

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***NEURO-OPHTHALMOLOGY***

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. NOH 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. NOH 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:NOH Learning Outcome No. \_\_\_**B1****Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORNOH Learning Outcome No. \_\_\_\_**Second CBD** **A2** **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORNOH 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 6: Neuro-Ophthalmology**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of neuro-ophthalmic disorders.

**Essential clinical experience and Index Skills**

|  | Completed | NotCompleted | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| Attended a minimum of 20 neuro-ophthalmology clinics or have otherwise been exposed to the investigation and management of an equivalent number of patients covering the full range of neuro-ophthalmic disease. |  |  |  |  |
| Temporal artery biopsy |  |  |  | \*\*5 |
| Botulinum treatment / (induced ptosis, rectus muscle, blepharospasm) |  |  |  |  |
|  |  |  |  |  |

\*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 NOH LO1-13** & **ICS 18** **to level 3 or 4 and Learning Outcomes NOH LO14-15** & **ICS 16,17 &19 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. NOH LO1 The clinical assessment and investigation of optic nerve and optic chiasmal disease. (Link to NOB LO1,2,3 8,9,10,11)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO2 The clinical assessment and investigation of pupil abnormalities. (Link to NOB LO19)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO3 The performance of confrontation visual field testing and the selection and interpretation of perimetry in the assessment of the visual pathways. (Link to NOB LO1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO4 The clinical evaluation and management of paralytic strabismus, including the indications for botulinum toxin and extra-ocular muscle surgery. (Link to NOB LO1,2,3 4 5 7 12 17)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO5 The clinical evaluation, diagnosis, investigation (including temporal artery biopsy), evidence-based management and follow-up of giant cell arteritis,. (Link to NOB LO1, 2, 6)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO6 The clinical evaluation, management of typical and atypical optic neuritis with an evidence based approach of timing / relevance of neuro-imaging, relevant treatments and prognosis for optic neuritis and a clear understanding of the association and referral for treatment for underlying demyelination disease. (NOB LO1,2,3 8,9,10,11)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO7 The clinical evaluation, management of facial nerve palsy, blepharospasm and hemifacial spasm.

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO8 The clinical evaluation, assessment, investigation and management of ocular and systemic myasthenia gravis.

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO9 The assessment, investigation and management of Horner’s Syndrome including the management and referral of acute Horner’s in association with carotid artery dissection. (Link to NOB LO19)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO10 The assessment, investigation and management and follow-up of Benign Intracranial Hypertension (Link to NOB LO1,2,3,10)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO11 The clinical assessment and interpretation of eye movement disorders, including cranial nerve palsies, supra- nuclear eye movement disorders, skew deviation, INO, pontine & mid-brain lesions as well as nystagmus. (Link to NOB LO4,7)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO12 Indications for and interpretation of neuroimaging, neurophysiological, and carotid ultrasound studies.

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO13 The assessment, investigation and management of toxic optic neuropathies as well as iatrogenic causes and relevant screening protocols for same. (Link to NOB LO1,2,3,11)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO14 Appropriate use and interpretation of electro-diagnostic studies in the context of neuro-ophthalmology. (Link to NOB LO11)

Assessed: Yes No Level of competence 1 2 3 4

1. NOH LO15 Liaison with neurologists, neurosurgeons and neuroradiologists.

Assessed: Yes No Level of competence 1 2 3 4

**Index Skills ICS**

1. The performance and interpretation of electro-diagnostic studies.

Assessed: Yes No Level of competence 1 2 3 4

1. The assessment and interpretation of eye movement abnormalities.

Assessed: Yes No Level of competence 1 2 3 4

1. Temporal artery biopsy.

Assessed: Yes No Level of competence 1 2 3 4

1. The use of botulinum toxin in management of disorders of ocular and facial movements.

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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**NEURO-OPHTHALMOLOGY SURGERY LOGBOOK** (must be completed before form submitted to Consultant Trainer)

NEURO-OPHTHALMOLOGY (Total no. of sx completed *prior* to entering HST = )

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Horizontal & Vertical muscle (complex) | P = S = A = |  |  |  |  |  |
| Temporal Artery Biopsy | P = S = A = |  |  |  |  |  |
| Botulinum to muscle / lid / other | 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. |
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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 |  |  |  |  |  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**