Cataract-Surgery Informal Feedback for Trainees (C-SIFT)

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Abstract

Introduction:
Method:
Result:
Conclusion:

Keywords: Cataract surgery, Ophthalmology, training, Feedback, reflection, Insight

Article

Why is feedback important?

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Feedback models

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- The desire to minimize subjectivity
- The importance of clearly defining the skills that must be obtained at each level of proficiency
- The necessity for clearly identifying objectives expected of the trainee, in order to obtain
The drive towards self-assessment

Formative assessments also help the faculty recognize suboptimal performance. They are often objective and transparent, allowing consistent assessment free of inter and intra-assessor variability. The Keele skills curriculum model is designed for formative and summative assessments of clinical procedural skills. The Leicester clinical procedural skills assessment tool is another tool designed for the formative and summative assessment of clinical procedural skills, helping teachers to systematically identify strengths and weaknesses amongst trainees. Unfortunately, such tools do not help pupils identify the specific interventions required to address their weaknesses. The modified LCAT approach aims in doing just that (McKinley, Williams and Stephenson, 2010).

- LOAF:
  - Learning objectives
  - Assessment
  - Feedback

- BREAD:
  - Best practice
  - Reflection
  - Educational agreement
  - Assessment
  - Debrief

Our approach to intra-operative feedback
Main Steps in straightforward cataract surgery | Good | Could be improved
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Cataract-Surgery Informal Feedback for Trainees (C-SIFT).

- Draping:
  
  Adequate orientation?
  Adequate lash cover?
  Adequate face fitting?
  Adequate nasal exposure?

  - Adequate orientation?
  - Adequate lash cover?
  - Adequate face fitting?
  - Adequate nasal exposure?

- Wound construction:
  
  Adequate side port location?
  Adequate main wound position?
  Adequate wound construction – 3-step technique followed?

  - Adequate side port location?
  - Adequate main wound position?
  - Adequate wound construction – 3-step technique followed?

- Capsulorrhexis:
  
  Adequate capsule exposure? Vision blue/Intracameral phenylephrine required?
  Adequate positioning?
  Adequate size?
  Adequate continuous curvilinear technique?

  - Adequate capsule exposure? Vision blue/Intracameral phenylephrine required?
  - Adequate positioning?
  - Adequate size?
  - Adequate continuous curvilinear technique?

- Hydrodissection/Hydrodelineation:
  
  Adequate control?
Adequate mobilisation of the lens?
Adjustment made for the nature of the cataract?

- Adequate control?
- Adequate mobilisation of the lens?
- Adjustment made for the nature of the cataract?

- Grooving:

  Adequate depth?
  Adequate width?
  Adequate power used?

  - Adequate depth?
  - Adequate width?
  - Adequate power used?

- Divide and Conquer:

  Adequate cracking?
  Adequate positioning of the phaco probe and 2nd instrument?
  Adequate insight on the stress put onto the posterior capsule?

  - Adequate cracking?
  - Adequate positioning of the phaco probe and 2nd instrument?
  - Adequate insight on the stress put onto the posterior capsule?

- Quadrant removal:

  Adequate positioning of the phaco probe?
  Adequate protection of the corneal endothelium?
  Adequate protection of the posterior capsule?

  - Adequate positioning of the phaco probe?
  - Adequate protection of the corneal endothelium?
  - Adequate protection of the posterior capsule?

- Irrigation and aspiration:

  Adequate respect for the anterior capsule?
Adequate respect for the anterior capsule?

IOL insertion:

- Adequate filling of the bag with visco-elastic?
- Adequate IOL positioning?

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- Adequate IOL positioning?

Wound closure/hydration:

- Adequate assessment for any wound leaks?
- Adequate assessment for suture requirement?

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- Adequate assessment for suture requirement?

Benefits of C-SIFT tool for the trainee and trainer

Trainee perspective:

- ensure the next case runs smoothly
- Assists the trainee to identify what adjustment is needed.
- How these adjustments have impacted surgical outcomes.

Trainer’s perspective: C-SIFT

Conclusion

et al. et al.

C-SIFT

et al. et al.

Introduction
et al.

et al. et al. et al.

Take Home Messages

- Drive to match expectations of the learner with those of the trainer.
- Feedback helps to improve surgical learning curve.
- Trainee perspective: C-SIFT allows for an assessment of personal capabilities.
- Trainer perspective: C-SIFT helps assess the trainee’s insight, allowing for informal constructive criticism of each surgical step.
- Sets the tone for immediate feedback after every case.

Notes On Contributors

Matthew Fenech

Mrs Adesuwa Garrick

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None.

Bibliography/References


**Appendices**

None.

**Declaration of Interest**

*The author has declared that there are no conflicts of interest.*