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| **CCF Curriculum** | **Level 1-2: Basic / Core**  **Level 3:**  **Medical retina** |
| **WBA form** | DOPS |  | **Curriculum code** | P13 | **Competency assessed** | Retinal imaging |

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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) * They establish a good rapport with the patient which is respectful of any ethnic, religious or social preferences that they express * They ensure that the patient is comfortable and that adequate privacy is maintained | **Needs improvement:**   * 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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| **Retinal imaging** | |
| **Good practice:**   * Adjusts the equipment appropriately before use * They explain the test clearly and succinctly and examine the patient in a way that ensures their comfort * They choose the most appropriate method and demonstrate an efficient and fluent technique * When appropriate they can recognise source of error and take steps to account for these * They record and describe their findings accurately * They ensure the equipment is sterilised to prevent cross infection | **Poor practice:**   * Struggles to explain the test to patients clearly * They are unable to adjust the equipment appropriately and appear unfamiliar with it * They fail to ensure that the patient is comfortable or appropriately positioned * They fail to understand and empathise with the patient * They miss sources of potential error altogether and/or fail to describe them * They do not record results accurately and appear unaware of sterility protocol for the equipment |

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| **LEVEL 1** | **Needs development** | **Competent** | **Highly Competent** |
| Know the investigations that can be used to image the retina. |  |  |  |
| Care for the equipment and know how to prevent cross infection. |  |  |  |
| Calibrate the equipment and record the findings. |  |  |  |
| **Take consent for the investigation using an appropriate method.** |  |  |  |
| Perform the investigation safely using a variety of techniques and in a range of situations. |  |  |  |
| Understand the various settings on the device and select the appropriate ones to use. |  |  |  |
| Recognise errors in the results, their sources, how to correct them, and when the test needs to be repeated. |  |  |  |
| Record the results accurately. |  |  |  |

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| **LEVEL 2** | **Needs development** | **Competent** | **Highly Competent** |
| Know the indications for the investigations that can be used to image the retina. |  |  |  |
| Explain the benefits and limitations of a variety of techniques. |  |  |  |
| Select the most appropriate technique. |  |  |  |
| Recognise when further investigations may be required, and which to request or perform. |  |  |  |

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| **LEVEL 3** | **Needs development** | **Competent** | **Highly Competent** |
| Interpret, explain and act on the results of the investigations that can be used to image the retina. |  |  |  |
| Understand how the results may impact on or be used with the results of other investigations. |  |  |  |
| Understand how results and patient satisfaction can be improved using methods such as feedback, audit and research. |  |  |  |
| Teach and supervise a less experienced eye care worker to become competent in performing one technique. |  |  |  |

**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………………………………………………………………………………………………………………