

Trainee: _____

Evaluator: _____

Date _____

Ophthalmic Simulated Surgical Competency Assessment Rubric – Phacoemulsification (OSSCAR:Phaco)

		Novice (score = 0)	Advanced Beginner (score = 1)	Competent (score = 2)	Score (Not done score = 0)
1	Incision and paracentesis formation technique	Poor wound construction and paracentesis placement. Traumatizes conjunctiva	Correct positioning of incision and paracentesis but incision architecture is not yet correct	Well constructed incision and paracentesis with careful tissue handling	
2	Viscoelastic: appropriate use and safe insertion	Incomplete fill +/- damage to capsule	Appropriate fill but still hesitant	Safe and smooth insertion of viscoelastic	
3	Capsulorhexis: Commencement of flap	Poor positioning of initial flap with disruption of underlying cortex	Good positioning of flap but slightly hesitant in raising the flap	Neat creation of a flap of an appropriate size in the correct position.	
4	Capsulorhexis: Formation and circular completion	Unable to create a complete capsulorhexis with poor understanding of tearing vectors	Capsulorhexis is completed but is either too small, too large or eccentric	Smooth creation of an appropriately sized and circular capsulorhexis	
5	Hydrodissection: visible fluid wave and free nuclear rotation	Cannot insert cannula in the correct tissue plane / excessive or insufficient force used / incomplete freeing of the nucleus	Cannula inserted correctly under the anterior capsule but more than one attempt is needed to achieve free nucleus rotation	Efficient and safe hydrodissection with free nuclear rotation	
6	Phaco probe and second instrument: effective use and stability within the eye	Unsure of the positioning of the instruments within the eye / phaco probe is frequently close to the capsulorhexis / inefficient use of the second instrument	Phaco probe and second instrument generally positioned correctly / no iris trauma / capsulorhexis not endangered	Confident instrument handling with phaco probe always kept in a safe position	
7	Nucleus: sculpting or primary chop	Hesitant use of the phaco probe / tendency to push the lens / timid sculpting with poor use of full range of phaco power	More efficient use of phaco power and appropriate vacuum settings to create a groove or perform a primary chop / still some stress placed on zonules	Fast and efficient sculpting or chopping technique	
8	Nucleus: Rotation and manipulation	Incorrect positioning of the instruments / excessive posterior pressure on the lens / rounds off the edges of the quadrants leaving a bowl	Good positioning of instruments but still some hesitancy using the second instrument / some posterior pressure whilst rotating the nucleus	Confident use of both phaco probe and second instrument to rotate the lens with no posterior pressure on the zonules	
9	Nucleus: cracking or chopping	Attempts to crack the lens before groove is deep enough / places instruments too superficially in the groove / excessive posterior pressure	Forms a groove of the correct depth and width before cracking / still requires several attempts to crack the nucleus	Good groove construction and cracks / chops nucleus at first attempt	

		during cracking			
10	Nucleus: segment removal	Chases segments with phaco probe / poor use of the second instrument / endangers capsule / phaco probe positioned too close to posterior capsule or endothelium	Appropriate use of vacuum to engage segments / second instrument being used more efficiently / less of a tendency to phaco too deep in capsular bag or too close to the endothelium	Safe engagement of nuclear segments and efficient removal with good use of the second instrument	
11	Irrigation and aspiration technique with adequate removal of cortex	Aspiration port not safely positioned in the capsular bag / inappropriate vacuum used / hesitant engagement of cortex	Better positioning of aspiration port / still not using vacuum efficiently / occasionally engages the anterior capsule	Efficient removal of the cortex with no danger to the capsular bag or capsulorhexis	
12	Lens insertion, rotation and final position of IOL	IOL not placed in the capsular bag / unable to rotate the lens into the correct position	IOL placed in the capsular bag but haptics still require manipulation	IOL completely placed within the capsular bag at the first attempt	
13	Wound closure: hydration, suturing if required and checking security	Ineffective hydration technique / does not check wound security / poor placement and tying of 10/0 suture	Wound hydration performed correctly / suture tying hesitant / suture slightly too tight or too loose	Wound hydration performed correctly / good suturing technique with correct tension	
	Global Indices				
14	Tissue handling:	Tissue handling is often unsafe with inadvertent damage to the conjunctiva, cornea, iris or capsule / excessively aggressive or timid.	Tissue handling is safe but sometimes requires multiple attempts to achieve desired manipulation of tissue.	Tissue handling is efficient, fluid and almost always achieves desired tissue manipulation on first attempt.	
15	Eye positioning and use of the microscope	Eye is frequently in an eccentric position. Focusing and X-Y movement of the microscope is erratic.	Eye is mainly kept in a central position and focusing of the microscope is becoming smoother.	Eye is maintained in a central position throughout the procedure and the point of interest is always in focus.	
16	Overall speed and fluidity of the procedure	Hesitant and lacks fluidity with multiple pauses between manoeuvres	Beginning to string the different steps together with minimal guidance from trainer	All steps completed in a timely manner with minimal input from trainer	

Overall Difficulty of Procedure: Simple Intermediate Difficult

Good Points: _____

Suggestions for development: _____

Agreed action: _____

Signature of assessor _____

Signature of trainee _____