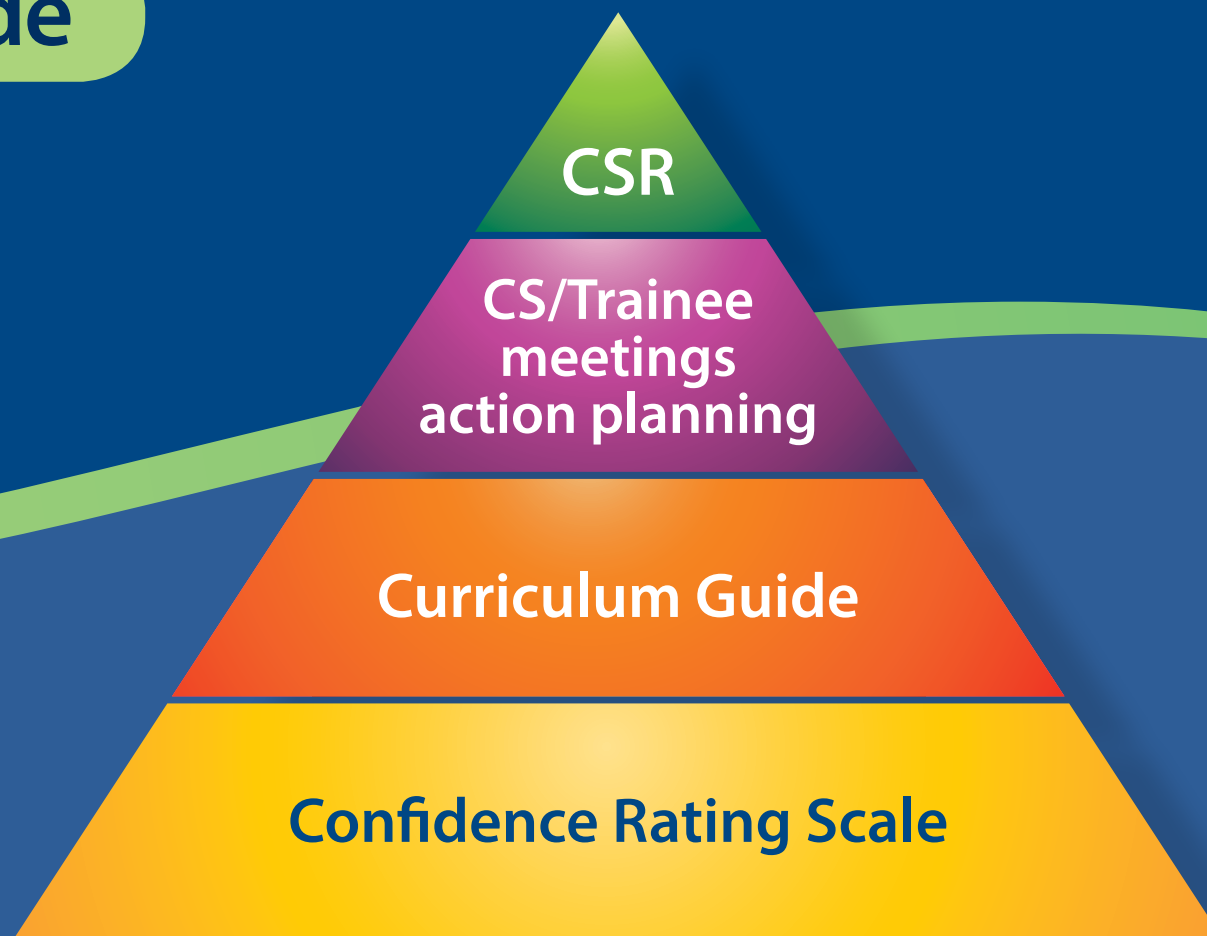


Super-Condensed

GP Curriculum Guide

> Ophthalmology



Introduction

Rationale

The Super Condensed Curriculum Guide has been created as a package to be used by both Clinical Supervisor and GP Specialty Trainees in order to support hospital units and their attached Clinical Supervisors deliver an educational experience of the highest quality feasible that is relevant to the GP trainee, thus improving consistency of approach and outcome throughout the region.

The Confidence Rating Scale

The confidence rating document is designed for use by the trainee in preparing for the post and for the first meeting with the CS. Although not exhaustive, it provides a list of clinical conditions and issues pertinent to the specialty, requiring the trainee to rate their confidence in these areas at the start (and possibly middle and end) of the post. Areas for further development can be identified, and discussion promoted around these at the first CS meeting thereby providing a platform for negotiating how these needs could be met in the post. It also provides space to document points for action which can be recorded as part of a PDP in the eportfolio.

The Guide

The Guide highlights areas of curriculum relevant to the specialty and groups these into “geographical” areas where learning needs might be achieved e.g. acute, chronic, community, as well as including core skills and technical skills to be achieved. It also makes suggestions for additional learning opportunities within the post e.g. teaching and audit. Some posts offer opportunities for learning that relates to other areas of the curriculum, and these are highlighted. The idea is that this would inform the supervisor and stimulate discussion regarding possible learning needs and how these might be addressed -for example, that the trainee may need to attend outpatient clinics or community day hospitals to fulfill learning needs which cannot be met on the wards.

The flowchart

The supervisor meeting flowchart clearly lays out the tasks for each meeting and the preparation needed before and after each. This is to aid CS and trainee to create both a structure and a timeline for discussion and the workplace based assessments. The hope is that this would enable a more focussed and confident approach to identifying and meeting objectives in trainee education and assessment.

Clinical Supervisor Overview

Role and responsibilities of Clinical Supervisor for GPST

- Oversee day to day work of the trainee (direct contact or delegated)
- Hold 3 formative meetings with the trainee using the "Super Condensed" Curriculum Guide (gather and collate information from other sources)
- Sign off Workplace based assessments (WPBA)
 - 3 x Case Based discussions (CBD)
 - 3 x Mini-Clinical Evaluation Exercise (Mini-CEX)
 - Direct Observation of Procedural Skills (DOPS)
 - Multi-source feedback (MSF) 5 clinicians only

NB assessments can be undertaken by other appropriate members of staff: Associate specialists, staff grades, enhanced nurse practitioners, specialty trainees >ST4

- Ensure trainees are aware of their responsibilities for patient safety
- Be the trainee's initial point of contact for specific issues relating to their post
- Support the trainee in attending GPST focussed educational opportunities: HBGL monthly meeting; GPST Core Curriculum Course.
- Communicate and record appropriately any concerns about a trainee's progress and development to their GP Educational Supervisor and TPD
- Complete a Clinical Supervisors report (CSR) at the end of placement

Guide to Clinical Supervisor Report

This report should be completed as part of the last appraisal meeting with your trainee prior to their 6 monthly review with their GP Educational Supervisor, or at the end of each 6 month placement (see timeline on flow chart). The e-Portfolio has a section for the Clinical Supervisor to write a short structured report on the trainee at the end of each hospital post.

This covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies, grouped into 4 - Relationships, Diagnostics, Clinical Management, Professionalism
- This is based on the level that you would expect an ST trainee to have i.e. ST1 or ST2.

The electronic form provides reminders of the definitions of the competences to make writing the report easier (word pictures). It may also be helpful to refer to the relevant curriculum statement(s) on the RCGP website in reporting on the knowledge and skills relevant to the post.

The report should identify and comment on:

- Any significant developmental needs identified during a placement, and also point out any areas where the trainee has shown particular strengths.
- The progress of the trainee in terms of the evidence of competence (it is not a pass/ fail report).

If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal acute trust/ PCT/ Deanery mechanisms.

Completing assessments or CSR electronically

➡ The simplest way is to go to:

<https://eportfolio.rcgp.org.uk/login.asp>

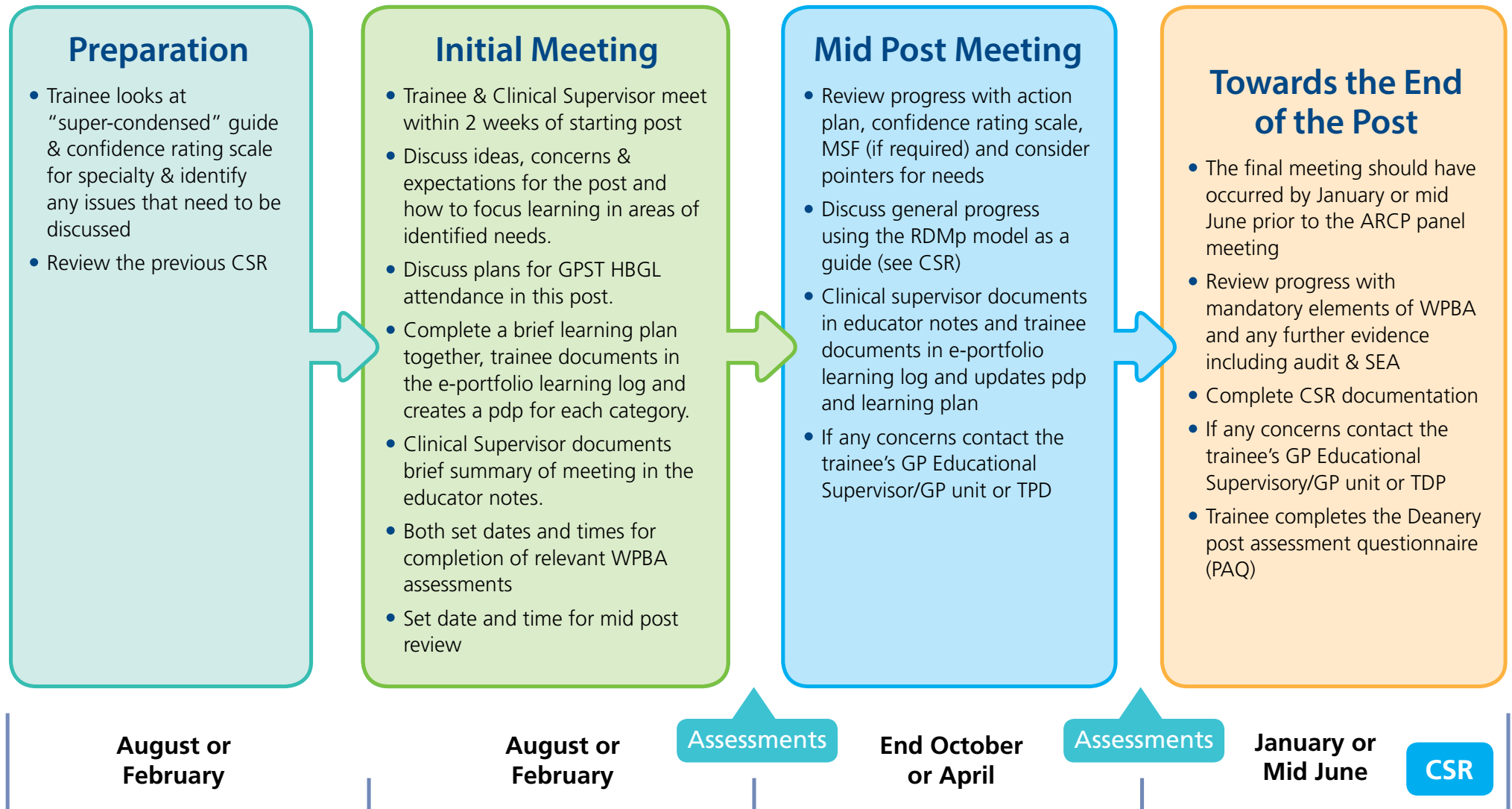
- click on the **Assessment form page**
- complete the details page and click on CSR at the bottom.
- complete the form with the trainee present and submit.

➡ Or you can log in with your RCGP login details to:

<https://eportfolio.rcgp.org.uk/login.asp>

- Select your trainee
- Left hand navigation bar > click **evidence**
- Scroll down to find the relevant post
- Click under CSR (hand with pen)
- Complete documentation with trainee present and submit

Timeline for Clinical Supervisor/Trainee Meetings



The Trainee's Responsibilities

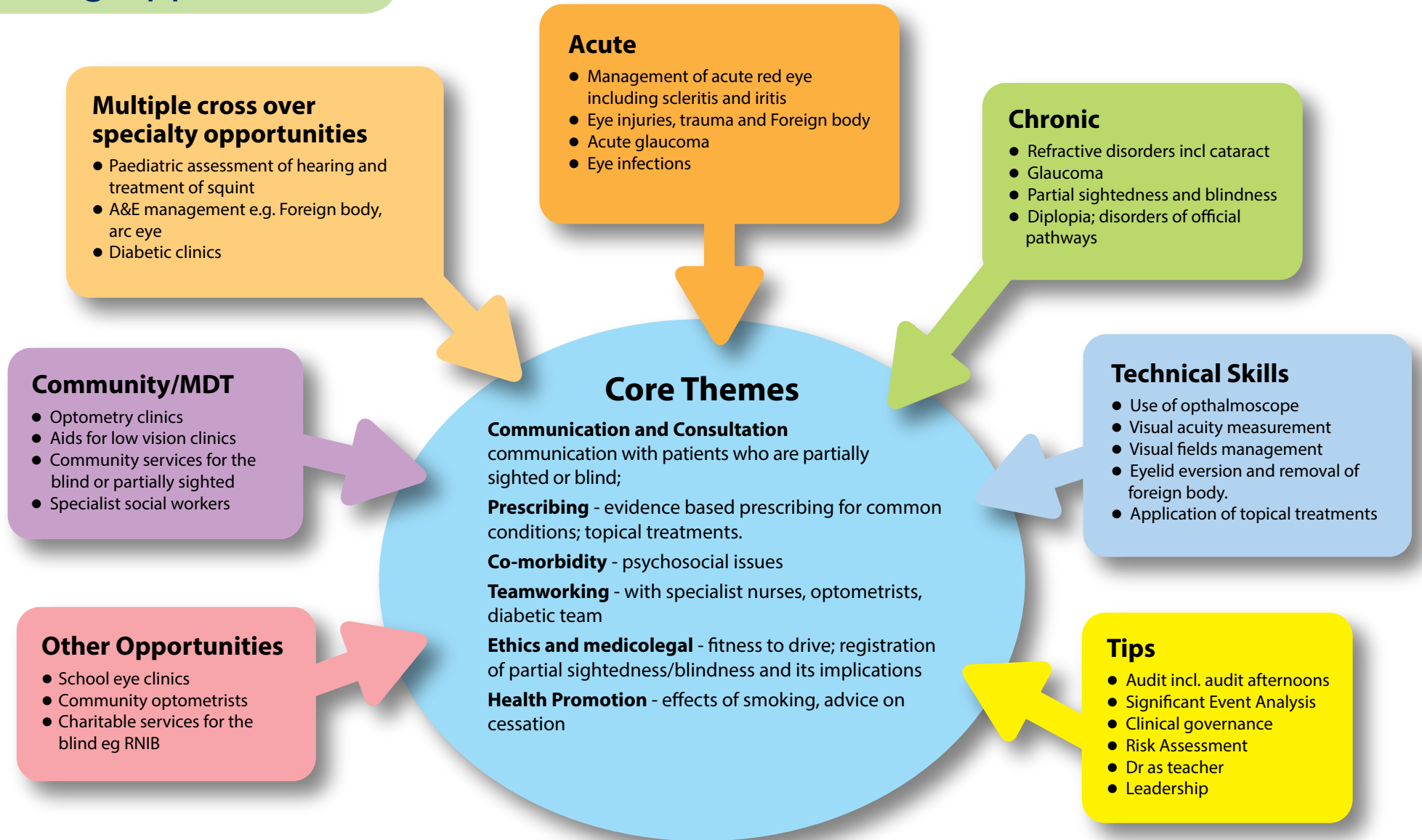
The Trainee has agreed to the following responsibilities at the commencement of their training:

- to always have at the forefront of my clinical and professional practice the principles of **Good Medical Practice** for the benefit of safe patient care. Trainees should be aware that **Good Medical Practice** (2006) requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual GMC/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

In each placement the Trainee agrees to:

- Complete the confidence rating scale prior to each meeting with their clinical supervisor.
- Discuss with their clinical supervisor their learning needs based on their confidence ratings and create an action plan
- Create a pdp, using SMART objectives, based on the action planning undertaken at any meeting with their clinical supervisor
- Actively engage with my clinical supervisor in addressing any feedback or raising any issues which may impact on their performance
- Actively engage with completing their required assessments in a timeous manner
- Complete their e-portfolio as required by the Deanery and RCGP
- Complete the annual GMC trainee survey.

Learning Opportunities



Confidence Rating Scale

Ophthalmology

Below are some of the issues pertinent to Ophthalmology. To help you to organise your thoughts they have been grouped into competency areas. The list has been drawn together from “highlights” from the GP Curriculum and RCGP Learning Outcomes for care of people with eye problems and is by no means exhaustive. To ensure a rich experience it is important to think broadly around topics/experiences. This document is intended to help identify areas for further development and creation of specific learning needs for the post. Please record your level of confidence for each bullet point by ticking in the Red (no confidence), Amber (some confidence) or Green (confident) columns. This should be completed in preparation for your first meeting with your Clinical Supervisor and will help you create a baseline from which you can monitor your progress during the placement.

Clinical Management, Data Gathering, Making a Diagnosis, Managing Complexity			
<i>How confident do you feel in the assessment, investigation, diagnosis and management of the following conditions/situations? (Bear in mind this requires skills in acute, chronic, preventative, palliative and emergency care and a knowledge of the epidemiology of older people's problems).</i>	X	X	X
SPECIFIC CONDITIONS AND DISORDERS			
Disorders of the lids and lacrimal drainage apparatus e.g. Blepharitis, stye and chalazion, entropion and ectropion, basal-cell carcinoma, naso-lacrimal obstruction and dacryocystitis.	Red	Amber	Green
External eye disease: sclera, cornea and anterior uvea e.g. Conjunctivitis (infective and allergic), dry eye syndrome, episcleritis and scleritis, corneal ulcers and keratitis, iritis and uveitis.	Red	Amber	Green
Disorders of refraction e.g. Cataract, myopia, hypermetropia, astigmatism, principles of refractive surgery, problems associated with contact lenses.	Red	Amber	Green
Disorders of aqueous drainage e.g. Acute angle closure glaucoma, primary open angle glaucoma, secondary glaucomas.	Red	Amber	Green
Vitreo-retinal disorders e.g. Flashes and floaters, vitreous detachment, vitreous haemorrhage, retinal detachment.	Red	Amber	Green
Disorders of the optic disc and visual pathways e.g. Swollen optic disc: recognition and differential diagnosis, atrophic optic disc: recognition and differential diagnosis, pathological cupping of the optic disc, migraine, transient ischaemic attacks, diplopia	Red	Amber	Green
Paediatric eye problems including knowledge of developmental check including squint	Red	Amber	Green

<i>How confident do you feel in the assessment, investigation, diagnosis and management of the following conditions/situations? (Bear in mind this requires skills in acute, chronic, preventative, palliative and emergency care and a knowledge of the epidemiology of older people's problems).</i>	X	X	X
EMERGENCY CARE INCLUDING ADMINISTERING TREATMENT IN PRIMARY CARE WHERE APPROPRIATE			
• Superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations			
• Severe orbital injury, including blow-out fracture, penetrating ocular injury and tissue prolapse			
• Arc eye			
• Severe blunt injury, including hyphaema			
• Sudden painless loss of vision			
• Severe intra-ocular infection			
• Acute angle closure glaucoma			
TECHNICAL AND ASSESSMENT SKILLS			
• Undertake an examination of the eye including acuity, external examination, eyelid eversion, papillary response and red reflex, eye movements, visual fields, ophthalmoscopy and use of fluorescein			
• Understand and be able to explain to the patient about the use of medications including mydriatics, topical anaesthetics, corticosteroids, antibiotics, glaucoma agents			
• Removal of superficial foreign bodies from the eye			
INTERPRETATION OF RESULTS			
Communication/Working with Colleagues			
• Communication issues specific to patients with partial sight or blindness including access to services and information about health			
• Optometrists, ophthalmologists, school health services, community eye clinics and social work			
• Communication with colleagues in eye casualty e.g. medics and nurse specialists			
• Communication issues specific to patients with partial sight or blindness including access to services and information about health			

Community Orientation/Practising Holistically			
<i>How confident do you feel about addressing issues related to, and co-ordinating the involvement of the following services?</i>	X	X	X
• Community optician			
• Registration of partial sight or blindness – when and how to register and the role of specialist social workers			
• DVLA - awareness of any restrictions on those with eye conditions			
• RNIB, social services			
• Aids for low vision, how patients can access			
• Awareness of the social and psychological impact of eye problems on patient, their dependents and employer/ability to work.			
Maintaining an Ethical Approach/Medicolegal issues			
<i>How confident do you feel about your knowledge of the following issues and how to apply the theories in practice?</i>	X	X	X
• Driving regulations, how to approach the issue of a patient continuing to drive where inappropriate			
• Appreciation of the balance that exists between respecting the patient's autonomy and public safety			
• Possible issues arising from rationing of either services or in prescribing			
Maintaining Performance/Learning and Teaching			
<i>How confident do you feel with undertaking the following?</i>	X	X	X
• Audit			
• Significant Event Analysis			
• Presenting			
• Dr as teacher			
• Leadership			

Summary of Learning Needs/Points for Action

Looking at the areas above which you have marked amber or red, make a note of specific learning needs to target during this post and how you might achieve these (including through outpatient clinic, home visits, hospital at night etc). If you are unsure how best to meet these needs discuss this with your Clinical Supervisor.



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