

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***MEDICAL RETINA*** *&* ***VITRE0-RETINAL 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 CCST  3. 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. RetHS LO 1. | **Competent** | **Not**  **Competent** |
| **1**.Clinical Competency / Learning Outcome  Date |  |  |
| **2.** Clinical Competency / Learning Outcome  Date |  |  |
| **3.** Clinical Competency / Learning Outcome  Date |  |  |

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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. RetHS 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 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 CCST  3A 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** |
| **First CBD and related Major Topic Presentation.**  **A1**  **CBD TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSOR:  Learning Outcome No. \_\_\_\_  **B1**  **Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSOR  Learning Outcome No. \_\_\_\_  **Second CBD.**  **A2**  **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSOR  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 5: Retina, Vitreous and Uvea (including Ocular Oncology)**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of disorders of the retina, vitreous and uvea.

**Essential clinical experience and Index Skills**

|  | Completed | Not  Completed | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| Attended a minimum of 40 subspecialty retinal clinics(at least 20 surgical and 20 medical) |  |  |  |  |
| To have attained level 4 experience in posterior segment laser treatments. |  |  |  |  |
| Actively to have participated in, or assisted at a minimum of 20 retinal operations by conventional or vitrectomy techniques. |  |  |  |  |
| Level 4 competence in ultrasound examinations of cases with echographic features of posterior segment disease.  Level 4 competence in retinal examination including scleral indentation. |  |  |  |  |
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**Acquirement of Learning Outcomes RetHS 1–18 to level 3 or 4 & Learning Outcomes RetHS 19–20 to level 2 (in addition to the LOs specified in Core Training) is required.**

Please **circle** each clinical competence or learning outcome (LO) ( or part of ) below for which **you as the Consultant Trainer have specifically assessed** the trainee’s knowledge, understanding and clinical judgement in 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 competence during each rotation. Further assessments can take place during subsequent rotations and during HST assessments (end of Yr 2).*

1. RetHS LO1 Clinical evaluation of rhegmatogenous and exudative retinal detachment leading to the development, in discussion with the patient, of a suitable evidence-based management plan. (Link to RETBS LO 1, 2, 5, 7,9,11, 21)
2. RetHS LO2 Clinical evaluation of "wet" AMD, and the development of a suitable evidence-based management plan. (Link to RETBS LO 1, 2, 3,6)
3. RetHS LO3 Clinical evaluation of "dry" AMD, and the development of a suitable evidence-based management plan. (Link to RETBS LO 1, 2, 3,6)
4. RetHS LO4 Clinical evaluation of medical retinal diseases (including diabetic retinopathy/maculopathy & retinal vein occlusion) including the management of vitreous haemorrhage, leading to the development, in discussion with the patient, of a suitable evidence-based ocular and systemic management plan. (Link to RETBS LO 1, 2, 3,4,10,12)
5. RetHS LO5 Clinical evaluation of medical retinal diseases (including CSR, macro-aneurysms, macular telangiectasia, Coat’s disease) leading to the development, in discussion with the patient, of a suitable evidence-based management plan. (Link to RETBS LO 1-4, 10-14)
6. RetHS LO6 Clinical evaluation, imaging, monitoring as well as timing and benefits of surgical intervention of VMT, macular hole and ERM.
7. RetHS LO7 Clinical evaluation, imaging and investigations of suspected intraocular tumour, to include malignant melanoma, lymphoma & metastatic disease, leading to the development of a suitable management plan, to include radiotherapy/local resection and knowledge regarding histopathological prognostic markers. (Link to RETBS LO 1, 2, 3,4,8,17)
8. RetHS LO8 Appropriate use & interpretation of OCT / FFA / OCTA / ICG / ultrasound.

(Link to RETBS LO 15)

1. RetHS LO9 Clinical evaluation of infectious & non-infections inflammatory retinal disease with appropriate use & interpretation of investigations for intermediate & posterior uveitis & retinal vasculitis, leading to the development, in discussion with the patient, of a suitable evidence-based ocular & systemic management plan. (Link to RETBS LO 1, 2, 3,17)
2. RetHS LO10 Appropriate use & interpretation of electrodiagnostic studies in the context of acquired retinal disease & inherited retinal disease.
3. RetHS LO11 Management of ischaemic retinopathies by scatter laser photocoagulation, by slit lamp and indirect ophthalmoscope delivery systems.
4. RetHS LO12 Management of maculopathies by focal and grid laser photocoagulation.
5. RetHS LO13 Management of retinal breaks by laser photocoagulation and cryotherapy.
6. RetHS LO14 Management of endophthalmitis by intraocular biopsy, planning an appropriate pharmacological therapeutic strategy, & administration of intraocular drug therapy.
7. RetHS LO15 Knowledge of the appropriate screening available in the national diabetic retinopathy screening program and national guidelines for treatment. (Link to RETBS LO 12)
8. RetHS LO16 Clinical evaluation and assessment of genetic disease including RP, rod and cone dystrophies and other inherited retinal disorders.
9. RetHS LO17 Management of IOFB and dropped nucleus.
10. RetHS LO18 Specialist retinal / choroidal problems associated with non-infectious inflammatory eye disease (white dot syndromes including MEWDS, MIC & PIC), rare infectious conditions (including ARN, PORN, CMV, CAR) associated with immune competence and suppression, HIV, ocular and systemic malignancy.
11. RetHS LO19 Systemic problems associated with diabetes, rheumatological disease, genetic disease or other relevant general medical disorders.
12. RetHS LO20 Low vision appliances & social implications of blind & partial sight registration.

**State** the level of **overall competence** in this subspecialty: **Level of competence** **1 2 3 4**

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

Please highlight areas / learning outcomes that require further education and training:

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**VITREO-RETINAL AND TRAUMA ELOGBOOK** (**must** be completed before this form is submitted to Consultant Trainer)

**VITREO-RETINAL SURGERY**  (Total no. of VR surgeries *prior* to entering HST = )

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Port incision and closure for PPV | P =  S = |  |  |  |  |  |
| PP Vitrectomy | P =  S =  A = |  |  |  |  |  |
| Indirect PRP | P =  S =  A = |  |  |  |  |  |
| Retinal cryotherapy | P =  S =  A = |  |  |  |  |  |
| External repair with scleral buckle | P =  S =  A = |  |  |  |  |  |
| Intravitreal biopsy & injection of antibiotics | P =  S =  A = |  |  |  |  |  |
| Anterior Vitrectomies | P =  S =  A = |  |  |  |  |  |
| PPV membrane peel | P =  S =  A = |  |  |  |  |  |
| PPV macular hole repair | P =  S =  A = |  |  |  |  |  |
| Posterior Segment Trauma Repair | 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 elderly patients or paediatric patients* | Explanations to patients are often incorrect & confusing. Often treats nurses & colleagues with disdain & has generated a number of complaints. |  | Good rapport with most patients & usually answers questions clearly. Communicates & works well with nursing staff & colleagues. |  | Excellent patient rapport, answers patient's 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 feedback  Actively 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 |  |
| 1. Successful further training depends on appropriate attention to areas of need highlighted above |  |

**Consultant Trainer(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hospital

Stamp

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**DATE**

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