



THE COLLEGE OF OPTOMETRISTS

Scheme for Registration

NHS Hospital Eye Service Logbook

Trainee name	
Hospital attended	

This booklet provides:

- a method for recording the HES attendance and the experience gained
- a record of professional conduct, assessed and scored by the supervising clinician at each session
- an optional additional statement regarding the trainee's overall attitudes, punctuality and engagement
- templates for the witness testimony and observational evidence each trainee will need to provide as part of the stage one assessment process
- templates which can be used for recording aspects of the patient encounters observed and for reflection.

There are three sections:

- hospital visit details
- witness testimonies
- observational record evidence (patient encounter templates)

Trainees must complete this booklet during their HES placement, which must take place during stage one of the Scheme for Registration. The placement should take place in an NHS hospital.

Once completed, this booklet must be shown to the practice supervisor and then to the stage one assessor to confirm that the trainee has completed the HES placement. This booklet should also be made available to the assessor at the stage two assessment.

Hospital visit details

Note to supervising clinician

For each clinic, please give a score to indicate the trainee's attendance and level of engagement. When scoring the level of engagement, it would be helpful to consider whether or not the trainee demonstrates the following behaviours where appropriate:

- adheres to the health and safety policies of the hospital including the ability to implement appropriate measures of infection control
- maintains confidentiality in all aspects of patient care
- shows respect for all patients
- is able to work within a multi-disciplinary team.

Please use the following indicators as a guide:

0 = not attended, 1 = attended but displaying little interest, 2 = attended with moderate level of engagement, 3 = attended and fully engaged and enthusiastic

Date	am/pm	Clinic attended	Name and signature of supervising clinician	Score (0-3)
Total days completed from clinics listed above				

Date	am/pm	Clinic attended	Name and signature of supervising clinician	Score (0-3)
Total days completed from clinics listed above				

Overall statement regarding trainee's performance during the placement

This is an optional section to be completed by HES clinician responsible for organising the HES placement as a mechanism for providing additional feedback to the trainee's registered supervisor(s) and work based assessor. Consider overall attitude, engagement, punctuality, flexibility, professionalism, clinical focus and anything else you feel relevant.

Trainee name:

Date(s) of placement:

Comments

Signature

Name:

Position

Hospital address

Assessment framework – corresponding HES patient encounters

Please note, these patient encounters are intended as a guide only. Trainees may not see all of them during the HES placement and several may be seen at the usual place of work. Usually within the HES placement, trainees will only be allowed to observe the examination of the patient and so will need to gain patient record evidence from their usual place of work.

Patient encounter	Type of evidence required
Low vision	
At least one patient with visual impairment requiring a visual field assessment	Patient record
At least one patient with visual impairment requiring a low vision aid	Patient record
Methods of ocular examination	
At least one patient with anterior chamber signs of inflammation	Witness testimony or patient record
Ocular disease	
At least one each of the following patient types: <ul style="list-style-type: none"> • a red eye • cataract • glaucoma • AMD • symptoms of possible retinal detachment 	Patient record in all cases
At least one patient presenting with one of the following: <ul style="list-style-type: none"> • an ocular condition of neurological origin • sight-threatening eye disease • an ocular adverse reaction to topical or systemic medication 	Patient record in all cases
Binocular Vision	
At least one child at risk of developing a binocular vision anomaly	Patient record
At least one child with a binocular vision anomaly	Patient record
At least one patient under the age of two years	Witness testimony or patient record
At least one patient with incomitancy	Witness testimony or patient record
Contact lenses	
At least one patient requiring contact lenses for one of the following: <ul style="list-style-type: none"> • keratoconus • aphakia • post-refractive surgery 	Observational record in all cases

Witness testimonies

A suitably qualified person has witnessed the trainee demonstrate suitable evidence of their ability to carry out specific tasks. There are two types of form:

- Generic witness testimonies - each of these covers a specific episode. The supervisor ticks the appropriate option and signs and dates the testimony.
- Witness testimony template - the supervisor or trainee describes the task carried out. The supervisor then needs to sign and date the testimony.

Observational record evidence

These templates are useful for recording relevant information during an observation and for the trainee's personal reflection. They could also be used as the basis of a discussion with the assessor or secondary evidence to demonstrate that the trainee knows about the task. They do not count as a patient record or witness testimony for a compulsory patient episode.

There are three templates:

- low vision patient encounter
- orthoptic patient encounter
- contact lens related patient encounter.



THE COLLEGE OF OPTOMETRISTS

Witness testimony for Element 3.1.8
"Uses a slit lamp to assess anterior chamber signs of ocular inflammation"

Name of trainee:

Date:

Tick box to indicate what has been completed

- I observed the trainee use the appropriate slit lamp technique in appropriate ambient lighting
- Their slit lamp technique included viewing the following:
- corneal endothelium
 - aqueous humour
 - iris and anterior lens surface
- The trainee was able to describe and grade what they would expect to see in a patient with anterior ocular inflammation

Additional comments

Summary review of patient (completed by trainee)

Name of witness (block capitals) _____

Position of witness _____

Witness signature _____

Witness contact email/hospital address _____



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Observational Record for Element 7.1.4
"Understands the techniques of the assessment of infants"

Name of trainee: _____

Date: _____

The trainee observed while I carried out an examination on a child under two years old using the appropriate vision testing equipment and methods

Vision testing equipment and methods used were:

Summary review of patient (completed by trainee)

Name of witness (block capitals) _____

Position of witness _____

Witness signature _____

Witness contact email/hospital address _____



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Witness testimony for Element 7.1.4
"Understands the techniques of the assessment of infants"

Name of trainee:

Date:

Tick box to indicate what has been completed

- I observed the trainee carry out an examination on a child under two years old using the appropriate vision testing equipment and methods, for example, preferential looking, optokinetic nystagmus.
- The trainee carried out all tests to a competent standard and was able to answer my questions to demonstrate adequate understanding of the techniques and results obtained.

Additional comments (include vision testing equipment and methods used)

Summary review of patient (completed by trainee)

Name of witness (block capitals) _____

Position of witness _____

Witness signature _____

Witness contact email/hospital address _____



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Witness testimony for Element 8.1.7
"Manages patients presenting with an incomitant deviation"

Name of trainee:

Date:

Tick box to indicate what has been completed

I observed the trainee:

- Take and interpret history and symptoms
- Carry out and interpret motility and cover test results
- Recognise that additional tests are required
- Suggest appropriate management options
- Demonstrate an understanding of the innervations and musculature involved

Additional comments

Summary review of patient (completed by trainee)

Name of witness (block capitals) _____

Position of witness _____

Witness signature _____

Witness contact email/hospital address _____



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Generic witness testimony template

Name of trainee: _____

Date: _____

The witness testimony will never act as sole evidence for sign off

The witness testimony within the HES should be used as a record of observational evidence except in the following instance:

- where the trainee is using the witness testimony to confirm their 'ability', in which case a copy of the patient record would also need to be attached. In this case the witness is confirming that the technique was carried out by the trainee e.g.
- I witness that the assessment of patient _____ carried out by trainee as per the attached copy record.

Description of the task carried out by trainee

Summary review of patient (completed by trainee)

Name of witness (block capitals) _____

Position of witness _____

Witness signature _____

Witness contact email/hospital address _____

Observational record evidence

Trainees may wish to use some or all of the following templates during their hospital placement. These could be useful in the following ways:

- for recording information relating to a particular patient the trainee has observed
- for recording their own reflection in relation to this patient encounter.

During the HES placement, it is likely that trainees will observe numerous patient encounters which are not included in these templates but are nonetheless very helpful for their development.

A generic template is also included where trainees can record any salient points relating to the patient and their reflection.

Note

These templates are not acceptable as a replacement for a patient record unless accompanied by a witness testimony from the supervising clinician to confirm that the patient examination/dispense etc. was carried out by the trainee working under their supervision.

Low vision patient encounter

Clinic attended:					
Patient initials:		Date of birth:		Clinic date:	
New/review patient:					
Ocular condition/s					
History and symptoms/main difficulties					
Clinical data (distance and near VA):					
Low vision aids (currently loaned/demonstrated in clinic)					
Action/rehabilitation advice:					
Other information:					
Trainee reflection:					

Signed by trainee: _____

Signed by clinician: _____

Orthoptic patient encounter

Clinic attended:					
Patient initials:		Date of birth:		Clinic date:	
History and symptoms:					
Visions:		RE:		LE:	
Visual acuity:		RE:		LE:	
Spectacles:					
Cover test and head posture:					
Case description:					
Patient management:					
Trainee reflection:					

Signed by trainee: _____

Signed by clinician: _____

Contact lens fitting patient encounter

Clinic attended:					
Patient initials:		Date of birth:		Clinic date:	
Spectacle prescription:		RE:		LE:	
Motivation for wear:					
Pre-fitting measurements:					
Fitting:					
Lens specification:					
Additional advice:					
Trainee reflection:					

Signed by trainee: _____

Signed by clinician: _____

Contact lens aftercare patient encounter

Clinic attended:					
Patient initials:		Date of birth:		Clinic date:	
Symptoms and history					
Evaluation of lens fit					
Slit lamp examination:					
Action and advice to patient:					
Trainee reflection:					

Signed by trainee: _____

Signed by clinician: _____

Patient encounter

Clinic attended:					
Patient initials:		Date of birth:		Clinic date:	
New/review patient:					
Ocular condition/s					
Trainee reflection:					

Signed by trainee: _____

Signed by clinician: _____

I confirm that I have completed the work detailed in this logbook as an accurate record of my HES experience.

Trainee name:	
Trainee signature:	
Date:	

Practice supervisor name:	
Practice supervisor signature:	
Date:	

Assessor name:	
Assessor signature:	
Date:	



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