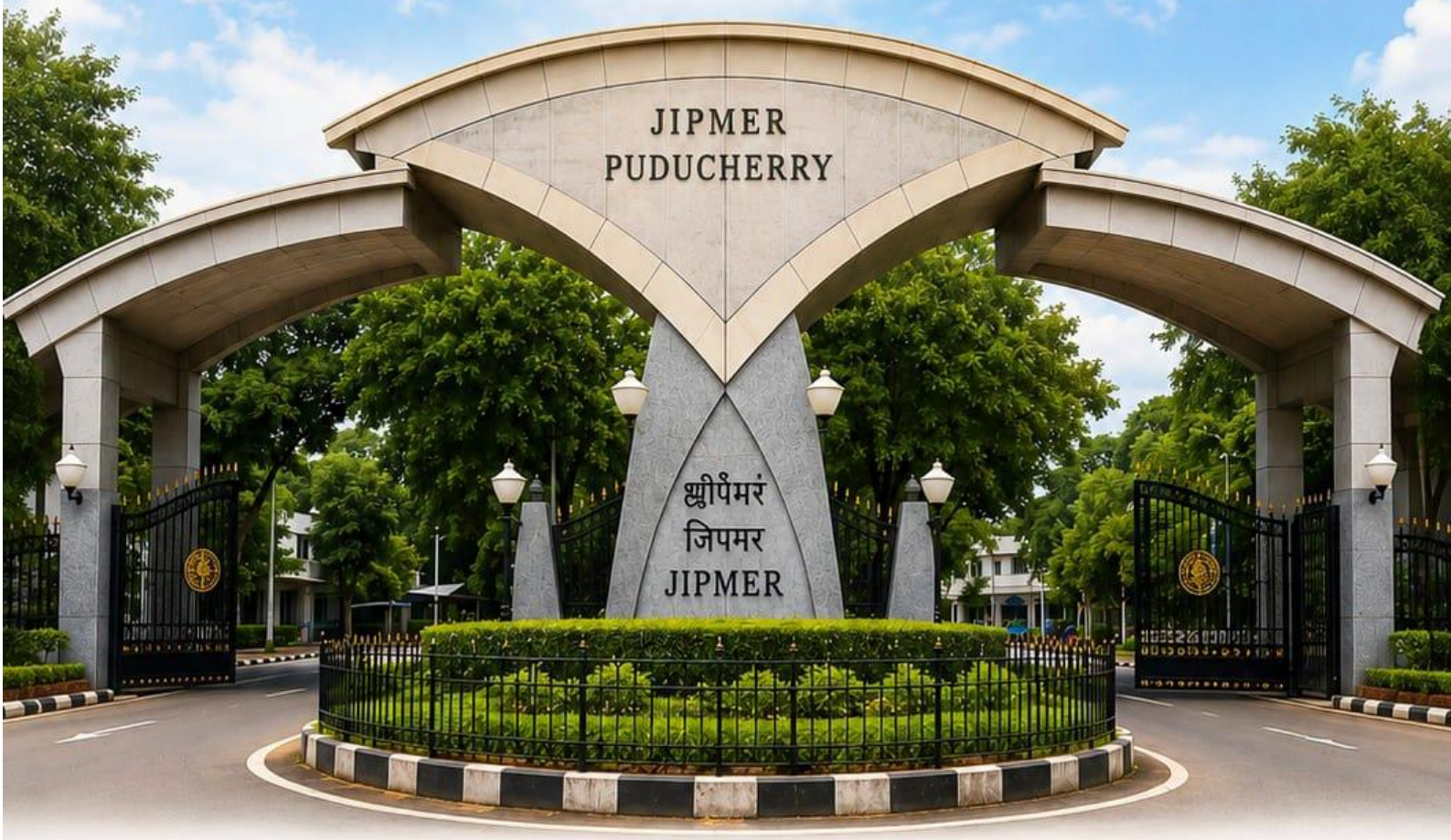
CURRICULUM

POSTGRADUATE

MD Ophthalmology

From July 2026 session



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER),
PUDUCHERRY – 605 006.

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This curriculum was approved at the 19th meeting of the Standing Academic Committee held on 28th January 2026 and ratified at the 22nd meeting of the Governing Body and will be applicable for students joining MD Ophthalmology from the July 2026 session.

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GOAL OF THE COURSE

PROGRAM GOAL

A postgraduate resident upon successfully qualifying in the M.S. (Ophthalmology) examination in JIPMER should be able to:

- Provide comprehensive, high-quality standard of care in ophthalmic diagnosis and management—including both medical and surgical treatment—in most clinical situations encountered at various levels of healthcare delivery.
- Demonstrate a commitment to lifelong learning by periodically self-assessing personal performance, keeping abreast of ongoing advances in ophthalmology, and appropriately integrating new knowledge and technology into clinical practice.
- Recognize personal professional limitations and exercise sound clinical judgment in identifying situations that require timely referral to higher or more specialized centers or experts.
- Apply principles of research methodology and epidemiology in clinical practice and effectively contribute to scientific advancement through the presentation and/or publication of original research work.
- Contribute individually and collaboratively toward the achievement of national health objectives, particularly in relation to the prevention of blindness and visual impairment.
- Demonstrate effective communication skills with patients and their families to ensure adequate education, shared decision-making, valid informed consent, and adherence to prescribed treatment and follow-up.

SPECIFIC LEARNING OBJECTIVES

The Ophthalmology Postgraduate Residency Training Program in JIPMER is structured at developing the qualities of patient care, teaching, and research.

<u>An Ophthalmology Post Graduate Resident should possess the following qualities, knowledge and skills</u>

- The post graduate resident should possess basic knowledge of the structure, function and development of the human eye, the mechanisms and the disorders of structure and function which may result thereafter.
- The post graduate resident should be able to practice and handle most day-to-day problems

independently in ophthalmology.

- The post graduate resident should recognize the limitations of his/her own clinical knowledge and know when to seek further help with appropriate referral.
- The post graduate resident should understand the effects of environment on health and be familiar with the epidemiology of the more common diseases in the field of ophthalmology.
- The post graduate resident should be able to integrate the preventive methods with the curative and rehabilitative measures in the comprehensive management of the disease.
- The post graduate resident should be familiar with common eye problems occurring in the community and be able to deal with them effectively.
- The post graduate resident should also be made aware of Mobile Ophthalmic Unit and its working and components.
- The post graduate resident should be familiar with the current developments in Ophthalmic Sciences.
- The post graduate resident should be able to plan educational programs in Ophthalmology in association with senior colleagues and be familiar with the modern methods of teaching and evaluation.
- The post graduate resident should be able to identify a problem for research, plan a rational approach to its solution, execute it and critically evaluate his/her data in the light of existing knowledge and should be able to assess evidence both as to its reliability and its relevance.
- The post graduate resident should have basic knowledge of medico-legal aspects of medicine.
- The post graduate resident should apply ethical principles to patient care, research, and professional interactions.

TERMINOLOGY

Key-capabilities

They refer to the practices carried out by the specialists as part of their professional services.

They represent the services required from them, by patients, students, other medical/paramedical staff or the society in general.

Thus, they refer to the specific tasks that the postgraduate will be expected to do after he completes the course.

For the purpose of training, the tasks are broken down into units that have distinct cognitive concepts, unless they are predominantly procedural, or attitude based.

Core ideas in practice of Key-capabilities

They refer to the ideas that underly the practice of the specialists. They include ideas and concepts about structure and functioning of organs and organ systems in health and diseases, classification of diseases, equipment, tests, drugs etc.

COURSE CONTENT:

KEY CAPABILITIES - (Please refer Annexure 2 for sample forms)

KEY CAPABILITIES	
I.	KNOWLEDGE
II.	EXAMINATION/INVESTIGATIVE TECHNIQUES WITH INTERPRETATION
III.	MINOR SURGICAL PROCEDURES
IV.	MAJOR SURGICAL PROCEDURES
V.	LASER PROCEDURES
VI.	TEACHING
VII.	SCHOLARSHIP
VIII.	SOFT SKILLS

LEARNING RESOURCES

RECOMMENDED LEARNING RESOURCES/BOOKS
1. **Albert and Jakobiec's Principles and Practice of Ophthalmology**. 4th Ed. (10 Volumes) Daniel M. Albert, Joan W. Miller, Dimitri T. Azar, Lucy H. Young., 2022
2. **Ophthalmology**. 5th Ed. Myron Yanoff and Jay S. Duker., 2018.
3. **AAO BCSC - Basic and Clinical Science Course** (Set of 13 volumes) 2025-26
4. **Kanski's Clinical Ophthalmology: A Systematic Approach**. 10th Ed. Salmon. J, 2025
5. **Clinical Anatomy of the Eye**. 2nd Ed. Snell, R. and Lemp, M., 2013.
6. **Adler's Physiology of the Eye.** 12th Ed. Levin, L. and Adler, F., 2024.
7. **Clinical Optics.** Elkington, A., Frank, H. and Greaney, M., 1999.
8. **Duke Elder's Practice of Refraction**. 10th Ed. Abrams D. 2023
9. **Shields' Text book of Glaucoma**. 7th Ed. R. Rand Allingham., 2020
10. **Cornea: Fundamentals, Diagnosis, and Management**. 5th Ed. (Krachmer JH), Mannis MJ, Holland EJ. 2021
11. **Steinert's Cataract Surgery**, 4th Ed, Sumit Garg and Douglas D. Koch, 2023
12. **Phacodynamics: Mastering The Tools And Techniques Of Phacoemulsification Surgery,** Barry Seibel, 2004

REFERENCE BOOKS

1. **Ryan's Retina. 7th Ed.** (3 Volumes), **SriniVas R. Sadda**. 2023
2. **Walsh and Hoyt's Clinical Neuro-Ophthalmology. The Essentials**. 4th Ed. Neil R. Miller, Prem S. Subramanian, Vivek R. Patel. 2020
3. **Taylor and Hoyt's Pediatric Ophthalmology and Strabismus**, 6th Ed, Christopher J. Lyons and Scott R. Lambert, 2022
4. **Eyelid, conjunctival and orbital tumours. An atlas and textbook**. 3rd Ed. Shields JA, Shields CL, 2015

5. **Intraocular tumours. An atlas and textbook**. 3rd Ed, Shields JA, Shields CL, 2016
6. **Colour Atlas of Ophthalmic Plastic Surgery**. 4th Ed, Anthony G Tyres, J. R. O. Collin, 2017
7. **Binocular Vision and Ocular Motility. Theory and Management of Strabismus**. 5th Ed. Von Noorden. 1995
8. **Strabismus Simplified**. 2nd Ed. Pradeep Sharma. 2019
9. **Specialty Contact Lenses**. Daddi Fadel & Melissa Barnet, 2025
10. **Last-Minute Optics - A Concise Review of Optics, Refraction, and Contact Lenses.** 3rd Ed, David Hunter, Michael Wan, Constance E West, 2024
11. **The Eye - Basic Sciences in Practice.** 5th Ed, John V. Forrester, Andrew D. Dick, Paul G McMenamin, Fiona Roberts, Eric Pearlman, 2021
12. **Whitcup and Nussenblatt's Uveitis - Fundamentals and Clinical Practice**, 5th Ed, Scott M. Whitcup and H. Nida Sen, 2021
13. **The Field Analyzer Primer - Excellent Perimetry,** 5th Ed, Anders Heijl, Vincent Michael Patella, Boel Bengtsson, 2021

OPHTHALMOLOGY MANUAL OR HANDBOOK

1. **The Wills Eye Manual. Office and Emergency Room Diagnosis and Treatment of Eye Disease.** 9th Ed. Christopher J. Rapuano, 2025.
2. **Oxford Handbook of Ophthalmology**. 4th Ed. Denniston A. and Murray, 2018.
3. **Moorfields Manual of Ophthalmology.** 3rd Ed. Timothy L. Jackson, 2020

EDUCATIONAL STRATEGY

- Postings in department- Rotation to all units (First year residents and final year residents will have unit rotation every 6 months, second years will rotate every 3 months),
- Speciality clinics - Glaucoma, Cornea, Retina, Pediatric Ophthalmology, Squint & oculoplasty, Refractive Surgery)
- Emergency call roster
- Workplace observation/assessment scheme using standard proforma sheet
- Scheme for record of procedures (a) assisted (b) done independently & academic activities- will be maintained in a Logbook

Logbook

(Please refer Annexure 2 for sample forms)

1. A consolidated record of the number of procedures observed and done independently and with assistance, of each procedure type, is entered as per the format in Annexure 2. Each entry is made with date and certified by faculty.

2. Detailed record of specialty clinic postings, camps attended will be maintained by the student and entered in the logbook.

3. Record of academic activities (at department, institute, or outside institute level) to be entered in the logbook are as follows

- Presentation in department seminars
- Presentation in journal clubs along with Title, Journal and Issue presented
- Conferences attended - National/International
- Papers presented at conferences with title, name, and issue of the journal

Dissertation

- A research project should be undertaken and dissertation must be submitted as per Postgraduate Research Monitoring Committee (PGRMC) guidelines of JIPMER.
- Two hard copies of the dissertation, prepared from the research project, should be submitted to the Dean (Academics) JIPMER, at two and half years of the course to become eligible to appear for the final examination at the end of the course, as per the guidelines of JIPMER.
- Six monthly interim presentations of the dissertations will be done to monitor the progress of the research work and take corrective measures when faced with difficulties.
- **Please refer to Postgraduate Dissertation Regulations and Postgraduate Examination Regulations document for further details**

WORKPLACE OBSERVATION

(submitted along with internal assessment marks)

(Please refer Annexure 3 for sample forms)

The day-to-day activities in practice and learning of the student will be observed and recorded in the "workplace observation form- Modified ICO-OCEX" at the end of every posting.

Assessment of logbook is to be done at the same time instances, and entry made in the Feedback, as part of formative assessment is given to students, by faculty, during these time instances. A copy of the assessment report will be submitted to Dean academics at the end of each semester.

ASSESSMENT

Marks

Exam	Marks	Description
Theory exit examination	400 marks	This is the written exam at the end of the course. Four theory examination papers as given in the curriculum document of the course.
Practical exit exam	400 marks	This is the practical examination at the end of the course. The detailed scheme is given in the curriculum document of the course.
Internal Assessment	Internal assessment Theory: 50 marks	Two exams should be conducted - one at the end of first year and the other at the end of second year. Portions for the examination and pattern of the examination must be notified to the students at least one month in advance. The pattern of the internal assessment test will be similar to one paper of the theory exit examination. Two faculty members will evaluate the paper of each candidate in a blinded manner and the average of the 2 scores will be taken as the final score for the internal assessment. If a resident misses one of the tests due to medical reasons (medical certificate from a faculty member of the treating department and duly forwarded by the HoD to the Dean (Academic)), he/she can be permitted to appear in

		the test that is held for the next batch 6 months later. This can be permitted only once in the course period. If a resident does not attend an internal assessment test, or if he/she fails to attend the rescheduled test due to medical reasons, the score will be considered as 0 for the test. No retests or re-evaluation will be permitted under any circumstances. The internal assessment marks should be communicated to the students within two months of conducting the exams. Internal assessment test marks will be added to the final aggregate to the tune of 100 marks (theory and practical). There is no cut off of internal assessment test scores for determining eligibility to appear in the exit examination or to decide pass/fail solely based on the internal assessment test scores. However, when a student secures less than 50% marks in the internal assessment or when any concern is formally raised by the student with the Dean office, a review board with at least 3 faculty members should be constituted to review the student's performance with the student, recommend appropriate remedial measures, document the remedial plan, and submit a signed copy of the document to the Dean's Office. Additional periodic assessments can be held as part of formative assessment. Scores of these tests will not be considered for internal assessment and will not be considered for replacing scores of any of the internal assessment tests. Information to be provided to the Dean Office, before the final examination. 1. Dates of internal assessment examinations conducted 2. Names of faculty members involved in assessment against each date 3. Marks obtained by students in theory, practical and workplace-based observation in each exam session 4. Internal assessment marks for each student for Theory, Practical and Workplace based assessment. An average of the two theory and practical tests will be used to calculate scores for 50 and 25 marks respectively. Cumulative workplace-based

		assessment scores will be determined for 25 marks. 5. Copy of review documentations for periods of low performance of a student, if any, with remedial measures suggested by the departmental committee.
Internal Assessment (Practical and Workplace-based assessment)	Internal assessment Practical: 25 marks Internal assessment Workplace-based assessment: 25 marks	For practical examinations, all members of the faculty of the department, from Assistant Professor to the senior-most faculty, shall participate in internal assessment on a rotating basis. The assessment shall be planned such that multiple faculty members are engaged for each student and different faculty members are engaged for the two assessments, wherever feasible. The pattern prescribed in the curriculum document shall be followed for practical assessments and the score shall be adjusted for 25 marks. Workplace-based assessment marks are given based on practice of the profession and affective domain attributes in the workplace and in the learning environment. Workplace observation proforma should be provided to students at the time of joining the department. The method of workplace observation should be explained to the students at the beginning of the course.
Dissertation	100 marks	Dissertation marks will be calculated by the average of the scores provided by 2 external examiners. Approval of the dissertation with more than 50% scores awarded by the external examiners will be one of the eligibility criteria for appearing for the exit examination of the discipline.
Total	1000 marks	**Criteria for PASS:** 1. (a) A candidate will need to pass the final Theory Exit Exam and Practical Exit Exam independently. (b) A minimum of 50% marks in 'Theory Exit exam' (a minimum of 40% in each of the four papers) and 50% in 'Practical Exit exam' separately shall be mandatory 2. A candidate should also score 50% or above in the final aggregate marks (500 out of 1000) to pass in the degree course. If a student secures a pass score in theory and practical examination but fails in the aggregate score, he/she can re-appear in the exit examination of the subsequent session. There is no provision to improve internal assessment or dissertation scores.

Please refer to Postgraduate Examination Regulations document for further details

Syllabus for Exams

The Internal Examination syllabus may be subject to revision based on academic requirements.

Internal Assessment

- Clinical skills and personal attributes
- Academic activities
- Theory assessment
- Practical assessment

Clinical skills, and personal attributes shall be graded on a scale of 1 to 5 (5 being the highest). The academic presentations shall be graded at the time of presentation by the consultant in-charge. Evaluation on clinical skills and personal attributes others shall be done by the Unit in-charge at the end of every semester using Directly Observed Procedural Skills, Mini-Clinical Evaluation exercise, Workplace Based Assessment etc.

Surgical skills to be assessed in the Wet Lab, Simulator Training and Operation Theatre on the basis of surgical competency-based rubric. (International council of Ophthalmology-Ophthalmic Surgical Competency Assessment Rubric ICO-OSCAR scoring)

Academic activities include Journal club, Seminars and Case presentations

Logbook– Maintained to monitor investigative and surgical procedures. It should include follow up of the resident's surgical cases till the final visit. It should also include the investigations performed, wet lab and simulator training, CME attended, seminars and journal articles presented, visits to the PHC and school screening.

Theory Exit Exam

1. Theory: There are four theory papers. 100 marks each

Paper I: Applied Basic Sciences in Ophthalmology, Basic Biostatistics & Patient Safety

Paper II: Clinical Ophthalmology 1

Paper III: Clinical Ophthalmology 2

Paper IV: Recent Advances and Community Ophthalmology

Practical Exit Exam

2. Practical (400 marks)

	Methods of assessment
Clinical	One Long Case
	Four Short Cases Two Cases from the following speciality - Cornea, Glaucoma, Lid, Strabismus, etc
	Two cases from the following speciality - Retina, Uveitis, Neuro-ophthal, Orbit, etc
	One Refraction case
	OSCE
	Logbook evaluation
Viva Voce	• Drugs & Instruments • Pathology, microbiology specimens • Radiology - X-rays, USG, OCT, CT, MRI • Visual fields, Corneal Topography • Diplopia & Hess Chart • General Viva • Community Ophthalmology

MODEL THEORY QUESTION PAPERS

Time: 3 Hours **Marks: 100**

Write Short Notes: Answer all questions **(10 X 10= 100)**

PAPER I

(APPLIED BASIC SCIENCES IN OPHTHALMOLOGY INCLUDING OPTICS, BASIC BIOSTATISTICS AND PATIENT SAFETY)

1. Describe the ocular and orbital venous drainage.

2. Discuss the factors responsible for corneal transparency

3. Describe the aqueous outflow pathways and the pathophysiology of primary open angle glaucoma.

4. Discuss the physiological basis of night vision

5. Describe the neural pathways responsible for direct and consensual reflex

6. Discuss the role of steroid pulse therapy in various ocular disorders

7. What is the principle of Indocyanine Angiography? Discuss its uses

8. Discuss case-control and cohort studies

9. Write the clinical uses of Prisms in Ophthalmology

10. Discuss the management of patient anaphylaxis during fluorescein angiography

Time: 3 Hours **Marks: 100**

Write Short Notes: Answer all questions **(10 X 10= 100)**

PAPER II

(CLINICAL OPHTHALMOLOGY I - ANTERIOR SEGMENT DISEASE INCLUDING ORBIT AND OCULOPLASTICS)

1. Discuss the role of active fluidics and torsional ultrasound in phacoemulsification (10)

2. Differentiate between pellucid marginal degeneration and keratoconus along with the role of collagen crosslinking (5+5)

3. Write the aetiology, clinical features and management of congenital ptosis (3+2+5)

4. Discuss the pre-operative work up required for a patient planned for keratorefractive surgery (10)

5. Discuss the ocular features and management of pseudoexfoliation glaucoma (10)

6. Write the etiopathogenesis, clinical features and management of ocular surface squamous neoplasia (3+3+4)

7. Describe the types and role of orbital decompression in thyroid ophthalmopathy (10)

8. Discuss the various minimally invasive glaucoma surgeries (10)

9. Discuss the various types of multifocal lenses and the prerequisites for use of the same (5+5)

10. Discuss the classification and uses of Ophthalmic viscosurgical devices (OVD) (10)

Time: 3 Hours **Marks: 100**

Write Short Notes: Answer all questions **(10 X 10= 100)**

PAPER III

(CLINICAL OPHTHALMOLOGY II - POSTERIOR SEGMENT INCLUDING STRABISMUS, NEURO-OPHTHALMOLOGY & SYSTEMIC OPHTHALMOLOGY)

Answer all questions

1. Discuss the ocular features and management of tuberculous choroiditis (10)

2. Discuss the aetiology, clinical features, and management of neovascular glaucoma (2+3+5)

3. Describe the clinical features and management of Vogt Koyonagi Harada syndrome (5+5)

4. Discuss the indications and technique of pars plana vitrectomy (3+7)

5. Enumerate the causes of raised intracranial tension with notes on the clinical features and management of papilledema (3+7)

6. Discuss the types and management of Duane's retraction syndrome (10)

7. Write briefly on ocular manifestations of Systemic lupus erythematosus (10)

8. Discuss the aetiopathogenesis and management of giant retinal tear (4+6)

9. List the aetiology of CNVM and its management (5)

10. Write the clinical features and management of CMV retinitis (5+5)

Time: 3 Hours **Marks: 100**

Write Short Notes: Answer all questions **(10 X 10= 100)**

PAPER IV

(RECENT ADVANCES INCLUDING INVESTIGATION, THERAPEUTIC PROCEDURES, COMMUNITY OPHTHALMOLOGY, CLINICAL TRIALS AND LOW VISION)

1. What is bladeless cataract surgery? What are its advantages over conventional phacoemulsification? (3+7)

2. Discuss the recent advances in endothelial keratoplasty (10)

3. Discuss the indications, pre-op considerations and complications of phakic IOLs. (10)

4. Discuss the current uses of confocal microscopy in corneal diseases (10)

5. Give the definitions of blindness and visual impairment and methods of assessment for cataract surgery coverage under NPCBVI Survey 2015-19 (10)

6. Write the principles and uses of ultrasound biomicroscopy (10)

7. Discuss the role of non-integrating keratoprosthesis and artificial corneas (10)

8. What is Ultrawide field fundus angiography? Give its uses – (5+5)

9. Discuss the principle, optics and advantages of trifocal IOL (10)

10. Write in brief about use of anti-VEGF in retinal vascular disorders (10)

Annexure 1 (Part A)

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

MAPPING OF KEY CAPABILITIES - MS OPHTHALMOLOGY

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
I	**KNOWLEDGE**						
	Basic sciences in Ophthalmology including anatomy, embryology, physiology, pathology, pharmacology, microbiology and genetics	1	3	4	4	5	
	Clinical optics and refraction	1	2	3	4	5	
	Clinical Ophthalmology -I Diseases of eyelids, lens, cornea, lacrimal apparatus, glaucoma and orbit	1	1	4	5		
	Clinical Ophthalmology -II Diseases of retina, uvea, optic nerve, strabismus and systemic ophthalmology		1	4	4	5	
	Community Ophthalmology	1	3	4	5		
	Low vision aids and visual rehabilitation		1	3	5		
	Medical ethics and professionalism	1	4	5			
	Research methodologies and basic biostatistics	1	2	3	4	5	
II	**EXAMINATION/INVESTIGATIVE TECHNIQUES WITH INTERPRETATION**						
1	SLIT LAMP EXAMINATION						
	Focal	2	3	4	5		
	Diffuse	2	3	4	5		
	Retro illumination (Direct and indirect)	1	2	3	4	5	
	Specular reflection	1	2	3	4	5	
	Sclerotic scatter	1	2	3	4	5	
2.	VITREO-RETINA & OPTIC NERVE EVALUATION						
	Direct Ophthalmoscopy	2	3	4	5		
	Indirect Ophthalmoscopy with fundus chart – Colour coding	1	2	3	4	5	
	78 D/90 D examination	1	2	3	4	5	
	Ultrasound A/B scan	1	1	2	3	4	5

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
	Fundus Photography and/ FAG	1	2	3	3	4	5
	OCT - Retina	1	1	2	3	4	5
	ERG, EOG, VEP	1	1	1	2	3	3
3	GLAUCOMA EVALUATION						
	Non-contact Tonometry	2	4	4	5		
	Applanation Tonometry	1	1	2	3	4	5
	Gonioscopy	1	1	2	3	4	5
	Automated Perimetry	1	1	2	3	4	5
	OCT and UBM	1	1	2	3	4	5
4	TEAR/LACRIMAL FUNCTION TESTS						
	Ocular surface staining/TBUT	1	2	4	4	5	
	Schirmer's test	2	3	4	4	5	
	Jones test	2	3	4	4	5	
	Syringing	1	2	3	4	5	
	Meibography	1	2	3	4	5	
	Dacrocystography (DCG)	1	2	4	4	5	
5	CORNEAL						
	Corneal scraping for Gram's/KOH etc	1	2	3	4	5	
	Keratometry	1	2	3	4	5	
	Pachymetry	1	2	3	4	5	
	Corneal Topography	1	2	3	3	4	4
	Evaluation of Chemical Burns of the Eye	1	1	2	3	4	5
	Colour coding of Corneal Pathologies	1	2	3	4	4	5
6	COLOUR VISION TESTING						
	Ishihara pseudoisochromatic plates	2	3	4	5		
	Farnsworth Munsell test	1	2	3	4	4	5
7	OPTICS AND REFRACTION						
	Retinoscopy - Streak	1	2	2	3	3	4

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
	Use of Autorefractor / Autokeratorefractor	1	3	4	5		
	Subjective and objective refraction	1	2	3	3	4	5
	Prescription of glasses	1	2	3	3	4	5
	Contact lens fitting and assessment	1	2	2	3	4	5
	Low vision aids – Basic knowledge including advantages and disadvantages	1	2	2	3	4	4
	Low vision aids- Basics of fitting with availability and cost	1	1	1	1	2	2
8	SQUINT EVALUATION						
	Hirschberg test and ocular motility	1	2	4	4	5	
	Cover tests/ Prism bars	1	2	4	4	5	
	Sensory evaluation (Worth 4 dot test, Baglioni striated glasses, Stereopsis)	1	1	2	3	4	5
	Diplopia and Hess charting	1	1	2	3	4	5
	Assessment of convergence and accommodation	1	1	2	2	3	3
	Amblyopia diagnosis and treatment	1	1	1	2	3	4
	Synaptophore Use	1	1	1	2	3	4
9	ORBIT AND OCULOPLASTICS						
	Ptosis measurements	1	2	4	5	5	
	Evaluation of entropion/ectropion	1	2	4	5	5	
	Hertel’s Ophthalmometry	1	2	4	5		
	Interpretation of CT/MRI scans	1	1	2	3	4	4
III	**MINOR SURGICAL PROCEDURES**						
	Conjunctival and corneal foreign body removal	1	2	3	4	5	
	Chalazion incision and curettage	1	2	3	4	5	
	Biopsy of small lid tumours	1	2	3	3	4	5
	Abscess drainage	1	2	3	4	5	
	Suture removal (skin/conjunctival/corneal/corneoscleral)	1	2	3	4	5	
	Artificial eye fitting	1	2	3	4	5	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
IV	**MAJOR SURGICAL PROCEDURES**						
1	OCULAR ANAESTHESIA						
	Peribulbar block	1	2	3	4	5	
	Retrobulbar block	1	1	2	2	3	3
	Facial block	1	1	2	3	4	4
	Blocks for sac surgery	1	2	3	4	5	
	Infraorbital blocks	1	2	3	4	5	
2	CATARACT SURGERY						
	Conventional extracapsular and Manual small incision cataract surgery	1	2	3	4	5	
	Phacoemulsification	1	1	2	3	4	5
	Intracapsular cataract extraction for subluxated lenses	1	1	2	3	4	5
	Secondary intraocular lens implantation	1	1	1	2	2	3
3	GLAUCOMA SURGERY						
	Trabeculectomy	1	1	1	2	3	3
	Trabeculotomy	1	1	1	2	3	3
	Goniotomy	1	1	1	2	3	3
	Glaucoma drainage devices	1	1	1	2	3	3
4	CORNEAL SURGERY						
	Keratoplasty (Therapeutic)	1	1	1	2	3	3
	Repair of corneoscleral tears	1	1	1	1	2	2
	Application of glue and BCL	1	1	2	2	3	3
	Refractive surgeries	1	1	1	1	2	2
5	EYELID SURGERY						
	Tarsorrhaphy	1	1	2	3	4	5
	Entropion and ectropion	1	1	2	3	4	5
	Lid repair	1	1	2	3	4	5
6	SAC SURGERY						

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
	Dacryocystectomy (DCT)	1	2	3	4	5	
	Dacryocystorhinostomy (DCR)	1	1	2	2	3	3
	Probing for CNLDO	1	1	2	3	4	4
7	STRABISMUS SURGERY						
	Recession and resection of horizontal recti	1	1	2	2	3	3
8	VITREORETINAL SURGERIES						
	Intravitreal and intracameral injections	1	1	2	2	3	3
	Anterior vitrectomy	1	1	2	2	3	3
	Pars plana vitrectomy and scleral buckling	1	1	1	1	2	2
9	MISCELLANEOUS						
	Pterygium excision with autograft	1	1	2	3	4	4
	Cyclocryotherapy/ Cyclophotocoagulation	1	1	2	3	4	4
	Enucleation	1	1	2	3	4	4
	Evisceration	1	1	2	3	4	4
	Exenteration	1	1	2	2	3	3
	Orbital abscess drainage	1	1	2	2	3	3
V	**LASER PROCEDURES**						
	NdYAG Laser capsulotomy	1	1	2	2	3	4
	NdYAG Laser iridotomy	1	1	2	2	3	4
	Focal and panretinal photocoagulation	1	1	2	2	3	4
VI	**TEACHING**						
	Group teaching	1	2	3	4	5	
	Teaching subordinates and juniors	1	2	3	4	5	
VII	**SCHOLARSHIP**						
	Dissertation writing	1	2	3	4	4	5
	Critiquing a research paper	1	1	2	3	4	4
	Journal publication	1	2	3	3	4	4
VIII	**SOFT SKILLS**						

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

S.no	Key capabilities	Minimum expected level of performance at months					
		6	12	18	24	30	36
	Patient communication	1	2	3	4	5	
	Counselling for eye donation	1	1	2	3	4	5
	Academic presentations	2	3	4	4	5	

Annexure 1 (Part B)

CORE IDEAS IN THE PRACTICE OF KEY-CAPABILITIES

(Learning objectives are mentioned below table)

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
1	Basic sciences in Ophthalmology including embryology, anatomy,	1					
2	Ocular physiology, biochemistry, pathology, microbiology, pharmacology and genetics		1				
3	Disorders of eyelids, conjunctiva, cornea and sclera		1				
4	Disorders of lens and glaucoma		1				
5	Disorders of Retina, uvea and neuro-ophthalmology			1			
6	Strabismus, Neuro-ophthalmology, Refractive surgeries			1			
7	Community ophthalmology, Visual rehabilitation			1			
8	Recent advances, investigative modalities, Clinical Trials					1	

* Some of the objectives are to be achieved over a longer period (one year)

Annexure 2

JIPMER - Ophthalmology Postgraduate Training Logbook

SEMESTER	WET LAB	SIMULATOR	OT
FIRST	Suturing Cystotome needle making Capsulorrhexis		Preparing tray for cataract and pterygium surgery Setting up of Microscope
SECOND	Suturing Corneoscleral tunnel Capsulorrhexis Hydrodissection Nucleus prolapse IOL insertion	CAT-A Anterior Chamber Navigation CAT-A Intracapsular Navigation CAT-A Bimanual Navigation CAT-A Instruments CAT-B Navigation and Instruments CAT-B Capsulorrhexis	Setting up of Microscope Bridle suture Peritomy and cautery 3-5 ECCE 3-5 SICS
THIRD	SICS in goat eyeballs OSCAR grading for the SICS Suture practice	CAT-A Anterior Chamber Navigation CAT-A Intracapsular Navigation CAT-A Bimanual Navigation CAT-A Instruments CAT-B Navigation and Instruments CAT-B Capsulorrhexis	10-15 SICS Evisceration Assisting in pterygium, DCR
FOURTH	Suture practice, SICS OSCAR grading for the SICS Getting familiarized with phacoemulsification machine Phacoemulsification in goat eyeballs	CAT-B Hydrodissection CAT-B Intracapsular Tissue CAT-B Basics of Phaco CAT-B Trenching and Cracking CAT-B IOL insertion	20 SICS Setting up of Phacoemulsification Unit Setting up for Anterior Vitrectomy
FIFTH	Suture practice (PK) Phacoemulsification OSCAR grading for phacoemulsification	CAT-C Capsulorrhexis CAT-C Divide and Conquer CAT-C Chopping CAT-C Irrigation Aspiration CAT-C Toric IOLs CAT-D Capsulorrhexis errant tear CAT- D Anterior Vitrectomy	10-15 SICS 5-10 Phacoemulsification, Pterygium Surgeries, DCR surgeries Setting up of Vitrectomy Unit Assisting in Trabeculectomy, Penetrating keratoplasty. Donor Enucleation & Corneal Button Harvesting
SIXTH	Phacoemulsification PK practice	CAT-D Capsulorrhexis errant tear CAT-C Chopping CAT-C Irrigation Aspiration CAT-C Toric IOLs CAT-D Weak structures	15-20 Phacoemulsification 2-3 Trabeculectomies Assisting in

SEMESTER	WET LAB	SIMULATOR	OT
		CAT-D Capsular Plaques CAT- D White Cataracts CAT-D Varying Cases CAT- D Anterior Vitrectomy	Glaucoma Drainage device implantation, Squint Surgeries, Vitreoretinal Surgeries Donor Enucleation & Corneal Button Harvesting Refractive Surgery Workup

DoP = Date of Practice
SrS = Senior Resident Signature **FS – Faculty sign**

JIPMER - Ophthalmology Postgraduate Training Logbook

WETLAB

		Practice done														
SEM	**procedures**	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	**FS**
FIRST	Adjusting to Operating Microscope															
	Suturing with 10-0 nylon															
	Creating cystitome (26G)															
	ECCE section															
	Can opener capsulotomy															
SECOND	Suturing with 10-0 nylon															
	ECCE section/ Scleral tunnel, side ports															
	Can opener capsulotomy & Capsulorhexis															
	Hydrodissection															
	Nucleus delivery															
	Cortex aspiration															
	Section Suturing															

Consultant's Signature: _____
Date:_____

DoP = Date of Practice
SrS = Senior Resident Signature **FS – Faculty sign**

JIPMER - Ophthalmology Postgraduate Training Logbook

WETLAB

		Practice done														
SEM	**Procedures**	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	FS
THIRD	Suturing with 10-0 nylon															
	Scleral tunnel, side ports															
	Capsulorhexis															
	Hydrodissection															
	Nuclear prolapse															
	Cortex aspiration															
	IOL implantation															
FOURTH	Suturing practice															
	Complete SICS (OSCAR grading)															
	Familiarize with Phacomachine															

Consultant's Signature: _____
Date:_____

DoP = Date of Practice
SrS = Senior Resident Signature **FS – Faculty sign**

JIPMER - Ophthalmology Postgraduate Training Logbook

WETLAB

		Practice done												
SEM	**Recommended procedures**	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	Do P	SrS	FS
FIFTH	Corneal Tear Suturing													
	Complete SICS (Modified OSCAR grading)													
	Complete Phaco (Modified OSCAR grading)													
	Trabeculectomy													
	Familiarize with Phaco & Ant Vitrectomy Settings													
SIXTH	PK Suturing													
	Complete SICS (Modified OSCAR grading)													
	Secondary IOL – Transscleral & Iris Fixation													
	Familiarize with Posterior Vitrectomy Settings													

Senior resident/ Consultant's Signature: _____
Date:_____

SURGICAL SIMULATOR RECORD

SEMESTER			
Second			
Third			
Fourth			
Fifth			
Sixth			

Senior resident/ Consultant's Signature: _____
Date:_____

Seminars, Journal Club and Case Presentations done as part of Academics

Date	Topic	Moderator's Signature

Head of Department Signature: _____

Date: _____

TEACHING EXPERIENCE UNDERTAKEN DURING POSTGRADUATION

(e.g. Undergraduates, Postgraduates, Nurses, other healthcare professionals, lay groups, etc.)

Date	Topic	Comments

Head of Department Signature: _____

Date: _____

RESEARCH PROJECTS THAT YOU WERE INVOLVED IN DURING RESIDENCY OTHER THAN YOUR DISSERTATION

Study Period	Description of research	Your role	Conclusion and results

Head of Department Signature: _____

Date: _____

OPHTHALMOLOGY CME, COURSES AND CONFERENCES ATTENDED DURING POSTGRADUATION

Date	Name of meeting & Location	Your Role	Comments (Workshop, Title of Oral or Poster Presentation)

Head of Department Signature: _____

Date: _____

TRAINEE ROTATION TO SPECIALITY CLINICS

FIRST YEAR

Day	From	To	Remarks	Consultant's Signature
CORNEA CLINIC				
RETINA CLINIC				
GLAUCOMA CLINIC				
PED OPHTHAL, SQUINT & OCULOPLASTY CLINIC				

SECOND YEAR

Day	From	To	Remarks	Consultant's Signature
CORNEA CLINIC				
RETINA CLINIC				
GLAUCOMA CLINIC				
PED OPHTHAL, SQUINT & OCULOPLASTY CLINIC				

THIRD YEAR

Day	From	To	Remarks	Consultant's Signature
REFRACTIVE SURGERY				
RETINA CLINIC				
GLAUCOMA CLINIC				
PED OPHTHAL, SQUINT & OCULOPLASTY CLINIC				

Head of Department Signature: _____
Date: _____

TRAINEE TIMETABLE (To be completed for each rotation)

TRAINEE ROTATION TO SPECIALITY CLINICS

OTHER SPECIALITY POSTINGS

Day	From	To	Remarks	Supervising Consultant's Signature

Head of Department Signature: _____ Date: _____

PARTICIPATION – COMMUNITY OUT-REACH CAMPS / EYE CAMPS / SCHOOL VISION SCREENING

Date	Place	Signature of In-charge of Eye camp

Head of Department Signature: _____ Date: _____

FINAL SUMMARY OF SURGICAL EXPERIENCE DURING POSTGRADUATION

Please insert number of procedures performed in each category: Also include any other surgical procedures which are not in the list in Others.		**Observed**	**Performed with Assistance**	**Performed independently under supervision**
Cataract	Extracapsular Cataract Surgery			
	Small Incision Cataract Surgery			
	Phacoemulsification			
	Lens Aspiration / Lensectomy			
	Removal, Exchange or Repositioning of IOL			
	Secondary IOL Implantations or ACIOL Implantations			
	Post-op Iris Prolapse – Repair & Resuturing of Incision			
Glaucoma	Trabeculectomy			
	Needling of Bleb			
	Post-op Injection of Anti-metabolite			
	GDD & MIGS Procedures			
	Cyclocryotherapy			
Cornea	Penetrating Keratoplasty			
	Lamellar keratoplasty			
	Amniotic membrane transplantation			
	Pterygium Surgery			
Retina	Scleral buckling			
	Pars plana Vitrectomy			
	Intravitreal injections			

Lacrimal	Dacryocystectomy (DCT)			
	Dacryocystorhinostomy (DCR)			
	CNLDO probing			
Oculoplasty	Tarsorrhaphy			
	Ectropion/Entropion Surgery			
	Ptosis Surgery			
	Lid tumours			
Trauma	Lid and Facial Laceration Repair			
	Penetrating Ocular Injuries			
Laser	Posterior Capsulotomy			
	Iridotomy			
	Laser Suture Lysis			
	Pan-Retinal Photocoagulation			
	Macular Grid or Focal Laser			
Strabismus	Strabismus Surgery			
Others	Donor Enucleation / Corneal Button Harvesting			
	Evisceration/Exenteration			

Head of Department Signature: _____ Date: _____

Annexure 3

Modified - ICO-OCEX

(Modified - International Council of Ophthalmology Ophthalmic Clinical Evaluation Exercise)

The ICO-OCEX is an observed encounter between a resident and a new patient. The evaluator will be present in the exam room for the entire interaction. The resident will be rated in all the categories listed below and then provide immediate performance feedback. The following template will be used.

Please circle or highlight the box according to the resident's performance.

History/ Interview skills

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Skill	**Novice**	**Beginner**	**Competent**
Introduction	Does not introduce himself/herself.	Introduces self, does not explain role in team.	Introduces self, explains role in team.
Chief complaint	Does not elicit a chief complaint or makes a couple of quick questions.	Elicits chief complaint but lacks relevant details.	Elicits chief complaints and details (subtle and relevant).
History of present illness (HPI)	Does not elicit HPI.	HPI lacks relevant details.	HPI includes relevant details (e.g., timing, duration, frequency, intensity, aggravating and alleviating factors).
Pertinent negatives[2]	Does not elicit pertinent negatives.	Elicits a few or irrelevant pertinent negatives.	Elicits important pertinent negatives.
Pain inquiry[3]	Does not elicit.	Pain is elicited, not characterized.	Elicits scale rating of pain (0-10), characteristics, relieving and exacerbating factors.
Allergies or adverse reactions to medications	Does not elicit.	Elicits medical (or environmental if appropriate) allergies or adverse reactions to medications without symptom detail.	Elicits medical (or environmental if appropriate) allergies or adverse reactions to medications with symptom detail.
Review of systems	Does not elicit.	Elicits incomplete review of symptoms.	Elicits appropriate review of symptoms.
Medication list (including corticosteroids) [4]	Does not elicit.	Obtains list, no dosage/ frequency.	Obtains list with dosage/ frequency, duration of herbal/ traditional/nonprescribed remedies.
Past systemic history	Does not elicit.	Omits relevant details or includes irrelevant details.	Obtains relevant details.

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Skill	**Novice**	**Beginner**	**Competent**
Past ocular history	Does not elicit.	Omits relevant details or includes irrelevant details.	Obtains relevant details.
Social history/ Hygienic habits[5]	Does not elicit.	Omits relevant details or includes irrelevant details.	Obtains relevant details.
Family history	Does not elicit.	Omits important details or includes irrelevant details.	Obtains important and relevant details.

[1]This includes situations where a specific item may not be appropriate/needed.

[2]A pertinent negative is an element of the patient's history that aids diagnosis because the patient denies that it is present (e.g., A patient with an acute floater should be asked about photopsia to help rule out a retinal tear).

[3]Pain inquiry is a requirement in many countries.

[4]Ophthalmic and systemic medications currently used, including nutritional supplements and other over-the-counter products.*

[5]E.g.,: occupation; tobacco, alcohol, illicit drug use; family and living situation; social security; as appropriate*

Examination

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Skill	**Novice**	**Beginner**	**Competent**
Visual acuity	Does not check.	Checks, but not best corrected, or only pinhole, or some incorrect aspects of technique (distance or illumination).	Checks uncorrected and best corrected, distance and near, with refraction. Correct technique.
Pupils	Does not check.	Does part of the pupillary exam correctly.	Checks light reaction and for RAPD, size, symmetry, and uses correct technique.
Visual fields (confrontational)	Does not check.	Confrontational VF done, but some aspect of the technique is incorrect (position of hands, or display of target, or distance to patient).	Confrontational VF done correctly.
Motility	Does not check.	Checks movements incompletely or with incorrect technique in some aspect.	Checks ductions, versions and alignment (cover/uncover, cross-covered testing) in primary position.
External	Does not check.	Checks incompletely (e.g., without measurements, or only some aspects).	Checks completely as appropriate (e.g., proptosis, lids normal color and position, skin, facial sensation/ strength, head posture, etc.).
Slit lamp exam	Does not check.	Checks incompletely (e.g., does not check AC depth and/or gonioscopy when shallow AC, poor illumination techniques).	Checks completely, including AC depth and gonioscopy when shallow AC, all appropriate illumination techniques.
IOP	Does not check.	Checks but with poor technique. (applanation)	Checks IOP correctly.
Fundus	Does not check.	Checks but with incorrect technique/ device (e.g., does not check all fundus zones, uses Indirect to assess optic disc, difficult and too long examination).	Checks fundus correctly and with appropriate technique and device.

Interpersonal and Communication Skills

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Skill	**Novice**	**Beginner**	**Competent**
Patient Comfort	No explanation to patient on examination process, no consideration of patient's disabilities.	Limited explanation. Not proper consideration of patient comfort, safety, and disabilities.	Explanation on reason for examination. Consideration of patient comfort (e.g., appropriate adjustment of slit lamp height and chair position, not switching on the slit lamp/indirect full illumination on patient eye, putting chair unit back to zero after examination), safety, and disabilities.
Empathy	Lacks empathy.	Appears superficially interested in patient/family's concerns.	Demonstrates understanding of patient/family's concerns, provides appropriate comfort.
Respectfulness (e.g., eye contact while listening, gestures)	Disrespectful; inappropriate body language.	Curt, does not listen to all of patient/family's questions/ concerns; questionable body language.	Listens to patient/family, responds to patient/family questions/ concerns. Appropriate body language.
Understandability	Constantly uses medical jargon the patient does not understand.	Occasionally uses medical jargon the patient does not understand.	Avoids or explains medical terms when used and makes sure he/ she is understood (e.g., asking, rephrasing).
Explained findings	Provides no explanation.	Cursory explanation.	Effectively and efficiently explained all pertinent findings.

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Explained diagnosis	Provides no explanation.	Cursory explanation.	Thoroughly explained diagnosis.
Explained plan/ options	Provides no explanation.	Cursory explanation.	Thoroughly explained plan (including alternate options, possible pros and cons/ complications). If interventions are indicated, fills in and explains informed consent and obtains signature, when appropriate.
Asked if patient had questions	Does not ask.	Asked but did not answer completely.	Asked and answered questions thoroughly. If interventions are indicated, fills in and explains informed consent and obtains signature, when appropriate.

Case Presentation

OCEX Scoring Rubric			
	Does not meet expectations	Meets some expectations	Meets all expectations
Skill	**Novice**	**Beginner**	**Competent**
Conciseness, clarity, organization	Unintelligible.	Somewhat disorganized.	Clear, concise, organized.
Pertinent facts (positives and negatives)	Omits pertinent facts.	Omits minor supporting facts.	Covers all pertinent facts.
Differential diagnosis	Does not mention.	Provides basic but incomplete differential.	Provides appropriate and thorough differential.
Appropriate plan	Does not mention.	Provides basic, correct but incomplete or unrealistic plan.	Provides appropriate and realistic plan, asks for patient's consent.
Response to attending	Inappropriate.	Listens but little response.	Listens and responds appropriately and with an improvement plan.

Specific feedback comments for the resident:

Date:

Name of resident:

Name of assessor:

Modified – ICO-Ophthalmic Clinical Evaluation Exercise (OCEX) Scoring Sheet

The OCEX is an observed encounter between a resident and a new patient. The evaluator should be present in the exam room for the entire interaction. The intent is to rate the resident in all the categories listed below and then provide immediate performance feedback. The rating system is:

1 - Does Not Meet Expectations - NOVICE 2 - Meets Some Expectations - BEGINNER

3 - Meets all Expectations – COMPETENT na - Not Applicable

History taking / Interview Skills										
1. Introduced self	1	2	3	na		7. Review of systems	1	2	3	na
2. Obtained chief complaint	1	2	3	na		8. Med list	1	2	3	na
3. History of present illness	1	2	3	na		9. Past medical history	1	2	3	na
4. Pertinent negatives	1	2	3	na		10. Social history	1	2	3	na
5. Pain inquiry	1	2	3	na		11. Family history	1	2	3	Na
6. Allergies	1	2	3	na						
Examination										
1. Visual acuity	1	2	3	na		5. External	1	2	3	na
2. Pupils	1	2	3	na		6. Slit lamp exam	1	2	3	na
3. Visual Fields	1	2	3	na		7. IOP	1	2	3	na
4. Motility	1	2	3	na		8. Fundus	1	2	3	na
Interpersonal Skills / Professionalism										
1. Patient Comfort	1	2	3	na		5. Explained findings	1	2	3	na
2. Empathetic	1	2	3	na		6. Explained diagnosis	1	2	3	na
3. Respectful & courteous	1	2	3	na		7. Explained plan/options	1	2	3	na
4. Used language the pt Understands	1	2	3	na		8. Asked if patient had questions	1	2	3	Na

Case Presentation										
1. Concise & clear	**1**	**2**	**3**	**na**		**4. Appropriate plan**	**1**	**2**	**3**	**na**
2. Pertinent facts (+ves & -ves)	**1**	**2**	**3**	**na**		**5. Response to attending's questions**	**1**	**2**	**3**	**na**
3. Differential Dx	**1**	**2**	**3**	**na**						

Specific Feedback or Comments for the Resident:

_____

_____

_____

_____

Resident initials: _____ **Evaluator initials: _____** **Date: _____**

Mini-Clinical Evaluation Exercise (mini-CEX)

Assessor's position: ☐Professor ☐Associate Professor ☐Assistant Professor ☐Senior Resident ☐Additional Prof	**Trainee's posting:** ☐Posting1 ☐Posting2
Date of Assessment (yyyy/mm/dd): _____/_____/_____	Time taken for observation(minutes): _____ Time taken for feedback (minutes): _____
Clinical setting: ☐OPD ☐In-patient ☐Endoscopy room ☐Others:_____	
Clinical problem:	
Patient details:	**Focus of Clinical encounter:** ☐History ☐Diagnosis ☐Management ☐Explanation

Please rate the following areas	Below expectations		Meets expectations		Above expectations		NA*
	1	2	3	4	5	6	
Task-specific							
1.History Taking / Medical Interview Skills	☐	☐	☐	☐	☐	☐	☐
2.Physical Examination Skills	☐	☐	☐	☐	☐	☐	☐
3.Counselling /Communication skills	☐	☐	☐	☐	☐	☐	☐
4.Critical Judgment	☐	☐	☐	☐	☐	☐	☐
General performance							
5.Professionalism/ consideration for patient	☐	☐	☐	☐	☐	☐	☐
6.Organisation/Efficiency	☐	☐	☐	☐	☐	☐	☐
7.Overall clinical care	☐	☐	☐	☐	☐	☐	☐
*NA Please mark this if you have not observed the behaviour and therefore feel unable to comment.							

Anything especially good?	**Suggestions for development:**
Agreed action:	
Student's reflections on patient and areas of learning:	
Trainee's satisfaction with this assessment: Low ☐1 ☐2 | ☐3 ☐4 | ☐5 ☐6 **High**	

Assessor's signature:_____ **Trainee's signature:**

SEMESTER WISE EVALUATION OF THE RESIDENT

Name of the Junior Resident	Date of joining the department	Number of authorised leave	Any unauthorised leave / prolonged absence beyond 30 days (Yes / No)	Progress of the PG Dissertation? (6 monthly Report - totally 5 Reports)	Work performance (Notable Work done / Achievements)	Conduct of the junior resident

Consolidated List of surgical Procedures - Minimum Number of Key Indicator Procedures for Graduating Residents

Number of procedures in each category		**Minimum Observed**	**Minimum steps performed with assistance**	**Minimum performed under supervision**
Cataract	Small Incision Cataract Surgery		25	25
	Phacoemulsification		20	30
	Secondary IOL Implantations - Iris fixation or Trans-scleral fixation of IOL	5		
	Anterior Vitrectomy	10	5	
Glaucoma	Trabeculectomy	10		2
	GDD Procedures	10		
	Laser for Glaucoma Rx	10		
Cornea	Penetrating Keratoplasty	10	2	
	Lamellar keratoplasty	10		
	Amniotic membrane transplantation	10	2	
	Pterygium Surgery	10	5	5
Retina	Pars plana Vitrectomy	10	5	-
	Intravitreal injections	20	10	10
Lacrimal	Dacryocystectomy (DCT)	10	2	2
	Dacryocystorhinostomy (DCR)	10	2	2
Oculoplasty	Tarsorrhaphy	10	2	2
	Ectropion/Entropion Surgery	5		
Trauma	Lid and Facial Lacerations/Tears Repair	10	5	5
	Corneal or Corneoscleral Tear Repair	10	5	
Laser	Capsulotomy	20		10
	Iridotomy	10		
	Pan-Retinal Photocoagulation	20	10	10
	Macular Focal Laser	10		
Strabismus	Strabismus Surgery	5		5
Others	Donor Enucleation/ Corneal Button Harvesting	10	10	10