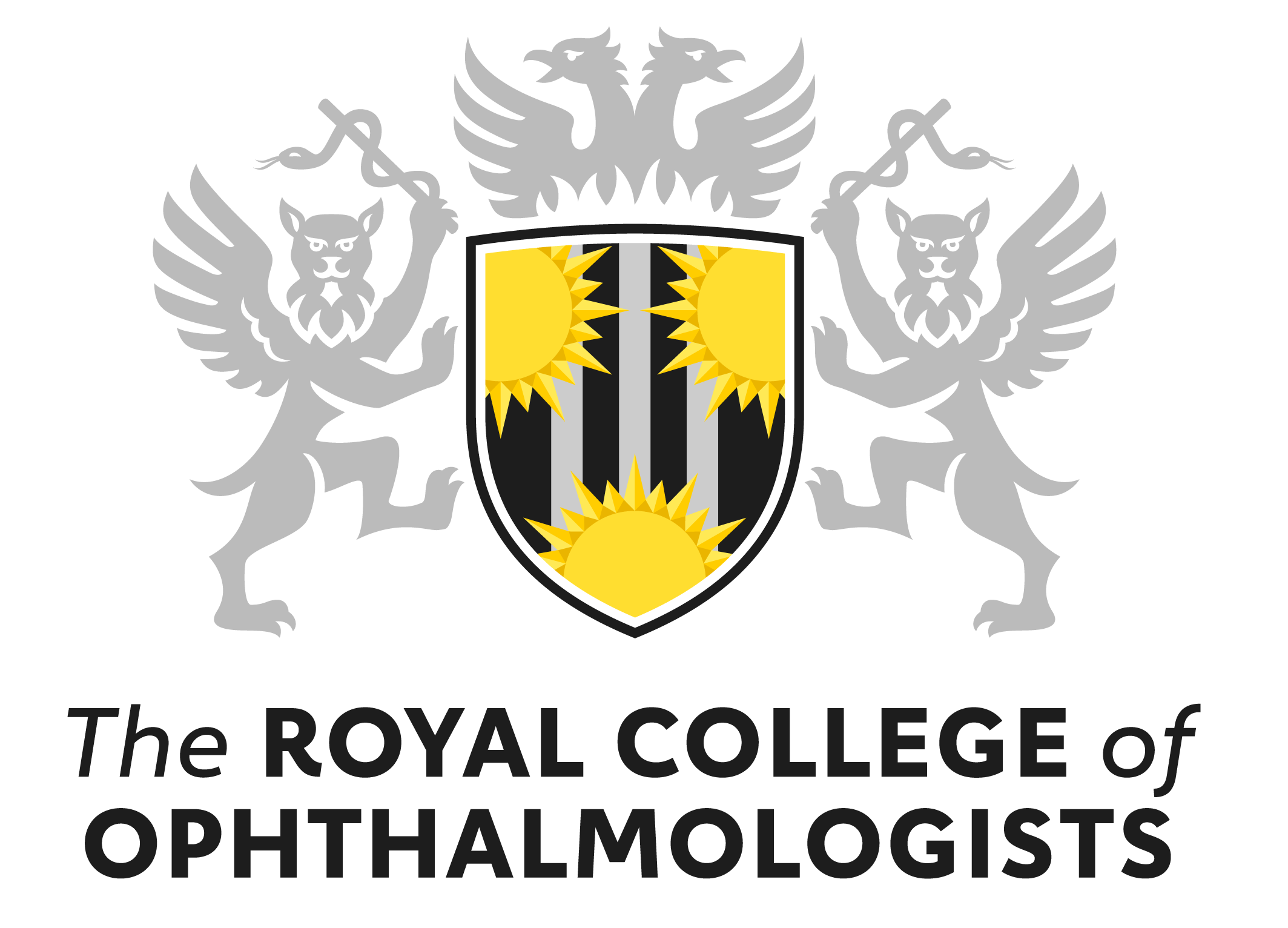
|  |  |
| --- | --- |
| Trainee name: | Pre-populated |
| Trainee GMC number: | Pre-populated |
| Training year: | ST1 |
| Assessor name: | Pre-populated |
| Assessor status: | Consultant |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 1**

**Providing clinical care for low complexity general ophthalmology patients**

**Learning Outcomes**

Trainees and trainers should refer to the [descriptors](https://curriculum2024.rcophth.ac.uk/wp-content/uploads/2023/10/Level-1-LOs-and-descriptors-all-domains.pdf) within each learning outcome below as a guide when completing this form.

* Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnoses.
* Formulates and initiates a management plan for low complexity cases.
* Justifies the diagnoses and plans with reference to basic and clinical science.
* Works effectively with patients and the multi-professional team.
* Understands the role of a Community Ophthalmology Service.
* Communicates and delivers feedback to referrers and patients to support integrated care.

**Trainee self-assessment**

Please use the entrustment scale below to document your progression until Level 1 competence has been reached.

|  |  |
| --- | --- |
| **Overall level of entrustment for this activity** | Observing  Needs Direct Supervision x  Needs Indirect Supervision  Competent to this Level |
| **Free text comments** | I have had great experience during this attachment. I feel confident examining the anterior segment and managing simple cases. I have completed all steps of phaco but have not yet done an entire operation. I am less confident examining the retina and I have not had any experience in paediatrics or oculoplastics |

**Trainer assessment**

1. Please choose one of the following to indicate whether the evidence submitted indicates that the trainee is competent to this Level in each mandatory requirement:

* Yes it does (YES)
* I have reservations about whether evidence meets standards (RESERVATION)
* No it does not (NO)
* There is no evidence (NO EVIDENCE)

1. Please include a narrative to support your decision and suggest areas for further development in the Comments box.

| **Mandatory requirements** | **The evidence submitted indicates that the trainee is competent to this Level in each mandatory requirement**  ***Yes/No/Reservations/No evidence*** | **Comments** |
| --- | --- | --- |
| 1. **Mandatory requirement in outpatients (please review where assessments have been signed off by other assessors)**   1 A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| CRS1 Consultation skills | Yes | Completed 2 WBA – 1 glaucoma, 1 cornea. Needs to learn to focus on the important and relevant issues in order to become more efficient |
| CRS2 Assess vision | Yes | Completed 1 WBA. No issues |
| CRS3 Assess visual fields | Yes | Completed 1 WBA of eye casualty patient with new quadrantanopia. In addition has interpreted automated fields in glaucoma clinic |
| CRS5 External eye examination | Reservation | Completed 1 WBA in eye casualty. Assessor is ST2 |
| CRS6 Assess pupils | Yes | Completed 1 WBA. No issues |
| CRS7 Assess ocular motility | No evidence | No opportunity to develop this competence |
| CRS8 Assess intra-ocular pressure | Yes | Assesses IOP very accurately in clinics. |
| CRS9 Slit lamp | Yes | Completed 1 WBA. Detection of clinical features in clinic is excellent, but could be more efficient |
| CRS10a Fundus assessment – direct ophthalmoscope | Yes | Accurate assessment of optic discs |
| CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent | Reservation | Completed 1 WBA. Still lacks confidence and uncertain of diagnoses |
| CRS10c Fundus assessment – diagnostic contact lens | Reservation | Completed 1 WBA in eye casualty. Assessor was ST2 |
| CRSGon Gonioscopy | Yes | Has completed WBA. Also discussed in CBD and observed. |
| Corneal scrape1 | Yes | Observation by another team member |
| My corneal colleagues have observed this |
| Use an exophthalmometer1 | No evidence | Other |
| No opportunity to develop this |
| Assess lacrimal function1 | No evidence | Other |
| No opportunity to develop this |
| Punctal plug insertion1 | Yes | Observation by another team member |
| My corneal colleagues have observed this |
| Interpretation of automated visual fields1 | Yes | Direct observation |
| Good at interpreting fields and detecting progression vs. artefacts |
| Removal of sutures1,2 | Yes | Observation by another team member |
| Click or tap here to enter text. |
| 1. **Mandatory requirements in theatre (please review where these have been performed by other assessors)**   1 A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| OSATS1 Microsurgical skills | Yes | Trainee is developing microsurgical skills. Progress has been slow because of limited opportunities, but I have no concerns |
| OSATS1 Cataract Surgery | No | Has completed all steps of phaco but has not yet done a complete phaco |
| OSATS1 Lid surgery | No | No opportunity during this attachment |
| Operating microscope1 | Yes | Direct observation |
| Always takes care to set up correctly before starting. Remember to keep the eye in the centre of the field |
| Removal of sutures1,2 | Yes | Observation by another team member |
| My corneal colleagues have observed this |
| 1. **Other mandatory requirements** | | |
| Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible | Yes | Although inexperienced, Trainee has rapidly acquired examination skills. Has nice manner with patients and listens well |
| Longitudinal observation by consultant assessor in the theatre and simulation setting | Yes | Needs to progress to completing entire phaco procedure |
| Review of record keeping and letters | Yes | Notes are clear and very legible. Letters are detailed but could be more concise. |
| Case-based Discussions (CbDs) – *please specify number in Comments* | Yes | 4 CBD completed, 2 in glaucoma, 1 corneal, and 1 eye casualty |
| Indicate whether one or more MARs have been reviewed before completing this EPA | ***Yes*** | Reported on corneal skills, esp punctal plugs, corneal scrapes and suture removal. Trainee’s clinical skills found to be good. |
| Please indicate the name and role of all assessors who completed the MAR(s) | Mr Kerr A Titus, corneal consultant | Click or tap here to enter text. |

**Based on my observations and the evidence indicated I consider that the overall level of entrustment for this trainee is:**

|  |  |
| --- | --- |
| **Overall level of entrustment for this activity** | Observing  Needs Direct Supervision  Needs Indirect Supervision  Competent to this Level |

**Anything especially good?**

|  |
| --- |
| Has made good progress and is able to manage simple glaucoma and corneal cases with minimal supervision, but lacks confidence when dealing with other conditions. Surgical progress has been slow, but this is due to lack of opportunity rather than problems with competence |

**Please indicate what additional evidence is needed to reach that level of entrustment if you are unable to recommend the appropriate level of entrustment due to limited evidence.**

|  |
| --- |
| **Suggest the additional evidence required for Level 1 sign off** |