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| **OCCCF Curriculum** | **Emergency Ophthalmology** |
| **WBA form** | CRS |  | **Curriculum code** | CA3 | **Competency assessed** | Fields by Confrontation |

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| Trainee Name |  |
| Assessor Name |  |
| Date |  |

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| Brief description of case: |

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| **Attitude and manner** | |
| **Good practice:**   * Introduces themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer) * Their demeanour throughout the interview shows that they are actively listening to the patient by gestures, words of encouragement and appropriate eye contact * They establish a good rapport with the patient which is respectful of any ethnic, religious or social preferences that they express * They are empathic and sensitive to the patient’s concerns * They ensure that the patient is comfortable and that adequate privacy is maintained * They guide the patient considerately through the clinical examination | **Needs improvment:**   * Neither introduces themselves nor identifies the patient * They hurry the patient and ignore what the patient is saying * They look away or appear impatient * They are unable to establish rapport with the patient and show little respect * They pay little or no attention to confirmation of patient comfort or privacy * They proceed with the examination without adequate explanation and with little consideration for patient comfort |

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| **Attitude and manner** | **Needs development** | **Competent** | **Highly Competent** |
| Introduction and explanation of tests |  |  |  |
| Shows consideration for patient |  |  |  |
| Adopts an appropriate method of communication and develops rapport |  |  |  |

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| **Visual fields by confrontation** | |
| **Good practice:**   * Uses appropriate occlusion of the fellow eye when performing the test * They choose techniques appropriate to the patient’s visual acuity and ability to cooperate * They ensure appropriate fixation by regular encouragement and feedback to the patient * They look first for gross defects and then for subtle ones * They correctly identify the location, extent and depth of the field defect using an efficient method combining, where appropriate, a combination of static and kinetic techniques * They use coloured targets where indicated * They understand the limitations of confrontation techniques and correctly interpret positive and negative findings * They correctly identify the likely location of the lesion causing the defect and further investigations that are required | **Needs Improvement:**   * Fails to ensure proper occlusion of the fellow eye and pays little attention to the patient’s visual acuity or ability to fixate or otherwise co-operate * Their technique is inefficient, disorganised and un-necessarily repetitive * They use inappropriate targets for each stage of the test and look for subtle abnormalities before checking for gross defects * They fail to identify, or misidentify, field defects * They are unable to identify the likely cause of field defects |

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| **LEVEL 1** | **Needs development** | **Competent** | **Highly Competent** |
| Perform confrontation visual field testing to  detect gross abnormalities, and record the  findings |  |  |  |

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| **LEVEL 2** | **Needs development** | **Competent** | **Highly Competent** |
| Determine when a visual field assessment is needed for a given presentation |  |  |  |
| Perform detailed confrontation visual field testing to detect a range of abnormalities |  |  |  |

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| **LEVEL 3** | **Needs development** | **Competent** | **Highly Competent** |
| Accurately assess and interpret normal and  abnormal confrontation visual fields |  |  |  |
| Understand the reliability of this method and when to arrange more detailed visual field analysis |  |  |  |

**Overall Performance:**

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| **OCCCF Level** | **Needs Development** | **Competent** | **Highly Competent** |
| **Level 1** |  |  |  |
| **Level 2** |  |  |  |
| **Level 3** |  |  |  |

**Comments: Please write and discuss areas of good performance and areas in which skills could be improved:**

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| **Strengths** | **Areas for improvement** |
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Signature of assessor…………………………………………………………………………………..

Signature of trainee…………………………………………………………………………………….

Date…………………………………………………………………………………………………………….