All trainees must be able to conduct a full consultation which is appropriate for the clinical problem and the individual patient's needs. This will include taking a clinical history from the patient, guiding them through an appropriate examination, imparting information about their problem and involving them as appropriate in management decisions.

|  |  |
| --- | --- |
| Trainee name: | *Click or tap here to enter text.* |
| Trainee GMC number: | *Click or tap here to enter text.* |
| Training year: | Choose an item. |
| Assessor name: | *Click or tap here to enter text.* |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | *Click or tap here to enter text.* |
| Date: | Click or tap to enter a date. |

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| --- | --- |
| **Brief description of case** | Patient referred with rapidly progressing ERM 6 months after retinopexy. VA reduced to 6/18, and metamorphopsia++. Very anxious about reduced vision. |

**Please grade the following areas using the scale below.**

|  |  |
| --- | --- |
| **Attitude and manner** | |
| **V good trainees** introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout the interview shows that they are actively listening to the patient by gestures, words of encouragement and appropriate eye contact. They establish a good rapport with the patient which is respectful of any ethnic, religious or social preferences that they express. They are empathic and sensitive to the patient’s concerns. They ensure that the patient is comfortable and that adequate privacy is maintained. They guide the patient considerately through the clinical examination.  **Poor trainees** neither introduce themselves nor identify the patient. They hurry the patient and ignore what the patient is saying. They look away or appear impatient during the history taking. They are unable to establish rapport with the patient and show little respect. They pay little or no attention to confirmation of patient comfort or privacy. They proceed with the examination without adequate explanation and with little consideration for patient comfort. | |
| **Topic** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| Introduction and start of interview | **Meets expectations** |
| Rapport with patient and development of trust | **Meets expectations** |
| Listening skills, appropriate eye contact and non-verbal communication | **Meets expectations** |
| Empathy and sensitivity | **Meets expectations** |
| Respect for patient | **Meets expectations** |

| **Information gathering** | |
| --- | --- |
| **V good trainees** capture all of the appropriate information required for the ophthalmic examination and diagnosis, the planning of investigations and subsequent management. Their questions are structured and guided by the differential diagnoses suggested by the presenting complaint.  **Poor trainees** ask questions by rote. They omit important areas. They do not pursue an appropriate line of questioning informed by a differential diagnosis. | |
| **Topic** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| History of presenting complaint | **Meets expectations** |
| Past ophthalmic history | **Meets expectations** |
| Family history | **Meets expectations** |
| Past medical history/general health | **Meets expectations** |
| Systems enquiry | **Meets expectations** |
| Drug history and allergies | **Meets expectations** |
| Social history | **Meets expectations** |
| Other relevant enquiries pertinent to case | **Meets expectations** |
| Assessment of mental state | **Meets expectations** |

|  |  |
| --- | --- |
| **Awareness** | |
| **V good trainees** are attentive the patient’s anxiety and main concerns. They are sensitive to the social impact of the patient’s problems. They adapt the interview appropriately as determined by the patient’s age, mental state and any communication problems such as poor hearing or language barriers.  **Poor trainees** disregard the patient’s main concerns or anxieties and any impact their problem may have on their social circumstances. They are insensitive to the potential barriers to good communication raised by extremes of age, mental state, hearing impairment or language. | |
| **Topic** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| Sensitive and responsive to patient anxieties and concerns | **Meets expectations** |
| Aware of the social impact of problems for patient | **Meets expectations** |
| Interview sensitive and responsive to age of patient, mental state and any communication problems | **Meets expectations** |

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| **Management of consultation and delivery of information** | |
| **V good trainees** are skilled in questioning with an appropriate mixture of open and closed questions. They clarify what they have understood and check this with the patient by appropriate summaries. They use the time efficiently and guide the patient with sensitivity. They deliver information at an appropriate level with empathy and without jargon, and involve the patient as fully as the patient wishes in management decisions. They use appropriate visual aids, leaflets, 3D models and on-line resources. They communicate any uncertainty. They finish the interview effectively, making future plans clear.  **Poor trainees** ask closed questions which do not encourage the patient to tell her/his story. They do not clarify points or attempt to summarise. They waste time through repetition or inappropriate questioning. They do not guide the patient appropriately. Information if provided at all unclear or too technical and full of jargon. They fail to involve the patient in management decisions. They do not make it clear when the interview has come to an end or what the next step is. | |
| **Topic** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| Mode of enquiry: appropriate use of closed, open, directed and probing questions. Clarification and summarising. | **Meets expectations** |
| Appropriate control and direction | **Meets expectations** |
| Efficient use of time | **Meets expectations** |
| Delivery of information | **Meets expectations** |
| Involvement of patient in decisions | **Meets expectations** |
| Termination of interview | **Meets expectations** |

**Please use the boxes below for free-text comments and recommendations for further training.**

|  |  |
| --- | --- |
| Please note any aspects which were especially good  Understood why patient was so bothered after being told that retinal breaks would not affect vision, and gave effective and reassuring explanation | Please note any suggestions for improvement and action points  Although ERM is not usually urgent, it can be rapidly progressive, so a more urgent referral would have been appropriate. Although VA is not terrible, metamorphopsia has bigger effect on VFQ, so take this into account when discussing surgery |
| Agreed action plan  Read up papers on VFQ &QoL after VR surgery. | |

***This form should now be linked to the appropriate EPA***

**Signature of assessor: Signature of trainee:**