

ALCON - ADITYA JYOT EYE HOSPITAL PVT. LTD.

S.I.C.S / PHACO TRAINEE DETAILS

Tell us more about yourself !!!

PERSONAL INFORMATION:

1. Name : _____
2. Address : _____

3. Mobile No. : _____
4. Phone No. : _____
5. E-mail ID : _____
6. Age : _____
7. Blood Group : _____
8. Medical Qualification: _____
9. Medical Council
(State / MCI / International)
Registration No : _____
10. Post held & Job Responsibility: _____

11. Goals or learning aims

SURGICAL INFORMATION

- A. What Step of Cataract removal are you currently in?

ECCE SICS PHACO

B. How many SICS procedure you have done?

None 50-100 100-200 200-More

C. If Phaco, what is number of procedure you have done?

None 0-50 50-100 100-More

D. What is your confidence level in Rhexis?

Not doing Average Good Proficient

E. What is your confidence in wound construction?

(i) Scleral Tunnel

Not doing Average Good Proficient

(ii) Cornea Tunnel

Not doing Average Good Proficient

(iii) Limbal Tunnel

Not doing Average Good Proficient

F. Any other Phaco training you have attended – Please specify.

G. Any special area in which we can focus more during training?

Rhexis Wound Construction Hydro Procedure

Nucleus Management Foldable IOL's

Date : _____

Name : _____

Signature: _____