

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 1 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. Once completed, the booklet must be shown to the practice supervisor and then to the Stage 1 assessor to confirm that the trainee has completed the HES placement satisfactorily.

## 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)
<b>Total days completed from clinics listed above</b>				

Section Six – The NHS Hospital Eye Service (HES) placement

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

### **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
<b>Low vision</b>	
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
<b>Methods of ocular examination</b>	
At least one patient with anterior chamber signs of inflammation	Witness testimony or patient record
<b>Ocular disease</b>	
At least one each of the following patient types: <ul style="list-style-type: none"> <li>• a red eye</li> <li>• cataract</li> <li>• glaucoma</li> <li>• AMD</li> <li>• symptoms of possible retinal detachment</li> </ul>	Patient record in all cases
At least one patient presenting with one of the following: <ul style="list-style-type: none"> <li>• an ocular condition of neurological origin</li> <li>• sight-threatening eye disease</li> <li>• an ocular adverse reaction to topical or systemic medication</li> </ul>	Patient record in all cases
<b>Binocular Vision</b>	
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
<b>Contact lenses</b>	
At least one patient requiring contact lenses for one of the following: <ul style="list-style-type: none"> <li>• keratoconus</li> <li>• aphakia</li> <li>• post-refractive surgery</li> </ul>	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.



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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 \_\_\_\_\_

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 \_\_\_\_\_

Hospital address \_\_\_\_\_





# THE COLLEGE OF OPTOMETRISTS

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 \_\_\_\_\_

Hospital address \_\_\_\_\_



# THE COLLEGE OF OPTOMETRISTS

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 \_\_\_\_\_

Hospital address \_\_\_\_\_



# THE COLLEGE OF OPTOMETRISTS

## 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 \_\_\_\_\_

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 be 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:		Gender:	
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:					

### Orthoptic patient encounter

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

### 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:					

### 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:					



**Patient encounter**

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

**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:	

Witnessed by:

Practice supervisor name:	
Practice supervisor signature:	
Date:	

Assessor name:	
Assessor signature:	
Date:	

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