أ ـ المعرفة والفهم:

المقررات التي تحقق المعايير الأكاديمية للبرامج	مخرجات التعلم المستهدفة ILOs	(ARS) Benchmark المعايير الأكما سيمية لجامعة THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH	(NARS) المعايير القومية الأكاديمية القياسية العامة لبرامج قطاع الدراسات العليا (درجة الماجستير <u>طب وجراحة العيون</u>)
Anatomy and Emberyology of the eye OPHT501 Physiology of the Eye OPHT503 Pathology and Microbiology OPHT 505& 507 Basic of Optics OPHT522 BO Basic of internal medicine related to the eye OPHT510 Neurology related to the eye OPHT512 Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS	A1- 18		1) Theories, concepts and specialized knowledge of the learning area and also sciences appropriate to the professional practice.
Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512 Basic of internal medicine related to the eye OPHT510 Basic of Optics OPHT522 BO	A 3-16 B 2-9 D3, 5-13 D15-19	 By the end of the program the graduate should have acquired knowledge in the following areas: Anatomy - of the eye, adnexae, visual pathways and associated aspects of head, neck and neuro anatomy. This includes aspects of embryology, anatomy in childhood and during ageing. It extends to applied anatomy relevant to clinical methods of assessment and investigation (e.g. radiography, MRI). Physiology - of the eye, adnexae and nervous system, including related general physiology (its laws and phenomena). This extends to the organisation, function, mechanism of action, regulation and adaptations of structures and their component tissues relevant to clinical methods of assessment (e.g. acuity, visual fields, electrodiagnostics, intraocular pressure). Optics and ultrasonics - including the application of physical, geometric and physiological optics to clinical management and an appreciation of the principles of instrumentation and clinical practice in these areas. Pathology - especially the specialist pathology of the eye, adnexae and visual system but within a relevant general pathology, microbiology and 	2) Mutual influence between professional practice and its impacts on the environment.

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	immunology and their inter-
	relationships (e.g. in the
	immunocompromised patient).
	v. Clinical Science - embracing all aspects of
	the medicine, therapeutics and surgery
	of the eye, adnexae and visual pathways,
	and including interactions with systemic
	disease and its management and in the
	context of relevant general aspects of
	surgery and medicine. There is emphasis
	on multi-system disease and visual impairment in the context of other co-
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	morbidities. For specific diseases, knowledge is expected concerning
	aetiology (including pathogenesis,
	genetics and interactions with patients'
	physical and social environment),
	clinical manifestations, investigation,
	diagnosis, management (including
	pharmacological, surgical etc.) and
	prevention, and including management
	of visual impairment generally. The
	depth of knowledge in the various
	subspecialty areas should reflect the
	epidemiology of the condition (the
	'burden of disease' to society and its
	significance to the patient). For topical
	ophthalmic drugs, in-depth knowledge
	of their modes of action and delivery,
	and means of eye penetration, will be
	expected together with their potential
	adverse toxic, allergic and systemic
	effects and their prevention.
	vi. Health Service Management – including
	the political and economic context of patient
	care, the role of constituent and associated
	agencies and relevant senior personnel roles
	in the organisation. Through their
	progressive experience and self-directed
	learning, trainees will have acquired a
	variety of clinical skills during BST, not
	least:
	i. Guiding the severely visually impaired
	with confidence (to a seat etc.)
	ii. Taking and recording a directed
	ophthalmological history after establishing a
	good rapport with the patient and relatives.
	iii. Undertaking a directed ophthalmological
	examination and recording and interpreting
	the physical signs elicited. iv. Ordering appropriate investigations,
	whilst avoiding unnecessary tests.
	v. Formulating (at least for common
	conditions) a definitive ophthalmological
	diagnosis.
	vi. Prescribing appropriate local and
	systemic therapy including antibiotics, anti-
	virals, steroids, mydriatics and analgesics.
	vii. Determining the progress of disease or
	response to treatment or surgery against
	baseline parameters or that expected through
	wound healing etc.
	Recognising and appropriately managing
	both local and systemic complications of
	treatment.
	ii. Preventing contagion and cross infection
	through sterilisation/disinfection of hands
	and instruments and adopting measures to
	reduce the emergence of resistant
	microorganisms.
	iii. Communicating effectively with other
	professionals e.g. through succinct
	summaries of cases seen, reports, letters and
	teaching presentations.
	iv. Understanding occupational visual
	standards and visual standards for driving,
	and appropriately referring patients for
	provision of low vision aids, blind
	rehabilitation and blind registration.
	v. Liaising with more senior colleagues and
	other members of the multidisciplinary team, social services, hospital management etc.

		In addition to the above, to have developed proficiency in the following: i. Assessment of vision including distance acuity using Snellen test types and objective and subjective refraction, reading vision, colour vision using Ishihara plates and confrontation visual fields (monocular, binocular and red). ii. Undertaking a complete external eye examination including assessment of eye movements, the palpebral aperture and levator excursions. iii. Slit lamp biomicroscopy including the use of stains, local anaesthesia etc. iv. Examination of the pupils including swinging flashlight test. v. Pharmacological tests for Horner's Syndrome and Adie's pupil. vi. Fundus examination including the use of the direct ophthalmoscope, indirect ophthalmoscope and slit lamp biomicroscopy with diagnostic contact lenses and non-contact lenses. vii. Undertaking a directed general medical and neurological examination. viii. Undertaking a directed pre-operative assessment for general or local anaesthesia including venesection, cannulation and set- up of intravenous infusions. ix. Obtaining informed consent from the patient according to GMC guidelines. x. Achieving topical, peribulbar, retrobulbar, sub-tenon's or other regional anaesthesia, and recognising complications of such anaesthesia. xi. Administration of steroids or other drugs subconjunctivally and in the sub-tenon's space and orbital floor. xii. Use of the operating microscope including its set-up and appreciation of the dangers of photic maculopathy. xiii. Sterile and no-touch aseptic techniques. xiv. Basic microsurgical skills including incisions, tissue handling and haemostasis, instrument set-up, instrument handling and suturing/wound closure. xv. Safe use of ophthalmic lasers. xvi. Cardiopulmonary resuscitation (basic life support).	
Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM	A 6,8,10,16,14,4	State the recent advances in the field of ophthalmology and apply this knowledge in disease management Be developing an ability to interpret investigations appropriately according to the limitations of the tests and their context	3) Scientific developments in the field of specialization
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Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	C 2-12		4) Moral and legal ethics of the professional practice in the area of specialization.
Ophthalmic Medicine OPHT 522 OM			

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Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512 Basic of internal medicine related to the eye OPHT510 Basic of Optics OPHT522 BO	D21	Be developing an understanding of the value of clinical audit . Be developing an appreciation of the importance of basic and clinical research in advancing knowledge and contributing to the evidence base as reflected, for example, in clinical guidelines published from time to time by The Royal College of Ophthalmologists	6) The basics and ethics of scientific research.

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Basic of Optics OPHT522 BOB 2-93) Demonstrate a high level of competence in the coordination of different sources of knowledge to solve professional problemsBasic of surgery related to the eye OPHT520B 2-93) Demonstrate a high level of competence in the coordination of different sources of knowledge to solve professional problemsOphthalmic Surgery OPHT 522 OS Neurology relatedB 2-9
OPHT522 BO Basic of surgery B 2-9 3) Demonstrate a high level of competence in the coordination of different sources of knowledge to solve professional problems Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OM Solve professional problems Ophthalmic Surgery OPHT 522 OS Neurology related Solve professional problems
Basic of surgery related to the eye OPHT520 B 2-9 3) Demonstrate a high level of competence in the coordination of different sources of knowledge to solve professional problems Ophthalmic Surgery OPHT 522 OS Neurology related B 2-9 3) Demonstrate a high level of competence in the coordination of different sources of knowledge to solve professional problems
related to the eye OPHT520 or both of competence in the coordination of different sources of knowledge to solve professional problems Ophthalmic Surgery OPHT 522 OS Neurology related or both of competence in the coordination of different sources of knowledge to solve professional problems
related to the eye OPHT520 or of the or
Ophthalmic different sources of knowledge to Medicine solve professional problems OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related Neurology related
Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related
OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related
Ophthalmic Surgery OPHT 522 OS Neurology related
Surgery OPHT 522 OS Neurology related
OPHT 522 OS Neurology related
Basic of internal medicine related to
the eye OPHT510
Basic of Optics
OPHT522 BO
Basic of surgery B ²⁻⁹ . 4) Carry out a research study and /
related to
the eye OPHT520 D1,4 or writing a scientific methodology
study on research problem.

			
Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	B 2-9		5) Assess and analyze risks of the professional practice in the field of
Ophthalmic Medicine OPHT 522 OM			specialization.
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	B 2-9 C 2- 12 D1,4,6		6) Plan to improve performance in the field of specialization
Ophthalmic Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	B 2-9	Ordering appropriate investigations, whilst avoiding unnecessary tests	7) Make career decisions in different professional aspects
Ophthalmic Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			

ج - المهارات العملية:

المقررات التي تحقق المعايير الأكاديمية للبرامج	مخرجات التعلم المستهدفة ILOs	(ARS) Benchmark المعايير الأكاريمية ليامعة THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH	(NARS) المعايير القومية الأكاديمية القياسية العامة لبرامج قطاع الدراسات العليا (درجة الماجستير <u>طب وجراحة العيون)</u>
Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512 Basic of internal medicine related to the eye OPHT510 Basic of Optics OPHT522 BO	B1-54 D15-17 D21	Through their progressive experience and self-directed learning, trainees will have acquired a variety of clinical skills during BST, not least. i. Guiding the severely visually impaired with confidence (to a seat etc.) ii. Taking and recording a directed ophthalmological history after establishing a good rapport with the patient and relatives. iii. Undertaking a directed ophthalmological examination and recording and interpreting the physical signs elicited. iv. Ordering appropriate investigations, whilst avoiding unnecessary tests. v. Formulating (at least for common conditions) a definitive ophthalmological diagnosis. vi. Prescribing appropriate local and systemic therapy including antibiotics, anti-virals, steroids, mydriatics and analgesics. vii. Determining the progress of disease or response to treatment or surgery against baseline parameters or that expected through wound healing etc. In addition to the above, to have developed proficiency in the following: i. Assessment of vision including distance acuity using Snellen test types and objective and subjective refraction, reading vision, colour vision using Ishihara plates and confrontation visual fields (monocular, binocular and red). ii. Undertaking a complete external eye examination including distance acuity using Snellen test types and objective and subjective refraction, reading vision, colour vision using Ishihara plates and confrontation visual fields (monocular, binocular and red). ii. Undertaking a complete external eye examination including the use of stains, local anaesthesia etc. iv. Examination of the pupils including swinging flashlight test. v. Pharmacological tests for Horner's Syndrome and	1) Apply modern and principle professional skills in the area of specialization.

		Adje's nunil	
		Adie's pupil. vi. Fundus examination including the use of the direct ophthalmoscope, indirect ophthalmoscope and slit lamp biomicroscopy with diagnostic contact lenses and non-contact lenses. vii. Undertaking a directed general medical and neurological examination. viii. Undertaking a directed pre-operative assessment for general or local anaesthesia including venesection, cannulation and set-up of intravenous infusions. ix. Obtaining informed consent from the patient according to GMC guidelines. x. Achieving topical, peribulbar, retrobulbar, sub- tenon's or other regional anaesthesia, and recognising complications of such anaesthesia. xi. Administration of steroids or other drugs subconjunctivally and in the sub-tenon's space and orbital floor. xii. Use of the operating microscope including its set-up and appreciation of the dangers of photic maculopathy. xiii. Sterile and no-touch aseptic techniques. xiv. Basic microsurgical skills including and haemostasis, instrument set- up, instrument handling and suturing/wound closure. xv. Safe use of ophthalmic lasers. xvi. Cardiopulmonary resuscitation (basic life support).	
Basic of surgery	В 2-9	Taking and recording a directed	2) Write and evaluate technical
related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM	D7,9	ophthalmological history after establishing a good report with the patient and relatives	reports.
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	B 2-9 C 2-12	Ordering appropriate investigations, whilst avoiding unnecessary tests	³) Adopt assessment methods and tools existing in the area of

Ophthalmic Medicine OPHT 522 OM		specialization
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512		
Basic of internal medicine related to the eye OPHT510		
Basic of Optics OPHT522 BO		

د- مهار ات الاتصال:

المقررات التى تحقق المعايير الأكاديمية للبرامج	مخرجات التعلم المستهدفة ILOs	(ARS) Benchmark المعايير الأكاديمية لجامعة THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH	(NARS) المعايير القومية الأكاديمية القياسية العامة لبرامج قطاع الدراسات العليا (درجة الماجستير في <u>طب وجراحة العيون)</u>
Basic of surgery related to the eye OPHT520	D 1-6		1) Communicate effectively in different aspects.
Ophthalmic Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520 Ophthalmic Medicine	D 1-6		2) Demonstrate efficient IT capabilities in such a way that serves in the development of the professional practice.
OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	D 1-6		3) Adopt self-assessment and specify his needs of personal learning.
Ophthalmic Medicine OPHT 522 OM			icarning.
Ophthalmic Surgery			

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OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	D 1-6		4) Use different resources for information and knowledge.
Ophthalmic Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	D 1-6		5) Establish rules and indicators for assessing the performance of others.
Ophthalmic Medicine OPHT 522 OM			
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512			
Basic of internal medicine related to the eye OPHT510			
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	D 1-6	Communicating effectively with other professionals e.g. through succinct summaries of cases seen,	6) Collaborate effectively within multidisciplinary team and lead
Ophthalmic Medicine OPHT 522 OM		reports, letters and teaching presentations.	teams in different professional contexts.
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512		Liaising with more senior colleagues and other members of the multidisciplinary team, social services, hospital management	
Basic of internal medicine related to the eye OPHT510		etc.	
Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520	D 1-6		7) Demonstrate a high level of competence in the time
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Ophthalmic Medicine OPHT 522 OM			management.
Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512 Basic of internal medicine related to the eye OPHT510 Basic of Optics OPHT522 BO			
Basic of surgery related to the eye OPHT520 Ophthalmic Medicine OPHT 522 OM Ophthalmic Surgery OPHT 522 OS Neurology related to the eye OPHT512 Basic of internal medicine related to the eye OPHT510 Basic of Optics OPHT522 BO	D 1-6	To promote an appreciation among SHOs of the importance of continuing self-learning, knowledge reinforcement and audit to their expert and effective service to patients in the future.	8) Continuous self-education.