Sample completed EPA Level 1 – Indirect supervision

Ophthalmic Specialist Training Entrustable Professional Activity for Level 1 Providing clinical care for low complexity general ophthalmology patients

Learning Outcomes

Trainees and trainers should refer to the <u>descriptors</u> within each learning outcome below as a guide when completing this form.

- Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.
- Formulates and initiates a management plan for low complexity cases.
- Justifies the diagnoses and plans with reference to basic and clinical science.
- Works effectively with patients and the multi-professional team.
- Understands the role of a Community Ophthalmology Service.
- Communicates and delivers feedback to referrers and patients to support integrated care.

Trainee self-assessment

Please use the entrustment scale below to document your progression until Level 1 competence has been reached.

Overall level of entrustment for this activity	Observing
	Needs Direct Supervision □
	Needs Indirect Supervision □
	Competent to this Level ⊠
Free text comments	Click or tap here to enter text.

Trainer assessment

- 1. Please choose one of the following to indicate whether the evidence submitted indicates that the trainee is competent to this Level in each mandatory requirement:
 - Yes it does (YES)
 - I have reservations about whether evidence meets standards (RESERVATION)
 - No it does not (NO)
 - There is no evidence (NO EVIDENCE)

Please include a narrative to support your decision and suggest areas for further development in the Comments box.

Mandatory requirements	The evidence submitted	Comments	
	indicates that the trainee		
	is competent to this Level		
	Yes/No/Reservations/No evidence		

A. Mandatory requirements in outpatients (where these have been performed by other assessors, please review)

- ¹ A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.
- ² Can be achieved either in Section A (Outpatients) or Section B (Theatre)

CRS1 Consultation skills	Yes	Complaints by staff and patients over trainee attitude. This was discussed with trainee. They were keen to reflect and consider how to address this aspect of their practice. Some examination skills learnt well but need more supervision doing other examinations such as gonioscopy. Some examination did not have any evidence on the portfolio.
CRS2 Assess vision	Yes	As above
CRS3 Assess visual fields	Yes	As above
CRS5 External eye examination	Yes	As above
CRS6 Assess pupils	No evidence	As above
CRS7 Assess ocular motility	No evidence	As above
CRS8 Assess intra-ocular pressure	Yes	As above
CRS9 Slit lamp	Yes	As above
CRS10a Fundus assessment – direct ophthalmoscope	No evidence	As above
CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent	Yes	As above
CRS10c Fundus assessment – diagnostic contact lens	No evidence	As above

Mandatory requirements	The evidence submitted indicates that the trainee is competent to this Level Yes/No/Reservations/No evidence	Comments
CRSGon Gonioscopy	No	As above
Corneal scrape ¹	No evidence	Choose an item.
		Trainee reports achieving this competency but needs evidence as WpBA or Observation by another team member or MAR
Use an exophthalmometer ¹	Yes	DOPS
		As above
Assess lacrimal function ¹	Reservation	Direct observation
		Needs more practice to ensure competency
Punctal plug insertion ¹	No evidence	Choose an item.
		As above
Interpretation of automated	Yes	Direct observation
visual fields ¹		Learning how to interpret visual fields. To continue reading about different presentations
Removal of sutures ^{1,2}	No evidence	Choose an item.
		Click or tap here to enter text.

B. Mandatory requirements in theatre (where these have been performed by other assessors, please review)

² Can be achieved either in Section A (Outpatients) or Section B (Theatre)

OSATS1 Microsurgical skills	Yes	OSATS
OSATS1 Cataract Surgery	Reservation	Need further training in theatre and more opportunities to be competent at surgical steps
OSATS1 Lid surgery	No evidence	Click or tap here to enter text.
	Reservation	OSATS

¹ A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.

Mandatory requirements	The evidence submitted indicates that the trainee is competent to this Level Yes/No/Reservations/No evidence	Comments
Operating microscope ¹		As above
Removal of sutures ^{1,2}	No evidence	Choose an item.
		Click or tap here to enter text.
C. Other mandatory requireme	ents	
Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible	Choose an item.	Trainee making good progress. Able to assess and manage simple cases in the area of glaucoma and oculoplastics. However still needs indirect supervision to manage corneal cases. Also has had limited exposure to neuroophthalmology cases and needs advice on these patients.
Longitudinal observation by consultant assessor in the theatre and simulation setting	No	Surgically, trainee has not been in theatre with me. See MAR. Logbook shows seven complete cases.
Review of record keeping and letters	Yes	No issues here
Case-based Discussions (CbDs) – please specify number in Comments	Yes	4
Indicate whether one or more MARs have been reviewed before completing this EPA	Yes	MAR reviewed. One MAR from other supervising Consultant indicates that the trainee has had very little chance to do cataract surgery. Has completed only seven complete cases. No concerns regarding skill but rather just a lack of opportunity.
Please indicate the name and role of all assessors who completed the MAR(s)	Dr Bloggs	Consultant

Based on my observations and the evidence indicated I consider that the overall level of entrustment for this trainee is:

Overall level of entrustment for this activity		Observing	
		Needs Direct Supervision	
		Needs Indirect Supervision	\boxtimes
		Competent to this Level	

Anything especially good?

Trainee making good progress and has been in Level 1 for 12 months. Surgical opportunities have been limited but no concerns regarding skills and keenness to learn.

Please indicate what additional evidence is needed to reach that level of entrustment if you are unable to recommend the appropriate level of entrustment due to limited evidence.

Click or tap here to enter text.

- 1. Complete mandatory WpBAs as above
- 2. Seek opportunities to increase surgical exposure so that cataract numbers can be built up to reflect competence to this Level
- 3. Focus on competence in cornea and neuroophthlamology evidence to be provided in the form of MAR or by Direct Supervision by next NCS
- 4. Review of personal reflection piece relating to feedback about trainee's perceived inappropriate attitude