

**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form for* ***PAEDIATRIC 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. PaedHS 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. PaedHS 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:Learning Outcome No. \_\_\_\_**B1****Major Topic Presentation TITLE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORLearning Outcome No. \_\_\_\_**Second CBD** **A2** **CBD TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ASSESSORLearning 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: Paediatric Ophthalmology and Strabismus**

**Objective**

To acquire demonstrable and certified proficiency in the assessment and contemporary management of paediatric eye disease and strabismus

**Essential clinical experience**

|  | Completed | NotCompleted | \*No. | #Total No. |
| --- | --- | --- | --- | --- |
| Attended a minimum of 20 paediatric ophthalmic clinics. |  |  |  |  |
| Level 4 competence in routine strabismus surgery |  |  |  | \*\*20 |
| Actively to have participated in the ophthalmoscopic screening for ROP of a minimum of 10 neonates. |  |  |  | \*\* 10 |

\*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 PaedHS 1-16 to level 3 or 4 and Learning Outcomes PaedHS 17 - 21 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. PaedHS LO 1The assessment of the normal growth and development of vision, abnormal or delayed visual maturation including amblyopia. (Link to PaedBS LO 1,2,3,16)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 2 The clinical evaluation, determination of the refractive state and visual acuity in infants and children. (Link to PaedBS LO 1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 3 The assessment of ocular movement and binocularity, and in particular the selection and interpretation of orthoptic investigations as well as the evidence-based management of amblyopia and of disorders of binocular function. (Link to PaedBS LO 1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 4 Knowledge of the global trend in myopia and RFs for same as well as its evidence-based management (ATOM 1 & 2). (Link to PaedBS LO 1,2,3)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 5 Strabismus surgery as applied to concomitant and incomitant strabismus. (Link to PaedBS LO 1,2,3,4)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 6 The clinical evaluation and evidence-based management of epiphora & nasolacrimal duct obstruction in an infant/child. (Link to PaedBS LO 15)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 7 The clinical evaluation and evidence-based management of infective (including ophthalmia neonatorum) and atopic eye disease in an infant/child. (Link to PaedBS LO 13)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 8 The clinical evaluation and evidence-based management of unilateral /bilateral congenital cataract including timing of intervention, selection of procedure, post-operative management and follow-up. (Link to PaedBS LO 5)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 15 Assessment & management of orbital cellulitis in children, appropriate imaging, timing of surgical intervention & liaison with ENT / neurosurgical opinion.(Link PaedBS LO 12)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 9 The assessment, diagnosis, management and follow-up of congenital glaucoma. (Link to PaedBS LO 6)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 10 The assessment, diagnosis, staging, management and follow-up of ROP. (Link PaedBS LO 18)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 12 The assessment & management of acquired and inherited retinal disease (including ocular albinism, Coats, Stargardts, RP, rod / cone dystrophies) and the appropriate use & interpretation of electro-diagnostic studies in the context of paediatric eye disease. (Link to PaedBS LO 7)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 14 Assessment and management of paediatric uveitis especially in relation to JCA and relevant screening protocols. (Link to PaedBS LO 9)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 16 Assessment of suspected cases of non-accidental injury and liaison with the appropriate authorities. (Link to PaedBS LO 14)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 17 Assessment and management of ptosis specific to the paediatric population, including Horner’s, bleparophimosis and capilliary haemangiomas and relevant treatment of same with avoidance of amblyopia.

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 11 The clinical evaluation and differential diagnosis of leucocoria & evidence-based management of retinoblastoma. (Link to PaedBS LO 10)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 13 Assessment of paediatric neurological diseases affecting vision and assessment, recording and management of nystagmus. (Link to PaedBS LO 8)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 18 Assessment and diagnosis of anterior segment dysgenesis and posterior segment abnormalities including (Peters anomaly, aniridia)
2. PaedHS LO 19 Clinical approaches to, and communication with, visually impaired infants / children and their parents, access to other support / health services. (Link to PaedBS LO 16)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 20 Liaison with paediatricians, geneticists, clinical genetics for inherited retinal diseases, access to new treatments / trials and genetic counselling (Leber’s amaurosis). (Link to PaedBS LO 17)

Assessed: Yes No Level of competence 1 2 3 4

1. PaedHS LO 21 The interdisciplinary assessment of children with multiple handicaps. (Link to PaedBS LO 17).

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

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| --- | --- | --- | --- |
|  |  | **Performed on this rotation** | **Total Performed to date** |
| Horizontal individual muscle (child) | P = S = A = |  |  |
| Vertical individual muscle (child) | P = S = A = |  |  |
| IO myectomy  | P = S = A = |  |  |
| Cataract extraction | P = S = A = |  |  |
|  S+P | P = S = A = |  |  |
| ROP intra-vitreal treatment | 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 |  |  |  |  |  |
|  |  |  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**