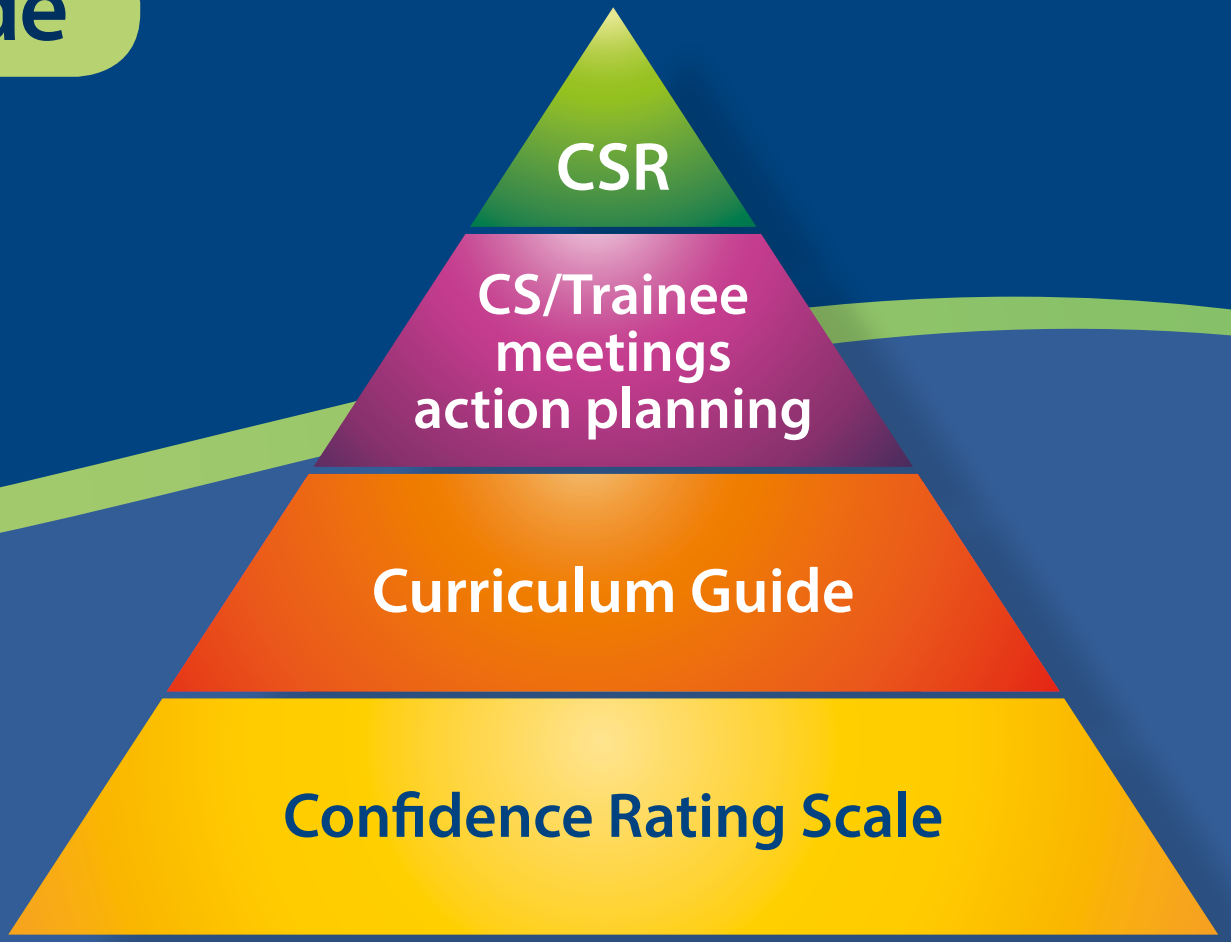
NHS Education for Scotland

Super-Condensed

GP Curriculum Guide

Ophthalmology



South east Scotland Updated 2016

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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)
  - Clinical Examination and Procedural Skills (CEPs)
  - 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.

If you wish to raise any concerns regarding a trainee please contact **gp.unit@nes.scot.nhs.uk** in the first instance.

Completing assessments or CSR electronically

The simplest way is to go to:

https://trainee.gpeportfolio.rcgp.org.uk

- 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://trainee.gpeportfolio.rcgp.org.uk

- 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

Preparation

- Trainee looks at "super-condensed" guide & confidence rating scale for specialty & identify any issues that need to be discussed
- Review the previous CSR

Initial Meeting

- Trainee & Clinical Supervisor meet within 2 weeks of starting post
- Discuss ideas, concerns & expectations for the post and how to focus learning in areas of identified needs.
- Discuss plans for GPST HBGL attendance in this post.
- Complete a brief learning plan together, trainee documents in the e-portfolio learning log and creates a pdp for each category.
- Clinical Supervisor documents brief summary of meeting in the educator notes.
- Trainee to complete a Placement Planning Meeting Log entry detailing the actions from the initial meeting
- Both set dates and times for completion of relevant WPBA assessments
- Set date and time for mid post review

Mid Post Meeting

- Review progress with action plan, confidence rating scale, MSF (if required) and consider pointers for needs
- Discuss general progress using the RDMp model as a guide (see CSR)
- Clinical supervisor documents in educator notes and trainee documents in e-portfolio learning log and updates pdp and learning plan
- If any concerns contact the trainee's GP Educational Supervisor/GP unit or TPD

Towards the End of the Post

- The final meeting should have occurred by January or mid June prior to the ARCP panel meeting
- Review progress with mandatory elements of WPBA and any further evidence including audit & SEA
- Complete CSR documentation
- If any concerns contact the trainee's GP Educational Supervisory/GP unit or TPD
- Trainee completes the Deanery post assessment questionnaire (PAQ)

August or February — **August or February** — Assessments — **End October or April** — Assessments — **January or Mid June** — **CSR**

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.

Planning and conducting the CBD interview

Case based discussion is a structured interview designed to explore the professional judgement of a trainee using cases selected by the trainee and presented for evaluation. 6 cases should be explored in ST1 and 6 in ST2 with 3 before each educational review.

- During their hospital posts the trainee should select 2 cases and present them to the supervisor a week before the case discussion.
- Copies of relevant clinical entries and records should be provided and a template might be useful. (Possible copy attached)
- One of these two cases should be selected for discussion by the supervisor.
- There are descriptors of what constitutes insufficient evidence, needs further development, competent and excellent for each competency area in the e-portfolio and it is important that the assessor takes time to develop a clear understanding of what specific evidence will indicate each level of performance. A reminder of the competencies is attached.
- There is structured question guidance which should be used to develop appropriate questions to seek evidence. It is helpful to record planned questions for easy reference throughout the interview. A list of possible questions is attached.
- Some time should be available at the start of the CbD for both trainee and supervisor to remind themselves of the case and the starting point for the interview should be the written records and an assessment of the quality of these records should be made and recorded. Do not try and cover all the competencies in one case and be explicit with the trainee which competencies will be explored (usually a maximum of 4 competency areas).
- Using pre-prepared questions, explore the professional judgement demonstrated by the trainee paying particular attention to situations in which uncertainty has arisen, or where a conflict of decision-making has arisen. The questions are to look at competence of performance and are not just a measure of knowledge 20 minutes should be allowed per case.
- It is important for the progress of the trainee, that the interview is used to guide further development by offering structured feedback. The Discussions in years ST1 and ST2 should take no longer than 30 minutes, which allows about 10 minutes for feedback together with any recommendations for change.
- Record evidence on your notes sheet. This information can then be used to inform the judgement on the level of performance of the trainee against each competency area. At the end of each case, a judgement of the level of performance demonstrated by the registrar should be recorded on the marking grid along with recommendations for further development.
- One of two cases should be selected for the Discussions in years ST1 and ST2. Two out of four cases should be selected for Discussions in year ST3.
- There are descriptors of what constitutes insufficient evidence, needs further development, competent and excellent for each competency area in the Trainee ePortfolio and it is important that the assessor takes time to develop a clear understanding of what specific evidence will indicate each level of performance.
- The structured question guidance **(see below – p.2)** should be used to develop appropriate questions which will seek this evidence. It is helpful to record planned questions for easy reference throughout the interview.
- It is important to ensure that the Trainee has enough time to review the records and refresh their memory before the Discussion. The starting point for the interview should be the written records and an assessment of the quality of these records should be made and recorded.
- Using pre-prepared questions, explore the professional judgement demonstrated by the Trainee paying particular attention to situations in which uncertainty has arisen, or where a conflict of decision-making has arisen. 20 minutes should be allowed per case.
- It is important for the progress of the Trainee, that the interview is used to guide further development by offering structured feedback. The Discussions in years ST1 and ST2 should take no longer than 30 minutes, which allows about 10 minutes for feedback together with any recommendations for change.
- Throughout the Discussion, it is helpful to record evidence elicited on the notes sheet (see below – p.3). This information can then be used to inform the judgement on the level of performance of the Trainee against each competency area. At the end of each case, a judgement of the level of performance demonstrated by the registrar should be recorded on the marking grid along with recommendations for further development.

The RCGP gratefully acknowledges the help of the Oral Core Group of the MRCGP examination in developing this CBD tool

Case-based Discussion notes sheet

CBD Structured Question Guidance

Defines the problem

- What are the issues raised in this case?
- What conflicts are you trying to resolve?
- Why did you find it difficult/challenging?

Integrates information

- What relevant information had you available?
- Why was this relevant?
- How did the data/information/evidence you had available help you to make your decision?
- How did you use the data/information/evidence available to you in this case?
- What other information could have been useful?

Prioritises options

- What were your options? Which did you choose?
- Why did you choose this one?
- What are the advantages/disadvantages of your decision?
- How do you balance them?

Considers implications

- What are the implications of your decision?
- For whom? (e.g. patient/relatives/doctor/practice/society)
- How might they feel about your choice?
- How does this influence your decision?

Justifies decision

- How do you justify your decision?
- What evidence/information have you to support your choice?
- Can you give me an example?
- Are you aware of any model or framework that helps you to justify your decision?
- How does it help you? Can you apply it to this case?
- Some people might argue, how would you convince them of your point of view?
- Why did you do this?

Practises ethically

- What ethical framework did you refer to in this case? How did you apply it? -How did it help you decide what to do?
- How did you establish the patient's point of view?
- What are their rights? How did this influence your handling of the case?

Works in a team

- Which colleagues did you involve in this case? Why?
- How did you ensure you had effective communication with them?
- Who could you have involved? What might they have been able to offer?
- What is your role in this sort of situation?

Upholds duties of a doctor

- What are your responsibilities/duties? -How do they apply to this case?
- How did you make sure you observed them? Why are they important?

Case-based Discussion Summary Template For Trainees
template for presenting your case

Patient's age:

Occupation:

PMH

Medication

Chronological Order of Events

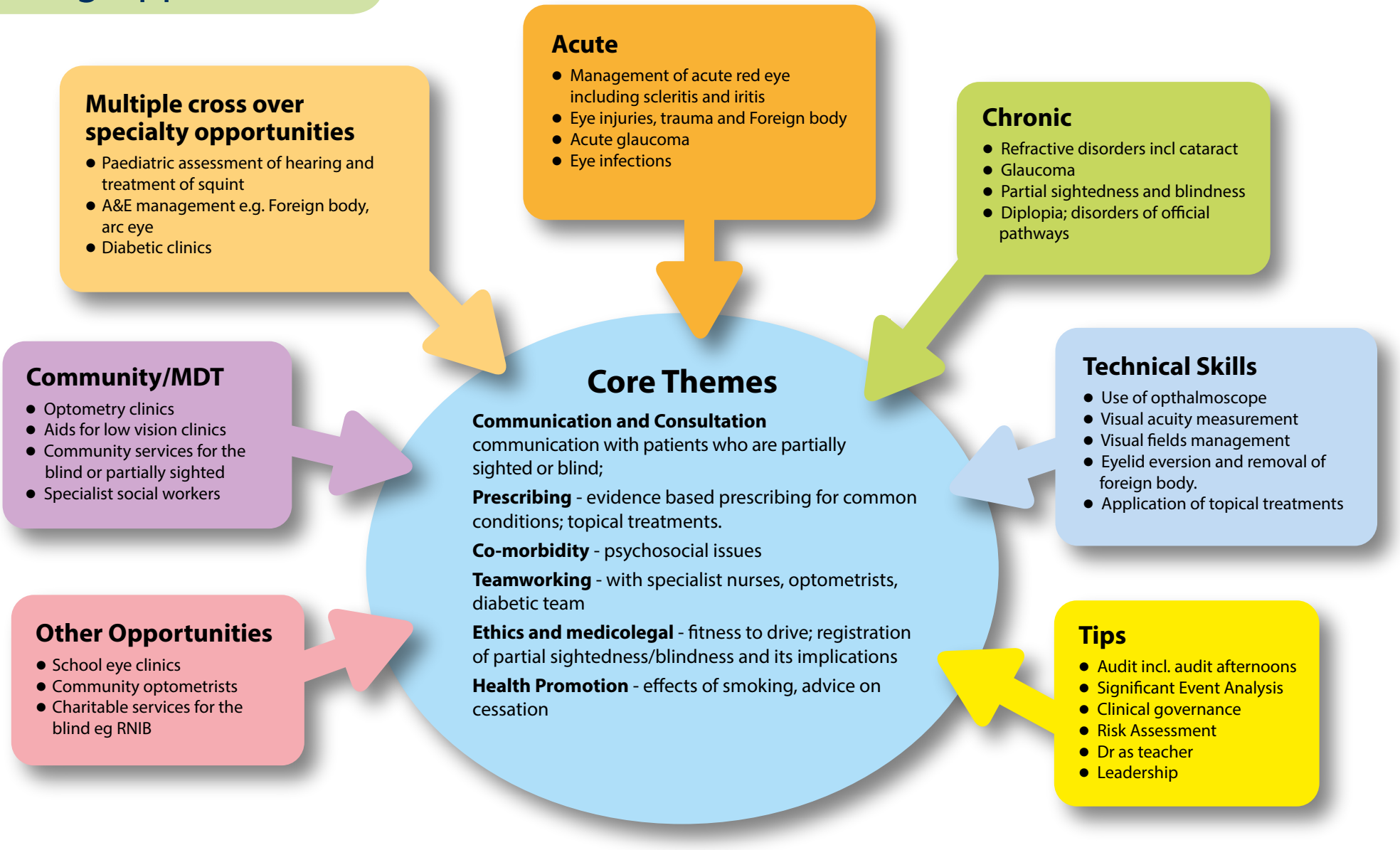
Case-based Discussion Summary Template

- Please tick the competency boxes below which you feel are demonstrated by this case (try and select 4 competencies which you think the case really demonstrates well or ones which you would like the focus to be)
- For those boxes you have ticked, write a brief explanation (in the right hand column) why you feel the case demonstrates this
- Give this template along with the other paper work 1 week before the discussion is scheduled (= to help the clinical supervisor devise questions)
- Remember, every case does not need to demonstrate every competence (but your final collection case based discussions should do)

Competence	your concise explanation (~ 50 words)
☐ Practising holistically	
☐ Data gathering and interpretation	
☐ Making diagnoses & decisions	
☐ Clinical Management	
☐ Managing medical complexity	
☐ Primary care administration and IMT	
☐ Working with colleagues and in teams	
☐ Community orientation	
☐ Maintaining an ethical approach to practice	
☐ Fitness to practise	

Thanks to Ramesh Mehay (Bradford VTS) for this CBD template

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			
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).	✓	✓	✓
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.	☐	☐	☐
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.	☐	☐	☐
Disorders of refraction e.g. Cataract, myopia, hypermetropia, astigmatism, principles of refractive surgery, problems associated with contact lenses.	☐	☐	☐
Disorders of aqueous drainage e.g. Acute angle closure glaucoma, primary open angle glaucoma, secondary glaucomas.	☐	☐	☐
Vitreo-retinal disorders e.g. Flashes and floaters, vitreous detachment, vitreous haemorrhage, retinal detachment.	☐	☐	☐
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	☐	☐	☐
Paediatric eye problems including knowledge of developmental check including squint	☐	☐	☐

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).	✓	✓	✓
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, opthalmoscopy 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			
How confident do you feel about addressing issues related to, and co-ordinating the involvement of the following services?	✓	✓	✓
• 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			
How confident do you feel about your knowledge of the following issues and how to apply the theories in practice?	✓	✓	✓
• 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			
How confident do you feel with undertaking the following?	✓	✓	✓
• 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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