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| --- | --- |
| Trainee name: | LEAVE BLANK |
| Trainee GMC number: | LEAVE BLANK |
| Training year: | Choose an item. |
| Assessor name: | LEAVE BLANK |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |
| Special Interest Area: | Choose an item. |

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| **Brief description of number and complexity of cases, type of anaesthesia**  | Click or tap here to enter text. |

**Trainee self-assessment**

Please record the level at which you consider you are currently working.

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| **Overall level of entrustment for this activity**  | Observing [ ] Direct supervision [ ] Indirect supervision [ ] Competent [ ] Supervising [ ]  |
| **Free text comments** | Click or tap here to enter text. |

**Trainer assessment**

Please consider each area and, based on observation, suggest whether you consider this doctor in training can be entrusted to manage an operating list **independently** in this special interest area. For further details of the breadth of cases expected please refer to the relevant special interest area syllabus on the RCOphth website. Please include a narrative to support your decision and suggest areas for further development.

| **Criterion** | **Please choose Yes, No, Reservation or No Evidence from the drop-down list** | **Comments** |
| --- | --- | --- |
| **Creating operating list** **V good trainees** will have ensured appropriate patients on list for their ability (where possible); adequate time for all cases to be completed but also ensuring good use of surgical time**Poor trainees** will not have identified appropriate patients and may find they cannot safely manage all the cases on the list; will over-run or under-use surgical time | Choose an item. | Click or tap here to enter text. |
| **Review of case notes****V good trainees** will have reviewed case notes ahead and be aware of which patients require additional equipment/medications/devices; Where appropriate they will have confirmed biometry appropriate and chosen the IOL for each patient**Poor trainees** will not have reviewed notes ahead; will not have considered additional steps/equipment etc. that may be necessary; will have to choose IOL when patient already prepared for surgery and will not have considered if biometry appropriate/accurate | Choose an item. | Click or tap here to enter text. |
| **Consent and marking surgical site****V good trainees** will confirm informed consent with patients on day ensuring they understand the planned surgery; complete surgical site form and mark eye clearly**Poor trainees** will not review consent or will obtain consent without checking patient’s understanding; will need prompting to ensure surgical site form and marking completed | Choose an item. | Click or tap here to enter text. |
| **Review of patients****V good trainees** will examine the patients before surgery and identify any additional requirements not documented in notes.**Poor trainees** will not take the opportunity to review patients themselves and so will only identify additional patients factors/requirements at commencement of surgery | Choose an item. | Click or tap here to enter text. |
| **Review of patients****V good trainees** will examine the patients before surgery and identify any additional requirements not documented in notes.**Poor trainees** will not take the opportunity to review patients themselves and so will only identify additional patients factors/requirements at commencement of surgery | Choose an item. |
| **Successful surgical management** **V good trainees** will undertake all surgery, have insight into their own limitations; access help if required or supervision, to ensure good outcomes of any problems/complications encountered; demonstrate forward planning and good time & motion throughout list**Poor trainees** are unable to complete all surgery in time; fail to recognize their own limitations or access help if required; fail to plan and manage list in timely manner | Choose an item. | Click or tap here to enter text. |
| **Medical record completion****V good trainees** will ensure accurate completion of surgical record and all local requirements such as the discharge letter, medication to be dispensed, time to post-operative review, adhering to local protocols but considering individual patient needs; will be aware of coding of episode correctly to assist audit and reimbursement e.g. for complex cases with co-morbidity **Poor trainees** do not complete surgical record accurately, require reminding to complete discharge letter and medication and do not understand the importance of accurate coding | Choose an item. | Click or tap here to enter text. |
| **Post-operative review** **V good trainees** will check if any patients require further explanations/management before discharge home and check discharge team have adequate information to effectively complete patient episode **Poor trainees** will depart without checking with discharge team; leaving further explanations to other staff | Choose an item. | Click or tap here to enter text. |
| **Debrief at completion list****V good trainees** will hold team debrief reviewing the flow of the list, different members roles and patient outcomes as required and assess time management of the list and communication with the team as per WHO completion form**Poor trainees** leave theatre without further communication with team | Choose an item. | Click or tap here to enter text. |
| **Communication with patient****V good trainees** have excellent and appropriate communication with patient throughout the procedure, avoiding jargon. They confirm the patient’s identity at the start of the procedure and ensure the patient’s comfort and privacy, making sure they are relaxed throughout**Poor trainees** oftenmake no attempt at communication with the patient or they use inappropriate words during procedure. They do not warn the patient about noises or fluids. They pay little or no attention to confirmation of the patient’s identity, comfort or privacy | Choose an item. | Click or tap here to enter text. |
| **Communication with nursing and other medical staff (Teamwork)****V good trainees** show excellent verbal and non-verbal communication with theatre staff. They promote a coordinated team approach in an unhurried and calm environment.**Poor trainees** oftenhave poor communication skills leading to misunderstanding during procedure. They create a rushed or tense atmosphere and work in isolation | Choose an item. | Click or tap here to enter text. |

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| **Overall level of entrustment for this activity (please consider level currently working at)** | Observing [ ] Direct supervision [ ] Indirect supervision [ ] Competent [ ] Supervising [ ]  |

**Please use the boxes below for any further comments and recommendations for further training.**

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| --- | --- |
| Anything especially good? Click or tap here to enter text. | Agreed action:Click or tap here to enter text. |