

WELCOME TO FORTH VALLEY HOSPITALS

NHS Forth Valley Hospitals serve a population of approximately 300,000.

The new Forth Valley Royal Hospital (FVRH) opened in Larbert in July 2010. The majority of the functionality from Falkirk Community Hospitals (FCH) was transferred to FVRH at that time as the phase one move was conducted. Phase two took place in September 2010 and phase three in July 2011 saw the transfer of Stirling Royal Infirmary into FVRH. FVRH has a 24/7 A&E Department and all Medical Services apart from Cardiothoracic Surgery and Neurosurgery. It also has a Paediatric and an Obstetric/Gynaecology Department. A full range of diagnostic facilities is available on site including an MRI scanner. There are comprehensive Laboratory and Library facilities.

For further information on NHS Forth Valley follow the link to <http://www.nhsforthvalley.com>

Following the completion of the transition to FVRH the sites at Falkirk and Stirling have been redeveloped into community hospitals with a range of services.

The student accommodation remains at the Falkirk site.

Your placement in the Departments of Otolaryngology and Ophthalmology in Forth Valley is designed to give you a basic understanding of both specialties: the common presentations, investigations, and management including surgery in both disciplines, and moreover the minimum information you need to communicate as a generalist medical professional to a specialist in these subjects. Teaching will be *via* a variety of methods including tutorials, clinics, telemedicine and theatre time. We hope that you will enjoy and benefit from your attachment here with us.

The consultants in Forth Valley have a variety of interests and your timetable has been organised so that you will have a wide range of opportunities.

General Learning Objectives:

- To act professionally with the highest standards of personal integrity and reliability.
- To use the appropriate knowledge base of clinical subjects and of their underpinning sciences.
- To communicate effectively with colleagues, patients and patients' relatives.
- To be able to obtain a history and perform an examination related to all body systems and record and present the findings in an organised fashion.

- To be able to interpret findings from history, examinations to produce an appropriate differential diagnosis and learn how to institute relevant management.
- To be able to assess prognosis and to plan and undertake continuing care.
- To be able to assess the urgency of a clinical situation and know when to seek the help of others.
- To be able to perform relevant clinical procedures.
- To be able to work as a member of a team recognising the role of other health professionals. This includes an awareness of the management of the health service.
- To develop an ability to analyse personal strengths and weaknesses, with a life long commitment to *learning*.

On arrival you will be allocated to a named consultant in both of the specialist areas. Please introduce yourself to him at your earliest opportunity.

Otolaryngology learning objectives

On completion of this block, the student should be able to:

- Take a clinical history from a patient with symptoms related to the ear, nose, throat and neck.
- Carry out a competent examination of the ear, the nose, the throat and the neck, and clinically assess hearing.

The student should understand:

- The pathology and clinical presentation of common conditions affecting the ear, nose and throat.
- Which symptoms and signs signify potentially serious disease.
- The aetiology, presentation and management of malignant disease in the head and neck.

The student should understand the investigation and management of patients with:

- Hoarseness
- Dysphagia
- Sore throat
- Neck lump
- Epistaxis
- Rhinitis
- Nasal obstruction
- Hearing loss
- Otorrhoea
- Otagia
- Vertigo

Ophthalmology learning objectives

On completion of this block, the student should be able to:

- Take a clinical history from a patient with symptoms related to the eye and visual system and be able to communicate this to an ophthalmic professional;
- Carry out a competent examination of the vision and eye using standard simple tests and communicate these logically, using correct simple anatomy, to an ophthalmic professional

The student should understand the investigation and management of patients with:

1) Acute red eye

- Chemical Injury
- Blepharitis and Conjunctivitis
- Dry Eye
- Corneal ulcer and microbial keratitis
- Uveitis and inflammatory diseases
- Trauma (blunt and penetrating)
- Acute glaucoma
- Orbital / pre-septal cellulitis

2) Gradual loss of vision

- Cataract
 - Take a history from a patient with cataract, and understand the effect it has on their life noting indications for surgery for visual rehabilitation
 - Observe a cataract with slit lamp and ophthalmoscope in clinic
 - Observe a cataract operation (phacoemulsification + lens implant) in theatre.
 - Take a history from a post-operative cataract patient and understand the impact of the procedure.
 - Have a method for understanding complications presenting in early-post-operative period and urgency for referral where indicated.
- Chronic Open Angle Glaucoma [fields, disc, treatments]
- Age-related Macular Degeneration (AMD) (OCT, Intravitreal treatments)
- Diabetic Eye Disease (retinopathy and maculopathy, laser)
- Presbyopia and spectacles
- Low Vision, Driving Standards, Occupational Health

3) Sudden Loss of Vision in a *quiet* eye

- Vascular occlusions: CRAO, BRAO, CRVO, BRVO, Cilioretinal artery occlusion
- Retinal detachment, posterior vitreous detachment and vitreous haemorrhage
- Anterior Ischaemic Optic Neuropathy / Giant Cell Arteritis
- Stroke / TIA
- Optic Neuritis / Neuroretinitis/ retinal vasculitis
- Uveitis / Choroiditis
- Macular degeneration and acute macular disorders

4) Students should become aware of Ophthalmology in relation to general medicine and other specialties

- Rheumatology
- Neurology & Neurosurgery
- Endocrinology: Diabetes, Thyroid, Pituitary

- Cardiology
- Paediatrics
- Dermatology
- Care of the Elderly

5) Skill set - preparation for OSCE and Mini-Cex

Please be aware that prior to undertaking any procedures for the first time, you should request supervision by a member of the clinical team to clarify technique

- Ophthalmic history and examination
- Vision and visual acuity, pinhole using Snellen chart
- Visual fields by Confrontation
- Pupil reflex to light examination, RAPD, and Near Synkinesis
- Ocular Motility examination (H-motility exam +- Supranuclear tests)
- *Direct Ophthalmoscopy traditional vs Arclight™ (suspended during Covid-19)*
- *Slit-Lamp biomicroscopy (desirable as introduction)*

Information Booklet:

Please read and retain the information contained in this booklet as it contains details of your timetable and commitments during your attachment. Many opportunities for learning are contained in this information booklet which you will need to make the most of and it is up to you as to how you best use the facilities available in Forth Valley. The booklet also refers to important issues such as information security, infection control and guidelines for medical students. It is important at the end of your attachment that you let us know before you leave exactly what you think of the student experience in Forth Valley, what works well and what you feel needs improvement. This will help to improve the experience of medical students that follow you.

Identity Cards:

Your University ID card must be worn at all times.

Student Concerns:

If you have any concerns whatever, patient safety, personal, learning, staff issues etc please tell your supervisor in the first instance or feel free to discuss with any of the Medical Education Undergraduate Team.

| Undergraduate Team | | | |
|--------------------|--|-------|--------------------------|
| Name | Title | Extn. | Email |
| Dr Kate Patrick | Director of Medical Education (DME) | 67399 | kate.patrick@nhs.scot |
| Dr Chris Kelly | Deputy DME and Hospital Sub Dean (Glasgow) | 66846 | chris.kelly@nhs.scot |
| Dr Alasdair Cooper | Clinical Teaching Fellow (CTF) | 67836 | alasdair.cooper@nhs.scot |
| Dr Lucy McNally | Clinical Teaching Fellow (CTF) | 67478 | Lucy.McNally@nhs.scot |
| Margot Robinson | Undergraduate Co-ordinator | 67619 | margot.robinson@nhs.scot |

Absences from Attachments:

Planned Absences:

Please note that any planned absence for your attachment must be approved in advance by your supervising Consultant. You should then notify Margot Robinson, the Forth Valley Undergraduate Co-ordinator who can be contacted on Extn. 67619 or by email

margot.robinson@nhs.scot

Unplanned Absences:

If you are absent due to ill health you should telephone or e-mail Margot Robinson and your supervising Consultant's secretary as soon as possible. You should also observe your University's absence reporting self certifying procedures. **We have been instructed by the University to report all absences to them.**

You are required to sign in each morning, Sign-in sheet is on the table outside the Undergraduate office.

Why is this important

Accurate information regarding your planned/unplanned absence is essential from a Health & Safety point of view as we need to be able to account for your whereabouts in the event of a hospital emergency.

Locker Key:

There are lockers available in the corridor outside the undergraduate office at FVRH. Please ask the undergraduate co-ordinator for a key.

Swipe Card Access for FVRH:

Many areas in FVRH are only accessible by swipe card access, learning centre, theatres etc. Student swipe cards are available from the undergraduate co-ordinator. These cards also entitle you to staff discount in Starbucks.

Accommodation

Limited accommodation is provided on the FCH site in the Junior Doctors Residence. Do not give your room keys to anyone else and do not exchange rooms without the prior permission of the Accommodation Manager, Karen Nimmo, or ring "0" for the switchboard and ask them to page you a domestic supervisor if you have any problems with your accommodation. Cooking facilities are available in the residences.

Please take care of your room keys and at the end of your attachment leave the keys in your room and ensure the room is locked before leaving. If you do not return the key this may mean another student will not have accommodation at the start of their attachment.

Travel expenses, to the equivalent rate of the bus fare, will be paid to students preferring not to stay in the accommodation.

Parking

If you have a car with you it can be easily parked at the Falkirk site. There is access to the overflow purple car park at Larbert where the barriers are always raised. We would ask you not to park in the front visitor's /patient car park at FVRH

Public Transport

For students who do not have their own transport Forth Valley will provide weekly vouchers for First Buses. There is a Number 38 bus which travels between Stirling and Falkirk and which calls at FVRH en-route. This service runs approximately every 15 minutes. When handing your voucher to the bus driver ask for a weekly one zone ticket

Dining Facilities:

FVRH:

The restaurant is open 7.30am to 7.30pm

FCH:

Limited snacks available from RVS shop within the Outpatient suite.

Library/Computer Access:

The Library is situated on the 2nd Floor, above the restaurant at FVRH, within Clinical and Medical Education Services. Contact the Librarian, Elizabeth Carney, on 01324 567406 or email: fv-uhb.forthvalleylibraryservices@nhs.net

The library is manned Monday – Friday from 8.30am to 4.30pm. Access is available at all times using a valid swipe card.

Library Facilities

NHS Forth Valley Library Services provide free membership to medical students. The library stocks a range of books on the Knowledge Network, together with journals and educational resources which are available through the internet. There are many computers within the Library to facilitate access to the resources and study space where you can use your own device.

<http://nhsforthvalley.com/health-services/library-services/>

The Knowledge Network is NHS Scotland's National eLibrary available from any computer at: <http://www.knowledge.scot.nhs.uk>

Among the wealth of resources, the Knowledge Network provides:

- Full text journal articles, abstracts and citations
- Electronic books
- Point of care resources including evidence summaries
- Assistance to enable users to keep up to date in their field of interest
- A wide range of apps
- Access to Library Search, the national catalogue Scottish Hospitals Library Catalogue

An Athens password is required to access NHS Scotland's Knowledge Network on-line resources. You can apply for an Athens password online by visiting www.knowledge.scot.nhs.uk and clicking 'register' at the top right hand corner

Support is available to enable staff to develop their information and knowledge skills. Please call or email us if you would like to come along for a tutorial. Or if you have any questions.

A multi function device is available to facilitate printing, copying, scanning... Please note that a print code is required to use this device; codes will be provided together with your computer log-in.

The library has a portable DVD player as some volumes contain DVDs. When using the library please have respect for other users.

In FCH there is open wi-fi access available in the Junior Doctors Residence where you will be staying.

Eduroam is available in FVRH.

Access to Clinical Systems

You will be given access to the following clinical systems whilst you are on placement:

Clinical Portal

Using your generic computer log-in

SCI Store

A username and password will be provided

HePMA

A username and password will be provided but you must complete a Turas Learn module in order to activate this, the module is called NHS FV HePMA View Only

TrakCare

A username and password will be provided but you must complete two Turas Learn modules in order to activate this as follows:

- NHS FV Introduction to TrakCare module
- NHS FV TrakCare Acute Inpatient Doctor module

We require you to undertake an additional Turas Learn module this is not a clinical system but an invaluable teaching tool

NHS FV ReSPECT

Undergraduate Medical Education Facilities:

FVRH:

The Library and computer room in FVRH are located on the second floor of F block, which is the round building at the front of the hospital, there is 24 hour access to the library and computer rooms, after hours they can only be accessed from the second floor ward corridor and the use of the rear door to the library. Eduroam is available in FVRH

FCH:

There is Wi-Fi in the residence, there is no password required. Even if you are not staying in the accommodation you can use the common rooms for study periods and access the JDR using the information in your welcome email.

Educational Supervisor:

In Ophthalmology this will either Dr Megan Johnson or Dr Stephen Burgess Consultant
Ophthalmologists

In E.N.T this will be Mr Harar, E.N.T Consultant

Dress Code

University scrubs are to be worn on wards and in clinics.

PPE guidance confirmed as per departmental rules.

Contacts:

Director of Medical Education

Dr Kate Patrick

Medical Education Services

2nd Floor Block F

Forth Valley Royal Hospital

Stirling Road

Larbert FK5 4WR

Extension 67399

Surgical Lead Tutor

Mr E MacDonald

Department of Surgery

Forth Valley Royal Hospital

Stirling Road

Larbert FK5 4WR

Extension 66939

Glasgow Medical School Sub-Dean

Dr C Kelly

Department of Medicine

Forth Valley Royal Hospital

Stirling Road

Larbert FK5 4WR

Extension 66867

Undergraduate Co-ordinator

Margot Robinson

Medical Education Services

2nd Floor Block F

Forth Valley Royal Hospital

Stirling Road

Larbert FK5 4WR

Margot Robinson is the undergraduate co-ordinator for Forth Valley she can be contacted at Extension 67619 or by e-mail at margot.robinson@nhs.scot

Please feel free to contact her at any time during your stay.

Paging/Bleeping

To bleep a doctor on the FVRH site dial 68100 and follow instructions.

Format of the Otolaryngology and Ophthalmology Attachment in Forth Valley:

You will be timetabled to divide your time between the two departments. Reporting arrangements will be different dependant upon which department you have been timetabled into for your first block as the Ophthalmology Department remains in Falkirk Community Hospital.

There are two students attending this block who will swap disciplines after the first two weeks. On the first day you should report at 9am to the Ophthalmology department in Falkirk, follow the signs for the Eye Clinic, main corridor to the right of the main entrance, either Dr Burgess or Dr Johnson will meet you both for a departmental induction and teaching session. Following which the student undertaking ENT first should then make their way to the Undergraduate office in FVRH, office 3, 2nd floor of the round building at the front of the hospital.

You should aim to attend all activities that you are scheduled for. If you cannot attend please make sure that you inform the undergraduate co-ordinator who will pass on the information to the relevant consultant or tutor. Non-attendance will be noted.

Assessment:

Glasgow Students will complete two portfolio cases, selected by the student, two assessments of clinical examination skills (mini-CEX) and one case-based discussion. These evaluations will very closely resemble the mini-CEX and CBD assessments which are currently in widespread use for Foundation Year and Specialty Registrar trainees. A portfolio case or a min-Cex will be undertaken at each of the specialties

The medical school requires all portfolios to be submitted to Turnitin for plagiarism checking before uploading to ePortfolio, a ticket should be sent to your Supervisor in order that he/she can mark it.

E.N.T – Portfolio and Mini-Cex

Ophthalmology: 3 assessment threads

- Portfolio "CbD" (written+Turnitin with oral presentation if desired)
- "MiniCex" skills
- "End-of-Block"

The CBD and end of block assessment will be conducted by each of your Educational Supervisors during the last half of your blocks.

E.N.T

Forth Valley ENT Consultants

| CONSULTANT | PAGE No./ MOBILE No. | SECRETARY | CONTACT EXTN. No |
|-------------------------------------|---------------------------------|------------------|-------------------------|
| Mr R Harar (Educational Supervisor) | Via s/board | Corrie Malcolm | 67632 |
| Mr J Newton | Via s/board | Aileen Cochrane | 67631 |
| Mr Banigo | Via s/board | Seonaid Denovan | 66920 |

ENT Timetable

| DAY | TIME | ACTIVITY | CONSULTANT |
|------------|-------------|---|---------------------|
| MONDAY | AM | Clinic/Theatre alternate weeks | Mr Harar/D Simpson |
| | PM | Theatre | Mr Harar |
| TUESDAY | AM | Outpatient Clinic Area 2 | Mr Harar |
| | PM | Outpatient Clinic Area 2 | Mrs Pettigrew |
| WEDNESDAY | AM | Clinic or Theatre | Mr Harar /Mr Newton |
| | PM | Private Study | - |
| THURSDAY | AM | Theatre | Mr Harar |
| | PM | Theatre | Mr Harar |
| FRIDAY | AM | Head/Neck Cancer MDT Outpatient Area 2 | Mrs Pettigrew |
| | PM | Private Study/Theatre | |

This pattern repeats throughout your attachment in ENT All activities take place on the FVRH site.

Clinics

The ENT Clinic is in the outpatient department Area 2

Inpatients

Inpatients are in Ward B12

Theatre

Theatres are located on the first floor in FVRH

OPHTHALMOLOGY

Forth Valley Ophthalmology Consultants

Secretaries: Heather Paterson heatherann.paterson@nhs.scot ; 01324-614367

Rose-anne Richmond: roseanne.richmond@nhs.scot ; 01324-614369

| CONSULTANT | TIME-TABLE ID | SPECIALTY |
|--|----------------------|--|
| Dr Andrew Ferguson | AF | Oculoplastics |
| Dr Iain Livingstone | IL | Uveitis, neuro |
| Dr Jennifer Gillen | JG | Paediatrics/ROP |
| Dr Tariq Saboor | TS | Med retina |
| Dr Oliver Chadwick | OC | Lacrimal |
| Dr Megan Johnson | MJ | Medical retina |
| Dr Paul Flavahan <i>(Departmental Clinical Lead)</i> | PV | Cornea |
| Dr Stephen Burgess | SB | |
| Dr David Wardrop | DW | Glaucoma |
| Dr Peter Wilson | PW | Cornea, Botox |
| Dr David Miller | DM | Glaucoma/Med Retina |
| Dr Usha Zamvar <i>(Acting Consultant)</i> | UZ | Diabetes, medical retina |
| Ms Pauline McBride & Mrs Dawn Swan <i>(Lead Orthoptists)</i> | orthop | Paeds/orthoptics |
| Ms Kate Docherty & Miss Caroline Burke <i>(Principal Optometrists)</i> | optom | Diabetic Screening, optometry, cornea |
| Mr Jason Graham <i>(Service Manager)</i> | JG | management |
| Julie Catlin | JC | Senior Nurse Manager |
| Hazel Muldoon | HM | Low Vision / RNIB |
| Kirsty Hyslop / Angela Dunbar / Sarah Matheson | AD KH SM | IVT, minor ops, Cornea/lacrimal |

CLINICS

The Eye Clinic is in the outpatient department Suites B & C in Falkirk Community Hospital (FCH).

Suite B: Macula, Retina, Glaucoma, Cataract, YAG and Argon Lasers suite.

Suite C: Cornea & external diseases, lacrimal, Paediatrics, motility and orthoptics, neuro and uveitis, optometry.

Suite C Special: Rapid access clinic (RAC), IVT injections.

Corridor B-C: imaging services: Fields, OCT, OPTOS, staff facilities

In addition, Ocular Coherence Tomography (OCT) is in the Ophthalmic Day Case Unit (ODSU) is in main corridor in FCH.

The Low Vision multidisciplinary clinics (adult and paediatric) occur at Forth Valley Sensory Centre (FVSC) Redbrae Road, Camelon (*suspended as per Covid-19*)

THEATRE

FCH:

Eye surgery FCH theatre 4 or sometimes theatre 3 (*access via the Day Case Unit (ODSU) in main corridor*).

Intravitreal Therapy (IVT) is in FCH in the Clean Room, Suite C in OPD FCH

FVRH

General anaesthetic Ophthalmology normally occurs in Theatres in FVRH on Tuesday mornings.

General anaesthetic Lacrimal surgery (Joint ENT and Ophthalmology) normally occurs in Theatre 5, FVRH on Wednesday mornings.

Due to current circumstances regarding elective operations theatres and times may change check beforehand

CONSULTANT ROTA

There is very complex 7 week cycle consultant rota – and advance notice of a timetable when your attachment may start at any week is not realistic – it has been tried unsuccessfully – especially when annual leave, study leave and public holidays are added to the mix. It is best to check with your Undergraduate Clinical Supervisor, the nurses, rota website and staff in clinic when you start to create a viable study plan.

You can access the consultant's rota to see what activities are on by logging on to:

<http://eyerota.yolasite.com>

Username: **ophthalmology**

Password: **rota**

Daily Rota is published and available in the coffee room

ASSESSMENTS

A)

Students will be asked to present one case as a brief written case history with a discussion highlighting themed from GMC good medical practice domains. An oral presentation is helpful for discussion. Videoconferencing can be used. Please submit case to

megan.johnson@nhs.scot or stephen.burgess@nhs.scot whomever is your supervisor,

assessment request via e-portfolio as a "CbD". MiniCex needs arrangement with supervisor, unless you can arrange individual elements as you do each session.

For example, but not limited to:

Cataract patient

Sudden Visual Loss

Acute Red Eye

3rd nerve palsy

Other interesting cases as may be encountered are acceptable – but discuss with Clinical supervisor in advance if uncertain.

B)

Clinical Skills demonstrated: (this can be assessed as a **mini-Cex** on ePortfolio).

Dr Johnson will/may do a tutorial session (in person or online) to cover these skills but they can be practised elsewhere

- Elements of an ophthalmic History
- Visual acuity *i.e.* Snellen + pinhole, + identify spectacles e.g. myopic vs hypermetropic astigmatism
- Anatomy of anterior segment and retina: cornea, sclera, anterior chamber, iris, retina , Macula; ± slit lamp
- Pupils testing: light and near response; RAPD, near synkinesis (“accommodation”), drugs affecting pupil size, mydriatics + cycloplegics

- Confrontation Fields (neurology vs ophthalmic)
- *Direct ophthalmoscope; technique (suspended by Covid-19 until further notice)*
- Emergencies – Chemical, papilloedema, trauma, GCA, Postoperative endophthalmitis

- Simple Pharmacology: (Local Anaesthetic; pupil manipulation, topical antimicrobials/ antivirals; steroids - topical & systemic)

C) Attendance at clinical opportunities

You may be given a timetable based on our 7 week cycle, but it may be necessary to tweak it. Please discuss this at induction to the department.

Detailed below is a list of clinical activities that occur within the department, but some happen less frequently than others and some are only infrequent. Annual leave, sickness, study leave etc may reduce these. It is difficult to cover everything in 2½ weeks, but please try and cover at least the essentials.

General clinics may harbour a variety of conditions. All ophthalmology consultants train in all specialties, but may then focus on a few areas. Cataract patient will be seen by all, but not necessarily in a specialised clinic. AHPs (nursing, optometrists, and orthoptists) may have doctor style clinics in addition to their own discipline, which widens opportunity. We have no vitreoretinal, oncology or orbital surgical units as these are provided regionally.

Rapid Access clinic is done by the on call consultant of the week on a 7 week cycle. It probably offers the best opportunity to see red eye and sudden visual loss patients. It can be quite busy, but happens every afternoon and weekend mornings.

Assessment: there is a 2 week matrix in the workbook to get signed by supervising clinician to verify attendance and educational spread of topics. Submit “**end of block assessment**” to ePortfolio.

| Opportunity | Essential | Desirable | Of interest |
|--------------------------------------|------------------|------------------|--------------------|
| Cataract Clinic&Theatre | X | | |
| Rapid Access Clinic x2 | X | | |
| Glaucoma Clinic | X | | |
| Macula Clinic | X | | |
| Diabetic clinic / Screening | X | | |
| Cornea External Diseases Clinic | X | | |
| Paediatric / Orthoptist | X | | |
| IVT injection | | X | |
| One stop Oculoplastic list | | X | |
| Thyroid clinic | | X | |
| Ocular motility | | X | |
| Low Vision [FVSC] | | | X |
| Dystonia & Botox® | | | X |
| Uveitis | | X | |
| Lacrimal Surgery | | X | |
| Lacrimal Clinic | | X | |
| General Clinic | X | | |
| Contact lenses | | | X |
| Retinopathy of Prematurity Screening | | | X |

See Dr Johnsn or Burgess for timetable information

Observation of Investigations

| Opportunity | Essential | Desirable | Of interest |
|----------------------------------|------------------|------------------|--------------------|
| Biometry (lens Calculation) | X | | |
| Visual Fields [Glaucoma] | X | | |
| Visual Fields [neuro / Goldmann] | | X | |
| Fluorescein Angiography | | | X |
| OCT | X | | |
| Corneal Topography | | X | |
| Refraction / LVA | | X | |
| Orthoptic / Lees Screen | | X | |
| B-Scan Ultrasonography | | X | |

| <u>"Skill set"</u> <u>Opportunity</u> | <u>Essential</u> | <u>Desirable</u> | <u>Of interest</u> |
|--|-------------------------|-----------------------------|---------------------------|
| Ophthalmic History taking | X | | |
| Visual Acuity | X | | |
| Confrontation Fields | X | | |
| <i>Direct Ophthalmoscope</i> | X | <i>Covid-19 constraints</i> | |
| Slitlamp Biomicroscopy | X | | |
| Spectacle identification | | X | |
| Motility | X | | |

INTENDED LEARNING OUTCOMES FOR SPECIALTY SURGERY - OPHTHALMOLOGY

clinical supervisor : Dr Johnson/Dr Burgess;.....OTHER..... Dates of attachment.....-.....

Student Name Matriculation No.:

| DOMAIN | ITEM | ESSENTIAL STANDARD i.e. | DESIRABLE E | ADVANCE D | ASSESSMENT <i>suggested method</i> | SUPERVISOR MARK and NOTES <i>please tick and initial TAUGHT / ASSESS</i> |
|---------------------------|---|-------------------------------|----------------|--------------|--|---|
| BOOK READING | Ophthalmology Pocket Tutor | X | | | STUDENT reporting | |
| VISION | Snellen + below (Logmar) | X | | X | DOPS | |
| | Near | X | | | DOPS | |
| | Spectacles / lenses identify type (+ or -) | | X | | DOPS Use cross; magnify; movement | |
| | Children VA issues | | | X | Structured Discussion | |
| FIELDS | Confrontation visual field | X | | | DOPS | |
| | External Eye movements Cover test | | X | X | DOPS | |
| ANATOMY | Ant segment | X | | | Slit lamp / model | |
| | Post segment | X | | | Photograph of fundus | |
| | Muscles / neuro | | X | | | |
| PUPILS | Anatomy Reflex Arc | X | | | DRAWING | |
| | Light response | X | | | DOPS | |
| | Near triple response | X | | | DOPS | |
| Pharmacology | Local anaesthetics and stains | X | | | Give minims to identify and discuss | |
| | mydriatics | X | | | | |
| | cycloplegics | X | | | | |
| | miotics | X | | | | |
| | others morphine etc | | X | | | |
| | GLAUCOMA | | X | X | | |
| FUNDUS | Identify anatomy vessels / disc / retina / macula | X | | | Photo | |
| | Direct ophthalmoscopy | | | | DOPS | |
| | Papilloedema Dx | | X | | Structured Discussion | |
| CLINICAL SCENARIOS | Acute Red Eye | | X | | Structured Discussion | |
| | Sudden visual loss quiet eye | | X | | Structured Discussion | |
| | Cataract | | X | | Role play consent | |
| | Cataract clinical pathway (min 1 pt) | X | | | Follow patient thru' History taking + theatre | |
| FINAL DAY | Mini CEx | | | | OSCE | |
| | Case Report | | | | Present and CBD | |

OVERALL OUTCOME: A / B / C / D / E / F / G /

COMMENTS & FEEDBACK:

.....Signed.....
..... Date.....

ATTENDANCE RECORD

Name:...../ Matric No. OPTHALMOLOGY CLINICAL RECORD TABLE

WEEK 1

WEEK 2

| Start Date:..... | | Session/Topic | Clinician's Initial/Sign | Grade 1, 2 or 3 | Day | Session/Topic | Clinician's Initial/Sign | Grade 1, 2 or 3 |
|------------------|----|---------------|--------------------------|-----------------|------|---------------|--------------------------|-----------------|
| Mon | am | | | | Mon | am | | |
| | pm | | | | | pm | | |
| Tue | am | | | | Tue | am | | |
| | pm | | | | | pm | | |
| Wed | am | | | | Wed | am | | |
| | pm | | | | | pm | | |
| Thurs | am | | | | Thur | am | | |
| | pm | | | | | pm | | |
| Fri | am | | | | Fri | am | | |
| | pm | | | | | pm | | |

Grade Key:- 0= ABSENT, 1 = Attended, 2= Attended and participated, 3= Fully engaged

FINAL SIGN OFF

CbD/ MiniCex...../End.....

Dr

For corroboration on NHS ePortfolio Clinical Merit certificate Y / N

This completed matrix table must be presented to your Educational Supervisor at your end of block assessment

Feedback: