

**Instructions:** Use one form per trainee. For each competency, allocate a score to the trainee's level of execution of said skill, with a 2 for Novice, 3 for Beginner, 4 for Advance Beginner, and 5 for Competent. Each skill/competency has notes on what each level should be able to demonstrate. Please complete this form once at the beginning and once again at the end of their training and email to Jinexa Rivera at Jinexa.Rivera@orbis.org.

**Competency assessment rubric for Orbis Strabismus training**  
**Based on the ICO-Ophthalmology Surgical Competency Assessment Rubric-Strabismus (ICO-OSCAR: Strabismus)**

Date _____ Resident _____ Evaluator _____		<b>Novice (score = 2)</b>	<b>Beginner (score = 3)</b>	<b>Advanced Beginner (score = 4)</b>	<b>Competent (score = 5)</b>	<b>Not applicable. Done by preceptor (score= 0)</b>
1	Draping	Is unable to prepare or drape the patient using sterile technique without instruction. Unaware of importance of identifying correct eye and muscle prior to draping.	Can prepare and drape the patient but sterile technique is inconsistent. Difficulty attaining proper head position.	Can consistently prepare and drape patients using sterile technique however steps are performed inefficiently. Attains proper head position.	Can consistently and efficiently prepare and drape patients with appropriate head position.	
2	Forced duction test	Is unaware of forced duction testing for muscle restriction.	Is familiar with the test but is unaware of its relevance, timing and is unable to perform it.	Can state the purpose of the test and is able to perform the test at the appropriate time(s) and detect moderate to severe restriction.	When appropriate, can consistently detect and describe all degrees of rectus muscle restriction and comment on relevance to surgical options.	
3	Globe stabilization	Can describe one method of globe stabilization but is unable to perform it.	Can describe one method of globe stabilization but needs assistance to perform it.	Can perform one method of globe stabilization with minimal verbal supervision.	Can perform one method of globe stabilization without verbal supervision and with ease.	
4	Conjunctival incision & Tenon's dissection	Is unable to describe limbal or fornix conjunctival incision for rectus muscle surgery.	Can describe but not able to perform limbal or fornix conjunctival incision for rectus muscle surgery.	Can perform limbal or fornix conjunctival incisions but is inefficient and requires guidance.	Can efficiently perform either limbal or fornix conjunctival incision.	
5	Hooking rectus muscle	Is unable to describe proper technique of hooking the muscle and is unable to perform technique.	Can describe proper technique but unable to hook muscle on first attempt.	Usually hooks the muscle on first attempt but is inefficient.	Can efficiently and precisely hook the muscle on first attempt.	
6	Exposure of rectus muscle	Is unable to describe proper dissection technique to expose rectus muscle.	Can describe dissection technique for muscle exposure but requires constant guidance to perform the basic steps.	Can perform basic exposure but is inefficient and/or occasionally disrupts multiple tissue planes or branches of the anterior ciliary arteries.	Can efficiently expose muscle using a combination of sharp and blunt dissection as appropriate and avoids branches of anterior ciliary arteries.	
7	Placement of	Is unable to accurately describe muscle suture technique.	Can describe muscle suture technique. Multiple attempts	Can safely secure muscle with suture but is inefficient. May	Can safely, efficiently and accurately secure the muscle	

	suture in muscle		required to load or unload the needle-holder. Suture placement inaccurate. Requires assistance to properly place suture.	cause bleeding and muscle fiber cuts. Needs supervision for locking bites at two ends of muscle.	with minimal tissue trauma without supervision.	
8	Disinsertion of rectus muscle	Is unable to describe technique for rectus muscle disinsertion.	Can describe but attempts to disinsert the muscle results in inadvertently cutting or nearly cutting the muscle suture or sclera.	Can perform disinsertion but occasionally causes inappropriate bleeding or leaves muscle tissue attached to sclera. Requires some verbal instruction.	Can safely and efficiently disinsert rectus muscle.	
9	Use of caliper/scleral ruler	Is unable to mark the sclera with calipers or does not check the caliper setting to confirm planned action or is too aggressive with indenting the sclera with caliper. Does not understand the potential discrepancy between arc-length and chord-length measurement.	Can mark sclera with calipers or scleral ruler but measurement is often not perpendicular to the original rectus insertion. Checks caliper for correct measurement. Understands arc-length vs. chord length measurements.	Can accurately mark sclera with calipers and/or scleral ruler but marks fade because not prepared to make needle pass.	Can efficiently and accurately mark sclera with calipers and/or scleral ruler and is prepared to make needle pass immediately after marking sclera.	
10	Reattachment of muscle: Intrasceral needle pass.	Is unable to describe safe technique for intrasceral pass.	Can describe safe technique for intrasceral pass but does not approach the globe with needle directed tangentially or does not unlock needle holder before starting the intrasceral pass. Unable to accurately obtain correct needle depth or length.	Safely approaches the globe with needle tip directed tangential to the globe. Visualizes needle tip after entering the sclera and has no difficulty exiting the sclera but intrasceral passes are frequently too short or too shallow. Minimal muscle belly sagging.	Approaches the globe with needle directed tangentially and intrasceral passes are consistently of correct length and depth. No muscle belly sagging.	
11	Conjunctival closure (when appropriate)	Is unable to close conjunctiva. Unable to differentiate Tenon's capsule from conjunctiva.	Can perform basic conjunctival closure technique but is inefficient and requires significant guidance. Additional sutures are required.	Can safely close conjunctiva with good tissue approximation but is inefficient. .	Can safely and efficiently close conjunctiva with good tissue approximation.	
<b>Global Indices</b>						
12	Maintaining hemostasis	Is unable to describe proper rectus muscle dissection, suture placement and disinsertion to avoid bleeding and/or unable to describe electrocautery technique.	Can describe techniques for avoiding and controlling bleeding but requires significant guidance to perform proper dissection, suture placement, muscle disinsertion and electrocautery to minimize bleeding.	Usually applies proper tissue technique to avoid bleeding and can control bleeding using electrocautery but requires multiple attempts to cauterize and may leave burnt carbon marks.	Consistently applies proper tissue technique to avoid bleeding and can efficiently control bleeding using electrocautery.	
13	Tissue handling	Is excessively aggressive or timid in manipulating tissue. Inadvertent tissue damage occurs (including significant	Aware of techniques for avoidance of tissue damage and bleeding but needs supervision to accomplish proper handling. Mild	Tissue handling is safe but sometimes requires multiple attempts to achieve desired manipulation of tissue. Minimal	Tissue handling is efficient, fluid and almost always achieves desired tissue manipulation on first attempt.	

		corneal epithelium disruption).	corneal epithelium disruption may occur.	corneal epithelium disruption may occur.		
14	Knowledge of instruments	Can only identify instruments in simple terms such as "muscle hook" and "forceps" but no knowledge of necessary sutures or needle types.	Can identify some but not most of the surgical instruments by proper names and can identify necessary suture sizes and materials but not needle types.	Can identify most but not all the surgical instruments by proper name and can identify necessary suture sizes/materials but not needle types.	Can identify all surgical instruments by proper names and can identify necessary suture sizes/materials and needle types.	
15	Technique of holding suture needle in needle holder	Frequently loads needle incorrectly.	Loads needle in proper direction for a forehand pass but sometimes loads incorrectly for backhand pass. Loads too close or too far from the swaged end of the needle.	Loads needle properly for forehand and backhand needle pass but is inefficient and often requires multiple attempts.	Loads needle properly and efficiently for forehand and backhand needle passes.	
16	Technique of surgical knot tying	Unable to tie knots.	Require multiple extra hand maneuvers to make first throw lay flat and/or loosens first throw while attempting to perform the second throw.	Can tie a flat surgeon's knot first throw but second and third throws are inefficient. Does not inadvertently loosen the first throw.	Can efficiently tie a flat, square surgeon's knot.	
17	Communication with surgical team	Does not know role of surgical team members. Lacks confidence or has too much. Does not establish good rapport with team. Unable to request instruments from scrub nurse using proper instrument and suture names and/or instructions to surgical assistant are vague or nonexistent.	Knows role of most surgical team members. Lacks confidence. Has difficulty establishing good rapport with team members. Able to request most instruments from scrub nurse using proper instrument and suture names but instructions to surgical assistant are inadequate to perform procedure safely.	Knows role of each surgical team member. Is somewhat confident and usually treats team with respect. Establishes good working relationship. Able to request most instruments from scrub nurse using proper instrument and suture names in correct order. Instructions to surgical assistant are adequate for a skilled assistant but inadequate for an unskilled assistant.	Knows role of each surgical team member. Is confident and treats team with respect. Establishes good working relationship. Able to efficiently request instruments from scrub nurse using proper names in correct order. Able to consistently give clear instructions to surgical assistant.	

Comments: \_\_\_\_\_