Trainee: Evaluator: Date:

Ophthalmic Simulated Surgical Competency Assessment Rubric: Corneal laceration repair

		Novice (score = 0)	Advanced Beginner (score = 1)	Competent (score = 2)	Score (Not done score = 0)
1	**Tissue handling**	Tissue handling is often unsafe with inadvertent damage, or excessively aggressive or timid.	Tissue handling is safe, but sometimes requires multiple attempts to achieve desired manipulation of tissue.	Tissue handling is efficient, fluid and almost always achieves desired tissue manipulation on first attempt.	
2	**Depth of suture**	Needle pass penetrates endothelium.	Needle pass through lower half of stroma and roughly equivalent depth on each side of wound	Needle pass is made at 90% corneal depth and at same depth on each side of wound.	
3	**Length of suture**	Sutures are too long, obscuring visual axis, or too short and likely to pull out.	Sutures are roughly uniform length, but require multiple attempts to pass.	Sutures are of uniform and appropriate length equidistant from posterior opening of corneal wound.	
4	**Orientation of suture**	Sutures are placed at varying angles, not perpendicular to wound	Majority of sutures are perpendicular to the wound	Sutures are placed perpendicular to wound and all sutures are in the correct orientation	
5	**Technique of surgical knot tying**	Multiple attempts to create necessary number of loops on first throw, and/or loosens first throw while attempting second throw	Is able to tie a flat surgeon's knot first throw but second and third throws do not lay flat.	Is able to efficiently tie secure surgical knot.	
6	**Buries knots**	No attempt made to bury suture knots	Attempt made to bury suture knots, but suture snaps or unable to bury	Fluent attempt to bury knots away from visual axis. Able to rotate and bury majority of knots	
7	**Distance between sutures**	Sutures are not equally placed	Equal distance between sutures, but too close or too far apart	Equal distance between sutures and distance is equal to length of suture	

8	**Tightness of sutures**	Sutures are loose with redundant suture material, or too tight, causing distortion of wound	Sutures are of adequate tightness, but it takes multiple attempts to tighten	Good apposition of the wound edges, without undue compression	
9	**Creates paracentesis**	Hesitant/multiple attempts to make paracentesis. Damage to iris/lens from paracentesis incision.	Paracentesis performed, though hesitant, in correct position, without inadvertent injury to iris/lens.	Paracentesis performed, in correct position, without inadvertent injury to iris/lens.	
10	**Tests integrity of laceration repair**	Failure to reform AC with BSS.	Reforms AC with BSS, but does not assess for leakage with fluorescein test.	Reforms AC with BSS and checks integrity with fluorescein test.	
Global indices					
11	**Surgical field positioned centrally within microscope view**	Very limited or delayed repositioning. Surgical operating field often at periphery of microscope view.	Surgical operating field occasionally at periphery of microscope view.	Surgical operating field occasionally at periphery of microscope view. Adjusts microscope as needed without delay.	
12	**Technique of holding suture needle in needle holder**	Loads needle incorrectly for forehand or backhand pass. Loads too close or too far from swaged end of 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	
13	**Overall fluidity of procedure**	Hesitant, frequent starts and stops. Not at all fluid.	Occasional inefficient and/or unnecessary movements or manipulations occur.	Inefficient and/or unnecessary manipulations are avoided.	
14	**Overall speed of procedure**	Case duration more than 15 minutes, or case not completed	Case duration 10 to 15 minutes	Case duration less than 10 minutes	

TOTAL:

Good points:……

Suggestions for development:………

(Adapted from: Dean, W. H., Buchan, J., Admassu, F., Kim, M. J., Golnik, K. C., McNaught, A. and Burton, M., 2019. Ophthalmic simulated surgical competency assessment rubric (Sim-OSSCAR) for trabeculectomy. BMJ Open Ophthalmology. 4(1). doi: 10.1136/bmjophth-2019-000313.)