Study.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO7 The accurate clinical evaluation of the drainage angle with clear knowledge of the range of normality and competence to diagnose an occludable angle with reference to appropriate literature regarding indications for prophylactic YAG PI, its benefits and risks (EAGLE, ZAP).

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO8 The clinical evaluation of the retinal nerve fibre layer and optic nerve head by slit lamp biomicroscopy, with evidenced-based knowledge of the range of normality of optic nerve head topography and the relevance of inter-observer and intra-observer error in the assessment process.(Linked to GLB LO5)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO9 The appropriate selection and interpretation of white on white perimetry, in relation to reliability, sensitivity and reproducibility as well as interpretation of minimum criteria for diagnosis and VF progression analysis including knowledge of slow & rapid progressors. Knowledge and application of appropriate perimetric algorithms and the relevance of each. Knowledge of and interpretation of frequency doubling technology and its use in screening. Knowledge of software packages to assist in progression analysis. (Linked to GLB LO6,7)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO10 Ability to construct and implement an individual management plan leading to a target IOP - grading of severity of glaucoma, life expectancy and knowledge of ocular and systemic risk factors for progression – as well as ability to assess effectiveness of therapy.

(Linked to GLB LO7,12,13)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO11 Pharmacological lowering of IOP, the different categories of pharmacological therapy, the efficacy of each category, to advise patients knowledgeably of potential IOP lowering effect, as well as local and systemic side-effects. (Linked to GLB LO9, 10)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO12 Role of optic nerve head imaging devices especially OCT, correct interpretation and clinical application using an appropriate evidence base. (Linked to GLB LO 18)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO13 Laser trabeculoplasty (ALT / SLT) indications, contraindications, correct technique, appropriate patient selection, efficacy and complications. (Linked to GLB LO 14)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO14 Indications for trabeculectomy surgery. (Linked to GLB LO 15)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO15 Trabeculectomy, bleb management, adjunctive metabolites to modulate wound healing and laser suture lysis.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO16 Medical and surgical management of the complications of trabeculectomy, including hypotony, flat anterior chamber, leaking bleb, blebitis, ciliary body shut-down, malignant glaucoma, choroidal effusion and hypotony.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO17 Management of glaucoma in the presence of cataract particularly in the setting of acute and chronic angle closure glaucoma, in the setting of post-trabeculectomy, role of phaco-trabeculectomy vs trabeculectomy and the role of cataract extraction as an appropriate independent IOP lowering procedure.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO18 Cycloablation (including cyclodiode laser) for refractory glaucoma.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO19 Diagnosis and Management of acute angle closure glaucoma, including medical and laser treatment and surgical treatment. (Linked to GLB LO14)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO20 To diagnosis and manage rubeotic glaucoma, know the urgency of intervention, the appropriate steps regarding PRP, anti-VEGF and timing of glaucoma surgery trabeculectomy / tube. (Linked to GLB LO16)

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO21 To explain to patients and relatives the implications of a diagnosis of glaucoma in relation to prognosis, chronicity of disease and compliance with treatment. Implications of minimum Driving Criteria in relation to VA and VFs. (Linked to GLB LO11)

Assessed: Yes No Level of competence 1 2 3 4

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO22 Indications for the use of MIGs, drainage tubes/stents and non-penetrating glaucoma surgery in complex glaucoma surgery.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO23 Knowledge and clinical diagnosis of other secondary glaucomas including phacolytic, erythroclastic, & silicone-oil glaucomas, Posner Schlossman syndrome, anterior segment dysgenesis, ICE, chronic closed angle glaucoma and malignant glaucoma.

Assessed: Yes No Level of competence 1 2 3 4

1. GLHS LO24 Diagnosis and Management of malignant glaucoma.

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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**GLAUCOMA LOGBOOK** (must be completed before form submitted to Consultant Trainer)

GLAUCOMA SURGERY

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| Trabeculectomy | P = S =A = |  |  |  |  |  |
| MIGS (iStent / XEN)  | P = S = A = |  |  |  |  |  |
| Tube (Ahmed / Molteno etc) | P = S = A = |  |  |  |  |  |
| Combined Phaco/trabeculectomy | P = S = A = |  |  |  |  |  |
| Phaco in AACG setting | P = S = A = |  |  |  |  |  |
| Bleb Needling | P = S = A = |  |  |  |  |  |
| Cyclocryotherapy | P = S = A = |  |  |  |  |  |
| Cyclodiode | P = S = A = |  |  |  |  |  |
| YAG PI | P = S = A = |  |  |  |  |  |
| ALT / SLT | 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. |
|  |  |  |  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**