

CPD profile

- 1.1 Full name:** Senior Orthoptist
1.2 Profession: Orthoptist
1.3 Registration number: OR1234

2. Summary of recent work/practice

I am a part-time Senior II Orthoptist and I work 25 hours a week.
My clinical duties and responsibilities in this role include:

- diagnosis, treatment and management of patients attending the orthoptic department;
- performing Humphrey and Goldmann fields tests, applanation tonometry and scanning laser ophthalmoscopy on patients attending the glaucoma unit;
- assessing and advising patients attending the low vision clinic and issuing low vision aids as appropriate;
- supervising and assessing undergraduate orthoptic students on clinical placement; and
- preparing and delivering case presentations and discussions for undergraduate orthoptic students.

My administrative responsibilities include checking HES prescriptions and vouchers returned to the Trust for payment and to order leaflets for the low vision service.

I am responsible and accountable to the head orthoptist and I work in a team of eleven orthoptists. The ophthalmology directorate has 16 consultant ophthalmologists who all have patients who attend the orthoptic department and I therefore work in collaboration with them in the investigation and management of our patients. I work in two multidisciplinary teams with my nursing colleagues.

Total words: 177
(Maximum 500 words)

3. Personal statement

Standard 1: A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity

I have kept an up to date and accurate record of my CPD activity by recording this in the British and Irish Orthoptic Society (BIOS) electronic CPD system (evidence 1). I have updated my diary monthly during 'library' sessions provided by my department or if there has been spare time at the end of clinics. When there has not been time available at work I have updated my diary in my own time.

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice

My learning needs are identified in a yearly individual performance review with my manager, the head orthoptist (evidence 2, 3). This forms the basis of my own personal development plan (evidence 4). The activities I have undertaken for my CPD have included formal education, reading journals for departmental journal clubs and self directed learning, discussions with colleagues and observation of senior colleagues.

I have attended a counselling course to improve my skills in dealing with patients who have received bad news, our departmental journal clubs have allowed the development of evidence based protocols for treatment of orthoptic conditions and my observation of colleagues relates to my developing teaching skills in my role as a clinical tutor.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery

Standard 4: A registrant must seek to ensure that their CPD benefits the service user

The examples below illustrate how my learning activities have contributed to my practice and how the service user has benefited from this learning

Self directed learning

Journal reading: I have kept up to date with current orthoptic practice by reading the British and Irish Orthoptic Journals (BIOJ) published yearly and various other journal articles (evidence 5). I feel that this has enhanced my practice for example; the review of vergence adaptation in this year's BIOJ has helped me to consider why some symptomatic patients may not be helped with Orthoptic exercises but will benefit from treatment with prisms. I have also kept up to date with the outcomes of the Paediatric Eye Disease Investigator Group papers regarding amblyopia. The results of these studies have caused me to reconsider the amount of occlusion I prescribe and I now consider using atropine more regularly. I have found that with good compliance improvements in visual acuity are achievable with less occlusion

than I have previously prescribed. This benefits the patient in that treatment is not as arduous.

Work based learning

Attendance at evidence-based practice journal clubs (evidence 6)

These journal clubs, run by the department, allow me and my colleagues to review the literature about a condition or question we have relating to a specific case or a general query and make decisions as a department regarding future practice in this area. The department now has two protocols (evidence 7, 8), one written by myself, on practice in relation to:

- alternate day occlusion in intermittent exotropia; and
- investigation of ptosis by the ice pack test.

These protocols have enhanced patient care by offering patients evidence-based treatment. The ice pack test offers us a diagnostic tool which is a non-invasive alternative to other tests used to diagnose Myasthenia Gravis. Alternate day occlusion for intermittent exotropia offers patients and parents an alternative to surgery in the short term and allows me as an orthoptist more time to investigate the patient's condition prior to surgery if indicated. We have also reviewed the evidence for performing AC/A ratios and as a department we have decided to standardise the way we perform this test. I feel this benefits the patients in that we are practicing evidence based orthoptic examinations and we are investigating the AC/A ratio in a standardised way.

I regularly discuss cases with my colleagues and I record these discussions and their outcome and how this has affected my practice in the reflective section of my portfolio (evidence 11). I attend our post graduate teaching sessions on ocular motility and I present cases for discussion. These cases normally propose a management question and there is an open discussion which I participate in. I have learned a lot from these cases especially regarding surgical management and this has helped me discuss patients I have seen in clinic with the consultant ophthalmologist (evidence 12) and advise the patient of the options available.

My individual performance review (IPR) and personal development plan (PDP) (evidence 3, 4) have identified a need for more experience in formal teaching of undergraduate students in the department. This is an evolving part of my practice as a clinical teacher. Having spent time observing senior colleagues I have now begun preparing and delivering discussions to our undergraduate students. My preparation for this involved observing senior colleagues and then liaising with them to prepare a part of the discussions they were delivering. My colleague has given me feedback on my performance and teaching materials and I have continued to seek advice when preparing my own discussions. I feel I am now able to deliver engaging and effective teaching sessions with our undergraduate students and I have received positive feedback from them. (evidence 13).

Formal education course - Introduction to counselling skills

I participated in this 13 day course to help me support patients who had been given bad news particularly ocular diagnoses with poor visual prognosis. This has improved my ability to listen and help patients in my low vision clinic and in my orthoptic clinics. A large part of the low vision assessment is spent discussing the patient's diagnosis and how this is affecting their lives. This course has developed my skills in helping my patients come to terms with their visual loss and I believe that I can now engage in more effective and supportive discussion with patients about their diagnosis. I kept a reflective diary during the course to summarise my learning (evidence 9, 10).

In my PDP I have identified that I would like to begin to be involved in research and my manager has supported this. I will need to access some formal teaching in research skills which my Trust may be able to offer but which I can also access from the local university. I hope that I will be able to use these skills to research areas of orthoptic practice which will have a direct benefit to my patients.

Total words: 1090
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD Standards that this evidence relates to
Example	Eg: 'Case studies' or 'Critical literature review'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
1	CPD record of activities	4 pages hard copy.	1 and 2 and 4
2	Individual Performance review documentation 2004	5 pages hard copy	2 and 3
3	Individual Performance review documentation 2005	5 pages hard copy	2 and 3
4	Personal Development Plan	1 page, electronic CD	2, 3 and 4
5	Notes from journal reading	2 pages hard copy	2, 3 and 4
6	Sample agenda and brief notes from journal club	2 pages hard copy	2, 3 and 4
7	Protocol for alternate day occlusion in intermittent exotropia	1 page electronic CD	2, 3 and 4
8	Protocol for investigating ptosis using the ice pack test	1 page electronic CD	2, 3 and 4
9	Diary of learning from Counselling skills course	15 pages, electronic CD	2 , 3 and 4
10	Certificate of attendance of Counselling skills course	1 page, hard copy	2, 3 and 4
11	Statements of discussions regarding patient management and reflection	Electronic, 3 pages	3 and 4
12	Reflective statement on discussion with a medical colleague	Electronic, 1 page	3 and 4
13	Summary of student feedback	3 pages hard copy	3 and 4