



The
University
Of
Sheffield.

Local Mentor Handbook

2022-2023

Preface

The role of the local mentor tutor needs to be undertaken by an Ophthalmologist registered with the General Medical Council. To fulfil the role of local mentor you need to be prepared to offer supervision, counsel and reflective discussion with the eye-care practitioner taking this course. It is essential that you work within the same healthcare trust. You will both need to feel satisfied with the guidelines and expectations set out within this handbook as you begin.

The student you are supervising is free to continue working within their current scope of practice and under any patient group directives (PGD) or patient specific directives (PSD) you may have without supervision, whilst undertaking this course. Any decisions proposed by the student in regard to treatments or examinations that require additional supervision, will need to be supervised by you.

If you are unsure of whether you are suitable to take on this role, we ask you to discuss this with both your potential student and the course leader Dr Charlotte Codina (contact details in Appendix one).

Introduction

Thank you for agreeing to undertake the role of local mentor for a student enrolled on the MMedSci Ophthalmology ACP (paediatrics), studied by blended learning (self-directed, distance learning, online learning and work-based practice). In this handbook you will find information regarding the course that the student you are supervising is undertaking. You will also find information relating to the MMedSci course in full, as some students who already have a Masters will be studying the foundation year one module in paediatric ophthalmology, whilst others will be going on to study for another two years as part of the full MMedSci ACP programme. This handbook contains the contact details of the programme leader Dr Charlotte Codina, and teaching support staff who you are welcome to contact in case of any queries. We are very appreciative of local mentor who agrees to support and guide one of the MMedSci Ophthalmology ACP students in their education in advanced practice in paediatric ophthalmology. We hope that you will enjoy your role as a primary exemptions tutor. Please use this handbook as a guide to supporting your student and as a point of reference as the course progresses. We have endeavoured to provide you with all of the information you will need within this handbook, in order to fulfil this role.

The Division of Ophthalmology and Orthoptics

The course is provided by the Division of Ophthalmology and Orthoptics within the Health Sciences School at The University of Sheffield. The Division is also home to the BMedSci (Hons) Orthoptic programme, the MMedSci Vision and Strabismus programme which also offers individual modules for continued professional development (CPD), some of which are available for the full MMedSci Ophthalmology ACP students to study such as Medical Exemptions for Orthoptists, Low Vision and Research Methods, for example.

The MMedSci Ophthalmology ACP Paediatrics Programme

The MMedSci programme will begin in 2021. It is a bespoke programme commissioned by Health Education England who have identified paediatric ophthalmology as a priority area for ACP development. It has been made available to already experienced, capable and advanced eye-care practitioners who may come from one of the following regulated professions: Orthoptics; Optometry; or Ophthalmic Nursing. The first year of the programme is a mandatory 60 credit module in paediatric ophthalmology which equates to approximately 600 hours of study. The study for this module is comprised of academic exercises, practice reflections, reviewed and graded assessments and work-based exercises which require fulfilment of a range of clinical competencies. The second year of the programme is comprised of optional modules which best suit the student's personal development and clinical commitment. The module in clinical leadership is compulsory for gaining accreditation as an ACP and the research methods module is a pre-requisite for those students wishing to undertake a clinical and empirical research study in their third year. A clinical research project bearing 60 credits or a literature based critical evaluation of clinical practice are possible options for the final year of study.

Rationale for the new MMedSci Ophthalmology ACP (paediatrics programme)

As you will be aware, Ophthalmology has been the busiest of all outpatient clinics in the UK for the last three years (NHS digital, 2020). Patient appointments continue to increase due to multiple factors such as the ageing population, the epidemic of diabetes and the burgeoning of diagnostic and treatment options which require more regular attendance. The Royal College of Ophthalmologists published the results of a workforce census in the UK which identified a severe shortage of Ophthalmologists – 67% have vacant positions and an extra 230 consultants are required to meet the demands of the next two years. Your own clinic is probably one of the 85% of units utilising waiting list initiatives to attempt to manage demand and approximately a quarter of the current workforce is expected to consider retirement in the next five years. RCOphth has just now called for action on workforce to reduce the strain on Ophthalmology services (RCOphth, 2021).

In response to this ever widening gap between service need and clinician provision, HEE) has embarked on a transformation of the workforce initiative (Health Education England, Workforce Transformation and Design, 2021) which aims to upskill the current workforce of eye-care practitioners to reduce the clinical burden on Ophthalmologists through the introduction of ACP programmes. The HEE Multi-professional Framework for Advanced

Clinical Practice (HEE, 2017), outlines advanced clinical practice as “Practice delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a Master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.”(p8). This definition helpfully sets out that advanced clinical practice is to be understood as a level of practice as opposed to specific role or a specific set of clinical competencies. The HEE ACP framework applies explicitly to England and has been developed in consultation with stakeholders from all relevant professions across the UK including the British and Irish Orthoptic Society (BIOS), the General Optometric Council (GOC) and the Nursing and Midwifery Council (NMC) and has drawn upon similar advanced practice frameworks from Wales (HS Wales, 2020), Scotland (NHS Education for Scotland, 2020), and Northern Ireland (Department of Health Social Services and Public Safety (Northern Ireland, 2020). The framework is a helpful published recognition of the importance of the governance in introducing, developing and supporting advanced clinical practice, so that the role of the ACP can be widely spread and adopted, thoroughly embedded within the workforce.

In preparation for developing this course, we distributed a survey to paediatric Ophthalmologists in the UK to ask which areas of their practice were clinically burdensome and which they felt could be supported by an ACP in paediatric ophthalmology. We also surveyed Orthoptists, hospital Optometrists and Ophthalmic nurses to ask which areas of clinical practice they could upskill in, to take on the role of the ACP and this is how the syllabus was crafted.

Aims of the MMedSci Ophthalmology ACP (paediatrics)

The aims of the module are

1. To provide an academic postgraduate module which enables already practising and experienced eye-care professionals to further their academic knowledge and clinical skills in the area of paediatric ophthalmology.
2. To advance the skills of independent learning and reflective practice required for continuing professional development in the area of paediatric clinical practice
3. To advance critical evaluation skills and encourage their application to all areas of paediatric care
4. To give the qualified ACP advanced knowledge of clinical practice in paediatric ophthalmology, including local and national services, guidelines and policies and to increase awareness of the role that research can play in strengthening the knowledge base of this subject area
5. To gain an advanced understanding of the holistic approach to supporting paediatric patients and their families

This will be achieved through interactive and written teaching from The University of Sheffield, by provision of excellent teaching materials for self-directed study, work-based learning and through the framework of the practice portfolio which will provoke reflective practice as well as peer and mentor supported learning.

Role of the Local Mentor

As a local mentor your role will be to mentor, support and supervise where required, the orthoptist undertaking the MMedSci ACP Ophthalmology (paediatrics) programme. It may be appropriate and wise, especially in the first year of study where a broad curriculum of paediatric ophthalmology is studied, that more than one mentor helps to support the student. However, there is an expectation and necessity to have one primary local mentor who takes overall responsibility for student support and mentorship. Upon agreeing to undertake the role of local mentor, you will be asked to complete the local mentor support form, a copy of which is supplied for you in Appendix two. This form asks you to confirm that you are willing to mentor and support the student during the course. Upon receipt of your primary exemptions tutor support form, our course administrators will note your name and registration as supporting a named student.

We anticipate and advise that where possible students will choose a local mentor with whom they already have a good working relationship and mutual trust. In undertaking this course students will be seeking to advance their clinical practice in safe and effective paediatric ophthalmology practice for ACPs. Students will look to you as a guide, discussion partner and source of knowledge and experience. Students will value listening to your expertise, reflecting on patient cases with you and discussing differential diagnoses and how these were reached as well as decisions regarding whether and how to medically intervene, as examples.

The student you are local mentor to will undertake this course independently. They will be studying through blended learning, primarily by distance, online and work-based learning, after an introductory day of teaching, provided by the University (the contents of this introductory day is included in this handbook in Appendix three). The student will then independently study twenty course units (chapters) primarily through self-directed study. These course units guide the students through a process of self-directed learning, providing essential reading on topics relevant to the subject, directing students to key texts and asking students to perform course exercises. These exercises ask students to draw on their own experiences of observing and treating patients and their scope of practice so far.

What the course involves for students

The foundation paediatric ophthalmology module is a sixty credit post-graduate module at Masters Level and involves twenty units of study. These units may be viewed as chapters or subject areas and students are advised to try to work through one of these each week. Within the course units are unit exercises which require students to watch teaching videos, practise clinical techniques, perform a personal audit (e.g. of refraction results against another qualified member of staff) or reflect on their own clinical practice. The course unit exercises will be written up by the student and combined with their own reflective (anonymised) patient log to form the 'practice portfolio' which forms the mainstay and final assessment piece of the first year module and is assessed by academics from the Division of Ophthalmology and Orthoptics at The University of Sheffield. A sample of the Practice Portfolio exercises have been included in this handbook in Appendix four. The Practice Portfolio has been designed to help students develop insight within their studies and achieve deeper learning. The intention of the Practice Portfolio is to aid students in recognising what they are learning and help identify areas of strength as well as areas where more experience

is required. Students will need to reflect on their experiences both from their own regular clinics and in visits to other clinics where they will observe and practise diagnosing and managing patients with conditions from the breadth of the curriculum. Within the practice portfolio students need to provide a log of anonymised patients that they have seen. Reflection may lead to discussion or reading around a topic and local mentors play a vital role in sharing their experience and expertise with students in these type of discussions.

The paediatric ophthalmology 60 credit module curriculum

The twenty chapters that the students will work through are titled:

1. Introduction to the role of the ACP in paediatric Ophthalmology
2. Blepharitis & BKC
3. Allergic conjunctivitis & VKC
4. Cerebral Vision Impairment
5. Communicating with children with vision impairment
6. Integrating Healthcare and Education for VI children
7. Retinoscopy in a hospital setting
8. Contact lenses
9. Electrodiagnostic testing
10. Inherited retinal disease
11. Inherited Retinal Disease
12. Optic disc screening
13. Examination techniques
14. Chalazia
15. Epiphora
16. JIA associated uveitis
17. Glaucoma
18. Eye Casualty
19. Dry eye in children
20. Continued professional development

You can find more information relating to the course on The University course webpages:

<https://www.sheffield.ac.uk/postgraduate/taught/courses/2023/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci>

Should you wish to see more of the course materials that your student is reading, you are most welcome to ask them to share their reading with you. You are also welcome to contact the programme leader Dr Charlotte Codina (see Appendix one for contact details) to request any further information that you feel would be of benefit to you.

The timeline of the course

The course begins with an introductory day which will be held virtually (due to covid-19) on **Monday 26th September 2022**.

Students then begin to work through the course units, using their self-directed study and based on their own clinical experience to populate their reflective diary.

We do not want students to overburden you with asking for too much at a time. We have recommended that students try to gain additional wider clinical exposure in paediatric ophthalmology clinics beyond their usual practice for between half and day and a day a week, depending on experience and setting. The areas of practice are to be spread and consolidated throughout the initial year and students should start collecting clinical cases for their logs and reflections as soon as possible. The rate of progress within the first year of study can be adapted to meet yours and the student's needs.

In **December 2022** students submit their first assignment which focuses on critical evaluation of relevant literature

In February 2023 the local mentor interim feedback form is needed (students can upload this to their online Blackboard repository)

In **March 2023** students complete an implementation plan

At the end of **July 2023** students complete their practice portfolio

In **July 2023** the local mentor feedback forms are needed as an appendix to the practice portfolio (students can upload this to their online Blackboard repository).

Supervising students

As students progress through the course and gain a greater knowledge and skill-base in these curriculum areas, they will be expected to work with further independent thinking and more aligned practice, at a rate that the mentor and student agree upon together. To aid in this process unit 1 includes an exercise which requires student and mentor(s) to agree on a timeline that fits with their clinical timetables and practice. You might find it helpful to use the interim feedback form to prompt your discussions and planning to make sure that all areas of the curriculum are covered (please find this in appendix six).

There are two phases recommended.

Initial phase: Ongoing, regular observation, support, supervision where required, and reflective discussion occurs between local mentor and student on their practice. Increasing alignment of practice between student and local mentor. Potential 'red flag' situations are increasingly identified by the student.

Final phase: Ongoing, regular observation, verification of appropriate decision making and management of risk, supervision where required. Reflective discussion continues and moving to aligned practice between local mentor and student. Potential 'red flag' situations are comfortably identified by the student.

Support from the course

All students will have both a personal tutor and an academic tutor for the duration of the module and for the course in full, for whom they will have all appropriate contact details. All students are welcome to contact the programme leader Dr Charlotte Codina and are provided with a full course handbook which contains information as to what to do and who to contact should exceptional circumstances arise, such as needing an extension for example. The students will have fully structured support in place in undertaking this course and will not be reliant on you for personal or pastoral support other than clinical paediatric ophthalmology supervision.

What to do if things go wrong

As colleagues with an already good working relationship, we anticipate that any arising issues will be able to be resolved without any intervention from the University. If you feel concerned in regard to a student's lack of understanding or progress, you should in the first instance discuss this with the student. If, after doing this, you remain concerned, or either you or the student feels unhappy, we would ask you to contact the course leader Dr Charlotte Codina at your earliest convenience please. If a student has more than one local mentor and a mutual decision is agreed upon between the local mentor and the student, for the role of local mentor to be moved from one tutor to another, then please do discuss this with the course leader.

Summary and evaluation

We hope that you have found this handbook a useful guide to the role that you have undertaken and to supporting and mentoring the orthoptist you are supervising. We want to thank you for the time you have given to supporting your student and to facilitating their completion of this module. We would really value your views if you have the time to tell us whether you feel the handbook sufficiently prepared you for the role, how much time taking on the local mentor took you and whether there was any further information or resources you would have benefited from, to enable you to support your student. Once again, we would like to thank you for your time, energy and expertise in supporting one of our students.

Appendix One

Division of Ophthalmology and Orthoptics Contact Details

Contact details for MMedSci ACP Ophthalmology paediatrics.

Head of Division of Ophthalmology and Orthoptics



Professor Helen Davis

✉ h.davis@sheffield.ac.uk ☎ 0114 215 9005

Programme Leader



Dr Charlotte Codina
Postgraduate lead

MMedSci Ophthalmology ACP
Paediatrics

MmedSci Vision & Strabismus

✉ c.codina@sheffield.ac.uk ☎ 0114 215 9042

Academic Staff Team (contact details available online):

Ms Anne Bjerre	(BMedSci programme lead)
Mrs Gemma Arblaster	(Module lead for CIID)
Mrs Mahria Banaris	(Lecturer in Orthoptics)
Mr Karzan Hughes	(Lecturer in Orthoptics)
Dr Sonia Toor	(Module lead for Insight into Disease)
Mr Patrick Keating	(Module lead for Exemptions)
Mrs Laura Haslam	(Lecturer in Orthoptics)
Dr Gail Maconachie	(Module lead Eye to Vision, currently on mat leave)

Administrative support

Debbie Proctor Email: orthoptics@sheffield.ac.uk

Sheena Coales

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José Garcia

External Examiner

Professor Rachel Pilling

Contact details available upon request

Appendix Two

Local Mentor Support Form



Health
Sciences
School.

Division of Ophthalmology & Orthoptics

MMedSci ACP Ophthalmology (paediatrics)

Local mentor support form

I confirm that my manager has agreed to my undertaking this course and will support me in gaining practical experience and clinical exposure by attending paediatric ophthalmology clinics. I have identified at least one local mentor, either Ophthalmologist or Advanced Clinical Practitioner in Paediatric Ophthalmology, who has agreed to help and support me during the course.

Applicant's full name:

Job title:

Place of Work:

Signed:

Date:

Print Name:

Local mentor confirmation. I confirm that that I am willing to support the above named applicant with this course. I am willing to share clinical expertise, supervise where necessary and have occasional reflective discussions on different patient cases with the student throughout their studies.

Signature of local mentor:

Date:

Print Name:

Profession:

Email address (please print clearly):

Appendix Three

Introductory Day Programme

MMedSci Ophthalmology ACP (paediatrics) Introductory Day Programme

Hosted on Blackboard Collaborate.

Monday 26 September 2022

Join us online from 9.00am with a cup of coffee or your favourite beverage

- 09.15am** **Introductions and the role of the ACP in paediatric ophthalmology**
Dr Charlotte Codina
- 9.45am** **Goal setting**
Professor Helen Davis and Mr Karzan Hughes
- 10.15am** *Break*
- 10.30am** **The Importance of OCT in Paediatrics**
Dr Viral Sheth
- 11.30am** *Break*
- 12 noon** **Slit lamp skills**
Mr Patrick Keating
- 1.00pm** *Lunch break* (Charlotte Codina available for questions)
- 1.30pm** **JIA Associated Uveitis**
Miss Jessy Choi
- 2.30pm** *Break*

*Please note we will be moving to Teams for the following session on Genetic Counselling.
Please join with this link:*

https://teams.microsoft.com/l/meetup-join/19%3ameeting_Mzg4OTM2NjEtYzA5ZS00NGE5LTk2MWItZjg0ZWY2NjA2NDc5%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%22cbd2c4b2-b46c-47ed-bc59-76d403283c0f%22%7d

- 2.45pm** **Introduction to Genetic Counselling**
Ms Helen Bethell
- 3.45pm** *Break*
- 4.00pm** **Q & A with Charlotte Codina/**
- 4.30pm** **Close of programme**

Appendix Four
Practice Portfolio
Course Exercise
Example (units 1-2)

MMedSci (Vision and Strabismus)

By Distance learning

ORT61001

Paediatric Ophthalmology

Practice Portfolio

Course Exercises Example (Units 1-2)

Unit 1 Exercise 2



Read:

NHS England. (2019). The NHS long term plan. London, England: Available at: <https://www.longtermplan.nhs.uk/online-version/> (accessed September 2021)



Do:

1. Paying careful attention to Chapter 1 which discusses a new service model and Chapter 4 which discusses the workforce, how do you see the role of the ACP in paediatric Ophthalmology aligning with the NHS Long term plan?
2. What other aspects of the NHS Long Term plan do you think will be relevant to your future role as an ACP in paediatric ophthalmology?
3. How do you envisage that the future role of the ACP can reduce the widening gap between service need and Ophthalmologist's clinical capacity? Please answer this both on a personal and wider level.

Unit 1 Exercise 2



Read:

Health Education England (2017) Multi-professional framework for advanced clinical practice in England. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>



Do:

1. Paying careful attention to Section 1: The capabilities for advanced clinical practice in England, consider in detail the capabilities and standards required for each of the four pillars. Which pillars do you currently feel more capable in? Which are you looking to develop as you journey through this ACP programme?

As mentioned previously, it is recognised that the wide variety of backgrounds ACPs may come from means that the level of experience and practice across the four pillars will vary.

2. Draw your own pillar diagram for your current picture - your level of experience and current level of practice
3. Now draw your pillar diagram for where you would want to be at the end of this course, what pillar skill mix will best suit your future role as ac ACP in paediatric ophthalmology?

Unit 1 Exercise 3



Do: Consider each area or unit of the syllabus outlined above and reflect on:

1. What areas are you most excited about?
2. Which areas will you find the easiest to advance your practice in?
3. Which areas might be the most challenging for you and what do you intend to do to overcome these challenges?
4. Where do you want to be in five years' time, when you have been recognised and working as an ACP in paediatric ophthalmology for some time?
5. What career possibilities excite you and what areas of the curriculum do you think you might spend most time working in?

Unit 1 Exercise 4

Watch:

Workplace Supervision for Advanced Clinical Practice – supporting videos available at:

<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-supporting-videos/>



Do:

1. Formulate a development plan, with input from your local mentor in terms of the timescale of your work-based learning through the programme and include it here. Ensure that it does not feel too burdensome for either of you and gives your mentor the freedom to input to a measure that they are happy with.

Unit 1 Exercise 5

1. Perform an internet search and create your own table or graphical illustration of all of the expected and anticipated childhood milestones, for example beginning to smile etc. with particular focus on age 0-5 years (The Center for Disease Control and Prevention may be a good place to start:
<https://www.cdc.gov/ncbddd/actearly/milestones/milestones-2mo.html>)
2. Do the same for visual developmental milestones and evidence this with the published literature

Unit 2 Exercise 1:



Read:

Diagnosis and management of blepharitis: an optometrists perspective. Putnam C. Clin Optom (Auckl).2016;8:71-78.

Viswalingam M, Rauz S, Morlet N, et al Blepharokeratoconjunctivitis in children: diagnosis and treatment. British Journal of Ophthalmology 2005;89:400-403.



Write:

Make detailed notes on the signs, symptoms and aetiologies of the different subsets of blepharitis and also BKC. Ensure that you are able to meet Aims 1 and 3.

Make notes on the differential diagnosis between blepharitis and BKC to ensure that you are confident you are able to fulfil aim 2.

Undertake an internet search of the varying presentations of chalazia and, copyright permitting, include different presentations of chalazions in your practise portfolio.

Unit 2 Exercise 2:



Read:

Jack J Kanski and Brad Bowling 7th Ed. Clinical Ophthalmology: a systemic approach. Chapter 1
Pages 34-38.

Cornea and anterior eye assessment with slit lamp biomicroscopy, specular microscopy,
confocal microscopy, and ultrasound biomicroscopy. Martin R. Indian J
Ophthalmol.2018;66(2):195-201.

https://www.jnjvisioncare.co.uk/sites/default/files/public/uk/tvci/eclp_chapter_2.pdf



Write:

Review the pictures of the clinical signs of blepharitis and BKC in Kanski and make notes on the clinical signs of the varying grades of these conditions. In addition, document the signs and characteristics of rosacea, mite infestation and herpes simplex to compare these to blepharitis.

Practical:

Either in your own clinics, or by arranging to sit in with a colleague's clinic to gain additional exposure to blepharitis and BKC patients, assess the lids, conjunctiva and cornea of 10 patients and reflect on your technique. Record your findings and observations in a patient log relating to this unit within your practice portfolio.

Within the scope of your clinical practise, gain experience assessing the lids, conjunctiva and cornea. Reflect on your technique. Does this vary according to the patient's age?

Have you seen anyone with blepharitis or BKC? What clinical signs did you detect?

Unit 2 Exercise 3:



Write:

Research the differing antibiotics listed above to determine which is the most effective for BKC in children.

Unit 2 Exercise 4:



Read:

Topical Treatment for blepharokeratoconjunctivitis in children. Cochrane database of Systemic Reviews. Version Published 07 February 2017.

<https://doi.org/10.1002/14651858.CD011965.pub2>. Accessed 23-04-21.

Systemic Treatment for blepharokeratoconjunctivitis in children. Cochrane database of Systemic Reviews. Version Published 30 May 2016.

<https://doi.org/10.1002/14651858.CD011750.pub2>. Accessed 23-04-21.



Write:

Make notes on the various treatment options available for BKC in children to ensure that you are happy you fulfil Aims 7 and 8.

How does this evidence base affect your clinical decisions?

There is no general consensus for the treatment regimens of BKC. Reflect on your own clinical practice – what medications have been used for any patients that you may have seen? How does this compare to those discussed in these reports? When reviewing the medications prescribed consider what were the clinical outcomes for any patients you may have seen.

Appendix Five

Evidence of Local Mentoring and Feedback

Evidence of Local Mentor, Ophthalmologist, Approval

The practice portfolio and the input of your local (paediatric) Ophthalmologist mentor are both invaluable in the process of reflective and clinical learning throughout this programme.

The forms below should be completed by both the student and local mentor. There is an interim form and a final phase completion form for both student and mentor to complete.

The interim form should be completed half way through the first year of study, by the end of February 2023. The final form should be completed at the end of the first year of study, by the end of July 2023.

If either the student or mentor wishes to discuss any aspect of the course further, or discuss a student's progress or mentorship, then they should contact the programme leader, Charlotte Codina (c.codina@shef.ac.uk). Further help and support including alternative telephone numbers and contact details can be accessed via our course webpages: <https://www.sheffield.ac.uk/postgraduate/taught/courses/2021/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci>

In the forms below, the local mentor should initial the confirmation boxes provided and then comment on the student's, clinical exposure, confidence, competence or abilities in regard to each area of the curriculum.

Interim phase completion form – Ophthalmologist (local mentor) to complete by end of February 2023

I confirm that I have had the opportunity to advise the student on my own clinical practice.

I confirm that I have seen the student's patient log (a component of their practice portfolio).

I confirm that, in my opinion, the student has demonstrated learning sufficient to allow them to practise, with support, in these areas of advanced clinical practice within their scope of practice.

Please use the box below to comment on the student's ability and comment on case examples that you have reflected on together

Signed: _____ Date: _____

Interim table of progress – Ophthalmologist (local mentor) to complete by end of February 2023

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. Please fill in the columns which are most appropriate to each of the curriculum areas in order to help identify areas of lesser and greater clinical exposure, confidence and competence and help to direct the students time spent in appropriate clinics in the next six months of the foundation module in paediatric ophthalmology.

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC				
Allergic conjunctivitis & VKC				
Cerebral Vision Impairment				
Communicating with children with vision impairment				
Integrating Healthcare and Education for VI children				
Refraction in a hospital setting				
Contact lenses				

Electrodiagnostic testing				
Inherited Retinal Disease				
Retinal Imaging				
Optic Disc Screening				
Chalazia				
Epiphora				
JIA Associated Uveitis				
Glaucoma				
Dry eye in children				
Paediatric Eye Casualty: Triage and History Taking including Corneal injury				

Interim phase completion form - student response

Please use the space below to reflect on the interim phase of the course. You may want to include references from your patient log or practice portfolio. Please include comments on what you have learned during this phase of the paediatric ophthalmology module.

Signed:

Date:

Final phase completion form – Ophthalmologist (local mentor) to complete by end of July 2023

I confirm that I have had the opportunity to advise and supervise the student on my own clinical practice.

I confirm that I have seen the student's patient log (a component of their practice portfolio).

I confirm that, in my opinion, the student has demonstrated learning, skill and competence, sufficient to allow them to practise in these specified clinical areas, within their scope of practice.

Please use the box below to comment on the student's ability and comment on case examples that you have reflected on together

Signed: Date:

Final phase completion form – Ophthalmologist (local mentor) to completed by July 2023

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. The aim is for the student to have a good level of competence and independent skill in each of the curriculum areas by the end of the first year of study, which will be consolidated in further practice throughout the Masters programme

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC				
Allergic conjunctivitis & VKC				
Cerebral Vision Impairment				
Communicating with children with vision impairment				
Integrating Healthcare and Education for VI children				
Refraction in a hospital setting				

Contact lenses				
Electrodiagnostic testing				
Inherited Retina Disease				
Retinal Imaging				
Optic Disc Screening				
Chalazia				
Epiphora				
JIA Associated Uveitis				
Glaucoma				
Dry eye in children				
Paediatric Eye Casualty: Triage and History Taking including Corneal injury				

Final phase completion form - student response

Please use the space below to reflect on the final phase of the course. You may want to include references from your patient log or practice portfolio. Please include comments on what you have learned during the course.

Signed: _____ Date: _____

Appendix Six

Sample Local Mentor Feedback Form

Interim table of progress – Ophthalmologist (local mentor) to complete by end of February 2023

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. Please fill in the columns which are most appropriate to each of the curriculum areas in order to help identify areas of lesser and greater clinical exposure, confidence and competence and help to direct the students time spent in appropriate clinics in the next six months of the foundation module in paediatric ophthalmology.

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC	N/A	N/A	N/A	Mark has already been running our external eye disease clinic for some years. He diagnoses and manages patients well, is competent at identifying red flag situations and reliably refers patients beyond his scope of practice to me.
Allergic conjunctivitis & VKC	N/A	N/A	N/A	As above, Mark has already been running our external eye disease clinic for some years. He diagnoses and manages patients well, is competent at identifying red flag situations and reliably refers patients beyond his scope of practice to me.
Cerebral Vision Impairment	Mark has begun to see patients in the low vision clinic with the support of other low vision practitioners	Mark attended a help MDT meeting in which a diagnosis was made of CVI	Mark is going to follow this particular patient through his clinical pathway	
Communicating with children with vision impairment	Mark has some timetabled sessions to spend more time with			

	low vision paediatric patients			
Integrating Healthcare and Education for VI children	and liaise with allied services about their wider support needs	The low vision practitioners are supporting Mark with this		
Retinoscopy in a hospital setting	Mark has spent some afternoon sessions in optometry clinics	Mark has had the opportunity to practise retinoscopy on a number of patients	He has collected 10 patients already for his retinoscopy audit	
Contact lenses				Mark already has much experience in supporting babies and children in contact lens care. His skill in this area is recognised by the team.
Electrodiagnostic testing	Mark has spent some time in the EDT clinic	We looked at a case of ocular albinism together and Mark was able to correctly identify classic signs on the EDTs		
Inherited Retinal Disease	Mark and I have had some good reflective discussions about patients with inherited disease. He recognises his lack of experience here and is keen to improve.	Mark has collected one case for his practice portfolio and has shown me the pedigree that he has drawn.		
Retinal Imaging	Mark already has much experience with adult retinal imaging, but is gaining experience with children. He has travelled to Leicester to see the hand held OCT in action and told	He gained remarkably good OCT images recently in a 4 year old with...		

	me about this in our discussions.			
Optic Disc Screening	Mark showed me his case studies where he had arrived at the correct diagnoses			
Chalazia	Mark has given good advice to children about their chalazia and patients have remarked on his good communication.			No concerns
Epiphora	Mark has seen both under 2 year olds and over 2 year olds with epiphora	Mark's advice to patients has been sound and well communicated	Mark's practice is aligned to my own in terms of conservative advice or referring for possible surgery.	I have no concerns in regard to Mark's management and communication in this area
JIA Associated Uveitis	Mark has good slit lamp skills.	Mark has correctly identified cells in the anterior chamber and anterior chamber flare in several patients.	We plan to have more conversations around management in the future.	
Glaucoma	Excellent competence in IOP testing and identifying red flags for immediate attention.			No concerns
Dry eye in children	Mark has seen a number of patients with mild dry eye symptoms	Mark has given advice to patients and signposted to relevant resources	Mark has been able to identify progressing dry eye cases in need of treatment escalation & participated in excellent reflective discussion around this.	
Paediatric Eye Casualty: Triage and History Taking including Corneal injury	Mark has visited the casualty services and seen a number of conditions	Mark has triaged some patients by telephone successfully, with appropriate timescales		

