Trainee:_____ Evaluator:_____ Date_____

**Ophthalmic Simulated Surgical Competency Assessment Rubric - Strabismus: Medial/Lateral Rectus Recession (OSSCAR:MR/LR Recess)**

| | | **Novice** (score = 0) | **Advanced Beginner** (score = 1) | **Competent** (score = 2) | **Score** (Not done score = 0) |
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| 1 | Globe stabilization | Unable to perform one method of globe stabilization. | Is able to perform one method of globe stabilization with hesitation or multiple attempts. | Is able to perform one method of globe stabilization with ease and one attempt. | |
| 2 | Conjunctival incision & Tenon's dissection | Not able to perform limbal or fornix conjunctival incision for rectus muscle surgery. | Is able to perform limbal or fornix conjunctival incisions but is inefficient. | Is able to efficiently perform either limbal or fornix conjunctival incision. | |
| 3 | Hooking rectus muscle | Unable to hook muscle on first attempt. | Usually hooks the muscle on first attempt but is inefficient. | Is able to efficiently and precisely hook the muscle on first attempt. | |
| 4 | Exposure of rectus muscle | Unable to perform basic steps of dissection technique for muscle exposure. | Is able to perform basic exposure but is inefficient and/or occasionally disrupts multiple tissue planes or branches of the anterior ciliary arteries. | Is able to efficiently expose muscle using a combination of sharp and blunt dissection as appropriate and avoids branches of anterior ciliary arteries. | |
| 5 | Placement of suture in muscle | Multiple attempts required to load, or unload, the needle-holder. Suture placement inaccurate. Requires multiple attempts to properly place suture. | Is able to safely secure muscle with suture but is inefficient. May cause bleeding and muscle fiber cuts. Inefficient in locking bites at two ends of muscle. | Is able to safely, efficiently and accurately secure the muscle with minimal tissue trauma without supervision. | |
| 6 | Disinsertion of rectus muscle | Attempts to disinsert the muscle result in inadvertently cutting or nearly cutting the muscle suture or sclera. | Is able to perform disinsertion but occasionally causes inappropriate bleeding or leaves muscle tissue attached to sclera. Requires multiple attempts. | Is able to safely and efficiently disinsert rectus muscle. | |
| 7 | Use of caliper/scleral ruler | Is able to mark sclera with calipers or scleral ruler but measurement is often not perpendicular to the original rectus insertion. Checks caliper for correct measurement. | Is able to accurately mark sclera with calipers and/or scleral ruler but marks fade because not prepared to make needle pass. | Is able to efficiently and accurately mark sclera with calipers and/or scleral ruler and is prepared to make needle pass immediately after marking sclera. Double checks surgical and orthoptic measurements. | |
| 8 | Reattachment of muscle: Intrascleral needle pass. | Does not approach the globe with needle directed tangentially or does not unlock needle holder before starting the intrascleral pass. Unable to accurately obtain correct needle depth or length. | Safely approaches the globe with needle tip directed tangential to the globe. Visualizes needle tip after entering the sclera and has no difficulty exiting the sclera but intrascleral passes are frequently too short | Approaches the globe with needle directed tangentially and intrascleral passes are consistently of correct length and depth. No muscle belly sagging. | |

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| | | | or too shallow. Minimal muscle belly sagging. | | |
| 9 | Conjunctival closure (when appropriate) | Is able to perform basic conjunctival closure technique but is inefficient and requires additional sutures. | Is able to safely close conjunctiva with good tissue approximation but is inefficient. . | Is able to safely and efficiently close conjunctiva with good tissue approximation. | |
| | **Global Indices** | | | | |
| 10 | Tissue handling | Tissue handling is often unsafe with inadvertent damage, or 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. | |
| 11 | Technique of holding suture needle in needle holder | Loads needle in proper direction for a forehand pass but sometimes loads incorrectly for backhand pass. Loads too close or too far from the swaged end of the needle. | Loads needle properly for forehand and backhand needle pass but is inefficient and often requires multiple attempts. | Loads needle properly and efficiently for forehand and backhand needle passes. | |
| 12 | Technique of surgical knot tying | Require multiple extra hand maneuvers to make first throw lay flat and/or loosens first throw while attempting to perform the second throw. | Is able to tie a flat surgeon's knot first throw but second and third throws are inefficient. Does not inadvertently loosen the first throw. | Is able to efficiently tie a flat, square surgeon's knot. | |

Overall Difficulty of Procedure: Simple Intermediate Difficult

Good Points: _____

Suggestions for development: _____

Agreed action: _____

Signature of assessor _____ Signature of trainee _____