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| **OCCCF Curriculum** | **Level 1: Basic/Core** |
| **WBA form** | DOPS |  | **Curriculum code** | PS18 | **Competency assessed** | Lid hygiene |

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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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| **Lid hygiene** | |
| **Good practice:**   * They explain the condition and management clearly and succinctly and where appropriate, examine the patient in a way that ensures their comfort | **Poor practice:**   * Struggles to explain the test to patients clearly * They fail to ensure that the patient is comfortable or appropriately positioned * They fail to understand and empathise with the patient |

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| **LEVEL 1** | **Needs development** | **Competent** | **Highly Competent** |
| Explain and demonstrate the use of lid hygiene to a patient with lid margin disease. |  |  |  |

**Overall Performance:**

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

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