WACS surgery sub-specialist curriculum development, 20th March 2015, London example

VITREORETINAL SURGERY and medical retina examples DRAFT CURRICULUM

Lecturer 1 name
Lecturer 2 name
Lecturer 3 name

Entry requirements

Consultants qualifications, experience, skills and knowledge

The consultants will

• Be accredited specialists within WACS
• Be experienced anterior segment surgeon (have performed 250 cataract operations with vitreous loss rate of less than 2%)
• Have observed 30 vitreoretinal operations in the operating theatre and online (at least 5 have to be observed in face to face environment - operating theatre)
• Commit to undertake audit of their vitreoretinal cases
• Have completed basic microsurgical skills course
• Commit to access the e-learning resources and pre and post course online activities (participate in and contribute to collaborative and individual online activities including portfolio production– reflective blog and video production).

Pre-course preparation and test (initial assessment/diagnostic assessment)

Each of the delegates will use an educational resource such on the course online environment (orientation, the educational learning package ‘vitreoretinal surgery’. This learning package contains text, videos and MCQs. Completing it would ensure the participants and the teaching team that the participants have obtained the core knowledge required to participate in the course.

Equipment

The consultants will have the necessary equipment at their base unit to undertake vitreoretinal surgery at the completion of the course.

(insert the list of necessary equipment and ways of getting it when available).

Continuous professional development CPD

The consultants will attend meeting every 3 years
Your curriculum

1. Basic Facts
2. Your curriculum components
3. The ‘educational supervisor’
4. The ‘trainee’/learner

2. Your curriculum components

<table>
<thead>
<tr>
<th>Objectives / learning outcomes</th>
<th>Syllabus</th>
<th>Teaching and learning</th>
<th>Assessment and feedback</th>
<th>Training systems and resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to:</td>
<td></td>
<td></td>
<td></td>
<td>Access to a skills lab with micro and macroscopic skills stations (day 1). Consumables for wet lab (see appendix). Access to a fully equipped vitreoretinal operating theatre (days 2 – 12). 8 Phillips model vitrectomy eyes. Consumables for 30 vitrectomies and 15 buckles.</td>
</tr>
<tr>
<td>Assess and manage Retinal detachment</td>
<td>Retinal and vitreous evaluation including determining the presence of posterior vitreous detachment. B scan ultrasound assessment of the vitreous and retina.</td>
<td>Indirect ophthalmoscopy and scleral indentation.</td>
<td>Please suggest teaching and learning activities for the acquisition of knowledge and skills for each of the clinical and technical skills on the left</td>
<td>Elearning / precourse preparation</td>
</tr>
<tr>
<td>Vitreous hemorrhage</td>
<td></td>
<td></td>
<td></td>
<td>Indirect ophthalmoscopy OSATS</td>
</tr>
</tbody>
</table>
| Perform retina vitreal projects such as Macular conditions, Vitrectomy and scleral buckle | • Describe ocular anatomy relevant to x  
• Detail the Pathology of x with special reference to x  
• Explain the principles of ...  
• Describe the mode of action of x  
• Outline the physical properties x  
• Explain the principles of x  
• Select the appropriate method/s for x  
• Evaluate the different ways of achieving x | Ability to examine the peripheral retina  
The ability to perform transleral and conjunctival cryopexy and indirect laser retinopexy. | Please suggest assessment and feedback activities for the knowledge and each technical and clinical skill on the left | Access to indirect ophthalmoscope, cryoprobes and indirect laser. Purchase of indirect ophthalmoscopy practise eyes and indirect laser simulation eyes |
| Competence in performing retinopexy to prevent retinal detachment | Understand the Pathology of vitreoretinal disease with special reference to:  
• predisposing lesions for retinal detachment ( pathological vitreoretinal adhesions and vitreous degeneration).  
• the development of retinal traction and vasoproliferative retinopathies.  
Understand the indications for and principles of prophylaxis of retinal detachment. | N/A | | |
<p>| Competence in Importance of the use of a preoperative check list | N/A | The ability to prepare the patient and drape | Demonstration in theatre on patients | |</p>
<table>
<thead>
<tr>
<th>Preparation of Patient for Surgery</th>
<th>Competence in Scleral Buckling Surgery</th>
<th>Competence in XYZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to Examine the Peripheral Retina</td>
<td>Ability to Perform All Steps of Scleral Buckling Surgery Including Indented Search, Safe Scleral Suturing, Selection of Buckling Element, Subretinal Fluid Drainage, Tightening of Scleral Sutures.</td>
<td>Examples of Skills Required</td>
</tr>
<tr>
<td>E-Learning / Precourse Preparation</td>
<td>Lecture 30 Minutes, Dry-Simulation Using Suture Boards, Suture Board Practice of Basic Techniques: Surgeons Knots, Knot Holding, Hemi–Halstead Sutures, Use of the Watske Sleeve and Band.</td>
<td>Clinical and Technical Assessment – By Face to Face Observation / Rubrics?</td>
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<tr>
<td>DOPS</td>
<td>Pigs Eyes, Suture Materials, Skills Boards.</td>
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