

Trainee: _____

Evaluator: _____

Date _____

Ophthalmology Simulated Surgical Competency Assessment Rubric – Cryobuckle

		Novice (score = 0)	Advanced Beginner (score = 1)	Competent (score = 2)	Not done (score = 0)	
1	Locating retinal break with Indirect.	Unable to locate break.	Is able to find break but cannot relate location to relevant quadrant on the outside of eye.	Is able to locate break to correct quadrant of eye.		
2	Conjunctival incision & localized peritomy.	Not able to perform limbal conjunctival incision to expose relevant muscles.	Is able to perform limbal conjunctival incisions but too large or too small a peritomy made.	Is able to efficiently perform conjunctival incision & peritomy of correct size and location.		
3	Hooking rectus muscle.	Unable to hook muscles on first attempt.	Usually hooks the muscles on first attempt but is inefficient.	Is able to efficiently and precisely hook the muscles on first attempt.		
4	Sling muscles with suture loop.	Unable to perform basic steps of slinging muscle with suture.	Is able to perform basic slinging of muscles but securing of suture inefficient.	Is able to sling muscles and secure the suture loop efficiently.		
5	Precise locating of retinal break with Indirect and marking with pen.	Unable to locate break.	Is able to find break but cannot relate position to exact location on sclera.	Is able to locate break and mark exact location on sclera.		
6	Placement of buckle sutures.	Unable to place sutures.	Is able to place sutures but too deep or too shallow or in incorrect AP location.	Is able to safely and efficiently place sutures.		
7	Place buckle and tighten sutures.	Unable to place buckle or tighten suture.	Able to correctly place buckle and tie suture but suture too loose or too tight or buckle location incorrect.	Buckle correctly placed with correct suture tension.		
8	Drainage of SRF with needle prang technique.	Performs drainage in wrong location or wrong depth.	Drainage in correct location and depth but does not apply pressure to eye to prevent choroidal bleeding or observe with indirect.	Performs drainage in correct location and depth and applies pressure whilst watching drainage with indirect.		
9	Injection of air bubble.	Incorrect location or does not take measures to avoid hitting lens or retina or inserts needle in too far or not far enough.	Correct injection location, depth but does not rotate injection site to highest point to avoid fish eggs.	Correct location, depth, brisk injection and correctly rotates eye and withdraws needle so just tip is in eye, all observed with indirect.		

	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: _____