

Recommended Induction for Ophthalmology



Introduction

Every Trust and department will have a number of Mandatory Training Sessions to be covered. These may be partly face-to-face or lectures or on-line training. Of course, time for these should be allocated including the acquiring of passwords for computer systems, identification badges, car-parking passes etc. This is likely to cover safeguarding, prescribing and formulary, information governance, health and safety, fire training, equality and diversity, coding, principles of consent. Areas that may be of additional benefit are library services, role of education and research teams and how to get involved, IT systems used in hospitals/EPR or how to dictate letters, infection control, role of audit team, laser safety training and induction, Introduction to clerical and secretarial and management teams, non-medical professionals and their roles, vision support services. As these may vary between units they are assumed to be scheduled separately from the advised programme below.

This Induction programme focuses on the delivery of an Induction specific to ophthalmology, agreed by the Training Committee RCOphth, and it is anticipated that induction will cover a week. This is welcomed and supported by the Ophthalmologists in Training Group (OTG).

Main Principles

The induction is a starter guide to examination and assessment of the ophthalmic patient, with an introduction to some main subspecialties, the acquisition of practical skills to ensure that early clinical exposure is enhanced.

- Trainees benefit hugely from the opportunity to practice basic examination skills, all opportunities for practical sessions and simulation are of benefit.
- The opportunity to undertake WBAs in simulation for the portfolio familiarise trainees with these assessments and facilitate early sign off in real life scenarios.
- Providing a handbook to support the trainee is of great value but should not replace the practical aspects of an induction programme.
- Short lectures and videos can be used as primers and these may be available on the intra/internet prior to practical sessions or for revision afterwards.
- There is an advantage in all ST1s in a region undergoing this training together as they will form a cohesive learning group that can support them throughout their training. Induction could be run with fairly local regions combining to provide adequate numbers for the programme if helpful.
- There is also scope for other personnel, such as Allied Health Professionals, joining the group and this may set the tone for multi-disciplinary working in future.

Introducing Run-through

There should be an introduction to run-through training, how they should approach their training and how to gather evidence for their e-portfolio.

- This could include further information about how the local programme rotates. It would be ideal for primer information to have been sent in advance to minimise time spent on this and to emphasise the important aspects and build on prior knowledge.
- Advice on study leave, educational resources available, opportunities for undergraduate teaching, getting involved in research, audit and quality improvement work, a buddying system if in place, local scoring systems for research/QI/audit or leadership/management activities and who to contact for support or advice should be included.
- The trainee's responsibilities should be set out clearly and advice on what to include in the educational contract made with the Clinical and Educational Supervisors, including an individualised timetable where required.

Delivery of Induction Programme

This programme is an opportunity for the trainees to meet potential future clinical and educational supervisors, to feel involved in and part of the wider team and the benefit of this should not be underestimated. It is wise therefore to include opportunities for this. Some induction programmes include a meal for the whole team and the opportunity to meet in an informal setting.

Lecture materials may be prepared locally or shared from other regions where such programmes are well advanced in delivery. This can make it easier to initiate a programme and encourage a more universal approach to induction, without stifling innovation.

Areas for inclusion in the programme are not intended to be proscriptive but advisory based on a number of current successful induction programmes like this.

Suggested programme contents

- How to take an ophthalmic history and measure visual function (visual acuity, colour vision, RAPD, confrontation fields, contrast sensitivity)
- How to use a slit-lamp, examination of anterior segment, IOP measurement (Tonopen, I-care, pachymetry could be covered)
- How to examine the posterior segment at slit-lamp, indirect ophthalmoscope
- Anterior segment emergencies: the red eye (including techniques of corneal FB removal, corneal scrape and preparation sample for microbiology)
- Posterior segment emergencies: loss of vision (including headaches and ocular pathology)

- Assessment of emergency patients may sometimes be possible, depending on location of induction. If not then simulation of corneal foreign body removal and corneal scrape can be undertaken, practical case discussions recommended.
- Managing ocular trauma. Triage of emergency patients and calls from primary care included. How to perform oculoplastic and orbital examinations. Consider video of lateral canthotomy. Consider how to perform ultrasound and basic practical session.
- How to perform cover test and ocular motility examination and practical
- Introduction to paediatric ophthalmology and examination techniques
- Understanding and interpreting Fluorescein angiography
Using and interpreting Optical Coherence Tomography
- Introduction to Medical Retina: Diabetic retinopathy, AMD, Vein occlusions guidelines/management. Consider simulation intravitreal injections
- Introduction to Glaucoma: include techniques of gonioscopy and resources
- Visual field assessment and interpretation, consider practical session
- Cataract: history, examination, video of surgery, phacodynamics, complications and problems may see as emergency, management of endophthalmitis and guidelines (could simulate intravitreal injections here).
- Theoretical background to biometry: Consider practical session biometry
- Practical session could include:
Introduction to EyeSi, how to use and make the most of: practical session
Other cataract simulation available locally: wetlab/drylab introduction and practical session
- Further surgical simulation options to include:
Suturing practice and wound construction: practical session
Some regions provide HomeSim kit for ST1s

Future Development

An e-learning module will be available to pilot from Mid-September on the e-LfH website
<http://www.e-lfh.org.uk/home/>

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