

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



LOGBOOK FOR SUBSPECIALTY OF VITREO
RETINA

FACULTY OF OPHTHALMOLOGY

APPROVED BY THE SENATE ON 1ST JUNE, 2023

DR F. A. AROGUNDADE, MD FMCP
COLLEGE REGISTRAR



**NATIONAL POSTGRADUATE MEDICAL COLLEGE OF
NIGERIA
FACULTY OF OPHTHALMOLOGY
TRAINING LOGBOOK
FOR
SENIOR RESIDENCY IN VITREO-RETINA SUBSPECIALTY
2023**

Resident's Name

Name of Training Institution

.....

Date of Commencement of Training

Name and Signature of Supervisor(s)

PREAMBLE

The fellowship training for the vitreo-retinal subspecialty qualification under the National Postgraduate Medical College is a postgraduate subspecialist training programme.

The main objective is to train Senior Specialist in Vitreo retinal to acquire the appropriate attitudes, knowledge and skills which will enable them to provide leadership for a tertiary level Vitreo retinal service and conduct relevant research towards contributing to improved vitreo-retinal service.

The Senior Residents at the end of their training should show requisite abilities to diagnose, treat and manage vitreo-retinal diseases in tropical countries. They should be able to consolidate problem solving strategies in vitreo-retinal subspecialty. They should be academically positioned to acquire extant and emerging knowledge on modern trends and techniques in vitreo-retinal subspecialty even if some of such may not be practiced in their facilities. In addition, they should have acquired administrative leadership skills as well as the academic skills to teach and conduct relevant research.

Upon completion of training, the Senior Resident (Specialist) will be eligible for employment as a Vitreo retinal Specialist.

Formative:

Log book documentation of:

- a) Clinical cases discussed
- b) Binocular indirect ophthalmoscopy performed with retinal drawing with color codes
- c) 78/90D slit lamp biomicroscopy performed with retinal drawings with color codes.
- d) Fundus photos, FFA, OCT observed, assisted and performed
- e) Laser procedures observed, assisted and performed (PRP, Focal, Barrage, LIO)
- f) Intravitreal injections performed

- g) Scleral buckle surgeries observed, assisted, and performed
- h) Vitrectomy surgeries observed, assisted, and performed
- i) Cataract surgery in a diabetic
- j) Cataract surgery post vitrectomy
- k) Cataract surgery post scleral buckle surgery
- l) Journal articles reviewed/presentations at Grand Rounds
- m) Tutorial sessions
- n) Essay writing

ASSESSMENT/SCORE SHEET FOR MANDATORY PRESENTATIONS

Title of Lecture:-----

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 OUTSIDE ROTATIONS..... UNIT

Posting	Date Attended		Comments by Consultant	Signature of Consultant
Cornea and anterior segment senior posting				

Glaucoma subspecialty senior posting				
Paediatric Ophthalmology and Strabismus				
Public health and community eye health senior posting				

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

.....
.....

Supervisor's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

.....
.....

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

.....
.....

Supervisor's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

.....
.....

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

.....
.....

Supervisor's name & signature.....

Date.....

Stamp.....

.....

.....

Date.....

Signature of Resident.....

[illegible]

[illegible]

THE RETINAL DRAWINGS FOLLOW:

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

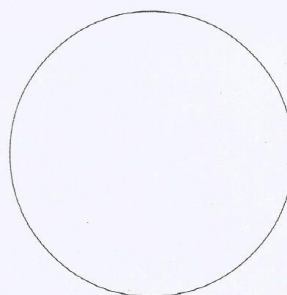
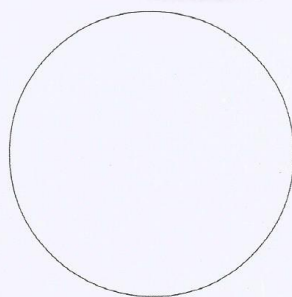
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

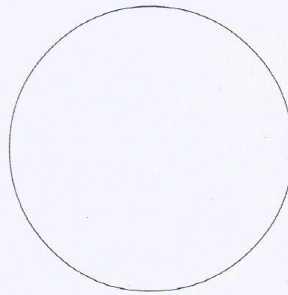
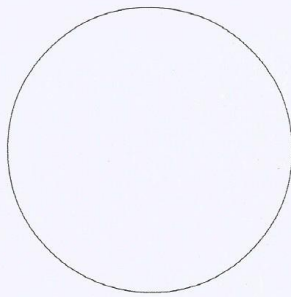
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

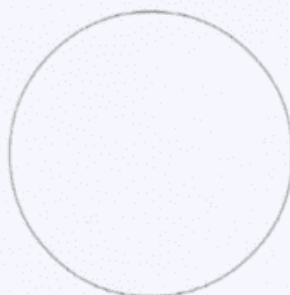
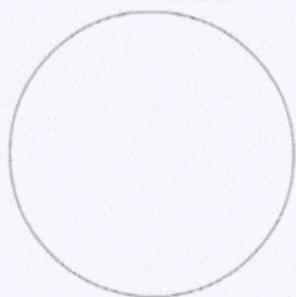
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

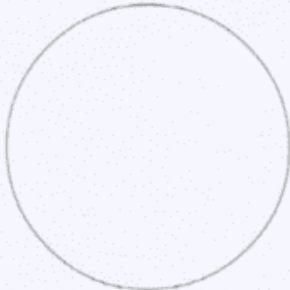
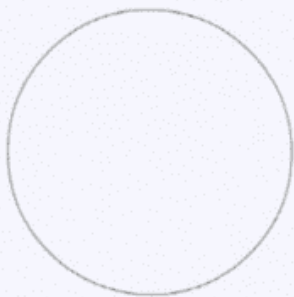
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

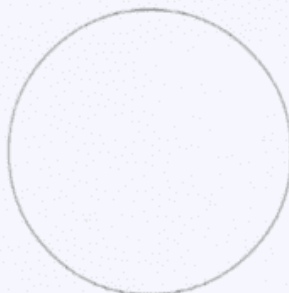
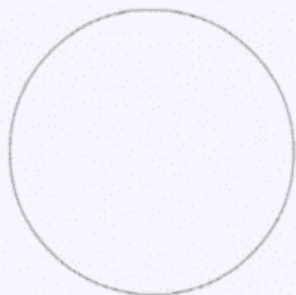
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

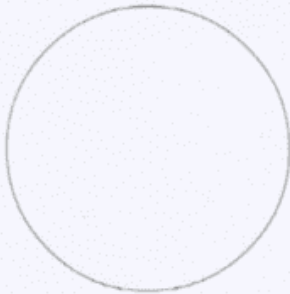
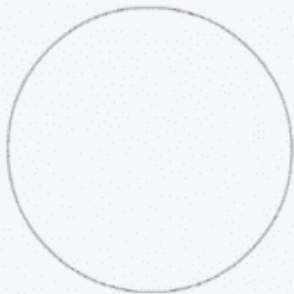
Sex: M/F

History _____

Fundus

OD

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Diagnosis _____

Advice _____

Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

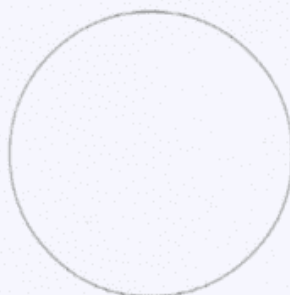
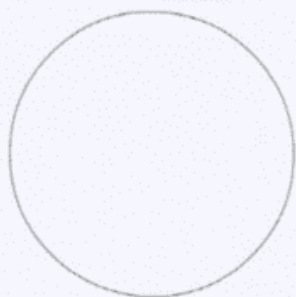
Sex: M/F

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

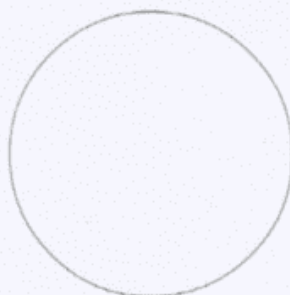
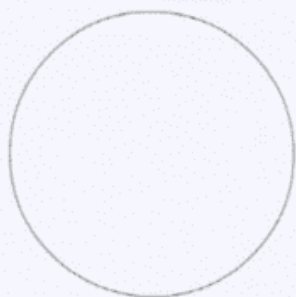
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History _____

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Advice _____

Out-patient Record

Clinical Cases

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Date: _____

Name: _____ Age: _____

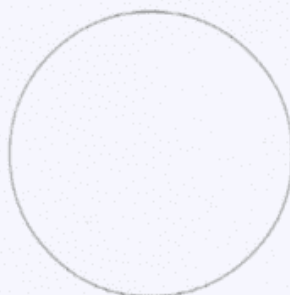
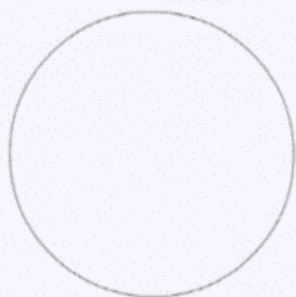
Sex: M/F

History _____

Fundus

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Diagnosis _____

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

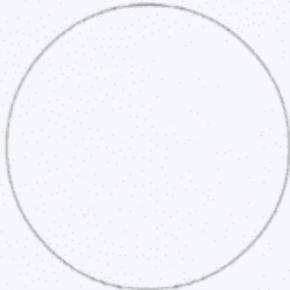
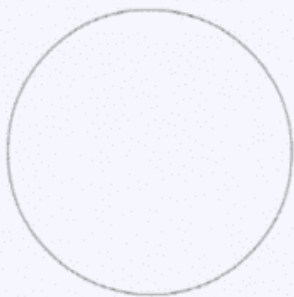
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Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

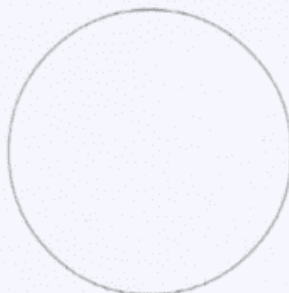
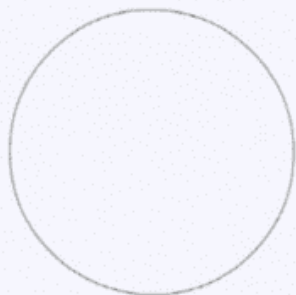
Sex: M/F

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Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

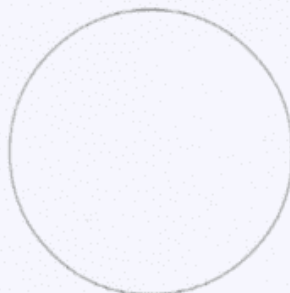
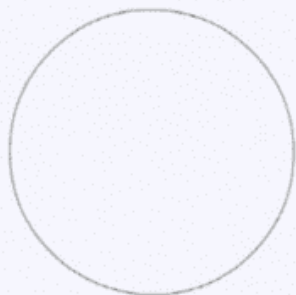
Sex: M/F

History _____

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

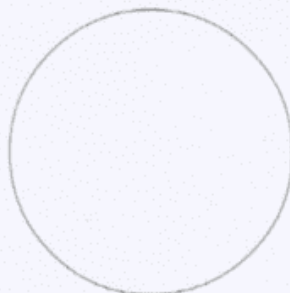
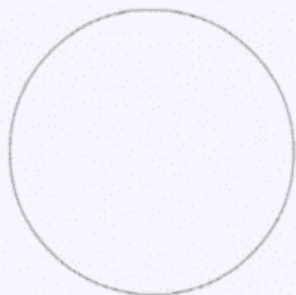
Sex: M/F

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Out-patient Record

Clinical Cases

M.R.No.: _____

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Name: _____ Age: _____

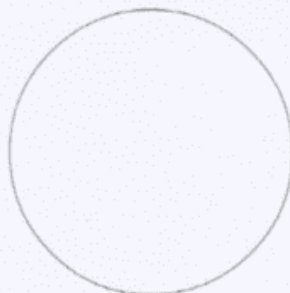
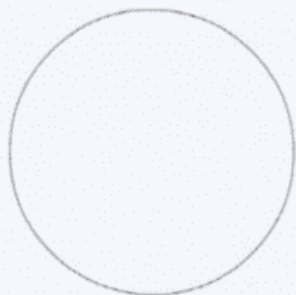
Sex: M/F

History _____

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Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

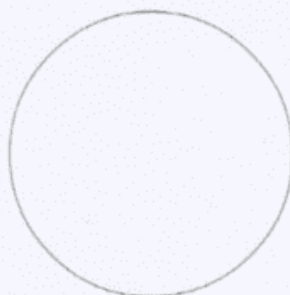
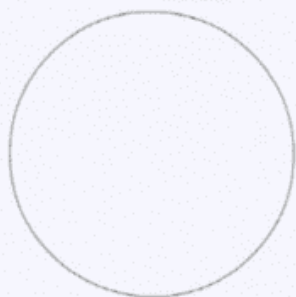
Sex: M/F

History _____

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OD

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Diagnosis _____

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

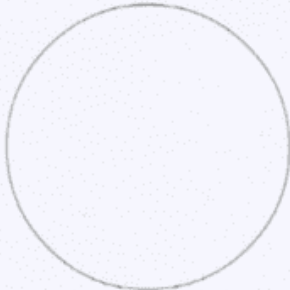
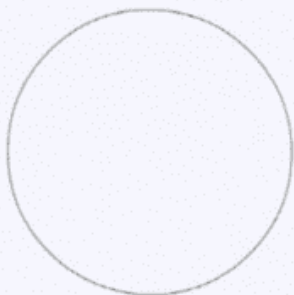
Sex: M/F

History _____

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

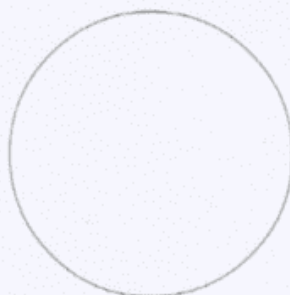
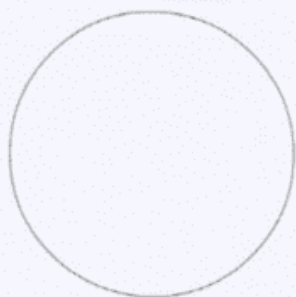
Sex: M/F

History _____

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

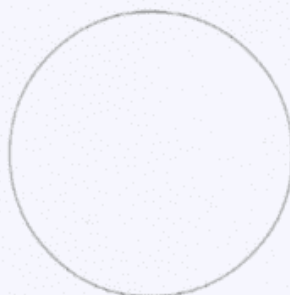
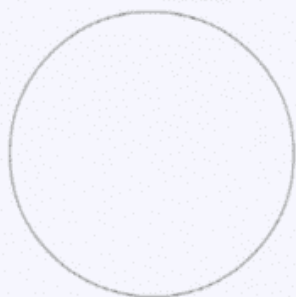
Sex: M/F

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

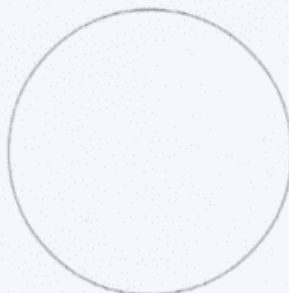
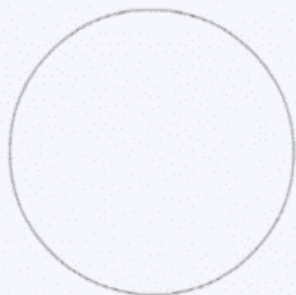
Sex: M/F

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Out-patient Record

Clinical Cases

M.R.No.: _____

Date: _____

Name: _____ Age: _____

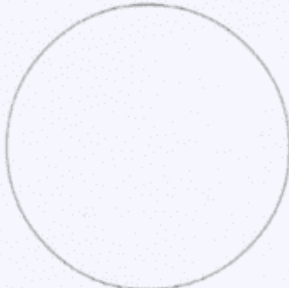
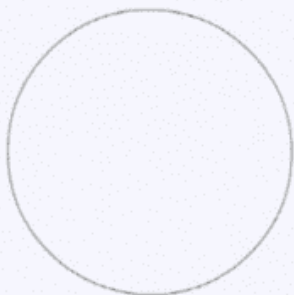
Sex: M/F

History _____

Fundus

OD

OS



Diagnosis _____

Advice _____

PROCEDURES

2. 78/90D BIOMICROSCOPY WITH RETINAL DRAWING (Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

PROCEDURES

3. FUNDUS PHOTOGRAPHY (Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

PROCEDURES

4. BSCAN (Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

Ultrasonography

M.R.No.: _____

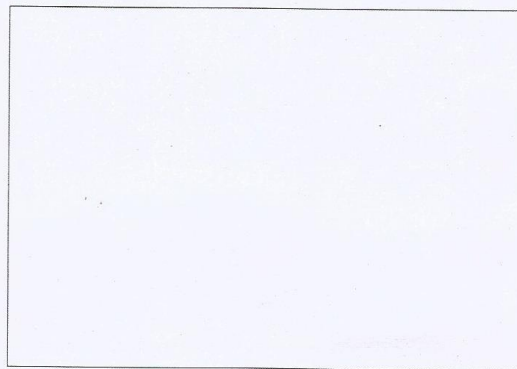
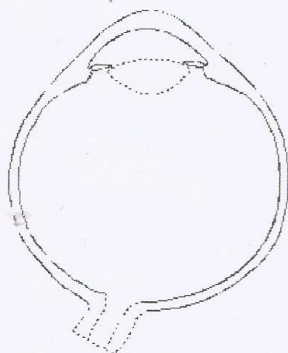
Date: _____

Name: _____ Age: _____

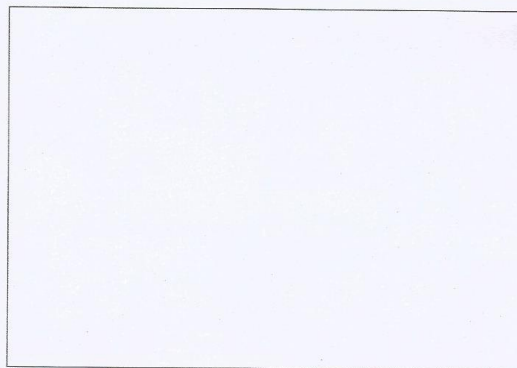
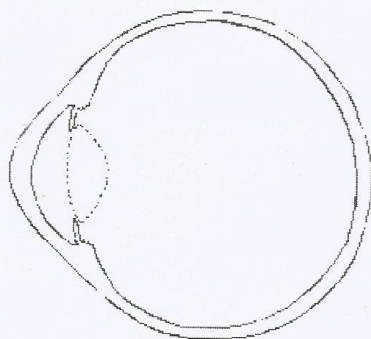
Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

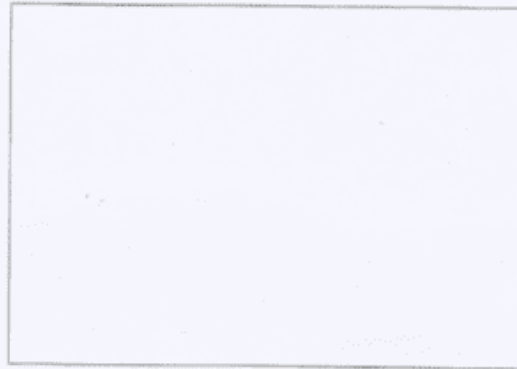
Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

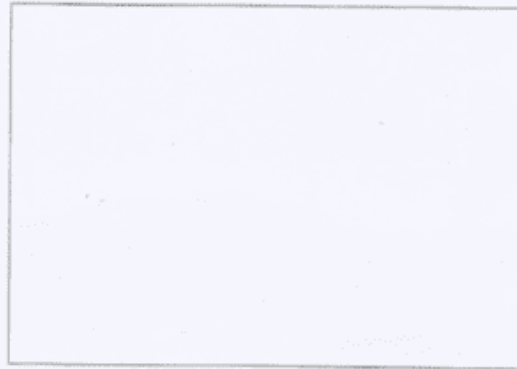
Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

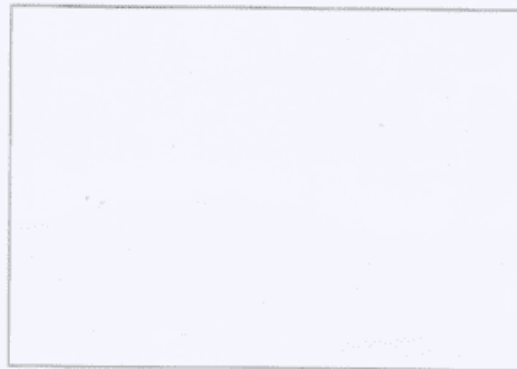
Date: _____

Name: _____ Age: _____

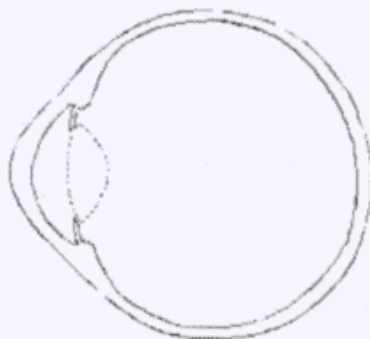
Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

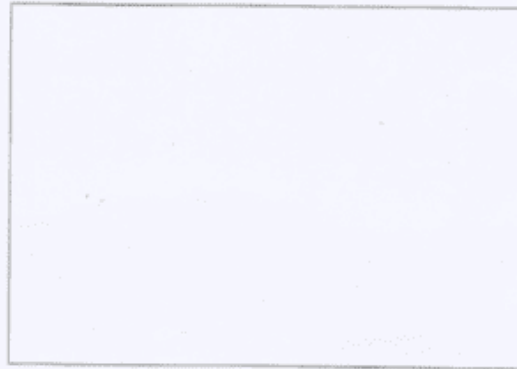
Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

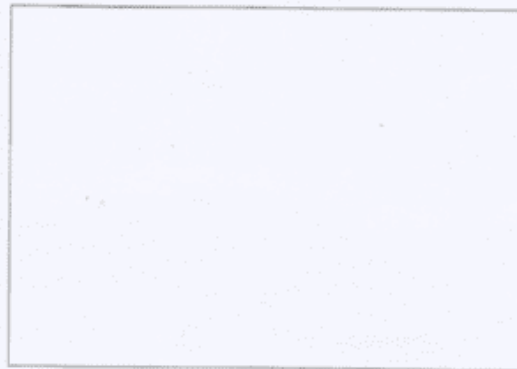
Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

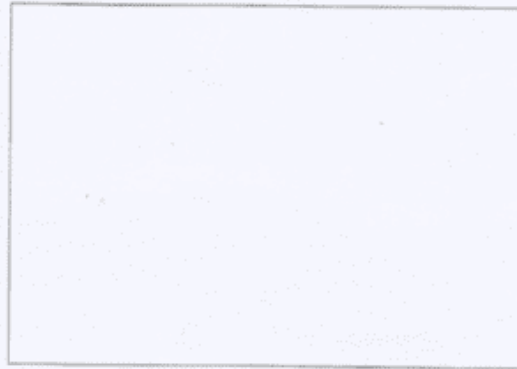
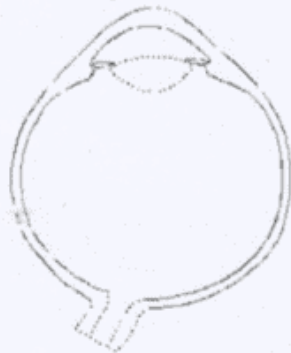
Date: _____

Name: _____ Age: _____

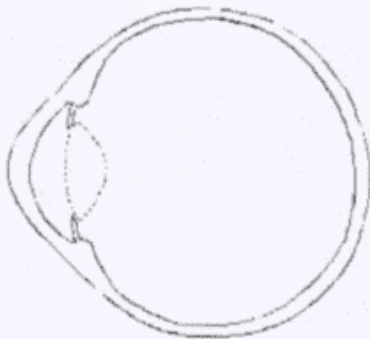
Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

Ultrasonography

M.R.No.: _____

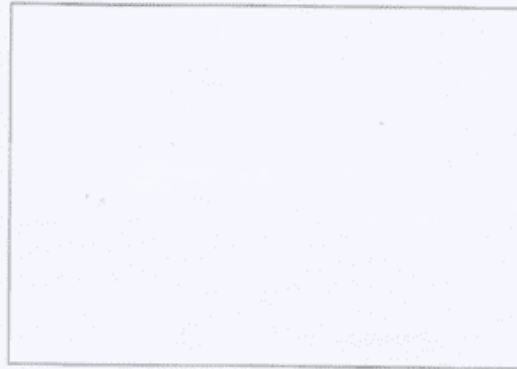
Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

Horizontal Section RE / LE



Vertical Section RE / LE



Diagnosis _____

Advice _____

PROCEDURES

5. FUNDUS FLOURECEIN ANGIOGRAPHY/ ICG (Minimum of 10)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

FFA (Fundus Fluorescein Angiography)

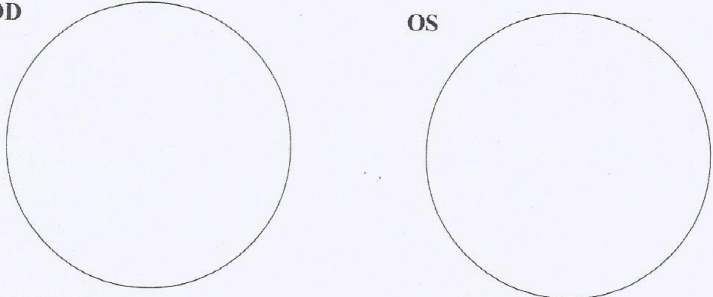
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

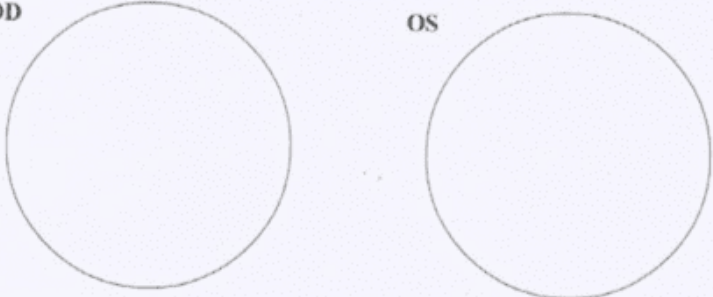
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

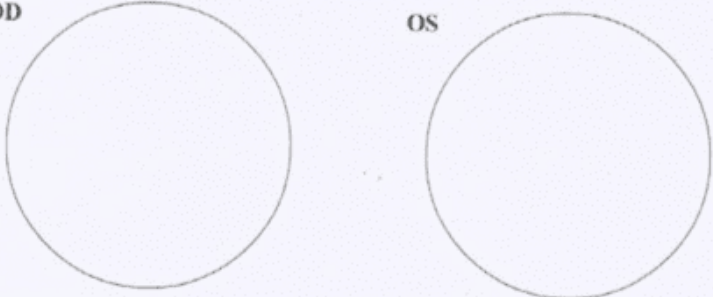
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

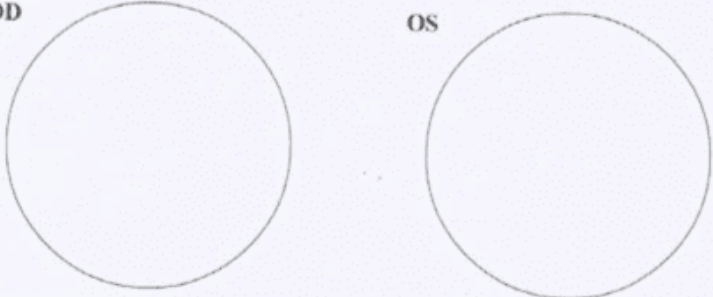
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

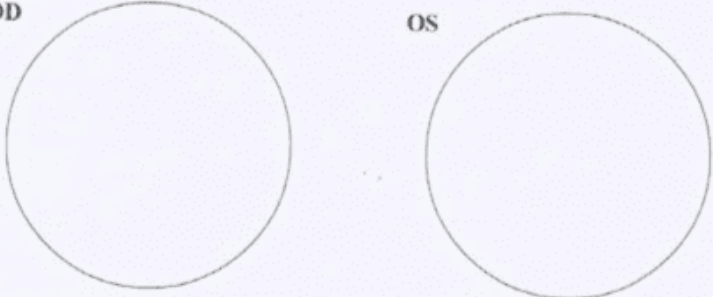
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

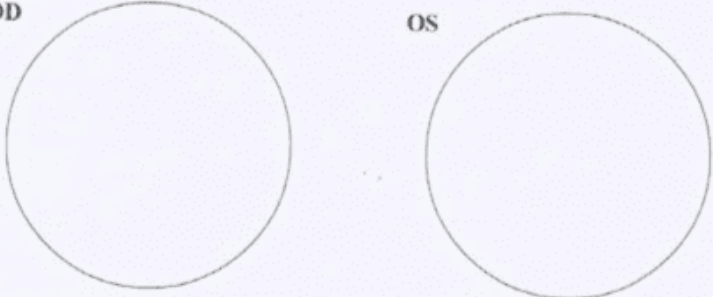
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

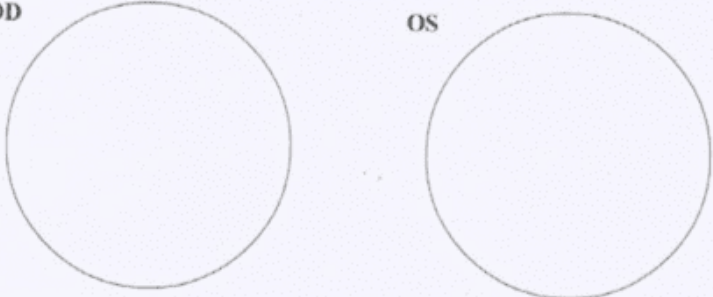
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

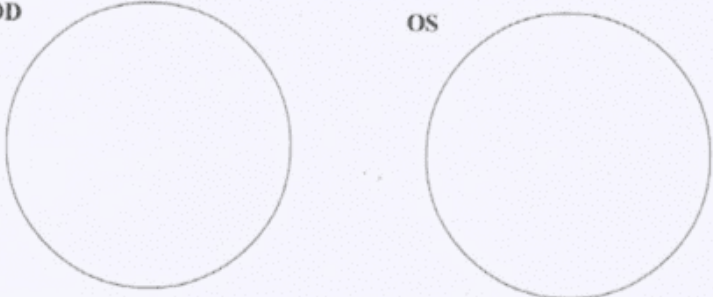
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

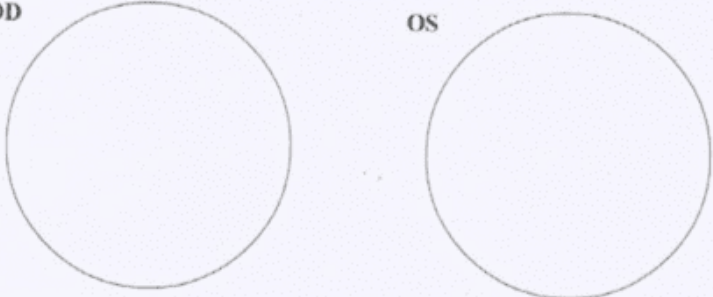
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

OD	Fundus	OS	Fundus
			

FFA Report

Diagnosis _____

Advice _____

FFA (Fundus Fluorescein Angiography)

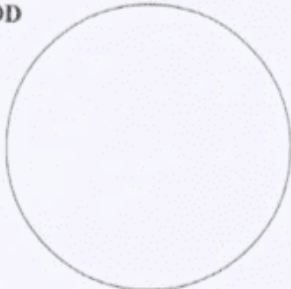
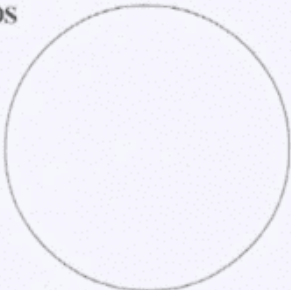
M.R.No.: _____

Date: _____

Name: _____ Age: _____

Sex: M/F

Complaints: _____

	Fundus	Fundus
OD		OS
		

FFA Report

Diagnosis _____

Advice _____

PROCEDURES

6. OPTICAL COHERENCE TOMOGRAPHY (Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

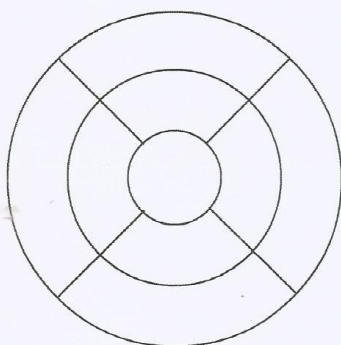
OCT (Optical Coherence Tomography)

M.R.No.: _____ Date: _____

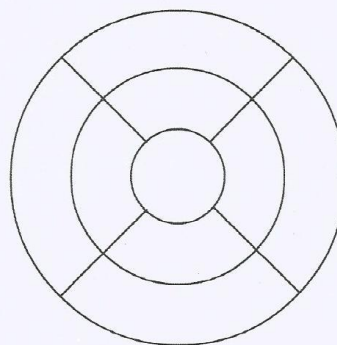
Name: _____ Age: _____ Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

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Advice: _____

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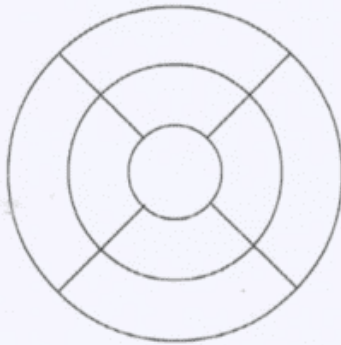
OCT (Optical Coherence Tomography)

M.R.No.: _____ Date: _____

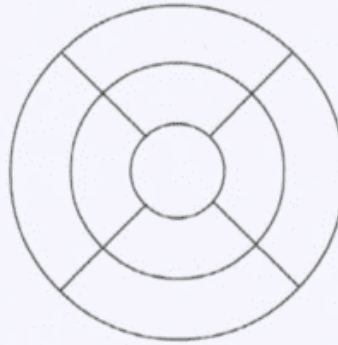
Name: _____ Age: _____ Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

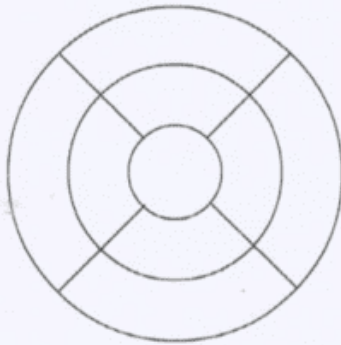
Name: _____

Age: _____

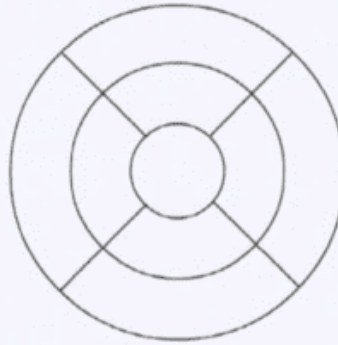
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

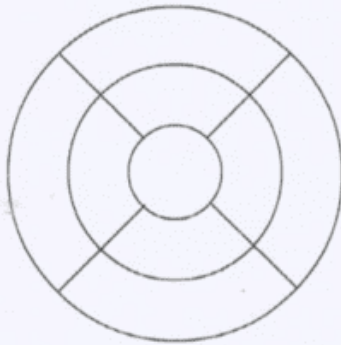
Name: _____

Age: _____

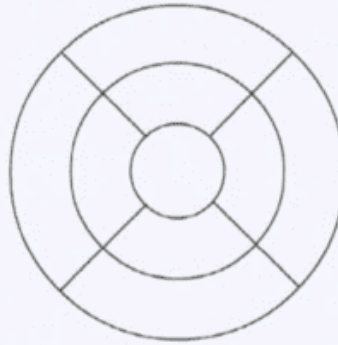
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

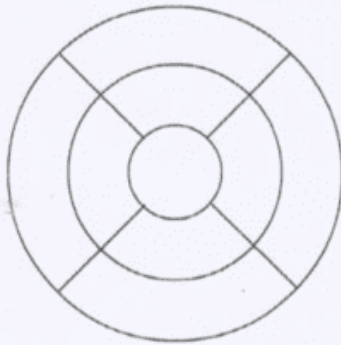
OCT (Optical Coherence Tomography)

M.R.No.: _____ Date: _____

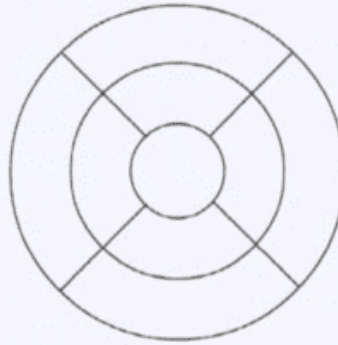
Name: _____ Age: _____ Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

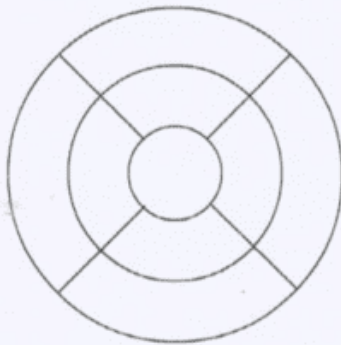
Name: _____

Age: _____

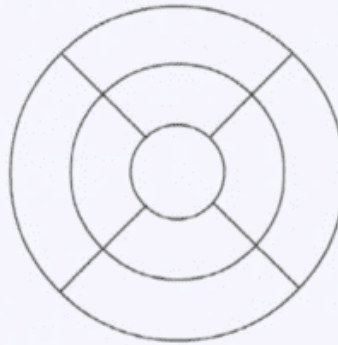
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

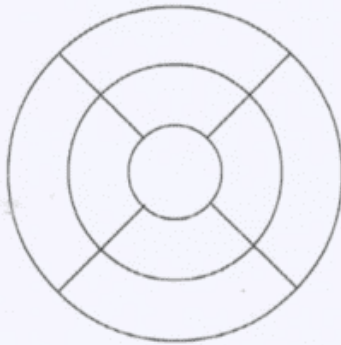
OCT (Optical Coherence Tomography)

M.R.No.: _____ Date: _____

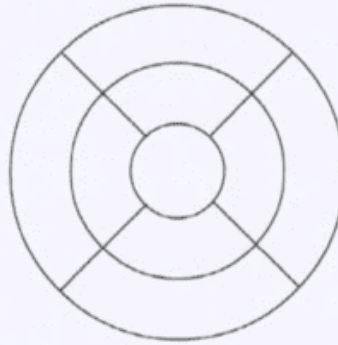
Name: _____ Age: _____ Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

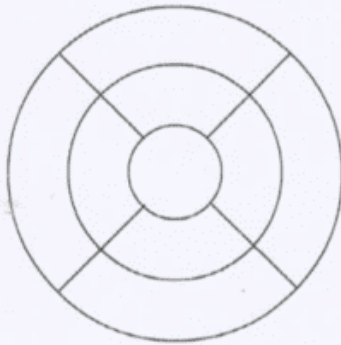
Name: _____

Age: _____

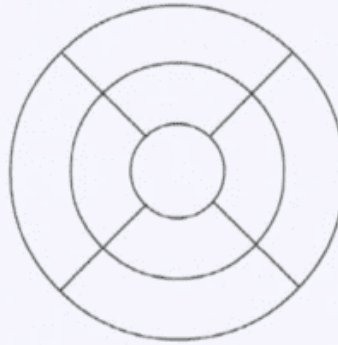
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

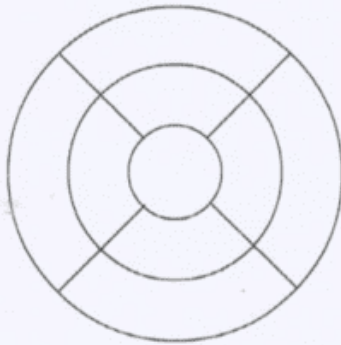
Name: _____

Age: _____

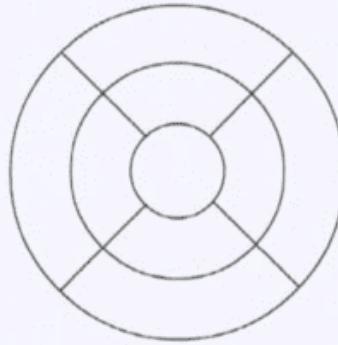
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

OCT (Optical Coherence Tomography)

M.R.No.: _____

Date: _____

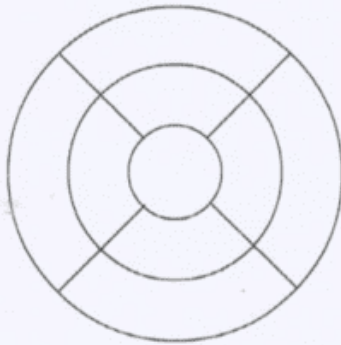
Name: _____

Age: _____

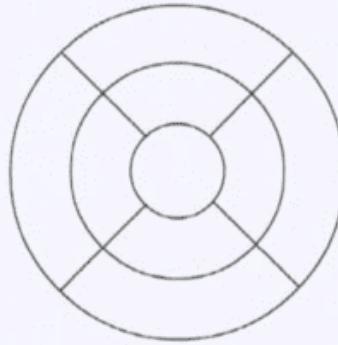
Sex: M / F

Complaints: _____

RE - Macula Thickness



LE - Macula Thickness



OCT Report

Diagnosis: _____

Advice: _____

PROCEDURES

7. LASER PROCEDURES (Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

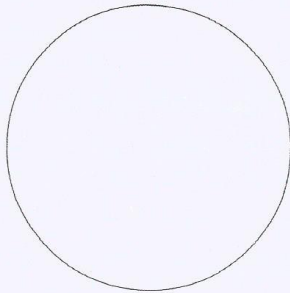
Sex: M/F

Diagnosis: _____

Procedure: _____

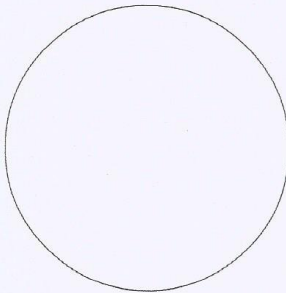
Surgeons: _____

Fundus RE/LE

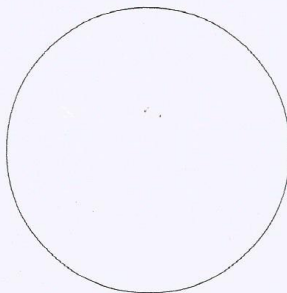


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

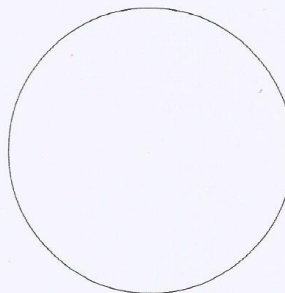
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

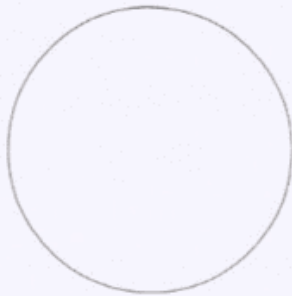
Sex: M/F

Diagnosis: _____

Procedure: _____

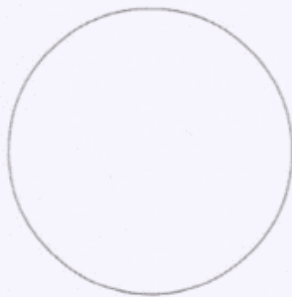
Surgeons: _____

Fundus RE/LE

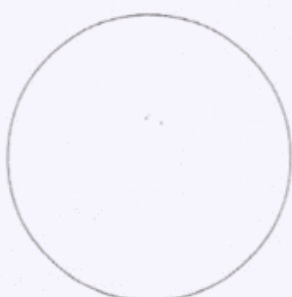


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

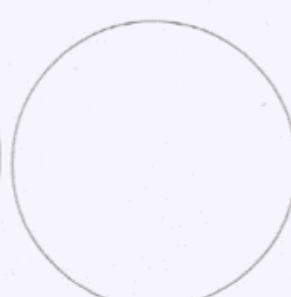
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

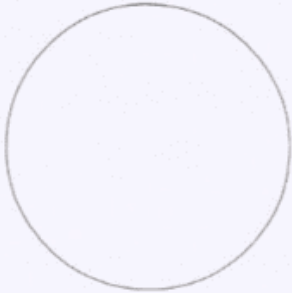
Sex: M/F

Diagnosis: _____

Procedure: _____

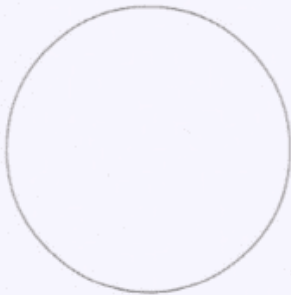
Surgeons: _____

Fundus RE/LE



Laser Type	
Power	
Duration	
Spot size	
No. of spots	

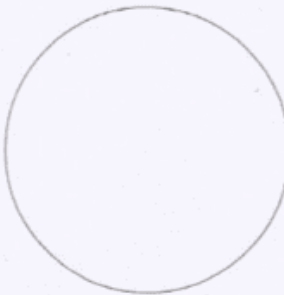
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

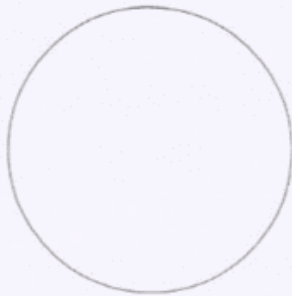
Sex: M/F

Diagnosis: _____

Procedure: _____

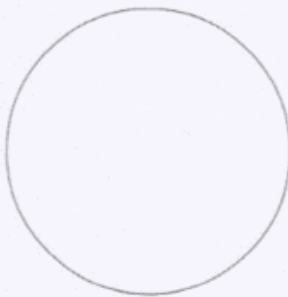
Surgeons: _____

Fundus RE/LE



Laser Type	
Power	
Duration	
Spot size	
No. of spots	

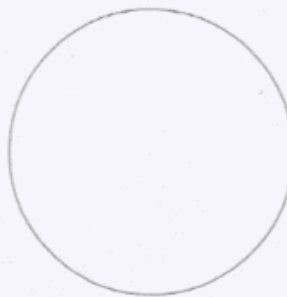
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

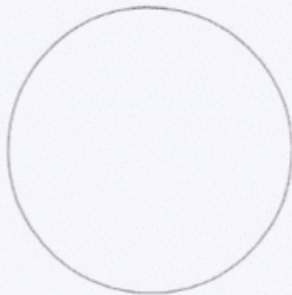
Sex: M/F

Diagnosis: _____

Procedure: _____

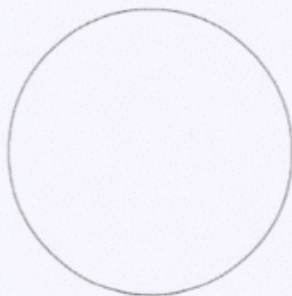
Surgeons: _____

Fundus RE/LE

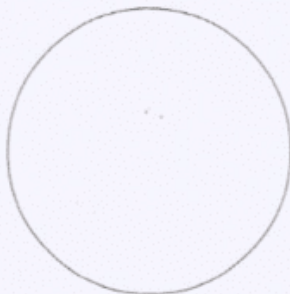


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

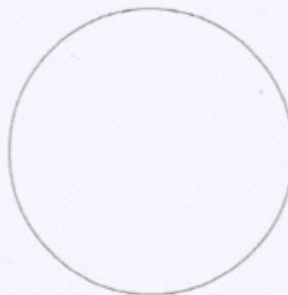
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

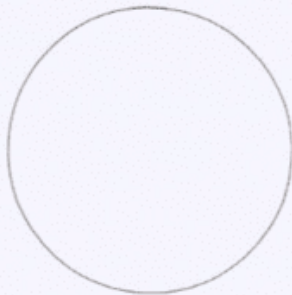
Sex: M/F

Diagnosis: _____

Procedure: _____

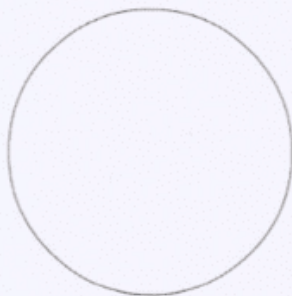
Surgeons: _____

Fundus RE/LE

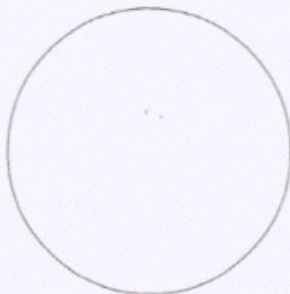


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

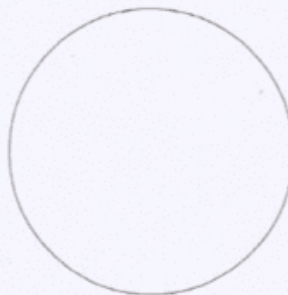
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

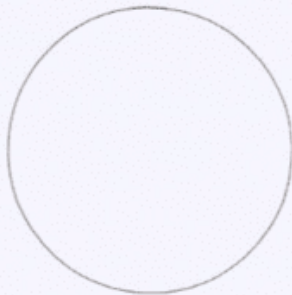
Sex: M/F

Diagnosis: _____

Procedure: _____

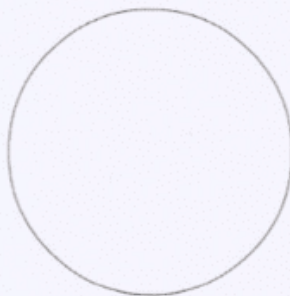
Surgeons: _____

Fundus RE/LE

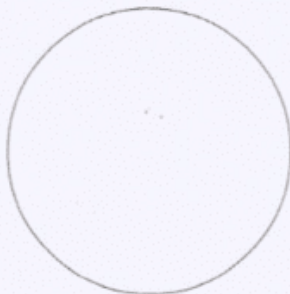


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

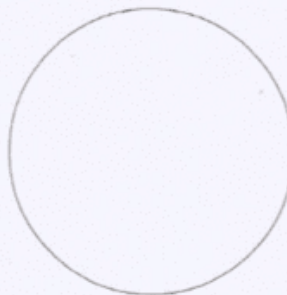
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

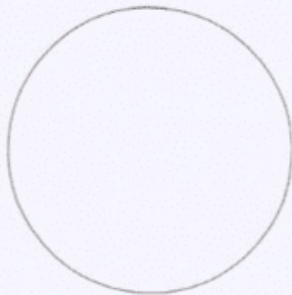
Sex: M/F

Diagnosis: _____

Procedure: _____

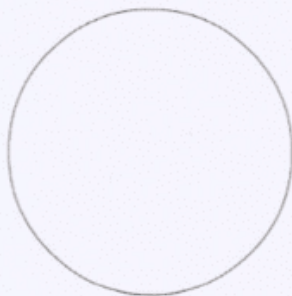
Surgeons: _____

Fundus RE/LE

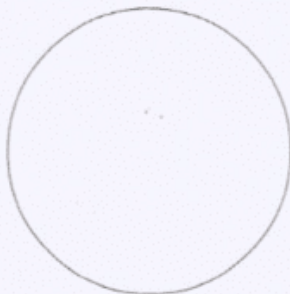


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

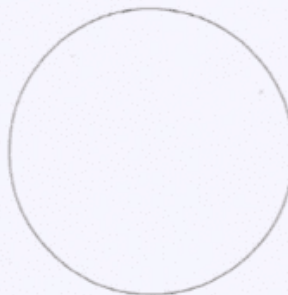
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

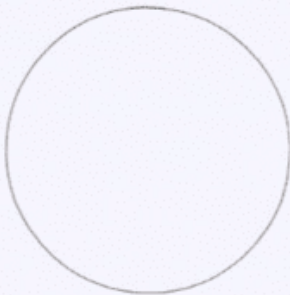
Sex: M/F

Diagnosis: _____

Procedure: _____

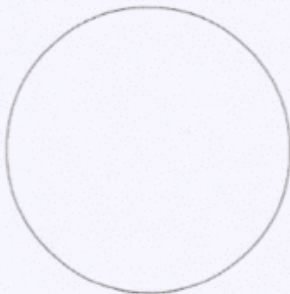
Surgeons: _____

Fundus RE/LE

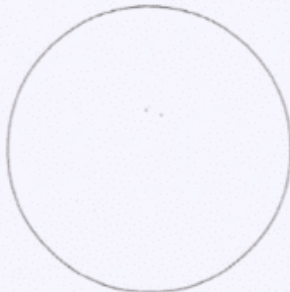


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

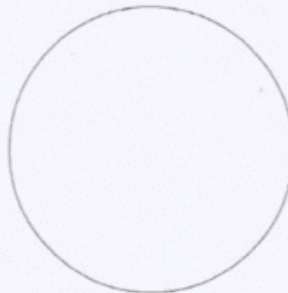
I Sitting



II Sitting



III Sitting



Remarks

Laser (PRP / Focal / Barrage)

M.R.No.: _____

Date: _____

Name: _____

Age: _____

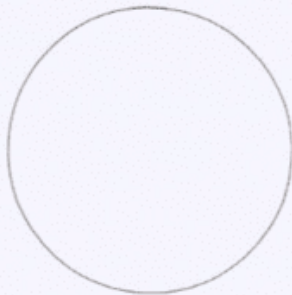
Sex: M/F

Diagnosis: _____

Procedure: _____

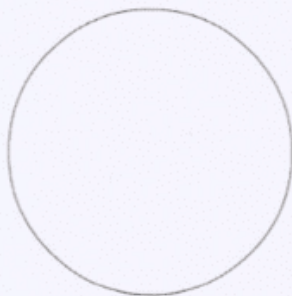
Surgeons: _____

Fundus RE/LE

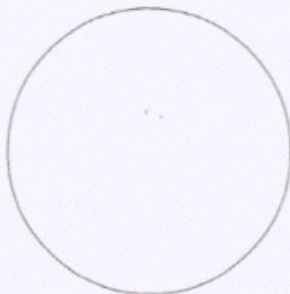


Laser Type	
Power	
Duration	
Spot size	
No. of spots	

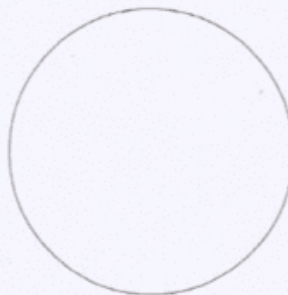
I Sitting



II Sitting



III Sitting



Remarks

PROCEDURES

8. INTRAVITREAL INJECTION

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

PROCEDURES

9. SCLERAL BUCKLE SURGERY Minimum of 20)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

Surgeons: _____

Pre-OP Fundus

Right Eye

Left Eye

Duration of the Surgery

Anaesthesia **LA/GA**

Procedure

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

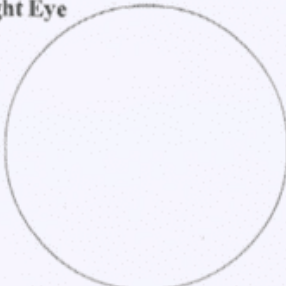
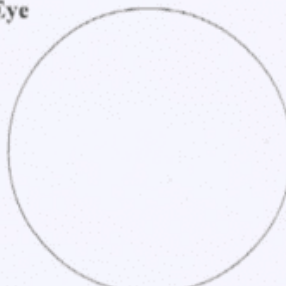
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

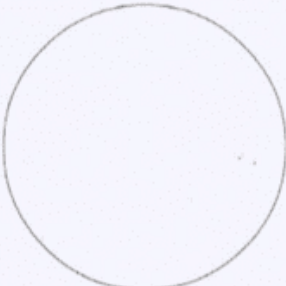
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

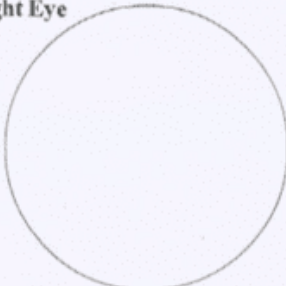
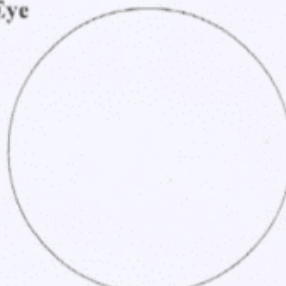
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

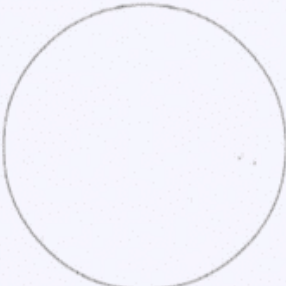
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

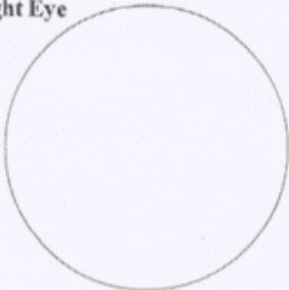
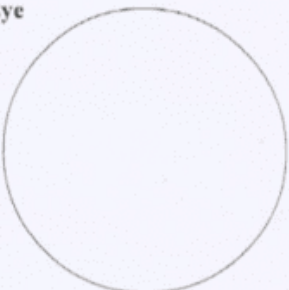
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

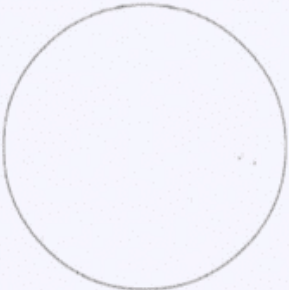
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

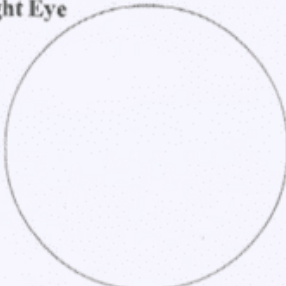
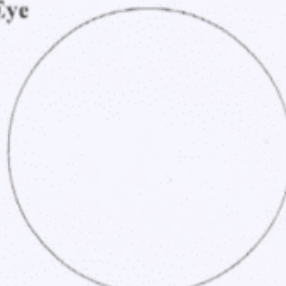
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

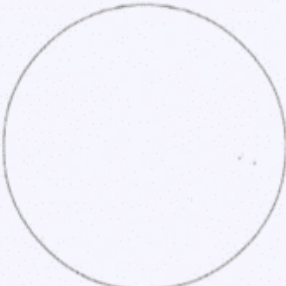
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

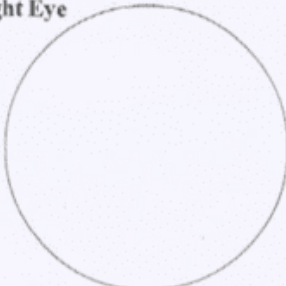
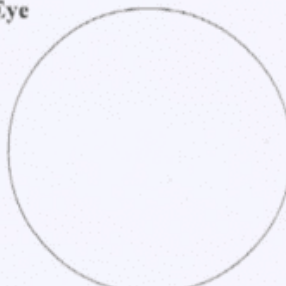
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

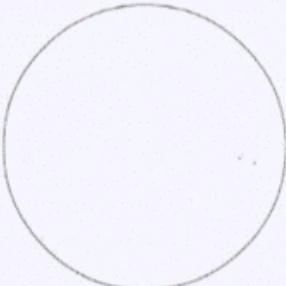
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

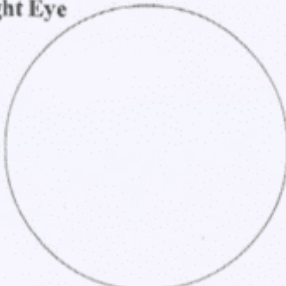
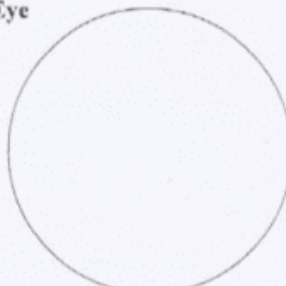
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

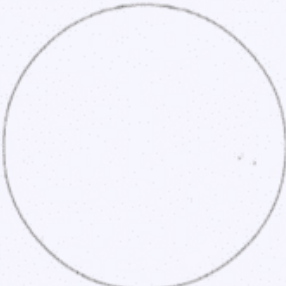
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

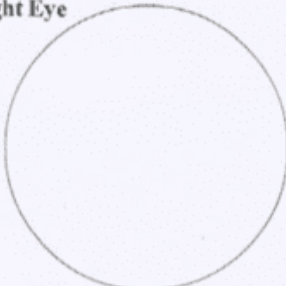
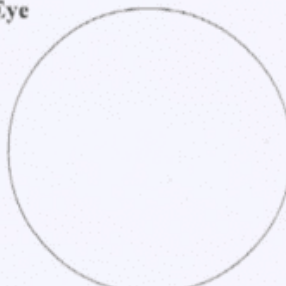
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

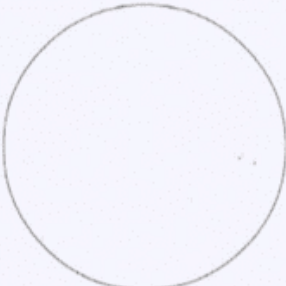
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

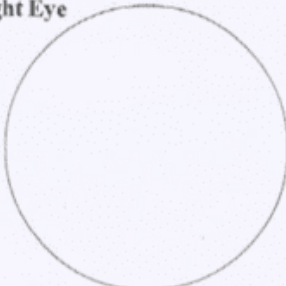
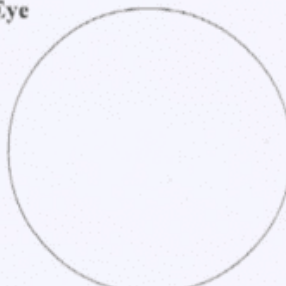
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

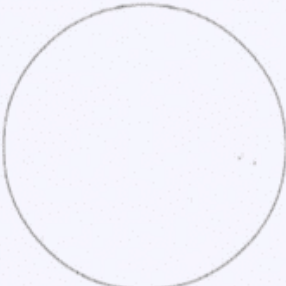
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

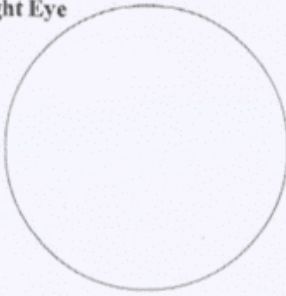
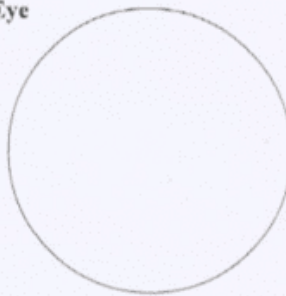
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

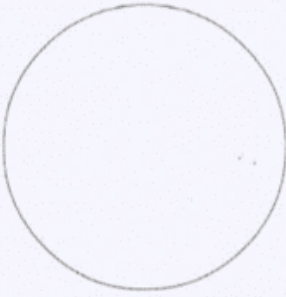
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

Complications if any

PROCEDURES

10. VITRECTOMY (Minimum of 10)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

[illegible]

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

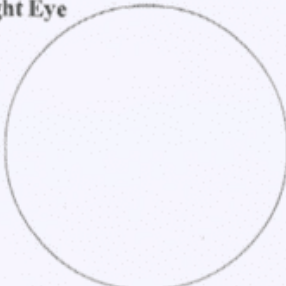
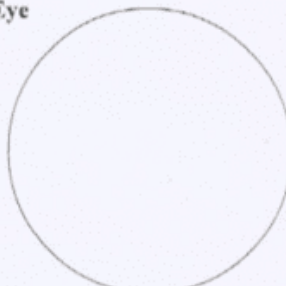
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

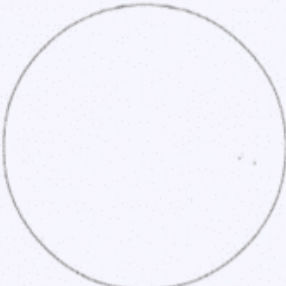
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

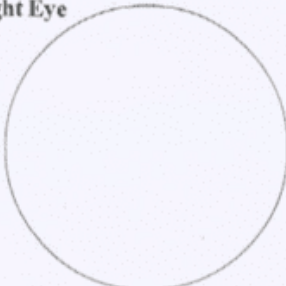
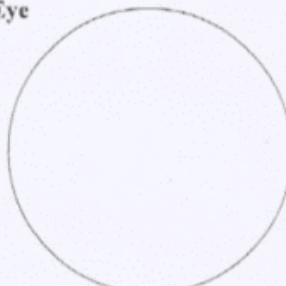
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

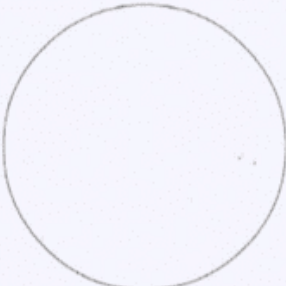
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

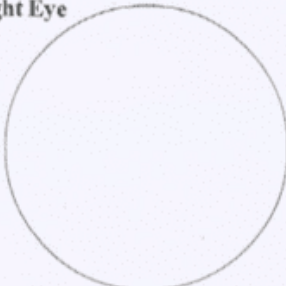
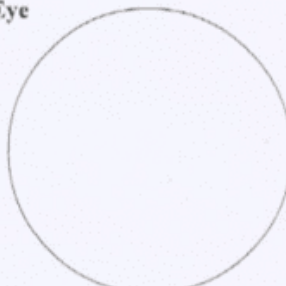
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

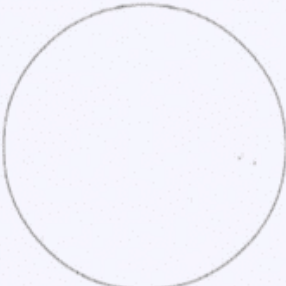
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

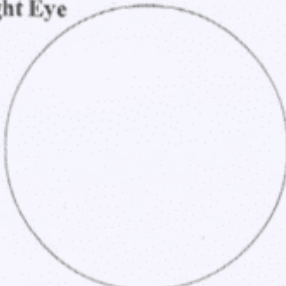
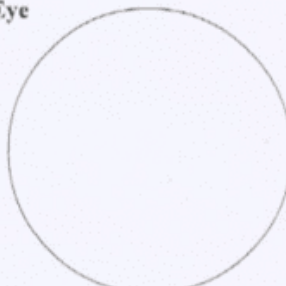
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

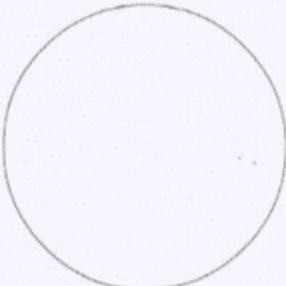
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

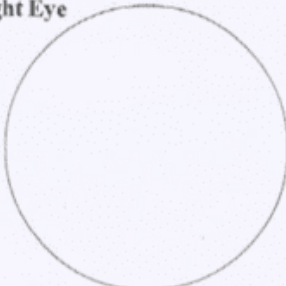
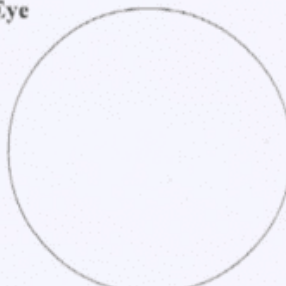
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

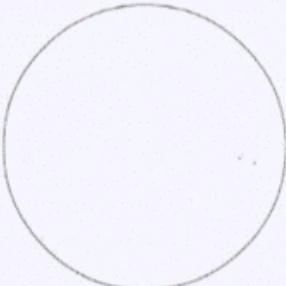
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

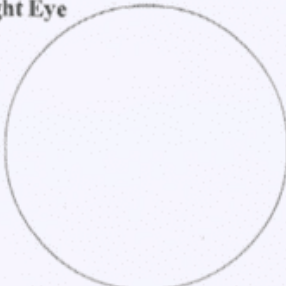
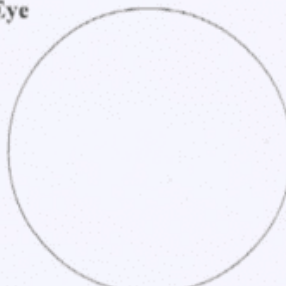
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

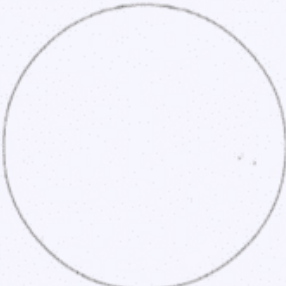
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

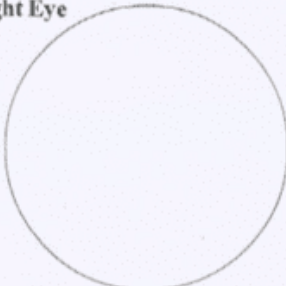
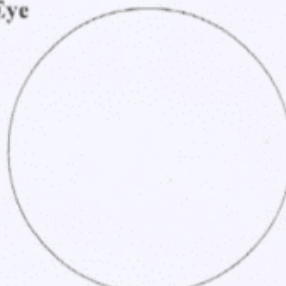
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

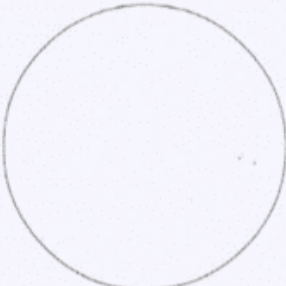
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

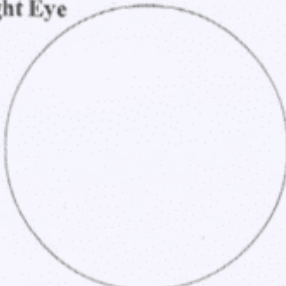
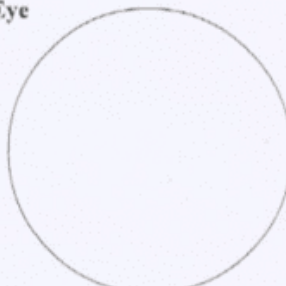
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

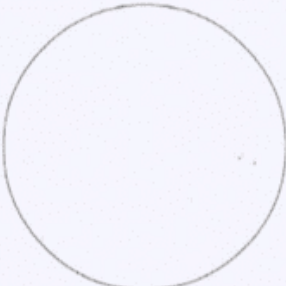
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

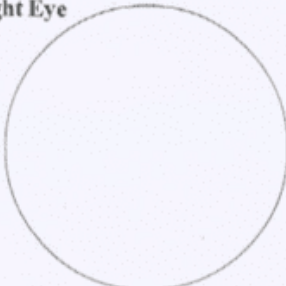
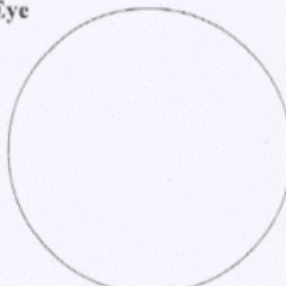
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

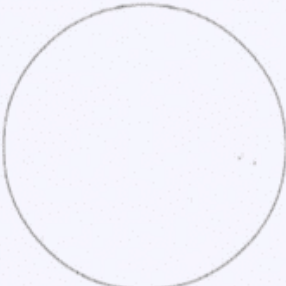
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

Retina Surgery Sheet

M.R.No.: _____

*Date: _____

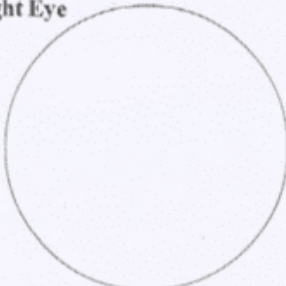
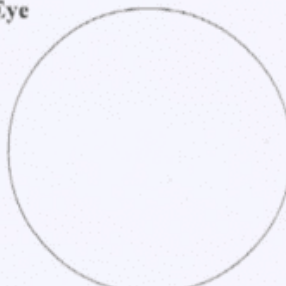
Name: _____ Age: _____ Sex: M/F

Diagnosis: _____

Operation: _____

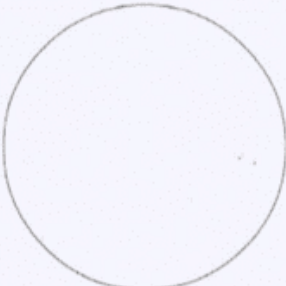
Surgeons: _____

Pre-OP Fundus

Right Eye	Left Eye
	

Duration of the Surgery

Anaesthesia LA/GA

	Procedure
	_____

_____	_____
_____	_____
_____	_____
_____	_____

Complications if any

PROCEDURE

11. CATARACT SURGERY IN A DIABETIC (Minimum of 5)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

PROCEDURE

12. CATARACT SURGERY POST VITRECTOMY (Minimum of 2)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

PROCEDURE

13. CATARACT SURGERY POST SCLERAL BUCKLE (Minimum of 2)

GRADING: A=Competent, no supervision; B= Done, req min supervision; C= Done with full supervision; D= With full supervision, unable to complete; E= Unable to perform task

[illegible]

Vitre Retinal Specialist's Overall Comments

.....
.....
.....

Vitre Retinal Specialist's name & signature.....

Date.....

Stamp.....

Head of Department's Comments

.....
.....
.....

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

Date.....

Stamp.....

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