Dr Jonathan Rial
GP Associate Dean
PBSGL England Lead
CPD
"CPD"... STUFF AND NONSENSE, THE OLD WAYS ARE FINE FOR ME, NOW PASS ME A HAMMER I NEED TO PUT THIS PATIENT OUT!
CPD
- Effective
- Cheap
- Accessible
- Team
Why use PBSGL?

Do you mind? I'm trying to complete my 2011 CPD hours.
What is PBSGL?

• Not for Profit
• Based on PBL (Problem Based Learning)
• Small groups
• Multi-professional
• Peer-led
• Written modules
• Evidence based
## APPENDIX 2. Serious Eye Conditions: Red Flags on Physical Examination

<table>
<thead>
<tr>
<th>Condition</th>
<th>Iritis (anterior uveitis)</th>
<th>Keratitis</th>
<th>Acute angle Closure Glaucoma</th>
<th>Scleritis</th>
<th>Orbital Cellulitis</th>
<th>Corneal Abrasion &amp; Foreign Body</th>
<th>Chemical Burn</th>
<th>Gonococcal or Chlamydial Conjunctivitis (hyperacute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctival Injection</td>
<td>Ciliary pattern*, unilateral</td>
<td>Ciliary pattern, unilateral</td>
<td>Ciliary pattern, unilateral</td>
<td>Unilateral, scloera may have a violaceous hue</td>
<td>May be present</td>
<td>Possible limbal ischemia</td>
<td>Mixed injection, e.g., whole conjunctiva is red, and small hemorrhages and chemosis may occur</td>
<td></td>
</tr>
<tr>
<td>Appearance of the cornea</td>
<td>Possibly hazy</td>
<td>Hazy, localized opacity (infiltrate), epithelial defect</td>
<td>Hazy, iris indistinct</td>
<td>Clear</td>
<td>Clear</td>
<td>May be hazy, edematous if there has been excessive eye rubbing</td>
<td>Corneal involvement: e.g., hazy, opaque, iris obscured</td>
<td>Possible corneal involvement</td>
</tr>
<tr>
<td>Pupil</td>
<td>Constricted, poor light response, may be distorted or miotic</td>
<td>Unaffected</td>
<td>Unaffected (unless secondary uveitis present)</td>
<td>Fixed, mid-dilated</td>
<td>May be painful eye movements</td>
<td>Pupil usually unaffected; if pupil is irregular, dilated or unreactive suspect penetrating trauma</td>
<td>Pupil may be obscured</td>
<td>Unaffected</td>
</tr>
<tr>
<td>Visual Acuity</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Severe reduced, blurred, possible coloured halos around lights</td>
<td>May be reduced</td>
<td>Double vision possible</td>
<td>Visual acuity depends on position of abrasion in relation to visual axis</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>Discharge</td>
<td>None or very minimal, watery</td>
<td>Usually watery</td>
<td>Minimal, watery</td>
<td>Minimal, watery</td>
<td>Possible</td>
<td>Watery</td>
<td>Epiphora (overflow of tears onto face)</td>
<td>Copious, purulent</td>
</tr>
<tr>
<td>Other Distinguishing Features</td>
<td>Fluorescein staining positive</td>
<td>Palpation of the eyeball demonstrates a stony hardness</td>
<td>The eye may be tender on palpation.</td>
<td>Propotosis, co-existing sinustis in &gt; 80% Extraculcular mobility limitation</td>
<td>Fluorescein staining positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral</td>
<td>Within 24 hours</td>
<td>Within 24 hours</td>
<td>Immediate</td>
<td>24-48 hours</td>
<td>Immediate</td>
<td>Immediate if serious or penetrating injury</td>
<td>Irrigate immediately esp. if alkalai, then refer</td>
<td>24-48 hours</td>
</tr>
</tbody>
</table>

* Redness in a ringlike pattern around the cornea that indicates inflammation of the cornea, iris or ciliary body. NOTE: all of these conditions cause ocular pain and photophobia, which may be severe.

**Sources:**


November 2014
‘Commitment to Change’
Current Subscription: No

Go to the Subscriptions page

Your Groups

Test Winchester Group

Winchester

Future Meetings

October 22/10/2015

Past Meetings you attended

August meeting 02/09/2015

ENT Hot Topics Update 28/05/2015

May 28/05/2015

February 12/02/2015

December 09/12/2014

View more...
Summary

• Research has shown it to be effective
• Accessible and transferrable
• Cost-effective (cost/CPD hours)
• Can involve the whole team
Acknowledgements

- PBSGL Scotland
- FMPE/PBSG Canada
- Southampton GPEU
Any Questions?

www.pbsgl.co.uk

jonrial@doctors.org.uk