

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



LOGBOOK FOR GLAUCOMA SUBSPECIALTY

FACULTY OF OPHTHALMOLOGY

APPROVED BY THE SENATE ON 2ND MARCH, 2023

A handwritten signature in blue ink, appearing to be 'F. A. Arogundade', is centered below the approval text.

DR F. A. AROGUNDADE, MD FMCP
COLLEGE REGISTRAR



NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

FACULTY OF OPHTHALMOLOGY

THE LOGBOOK

FOR

GLAUCOMA SUBSPECIALTY

2022

Resident's Name

Name of Training Institution

Date of Commencement of Training

Name and Signature of Supervisor(s)

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PREAMBLE

Introduction and Philosophy

Glaucoma as a subspecialty in the Faculty of Ophthalmology will provide needed manpower with relevant knowledge and skills to plan and organize resources for the management of related eye diseases in this field.

Trainees will be expected to acquire skills to train at junior residency level to prevent complications arising from poor management of the common disorders as well as manage such complicated cases.

This 36-month subspecialty Fellowship is intended to prepare candidates for a career as a glaucoma subspecialist with knowledge and skills in the prevention and management of eye disorders resulting from glaucoma and related diseases.

Course Description

This course aims to impart both basic and advanced skills in glaucoma management. It teaches the aetiologies, classifications, evaluations, and management with emphasis on complicated cases as well as surgery related complications. The principles and ethical decision-making process in management and good patient communication techniques are also taught.

Expected Competences

To perform the complete preoperative ophthalmologic examination of glaucoma patients, including the consent for procedures. Comprehensive medical management of the glaucoma patient.

To be able to describe the epidemiology, clinical features, evaluation, diagnosis, differential diagnosis, and management of intraoperative and postoperative complications of glaucoma surgeries, including trabeculectomy and non-trab glaucoma surgeries and use of drainage devices.

To understand and manage advanced glaucoma surgeries, including intraoperative and postoperative complications.

To develop and exercise clinical and ethical decision making in glaucoma patients, as well as develop good patient communication techniques.

ACTIVITIES TO UNDERTAKE IN ACHIEVING THE STATED LEARNING EXPECTATIONS

Specific Activities to be undertaken to achieve the stated objectives include but not limited to the following:

1. Ward rounds
2. One detailed case presentation by residents during weekly ward rounds
3. At least one Clinic clerking presentation.
4. Reading assignments including review of journals
5. Tutorial sessions
6. Attendance to at least one theatre session per week.
7. Regular bedside teaching/tutorials for medical students and residents.
8. Attendance to compulsory College and faculty update courses and conferences.

Training Evaluation:

Trainees will be required to keep a logbook of surgical and clinical cases managed (including multidisciplinary team management) and procedures carried out.

Evaluation format: This will consist of formative assessment and examination.

Logbook documentation of:

Procedures observed and performed.

ASSESSMENT/SCORE SHEET FOR MANDATORY PRESENTATIONS

Title of Lecture/Seminar:-----

Date/Time:-----

Name of Assessor:-----

Designation of Assessor-----

• GRADES OF PERFORMANCE SCORES

- 70% or more -- A
- 60 -69% -----B
- 50 -59 % ----- C
- 40 -49% ----- D
- 39% and below- E

SCALE OF PERFORMANCE GRADES

PERFORMANCE GRADE	DESCRIPTION
A	Adequate knowledge; Performs skill without supervision; able to take corrections; can reproduce skill on request
B	Adequate knowledge; performs skill with minimal supervision; able to take corrections; reproduces skill with minimal guidance

C	Adequate knowledge; performs skill with supervision; able to take corrections; barely reproduces skill
D	Inadequate knowledge; performs skill with supervision; understands corrections with difficulty; Unable to reproduce skill
E	Gross inadequate knowledge; unable to perform task; difficulty in following instructions; unable to reproduce skill

The minimum accepted performance score is Grade B in each of the tasks. A lower grade requires a “make-up” performance to be documented by the supervising Consultant and recorded on a supplementary page.

1st year Senior Residency FORMATIVE ASSESSMENT
(Should be done every 3 months)

Hospital:.....						
DATES	From					
	To					
Overall Rating for the Year (Average)						
ATTITUDINAL ASSESSMENT (Grade A-E)						
General Appearance						
Punctuality						
Relationship with Patients						
Relationship with other team Members						
Ethics – Awareness and Application						
Flexibility and Response to Correction						
Administrative/leadership skills						
CLINICAL SKILLS ASSESSMENT (Grade A-E)						

Applied Basic Sciences knowledge					
Clinical management (Judgement, appropriate use of investigations, follow up etc)					
Emergency Care					
Industry/Initiative					
Reliability					
Communication Skills					
Overall Score					
Name & Signature of Consultant					

GRADES: Write the appropriate grade in the column using the key below.

Consistently exceeds expectations = A Sometimes exceeds expectations = B Generally
meets expectations = C Inconsistently meets expectations = D Rarely
meets expectations = E Insufficient contact with student to judge = X

Supervisor's Comments

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Supervisor's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

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Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident.....

Date.....

2nd year Senior Residency FORMATIVE ASSESSMENT

(Should be done every 3 months)

Hospital:						
DATES	From					
	To					
Overall Rating for the Year (Average)						
ATTITUDINAL ASSESSMENT (Grade A-E)						
General Appearance						
Punctuality						
Relationship with Patients						
Relationship with other team Members						
Ethics – Awareness and Application						
Flexibility and Response to Correction						
Administrative/leadership skills						
CLINICAL SKILLS ASSESSMENT (Grade A-E)						
Applied Basic Sciences knowledge						
Clinical management (Judgement, appropriate use of investigations, follow up etc)						
Emergency Care						
Industry/Initiative						
Reliability						
Communication Skills						
Overall Score						
Name & Signature of Consultant						

GRADES: Write the appropriate grade in the column using the key below.

Consistently exceeds expectations = A Sometimes exceeds expectations = B Generally meets expectations = C Inconsistently meets expectations = D Rarely meets expectations = E Insufficient contact with student to judge = X

Supervisor’s Comments

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Supervisor's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

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Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident.....

Date.....

3rd year Senior Residency FORMATIVE ASSESSMENT

(Should be done every 3 months)

Hospital:						
DATES	From					
	To					
Overall Rating for the Year (Average)						
ATTITUDINAL ASSESSMENT (Grade A-E)						
General Appearance						
Punctuality						
Relationship with Patients						
Relationship with other team Members						
Ethics – Awareness and Application						
Flexibility and Response to Correction						
Administrative/leadership skills						

CLINICAL SKILLS ASSESSMENT (Grade A-E)					
Applied Basic Sciences knowledge					
Clinical management (Judgement, appropriate use of investigations, follow up etc)					
Emergency Care					
Industry/Initiative					
Reliability					
Communication Skills					
Overall Score					
Name & Signature of Consultant					

GRADES: Write the appropriate grade in the column using the key below.

Consistently exceeds expectations = A Sometimes exceeds expectations = B Generally
meets expectations = C Inconsistently meets expectations = D Rarely
meets expectations = E Insufficient contact with student to judge = X

Supervisor's Comments

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.....

Supervisor's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

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.....

Head of Department's name & signature.....

Date.....

Stamp.....

Signature of Resident..... Date.....

ROTATIONS COMPLETED

Posting	Dates Attended		Comments	Name & Signature of Consultant
Corneal and Anterior segment				
Paediatric Ophthalmology and Strabismus				
Neuro-ophthalmology				
Public health and community eye health				
Conference participation and presentations (OSN etc)				

PROCEDURES PERFORMED (CORNEA and ANTERIOR SEGMENT ROTATIONS)

The mandatory procedures and the minimum number that is considered acceptable in this rotation:

- 1)Cornea/Cataract/Anterior Segment rotation
- Conduct and interpretation of specialised diagnostic procedures including keratometry(20), biometry(20), anterior segment OCT(10)
- Contact lens fitting(5)
- Corneal graft(5)
- Corneal/Scleral/globe repairs(15)
- Pterygium surgery-(20)
- Ocular surface lesions(5)
- Hyphaema management-(5)
- Cataract surgery(Phacoemulsification and MSICS)-100
- Management of relevant emergencies and complications -25
- Teaching of residents and medical students-10

Date	Procedure done	Patient's Initials/Hospital number	Observed/assisted/performed	Grading / Rating	Supervisor Names/Signatures

PROCEDURES PERFORMED (PAEDIATRIC OPHTHALMOLOGY ROTATIONS)

The mandatory procedures and the minimum number that is considered acceptable in this

rotation:

Comprehensive clinical assessment of children,including refractions (20)

Examination under anaesthesia(5)

Squint procedures(5)

Glaucoma surgery including goniotomy (5)

Paediatric cataract procedures (10)

Screening for retinopathy of prematurity(5)

Management of paediatric ocular and orbital tumours(5)

Management of paediatric emergencies(5)

Teaching of resident doctors and medical students(5)

Date	Procedure done	Patient's Initials/Hospital number	Observed/assisted/performed	Grading / Rating	Supervisor Names/Signatures

PROCEDURES PERFORMED (NEURO-OPHTHALMOLOGY ROTATIONS)

The mandatory procedures and the minimum number that is considered acceptable in this

rotation:

Technical Skills:

- i. To perform and interpret the complete cranial nerve evaluation (eg., testing of and facial nerve function) and basic neurologic exam in the context of neuro-ophthalmic localization and disease.
- ii. To interpret neuro-radiologic images in neuro-ophthalmology (eg., interpretation of orbital imaging for orbital pseudotumor and tumors, thyroid eye disease, intracranial imaging modalities and strategies for tumors, aneurysms, infection, inflammation, and ischemia), and to appropriately discuss, in advance of testing, the localizing clinico-radiologic features, with the neuroradiologist in order to obtain the best study and interpretation of the results.
- iii. To perform and interpret the results of the intravenous edrophonium (Tension) and prostigmine tests for myasthenia gravis, and to recognize and treat the complications of the procedures.
- iv. To recognize patients with “functional” visual loss (non-organic visual loss) and provide appropriate counseling and follow-up.
- v. To conduct research relevant to neuro-ophthalmic conditions.

To see variety of all these and tabulate as below.

A. Eye and Neurologic Examination (Minimum of 20)

S/N	Date	Hosp. No	Age	Sex	VA RE: LE	Contrast Sensitivity	Color Vision	Confrontation Visual Field	Amsler Grid testing	Eyelids, Facial nerve function, Ocular motility
1										
2										
3										
4										
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21										
22										

B. Continuation of A above serially.

S/N	Date	Pupils Size Reactivity Swinging flashlight test	External Examination (Including Orbit) Slit-Lamp Exam, IOP Ophthalmoscopy Neurologic Examination	Mental status Cranial nerves Motor function Cerebellar function Sensation Gait Reflexes	Grading- A-E	Name & Signature of Supervisor
1						
2						
3						
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20						
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22						

PROCEDURES PERFORMED (PUBLIC HEALTH AND COMMUNITY EYE HEALTH ROTATIONS)

The mandatory procedures and the minimum number that is considered acceptable in this

rotation:

- Involvement and Participation in community eye outreach programs(5)
- Involvement and Participation in an international NGDO program(1)
- Establishment of a Prevention of blindness initiative in a rural community and an urban community (2)
- Publication of a public health-centered article in a peer reviewed journal (1)
- Teaching resident doctors and medical students(5)

Date	Procedure done	Patient's Hospital number	Observed/assisted/performed	Grading / Rating	Supervisor Names/Signatures

It is recommended that fellows perform a sufficient number of glaucoma procedures to achieve competence.

Class I (Fellow as Primary Surgeon) and Class II (Fellow as First Assistant)

Operative Procedures	Class I	Class II
Complex cataract* or combined procedures	10	10
Filtering procedures, including use of antimetabolites	20	10
Aqueous shunts (valved and non-valved)	5	5
Argon and selective laser trabeculoplasty	5	5
Laser iridotomy	5	5
Laser suture lysis	2	2
Needling of failing/encysted filtering blebs	2	2
Repair of leaking blebs	2	2
Management/reformation of shallow anterior chamber	2	2
Management of hypotony and choroidals	2	2
Laser cyclophotocoagulation	2	2
Goniotomy/trabeculotomy for primary congenital glaucoma	2	2
Examination under anesthesia for congenital glaucoma	5	5
Peripheral iridoplasty	2	2
Anti-VEGF injections/panretinal photocoagulation	5	5

* Complex cataract includes small pupil, posterior synechiae, pseudoexfoliation, loose zonules, and other appropriate cases.

GLAUCOMA SURGICAL Procedures :

1a GLAUCOMA SURGERY- Trabeculectomy

Minimum should be (10 assisted; 20 without assistance)

S/No	Date	Hosp No	Age/ Sex	Preop IOP for the relevant eye	Conjunctiv al Flap	Superficial Scleral Flap	Para cent esis	Deep corneosc leral block		
1										
2										
3										
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1b Contd. GLAUCOMA SURGERY- Trabeculectomy Continuation

Minimum should be (10 assisted; 20 without assistance)

Serial Number	Peripheral Iridectomy	Suturing of scleral flap	Suturing of conjunctival Flap	Visual acuity 1 week PO	IOP 1MONTH post-op	Global rating(A TO E)	Name Signature Supervisor	& of
1								
2								
3								

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2a GLAUCOMA SURGERY- Complex cataract* or combined procedures
 Minimum should be (10 assisted; 10 without assistance)

S/No	Date	Hosp No	Age/ Sex	Preop IOP for the relevant eye	Conjunctiv al Flap	Superficial Scleral Flap	Para cent esis	Deep corneosc leral block	
1									
2									
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24									
25									

2b Contd. GLAUCOMA SURGERY- Complex cataract* or combined procedures
 Minimum should be (10 assisted; 15 without assistance)

Serial Number	Peripheral Iridectomy	Suturing of scleral flap	Suturing of conjunctival Flap	Visual acuity 1 week PO	IOP 1MONTH post-op	Global rating(A TO E)	Name & Signature of Supervisor
1							
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3. GLAUCOMA SURGERY- Aqueous shunts (valved and non-valved), Lasers, Iridotomies, etc
 Minimum should be (10 assisted; 10 without assistance)

S/No	Date	Hosp No	Age/ Sex	Preop IOP for the relevant eye	Definitive surgical procedure	Visual acuity 1 week PO	IOP 1month h post- op	Global rating(A TO E)	Name Signature Supervisor	& o
1										
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4. GLAUCOMA SURGERY- Goniotomy/trabeculotomy for primary congenital glaucoma
 Minimum should be (2 assisted; 2 without assistance)

S/N	Date	HOSP NO	AGE/ SEX	Preop IOP for the relevant eye	Corneal measurements	Visual acuity 1 week PO	IOP 1MONTH post-op	Global rating(A TO E)	Name & Sign of Supervisor
1									
2									
3									

4									
5									

5. GLAUCOMA SURGERY Complications management: Bleb complications, Hypotony, Aqueous misdirection, etc.

S/N	Date	HOSP NO	AGE/SEX	Preop IOP for the relevant eye	Procedure carried out	Visual acuity 1 week PO	IOP 1MONTH post-op	Global rating(A TO E)	Name & Sign of Supervisor
1									
2									
3									
4									
5									

PROCEDURES PERFORMED (GLAUCOMA ROTATIONS)

The mandatory procedures and the minimum number that is considered acceptable in this rotation:

Conduct and interpretation of diagnostic procedures including tonometry, gonioscopy, perimetry, OCT(50 each)

Management of relevant emergencies and complications (20)

1. GONIOSCOPY (Minimum of 50)

Date	Patient's Hospital number	Gonio lens used	Grading Rating	/	Supervisor Names/Signatures

2. PERIMETRY (Minimum of 50)

Date	Patient's Hospital number	Right or Left eye	Grading / Rating of interpretation	Supervisor Names/Signatures

