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| **OCCCF Curriculum** | **Emergency Ophthalmology** |
| **WBA form** | CRS |  | **Curriculum code** | CA4 | **Competency assessed** | Amsler |

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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:**   * Introduce 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 improvement:**   * Neither introduce themselves nor identify the patient. * They hurry the patient and ignore what the patient is saying. * They look away or appear impatient during the history taking. * 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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| **LEVEL 3** | **Needs development** | **Competent** | **Highly Competent** |
| Recognise patient-reported symptoms of  metamorphopsia and central scotomas and  identify potential need for Amsler testing |  |  |  |
| Know how to perform Amsler testing using  standard black-on-white grid |  |  |  |
| Be able to record positive findings on Amsler grid |  |  |  |

**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…………………………………………………………………………………………………………….