



GP Specialty Training Intended Learning Outcomes from Clinical Placement SPECIALTY

This guideline is for GP Specialty Trainees and Clinical Supervisors during clinical placements, and should accompany the trust job description. The intended learning outcomes should inform the planned clinical experience and training, and should be used as a template for the clinical supervisor's assessment of the trainee's performance at the end of the placement.

The intended learning outcomes relate to three main areas:

- Knowledge (relevant to the placement)
- Practical skills (relevant to the placement)
- Professional competencies (generic GP Curriculum)

1. Knowledge-base relevant to the placement

Disorders of the lids and lacrimal drainage apparatus: (Blepharitis, Stye and Chalazion, Entropion and Ectropion, Basal-cell carcinoma, Naso-lacrimal obstruction and dacryocystitis).

External eye disease: sclera, cornea and anterior uvea: (Conjunctivitis (infective and allergic), Dry eye syndrome, Episcleritis and scleritis, Corneal ulcers and Keratitis, Iritis and Uveitis).

Disorders of refraction: (Cataract, Myopia, Hypermetropia, Astigmatism, Principles of refractive surgery, Problems associated with contact lenses).

Disorders of aqueous drainage: (Acute angle closure glaucoma, Primary open angle glaucoma, Secondary glaucoma).

Vitreoretinal disorders: (Flashes and floaters, Vitreous detachment, Vitreous haemorrhage, Retinal detachment).

Disorders of the optic disc and visual pathways: (Swollen optic disc: recognition and differential diagnosis, Atrophic optic disc: recognition and differential diagnosis, Pathological cupping of the optic disc, Migraine, Transient ischaemic attacks (TIAs)).

Eye Movement Disorders: (Diplopia, Non-paralytic and paralytic strabismus).

Investigations:

- Undertake an examination of the eye assessing both structure and function.
- Understand the appropriate investigations to exclude systemic disease.
- Know the secondary care investigations and treatment including slit lamp, eye pressure measurement.

Emergency care: Ability to recognise and institute primary management of ophthalmic emergencies and refer appropriately: (Superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations, Arc eye, severe blunt injury, including hyphaema, severe orbital injury, including blow-out fracture, Penetrating ocular injury, and tissue prolapse, Retained intra-ocular foreign body, sudden painless loss of vision, severe intra-ocular infection, acute angle closure glaucoma).

Community Orientation:

Describe the role of, and appropriate referral to, the community optician, Describe the DVLA driving regulations for people with visual problems, facilitate patients' access to sources of social support for the visually impaired child:

- The 'statementing' process for children with special educational needs.
- Schooling requirements and role of peripatetic teachers.
- Career guidance for visually impaired children.

Facilitate patients' access to sources of social support for visually impaired adults:

- RNIB, talking-book services.
- Social Services
- Local services
- Low vision aids.

2. Practical Skills relevant to the placement

Treatment:

- Understand and be able to explain to the patient about the use of medications including mydriatics, topical anaesthetics, corticosteroids, antibiotics, glaucoma agents, how to administer eye drops.
- Removal of superficial bodies from the eye.

3. Skills to be assessed by DOPS

History taking	Assessment of ophthalmic symptoms Association between eye and systemic disease. Association between eye and neurological/ neurosurgical disease.
Ocular examination	Visual acuity testing Slit lamp examination Pupil assessment Measurement of intraocular pressure Dilated fundoscopy
Investigations	Colour vision Visual fields Amsler grid testing
Orthoptic assessment	Measurement of visual acuity in children Assessment of children with squint
Cataract	Diagnosis Pre-operative assessment and consent Post-operative management
Glaucoma	Diagnosis and assessment
Retina	Age related macular degeneration Diabetic retinopathy screening Posterior vitreous and retinal detachment diagnosis
Oculoplastics	Diagnosis of ptosis and other eyelid disorders Thyroid eye disease, indications for surgery
Casualty	Differential diagnosis and management of the red eye Visual Loss,

4. Professional Competencies

1. Communication and consultation skills

This competency is about communication with patients and the use of recognised consultation techniques. Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient's understanding, tailoring communication to the patient's needs.

2. Practising holistically

This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts. Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient's family/carers

3. Data gathering and interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and

<p><i>investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.</i></p>
<p>4. Making diagnosis/ making decisions <i>This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.</i></p>
<p>5. Clinical Management <i>This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues</i></p>
<p>6. Managing medical complexity <i>This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue</i></p>
<p>7. Primary care administration and IMT <i>This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)</i></p>
<p>8. Working with colleagues and in teams <i>This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.</i></p>
<p>9. Community orientation <i>This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing</i></p>
<p>10. Maintaining performance, learning and teaching <i>This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues</i></p>
<p>11. Maintaining an ethical approach to practise <i>This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.</i></p>
<p>12. Fitness to practise <i>This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue</i></p>

Deanery Guidelines for inclusion in the Trust Job Description

Clinical Supervision

All GP Specialty Trainees should have a named clinical supervisor, with whom they will meet at the beginning, middle and end of their training placement.

Training

All GP Specialty Trainees should have a minimum of 10 days / annum of study leave in each of their training years to support the generic GP Specialty Programme training programme, together with 5 further days of study leave for placement in a GP training practice. Arrangements for release to be negotiated locally with trusts.

Assessment

All GP Specialty Trainees should collect a minimum data set of evidence about their clinical performance and professional behaviour, and clinical departments are expected to support this process and including recording assessments in the electronic portfolio. At the end of each clinical placement, the clinical supervisor is required to complete a clinical supervisor's report against the intended learning outcomes guideline.

Educational Supervision

All GP Specialty Trainees will have an educational supervisor, usually based in primary care, whom they will meet at 6 monthly intervals for review of the electronic portfolio documenting progression through the GP training programme.

DRAFT OPHTHALMOLOGY VTS TRAINEE**LEARNING OBJECTIVES AND ASSESSMENT****INTRODUCTION**

The general practice vocational training scheme post in Ophthalmology is a six month appointment based at the Royal Berkshire Foundation NHS Trust, Reading.

The aim of the attachment is to provide exposure to a broad range of ophthalmology practice, to reform the trainees future care of patients with ophthalmic disease. This may be within a general practice setting, or as a general practitioner who has a special interest in ophthalmology. Trainees interested in taking on GP wsi role in ophthalmology would be encouraged to sit Post Graduate examination such as the DO.

TIMETABLE

	MON	TUES	WEDS	THURS	FRI
AM	STUDY	ML CLINIC	FLEXIBLE	ASB CLINIC	PHC CLINIC
PM	OXFORD	ASB PLASTICA	A&E	A&E	SLW MED RET

The VTS trainee will not have profiled patients. This will allow them timeto develop their skills and then contribute to service provision as they become competent to do so. Eye A&E sessions will be in parallel with more senior staff.

The VTS trainee will have an on-call commitment, but will work in parallel with a more senior ophthalmic trainee at all times.

LEARNING ASSESSMENT

At the beginning of the attachment, after two month, and at the end of the attachment, there will be formal time set aside with the College Tutor (Mr Leyland) for establishing a training agreement, assessing progress and at the end of the attachment assessment of outcomes and appraisal. Work based assessment will include direct observation of practical skills (DOPS), case based discussions and mini CEX.