

Supervisor Worksheet

Acute eye presentations in general practice

Supervisors have identified ophthalmology as a difficult to teach topic, on the background of being taught poorly historically at an undergraduate level. Possible reasons for the difficulty have been identified and following is a list of these and a suggested framework for running an in-practice teaching session. This tutorial focuses on acute eye presentations; the reality is that the majority of chronic disease is *managed* elsewhere.

Basic and Advanced term Registrars attend a Block Release in Ophthalmology. The objectives of the Block Release are to gain

- Skills in the examination of an eye
- An understanding of common general practice procedural skills such as eye lid eversion, fluorescein staining of the cornea, irrigation, removal of corneal foreign bodies, application of eye drops/ointment
- Skills in the diagnosis and management of common general practice ocular presentations such as conjunctivitis (allergic, viral, bacterial), visual changes, glaucoma, blocked tear duct, squint
- Skills in the diagnosis and management principles of ocular emergencies such as acute red eye, retinal detachment, eye trauma

It would be useful to ask your Registrar if they have attended that session and discuss any issues.

We have identified the reasons we think this might be a difficult to teach topic in General Practice and the remainder of the session is constructed around these reasons.

A. Low confidence or perceived lack of skill on the part of the Supervisor

Take a look at the attached sample [proforma](#), which is used at FMC Emergency Department for eye assessment. Do you think either or both of these will be helpful tools to assist with communication with your Registrar when reviewing acute eye presentations together? During the teaching session you will both have the opportunity to review a PowerPoint that covers identification and initial management of acute eye presentations.

- Share with your Registrar your experiences and skills in eye examination and treatment.
- Have you had any near misses? Any brilliant catches?
- Which factors have influenced your practise?

B. Low number of eye presentations in practice to use as teaching opportunities

It can be difficult to teach practical skills in a general practice setting as a relevant patient may not present at a time which is convenient for teaching, or close to the teaching session. A model can be used as a convenient substitute that will allow you to practice foreign body removal techniques with your Registrar before a genuine clinical encounter. Equipment to create your own polystyrene model is available from AOGP. ([see picture](#) of one of our models strapped into a slit lamp with a piece of Micropore).

- Discuss the number and variety of acute eye presentations you see in your practice
- Discuss how you maintain your skill and knowledge base
- Use a model to demonstrate your techniques for corneal foreign body removal, and watch your Registrar doing the same, and encourage them to practice using the “4 step approach to teaching skills” that was covered in the Teaching on the Run Course
- Ensure the Registrar is aware of the location and uses of the equipment that you have available for assessing and managing eye conditions, both in the Practice and for after hours

C. Concern about medico-legal implications

Prominent cases such as Rogers vs Whittaker remain firmly on the radar for many doctors. Anxiety about potentially missing an important diagnosis or worsening an outcome through mismanagement can lead to reluctance to manage *any* acute eye presentations to the detriment of patient care.

- Discuss how to manage risk in your environment
- Compile a list of “red flags” and golden rules for acute eye presentations with your Registrar
- Review [this](#) compilation and compare to your own list. Do you agree with authors of this list? If not, why not?

D. Knowledge about current best practice guidelines

Some of what we do for eye presentations in general practice differs from that suggested by specialist bodies and weighty textbooks. Supervisors may be aware of this mismatch and therefore feel uncomfortable about teaching their own methods. The reality is that the assessment of eye conditions and the rules for recognition of ocular emergencies have not changed for many years. The KISS principle still applies and should be reinforced with the Registrar.

- Discuss what is appropriate assessment and management in your local environment; this may differ substantially depending on your location
- What professional networks or referral pathways do you utilise? How does this differ from your Registrar’s prior experience? What could you do if your usual pathways are unavailable?

We suggest you spend time now going through this [PowerPoint](#) presentation together. This should take 15-30 minutes.