

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***OCULOPASTICS, LACRIMAL ORBITAL***

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. OPLH 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. OPLH 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 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 \_\_\_\_** |  |  |

1. **Subspecialty Section 1: Oculoplastic, Adnexal and Lacrimal Surgery**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of disorders of the eyelids and adnexae.

**Essential clinical experience**

|  | Completed | Not  Completed | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| Attended 20 oculoplastic/adnexal clinics |  |  |  |  |
| To have attained level 4 competence in ectropion surgery. |  |  |  |  |
| To have attained level 4 competence in entropion surgery. |  |  |  |  |
| To have attained level 4 competence in repair of lid lacerations |  |  |  |  |
| To have attained level 3 competence in repair of combined lid / canalicular lacerations |  |  |  |  |
| Actively to have participated in, or assisted at, a minimum of 3 major ptosis repairs, 3 dacryocystorhinostomy, 3 major lid reconstructions. |  |  |  |  |

\*Total lid procedures this 6 month rotation # total to date across all years of BST and HST training

**Acquirement of Learning Outcomes OPLH 1-13 to level 3 or 4 and Learning Outcomes 14-16 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. OPLH LO 1 Clinical evaluation and oculoplastic management of lid disease – ectropion including wedge resection, lateral tarsal strip, lateral canthal sling and lateral tarsorrhaphy. (Linked to OPLB LO 1,2, 3)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 2 Clinical evaluation and oculoplastic management of lid disease entropion / trichiasis including Quickerts, reinsertion of lid retractors, canthal tightening. (Linked to OPLB LO 1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 3 Clinical evaluation and management of lid disease - dermatochalasis, blepharoplasty, lagophthalmos and tarsorrhaphy. (Linked to OPLB LO 1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 4 Clinical evaluation and small eyelid tumours – BCC, SQCC, in particular using the techniques of excision biopsy, frozen section, margin analysis, primary closure.

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 5 Principles and management of major lid reconstruction, Mohs' micrographic surgery, secondary closure, rehabilitative blepharoplasty, mucous membrane grafting, socket reconstruction. (Linked to OPLB LO 3, 12)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 6 Clinical evaluation and management of ptosis -differential -congenital, acquired, neurological. Assessment and surgical management. ((Linked to OPLB LO 2, 13)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 7 Assessment and management of epiphora and dacryocystitis, including indication for dacryocystorhinostomy. (Linked to OPLB LO 4, 14)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 8 Clinical evaluation of thyroid related orbitopathy (TO) including staging of disease, activity scoring, recognition of compressive optic neuropathy and an understanding of the principles of management of TO related problems. (Linked to OPLB LO 8)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 9 Primary repair of lid lacerations. (Linked to OPLB LO 5)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 10 Assessment of cases of orbital and facial trauma, including recognition of fractures and appropriate use & timing of surgical intervention / orbital floor implants in management of orbital floor fracture. (Link to OPLB LO 5, 9)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 11 Assessment and management of orbital cellulitis. (Link to OPLB LO 6, 7)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 12 Appropriate use and interpretation of relevant special investigations, including CT, MRI and ultrasound scans. (Link to OPLB LO 7, 9)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 13 The uses of botulinum toxin in the periocular area including levator weakening, temporary entropion correction, management of blepharospasm and other disorders of facial movement.

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 14 Assessment, clinical evaluation and evidence based management of proptosis and orbital lesions / tumours, including orbital inflammatory disease, orbital lymphoma, lacrimal gland neoplasms, and inflammatory disorders including sarcoidosis, Wegeners and IgG4 mediated disease. (Link to OPLB LO 6,10)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 15 Understanding of role of enucleation, evisceration and orbital implantation.

(Link to OPLB LO 17)

Assessed: Yes No Level of competence 1 2 3 4

1. OPLH LO 16 Orbital socket assessment and management of related problems & use of an ocular prosthetics service. (Link to OPLB LO 10)

Assessed: Yes No Level of competence 1 2 3 4

**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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**OCULOPLASTICS/LACRIMAL/ORBITALLogbook** (complete before form submitted to Trainer)

**OCULOPLASTIC SURGERY**  (Total no. of lid surgeries *prior* to entering HST = )

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| --- | --- | --- | --- |
|  |  | **Performed in OP rotation** | **Total performed to date** |
| Ectropion surgery / Wedge excision / LTS | P =  S =  A = |  |  |
| Entropion surgery | P =  S =  A = |  |  |
| Excision of BCC and reconstruction | P =  S =  A = |  |  |
| Tarsorrhaphy | P =  S =  A = |  |  |
| Blepharoplasty (skin plus fat pads) | P =  S =  A = |  |  |
| Anterior levator resection (ptosis) | P =  S =  A = |  |  |
| Repair of Lid laceration | P =  S =  A = |  |  |
| Repair of Lid & canalicular laceration | P =  S =  A = |  |  |
| DCR | P =  S =  A = |  |  |
| Lacrimal intubation | P =  S =  A = |  |  |
| Evisceration | P =  S =  A = |  |  |
| Enucleation | 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. |
|  |  |  |  |  |
| **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 |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**