Department of Ophthalmology
and Visual Sciences
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

RESIDENT EDUCATION PROGRAM MANUAL

2025

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WELCOME

A MESSAGE FROM YOUR RESIDENCY PROGRAM DIRECTOR

Welcome to Madison and the University of Wisconsin Department of Ophthalmology and Visual Sciences (DOVS)!

Our ophthalmology residency program is designed to help you establish the knowledge and skills that will give you the necessary foundation for a lifetime of self-education. In addition to taking care of patients and pursuing research interests, our faculty strives to help you reach your full potential as an ophthalmologist. We value the approach of encouragement and collegiality. In this environment, it is crucial for you to be self-motivated to learn as much as possible during your short time here. You will work very hard, but will also reap immense rewards.

Our Basic Science lecture series (BSL) will thoroughly delve into the topics presented in the Basic and Clinical Science Course (BCSC). We ask that you read about the lecture topics in advance of the lecture series so that discussions may be held at a higher level of understanding. Many lectures will be presented as a "flipped classroom" with the expectation that you will have a general knowledge of the subject from the assigned text prior to lecture. It is absolutely essential that you organize your learning approach and regularly read the BCSC series. We recommend reading through the entire series AT LEAST twice during your residency.

You will learn from faculty, visiting experts, resident peers, clinical fellows, staff, internal and external conferences, and your experiences. We encourage you to communicate openly, refer to the literature to both confirm and challenge what you hear from others, and to stay abreast of current advances in techniques and treatments. While much of this will necessarily involve individualized effort toward your own learning goals, you are also a member of various teams within the healthcare delivery system. Your ability to contribute toward shared goals, and to respect and support every member of the teams to which you belong – be them administrative, patient care, educational or research teams – will define your success and enhance your overall experience.

DOVS is committed to excellence, integrity, and professionalism. The amount of information and number of skills you will master during these years is vast, and your learning experience may be overwhelming at times. Keeping that in mind, please know that you have a strong and dedicated support network here. We will be your guides and mentors along the way as you achieve and demonstrate competency in each of the following milestones: medical knowledge, patient care, surgical skills, interpersonal skills, professionalism, systems-based practice and practice-based learning and improvement. Just as we expect that you be open to ongoing feedback regarding ways to improve your performance, so are we open to suggestions on ways we can improve your learning experience. The channels of communication should always be open. Contact your chief resident Dr. Rushi Mankad or me with any questions or concerns.

We hope you have a rich experience during your time with us and enjoy the experiences that will help shape the direction of your career.

Anna Momont, MD
Associate Professor, Residency Program Director, Vice Chair of Residency Education

INTRODUCTION

When you join the Department of Ophthalmology and Visual Sciences Residency Program, you become a part of the long history of medical education that today is the University of Wisconsin School of Medicine and Public Health (SMPH). The SMPH is recognized as an international, national and statewide leader in education, research and service and has a tradition of rapidly translating discovery into application through our tripartite missions of patient care, education, and research. Please use this handbook as a guide to get you started. For the most up-to-date procedures and policies, refer to this Box Link: rb.gy/8koxvt

The top priority of the Department of Ophthalmology and Visual Sciences is residency training, with the following program aims:

PA1. Prepare residents to care for and learn from serving a diverse patient population in a healthy and safe learning and working environment.
PA2. Engage residents in the evaluation and improvement of their residency experience.
PA3. Provide an environment and opportunities that encourage scholarly activity.
PA4. Prepare residents to practice evidence-based medicine, embrace innovation and engage in lifelong learning by using state-of-the-art technology and recruiting faculty with a strong commitment for residency training.
PA5. Graduate ophthalmologists who are knowledgeable, skillful, compassionate, collaborative and committed to improving patient care, enhancing their own skills, and advancing the profession.

The DOVS Ophthalmology Residency Program will:

- Provide three years of intensive, supervised clinical training in a safe learning environment.
- Provide extensive training in common surgical techniques and exposure to a variety of advanced surgical techniques, so that residents can confidently perform surgery independently after graduation.
- Provide equal opportunities to learn surgical and clinical techniques.
- Offer residents opportunities for laboratory or clinical research, with strong faculty support and collaboration.
- Provide residents the opportunity to teach medical students, peers, and residents in other fields.
- Provide a firm foundation in clinical practice and exposure to research and teaching, so residents become contributing members of the ophthalmological community.
- Provide teaching by clinical faculty on a one-to-one preceptorial level that allows residents to develop a long-lasting relationship with the department and its members.

The SMPH has strong partnerships with University of Wisconsin Hospital and Clinics (UWHC), where you will spend three-fourths of your clinical rotations. UWHC consistently receives major national awards and recognitions, and the faculty clinical practice, University of Wisconsin Medical Foundation, is one of the ten largest physician practice groups in the country.

In addition, one-quarter of your ophthalmology clinical rotations will take place at the William S. Middleton Veterans Memorial Hospital (VA), an 119-bed acute care facility that provides tertiary medical, surgical, neurological, and psychiatric care, and a full range of outpatient services. Your PGY-1 preliminary medicine/ophthalmology internship year is spent entirely at the VA.

Our residents benefit from working at multiple locations, learning from experts in all subspecialties, and serving a wide variety of patient populations. Your instructors and mentors will be comprised of recognized leaders in clinical practice, translational research, and education, and are excited to share their knowledge with you!

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PROGRAM CONTENT

A. OVERVIEW OF RESIDENCY PROGRAM

The Department of Ophthalmology and Visual Sciences Residency Program experience comprises three types of learning: didactics (lectures and conferences); clinical skills experience (rotations); and the Basic and Clinical Science Course book series. Each program year includes experiences in all three areas. A brief summary of what to expect in each year (**PGY-1, PGY-2, PGY-3, PGY-4**) of your residency is as follows:

PGY-1

In July of 2019 the UW Department of Medicine began offering a joint preliminary position to all incoming ophthalmology residents. This required year offers three months of ophthalmology and nine months of a combination of internal medicine, emergency medicine, anesthesia, general surgery, and other specialties at the VA Hospital. Time on ophthalmology will be spent at the VA learning about technician work-up, ancillary testing, and the basic ophthalmologic examination. This rotation helps the resident build examination skills and focus on obtaining an ocular history. During this year you will also begin your research project by connecting with a mentor and presenting your research proposal. Although the intern year is through the Department of Medicine, the PGY-1s are already a part of the DOVS family and will be invited to academic, social, and wellness events. Further, PGY-1s will also present a paper at Journal Club while rotating on the ophthalmology service and are welcome to present at Grand Rounds.

PGY-2

This year of residency training introduces weekly didactics and intensive training in oculoplastics, pathology, pediatrics, retina and neuro-ophthalmology. In addition, residents spend time in the VA clinic and covering consults at UW Hospital. Training focuses on history taking, performing a complete ophthalmic examination and refraction, and learning to create a differential diagnosis and treatment plan. The bulk of primary call is taken during PGY-2 year as well. On-call responsibilities will teach residents how to care for patients by learning to recognize and treat the most common urgent and emergent diseases and sight-threatening emergencies. Residents will begin development of surgical skills to include those needed for lid and adnexal disease and strabismus, as well as intraocular disease. Residents will follow a wet lab curriculum for introductory cataract surgical training.

PGY-3

Graded and progressive responsibility for the care of all ophthalmology patients takes place with intensive training in glaucoma, neuro-ophthalmology, pediatrics, and cornea, as well as increased responsibilities at the VA. In addition, PGY-3 residents will have an additional rotation on in-patient consults with time for an urgent clinic and research. PGY-3 residents will start supervising (with faculty backup) PGY-2 residents while on-call and in some clinics, and also begin teaching medical students, physician assistant students and emergency department residents. Residents will have an opportunity to perform laser procedures as well as intraocular surgeries that include cataract extraction and glaucoma filtering procedures. Residents will also get the unique opportunity to implant specialty intraocular lenses.

PGY-4

This final year of residency provides the opportunity for the resident's abilities to mature in diagnosis and treatment of all ocular diseases with increased focus on intraocular surgery including cataract surgery, cornea surgery, retina surgery, and minimally invasive glaucoma surgery. While faculty supervision is on-going, residents receive increasing autonomy and have the opportunity to supervise and teach junior residents. In addition, they have administrative responsibilities as chief resident and as senior residents at the VA Hospital.

PROGRAM CONTENT

B. CLINICAL ROTATIONS

Starting in 2024, the year will be divided into three-month blocks for incoming residents. These blocks consist of service on subspecialties, comprehensive, VA and consults. Typically, residents decide amongst themselves with the help of the chief resident the order in which they take their rotations, although the program director maintains final approval. Specific goals and learning modules for each rotation are available on MedHub, the official medical education web portal. Additional information, including procedures and helpful hints about each rotation, is provided in the Chief Resident's PGY-2 Survival Handbook in Section 7.

C. RESEARCH ROTATION

All residents are expected to be involved in at least one research project. Upon arrival, incoming PGY-1 residents are provided with a list of projects and mentors. They are required to seek out a mentor and select a project that meets their particular interest from the list provided by January 15 of their PGY-1 year. Residents will work closely with their mentor and develop a proposal by April 1 (more details on the research rotation timeline and expectations can be found in the Appendix).

D. WET LAB AND CATARACT SURGERY TRAINING CURRICULUM

All residents are given UW Badge card access to the Surgical Skills Training Facility (SSTF) located at the University Station Clinic. The SSTF is home to microscopes, surgical instruments, a phacoemulsification unit, and the EyeSi surgical simulator.

Please see the Cataract Surgery Training Curriculum for additional details regarding expected reading and wet lab assignments for this longitudinal curriculum:

PGY-1:

Complete 3 hours of EyeSi practice, including 1 hour supervised by the VA senior

PGY-2:

Complete expected EyeSi training including sessions with Drs. Liu and Potter
Complete wet lab sessions with Drs. Fary and Sabb
Work with senior on IOL insertion skills and participate in IOL insertion with Drs. Momont and Knoch

PGY-3:

Complete expected EyeSi training with Dr. Rumery
Complete wet lab session with Dr. Potter

PGY-4:

Complete expected wet lab session with Dr. Jebaraj prior to rotation on Comprehensive service
Perform video review with Dr. Temprano

Residents are responsible for initiating and scheduling all meetings. Dates as well as broad area of discussion (career advancement, personal issues, etc.) for all meetings should be submitted by the resident to the GME Manager and will become part of the resident's file.

PROGRAM CONTENT

E. ON-CALL AND IN-PATIENT CONSULTS

PGY-2 residents serve as the primary on-call (home call) resource for UW Hospital and Clinics, 4:30 p.m. to 8:00 a.m on weekdays and all day Saturday and Sunday, on a rotating basis. However, PGY-3 residents will cover primary call for one weeknight per week. Second call (back-up) and VA call is provided by PGY-3 and PGY-4 residents on a rotating basis, one week at a time. The UWHC and AFCH in-patient and ED consults will be covered by the PGY-2 and PGY-3 residents on the Consult Rotation on weekdays. VA consults are covered by the VA team until 4:30 p.m. Pediatric in-patient consults are handled by the resident rotating on the pediatrics rotation in conjunction with the pediatrics fellow/faculty.

The primary on-call schedule is the responsibility of the PGY-2 residents, who decide how they plan to divide the call. Typically, this is covered on a rotating schedule. Primary call should be determined by the 15th of the preceding month and submitted via email to the GME Program Manager and chief resident. Other schedules are developed by the chief resident in consultation with the residents. If you need to make a change to your on-call schedule, contact the chief resident and make sure you have found coverage/replacement. If it is an emergent situation, contact your service chief and the GME Program Manager. If a resident makes a last-minute change, the resident must immediately contact paging to ensure coverage (608-262-2122), and promptly notify the chief resident and the GME Program Manager of the change. All schedules are posted on MedHub, DOVS intranet, and the resident UW DOVS Google calendar.

F. CONFERENCE DESCRIPTIONS

Meetings and conferences are held virtually and in-person. In-person meetings take place on and around the Main Campus, including the Health Sciences Learning Center (HSLC), UW Hospital and Clinics, the VA, University Station Clinic, and the DOVS office buildings at 2828 Marshall Court and 2870 University Avenue. During orientation, you will visit most of these venues. Unless specified otherwise, all residents are expected to attend all conferences in-person (though a virtual option is available if needed). The conference attendance policy can be found in the Box folder.

Monday Morning Case Review

This conference is held every Monday morning from 7:00-8:00 a.m. Residents present cases in an informal setting designed to encourage discussion among residents and faculty. Interesting on-call cases from the previous week provide timely material for discussion, as do clinic cases and surgical complications. Questions about diagnoses and differing opinions are explored. Once per month, the case review conference focuses on neuro-ophthalmology topics and imaging. Attendance is required. Residents report for their surgical or clinical duties following the conference.

Grand Rounds

Grand Rounds is held every Friday morning over Zoom, and occasionally in-person, from 7:00-8:00 a.m. Residents, fellows, faculty and visiting speakers present clinical, research and professional development topics to department and community ophthalmologists and optometrists. Interested veterinary students, medical students and technicians often attend as well. Periodically, residents have the opportunity to meet with the visiting speakers during visiting professor lunch. Attendance is required.

PGY-2 residents are required to present at least two Grand Rounds. PGY-3 and PGY-4 residents should expect to present a minimum of three Grand Rounds per year. The Grand Rounds schedule is maintained by the GME Program Coordinator. Residents should identify a faculty mentor for their talk and work closely with them during the development of their presentations in order to elevate the quality of the presentation and prepare for possible questions from the audience. Attendance is required.

Retina Workout

Retina Workout is held virtually every Friday morning from 8:00-8:30 a.m. The retina faculty/fellows prepare interesting retina cases, including fundus photographs and fluorescein angiograms. All residents participate in the discussion. Attendance is required.

PROGRAM CONTENT

Basic Science Lectures (BSL)

The primary textbook series for the ophthalmology residency is the Basic and Clinical Science Course (BCSC), published by the American Academy of Ophthalmology (AAO). The department provides this series to you upon your arrival. It is expected that all residents read the entire series once per year, with particular attention to each subspecialty volume prior to the start of each specific rotation as well as while on that specific rotation.

An important part of your education is the weekly BCSC faculty lecture series, referred to as the Basic Science Lectures (BSL). These lectures are held every Friday afternoon. With the exception of the senior residents at the VA and the comprehensive rotation, who may be performing surgery, residents are relieved of clinical responsibilities during this time and are expected to attend the lectures in-person. Residents are also expected to prepare for the lectures by reading about the assigned topic prior to the conference. Attendance is required.

A current schedule of presenters and topics is found on MedHub and the DOVS Intranet. Should a resident be unable to attend the BSL lecture for any reason, they must notify the program coordinator in advance of the lecture. The resident must attend 80% of lectures throughout the PGY-2 through PGY-4 years. Residents who fall below this mark must view recordings of the missed lectures.

Journal Club

Journal Club is generally held on the second or third Wednesday of the month from 6:00-7:00 p.m., beginning in September of each academic year. The theme of the conference rotates between subspecialty services and follows a structured format where one resident functions as a moderator during the event. The moderator is responsible for contacting the service chief one month in advance to assist with the selection of the articles to be discussed. A second resident presents and leads the discussion of a seminal or classic paper or study. Additional residents present and lead discussion of two or three contemporary papers about one timely topic or issue. The moderator is responsible for forwarding the articles and assignments to the resident presenters and the GME Program Manager, who will distribute them to DOVS faculty and fellows via email.

Faculty members and fellows from the specific services attend, as do any other interested faculty, and generate questions and participate in the discussion. The moderator is responsible for working with the service chief and the GME Program Manager to order food for the group. The chief resident creates the Journal Club schedule and resident assignments at the beginning of the academic year. Any changes must be handled among the residents and promptly reported to the chief resident and GME Program Manager. Presention of the “classic” paper requires a 20-minute PowerPoint to facilitate discussion. The remaining papers discussed are 10 minutes per paper and do not require a PowerPoint. Attendance is required and recorded by the GME Program Manager or their designee.

G. SERVICE-SPECIFIC CONFERENCES

Retina Case Conference and ERG Conference

The Retina Case Conference is held virtually on Wednesday mornings from 7:00-8:00 a.m. The retina resident, fellows and attendings present and discuss current cases. The resident on the service is expected to have a case prepared for this conference. Note: Residents on the research rotation are expected to attend, but not asked to present.

The ERG conference is held virtually on Wednesday/Thursday mornings from 8:00-9:00 a.m. Faculty, photographers, the retina fellow and resident on the service attend this conference where a designated retina faculty reviews ERGs from the week. The resident and retina fellow will divide the cases, take notes, and dictate them to be documented into the respective patient’s chart. You will receive weekly emails from the retina coordinator.

PROGRAM CONTENT

Global Resident Cataract Symposium

The Global Resident Cataract Symposium is organized in collaboration with our partners from the University of Santo Tomas (UST), Manila, Philippines and Dr. Shroff's Charity Eye Hospital (SCEH), New Delhi, India. This virtual event takes place four times per year on Mondays from 7:00 – 8:00 a.m. via Zoom.

The activity aims to build a global community of practice among multi-specialty faculty, residents, clinical fellows, and medical students by discussing interesting cataract cases as well as surgical complications; to enhance system-based learning by discussing diversity of patient care and management of difficult surgical cases in different parts of the world; and to enhance resident learning.

Three cases are presented at each session: one by a UST resident, one by a SCEH resident, and one by a UW resident. Each presenter has 10 minutes for their case followed by 10 minutes of questions and answer; alternatively, questions and answers can continue throughout the session. **ALL RESIDENTS ARE REQUIRED TO ATTEND.**

H. SPECIAL LEARNING PROGRAMS

In addition to regularly scheduled conferences, residents attend special learning programs that focus on specific skills and/or knowledge. These may include an Optics Course, Toric lens training, Retina Laser Course, Intralase Keratorefractive Skills Transfer Course, the Multiphasic Phaco Skills Training Course, Pathology Day, Oculoplastics/ Orbital Anatomy Course, and a contact lens training.

I. TYPICAL ROTATION SCHEDULE

Throughout their four-year residency, all residents complete a Low Vision Curriculum while on rotation at the VA Hospital, where they gain basic knowledge about low vision and legal blindness, services available, and recognize patients appropriate for such services.

PGY-2	PGY-3	PGY-4
VA	VA	VA/International
Pathology/Oculoplastics	Pediatrics/Cornea	Comprehensive/International
Consult/Neuro/Refraction	Consults/Urgent/Research	Cornea/Retina/International
Pediatrics/Research/Retina/Uveitis	Glaucoma/Neuro	

Typical Weekly Conference Calendar

SUN	MON	TUES	WED	THUR	FRI	SAT
	7-8am Monday Morning Case Review, Neuro-ophthalmology conference or Global Cataract Symposium		**7-8am** RCC Mtg *(generally 2nd Wed of the month)* **6-7:00pm** Journal Club* *(2nd/3rd Wed)* Retina Conf *(retina resident only)*	**7-8am** Retina Conf *(retina resident only)*	**7-8am** Grand Rounds **8-8:30am** Retina Workout **1-4:30pm** BSL	**8am-12pm** Community Clinic** *(1st Sat, even months only)*

*Journal Club does not meet in July, August, and March
**Community Clinic schedule assigned by chief resident

PROGRAM CONTENT

J. OTHER ACTIVITIES

Residents are provided with numerous opportunities that support their educational experience and ophthalmology training.

Wisconsin Ophthalmology Research Day (WORD)

All residents are expected to engage in and present at WORD two scholarly activities during their residency. WORD is held in mid-June, and the location alternates between Madison and Milwaukee.

Community Clinic

As part of your education and as a service to the Madison community, PGY-3 and PGY-4 residents spend their time Saturday morning twice a year conducting free eye exams. The residents are assigned to Community Clinic by the chief resident at the start of the academic year and required to participate. The on-call faculty will also be present to staff and assist with the clinic.

Each clinic, held on the first Saturday morning every even month at the University Station Eye Clinic, is intended to provide free eye care for uninsured or underinsured Madison area residents. Patients are referred by local free clinics, homeless shelters, and government agencies. We are proud to provide this service to the community. Medical students from the Ophthalmology Interest Group also attend the Community Clinic to increase their exposure to the specialty and shadow technicians, residents and faculty.

World Sight Week

Every fall, all residents participate in World Sight Week by volunteering to work at the World Sight Day Free Clinic. There are many uninsured, low-income community members who benefit from this clinic, and it is a great way to make a charitable difference in our local community. This event is typically the second Saturday in October and all residents are required to participate.

Monthly Meeting with Residency Program Director & Associate Program Director

The Resident Curriculum Committee (RCC) meeting is held one Wednesday of every month from 7:00 – 8:00 a.m. in the conference room in 2828 Marshall Court, and is intended to address resident topics and/or concerns about various issues. The agenda is set by the Program Director, Associate Program Director and GME Program Manager in consultation with the chief resident, and residents may request an item to appear on the agenda. If you have an item you wish to discuss, please contact your chief resident or the Program Manager. All residents are expected to attend. Should the program director determine that there are no urgent issues pending, the meeting may be canceled for that given month.

Meetings with the Chair

The department chair will schedule several meetings with the residents over the course of the year, generally at the end of a regularly scheduled RCC meeting or at the end of BSL. This is a unique opportunity for residents to discuss their program experiences and speak openly with the chair.

K. MENTORING

Residents participate in a formal mentoring program. The goal of this program is to facilitate the integration of incoming (PGY-1) residents through a **one-on-one relationship with an upper-level resident (either PGY-3, or PGY-4)** during the first year. This early peer relationship helps new residents acclimate to the program and its demands and offers a single point of contact for answers to basic questions. As they transition to their PGY-2 year, residents then select their official faculty mentors to help guide their residency and other career decisions. The resident and mentor will follow guidelines established by the residency program to facilitate a positive and rewarding relationship throughout the residency years. (See additional details in the Appendix.)

PROGRAM CONTENT

L. RESIDENT INTERVIEWS

The program typically holds four interview dates on Thursdays and Fridays between October and December. Residents will be recruited to participate in the interview days depending on availability and clinical schedules. All residents will meet at the conclusion of the interview season to provide input to the Residency Selection Committee. This meeting is organized by the chief resident.

Two virtual question and answer sessions are also offered to all applicants where they can discuss the program and the resident experiences.

M. TEACHING OPPORTUNITIES

Residents may be provided with various teaching opportunities throughout the academic year. Programs including medical students, emergency medicine residents, and physician assistants contact the residency program for resident assistance with presenting ophthalmology-related topics. The chief resident will notify the residents of these opportunities and schedule them based on resident interest and availability. Residents are encouraged to participate whenever possible, as these provide valuable teaching and presentation experience.

N. WEB-BASED CORE CURRICULUM

A core curriculum of topics required for all University of Wisconsin residents is distributed by the Graduate Medical Education Office. All residents will receive emails from the GME staff giving information and instructions that may pertain to patient safety, infection control standards, and other topics related to hospital regulations and standards. Residents must comply with all such requests. This is a hospital requirement and must be completed within the allocated time and meet specified deadlines.

O. COMMITTEES

Residents have the opportunity to be involved in committees within DOVS as well as with UW Health and GME. Rotating DOVS Committees include Global Ophthalmology Initiatives (GOI), Resident Wellness Committee and rotating curricular committees. Other institution-wide opportunities include HealthLink Superuser, Resident Quality and Safety Council and Clinical Learning Environment Review.

EVALUATION OF RESIDENT, FACULTY AND PROGRAM PERFORMANCE

A. ACGME Milestones

B. ACGME Surgical Logs

C. OKAP Examination

D. Faculty Evaluation of Residents

E. Service Pre- and Post-tests

F. Resident Evaluations of Individual Faculty, Rotations and the Program

G. Other Evaluations

H. Program Evaluation Committee

I. Clinical Competency Committee

J. Semi-Annual Program Director Evaluations

EVALUATION OF RESIDENT, FACULTY AND PROGRAM PERFORMANCE

The strength of our residency program rests with our success in graduating highly skilled ophthalmologists. We use many tools to evaluate resident progress in every aspect of the program and provide guidance to all residents throughout the experience. Residents will receive many types of feedback throughout their residency including collaborative assessments, individualized learning plans and sessions with mentors, the program director and associate program director.

The ACGME has identified milestones for each area of competency. The residency program is responsible for tracking resident progress through the milestones and ultimately for determining promotion and readiness for autonomous practice. Continuous evaluation enables both faculty and residents the opportunity to identify areas of strengths and weaknesses while in each rotation, with the purpose of making each clinical and surgical experience a meaningful and successful one.

Further, we ask residents to evaluate many elements of our program, including our faculty, through confidential surveys. Our evaluation system, including duty hours monitoring, is entirely web-based using the Graduate Medical Education MedHub Residency Management System. You will receive additional information on how to use the program as part of your orientation.

MedHub Evaluation Schedule

MedHub Evaluation Forms	Evaluator	Evaluatee	Frequency	MK	PC	S	P	ICS	SBP	PBLI
360 Resident of Resident	resident	resident	end of year				X	X		
360 Staff of Resident	staff / technician	resident	end of year		X		X	X		
Hi-5 and VA Comment Cards	fac/staff/patient	resident	ad hoc							
Faculty Evaluation of Resident	faculty	resident	mid/end rotation	X	X	X	X	X	X	X
Resident Self Reflection	resident	resident	semi-annual	X	X	X	X	X	X	X
Service Chief Final Evaluation	fac/serv chief	resident	end rotation	X	X	X	X	X	X	X
Resident Evaluation of Rotation	resident	service	end rotation							X
Faculty Evaluation of Program	faculty	program	annual							X
Resident Evaluation of Program	resident	program	annual							X
Resident Evaluation of Faculty	resident	faculty	end rotation							X
Resident Evaluation of Speaker / Lecture	resident	faculty	every week	X	X		X	X		X

EVALUATION OF RESIDENT, FACULTY AND PROGRAM PERFORMANCE

A. ACGME MILESTONES

The ACGME has established the Accreditation Data System (ADS), which requires all residency programs to adopt current policies and procedures to meet accreditation criteria. The current ACGME Common Program Requirements include the following core competencies: professionalism, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice.

Tools are used to track achievement and evaluate resident performance. Faculty evaluations of residents have been tailored to each service and list the various criteria to determine the resident's level of performance. This evaluation process is designed for residents to receive ongoing feedback through each service rotation.

B. ACGME SURGICAL LOGS

Every surgical opportunity that a resident has must be recorded in his/her ACGME surgical log in the Resident Case Logs (RCL) system at: www.acgme.org/connect. The ACGME assigns residents with a username and password. Please review the Case Logs System Resident User Guide, which details how surgical procedures are to be entered. Residents are expected to enter these data on a daily or weekly basis to maintain an accurate and comprehensive record.

The ACGME information listed below may be found at the ACGME website. Any questions about a procedure and/or your role should be discussed with the attending.

Ophthalmology Definitions – Fields

Resident:	Resident name is automatically entered based on your login.*
Attending:	Use the down arrow to search names.
Institution:	Use down arrow to select institution where the procedure was performed.
Resident Year:	Enter your categorical year in the specialty *(This is not your postgraduate year in training)* at the time of the case/encounter. *NOTE: The year will default to the year entered on the resident setup screen by your coordinator.*
Resident Role:	Select role using the down arrow.
Surgeon:	Should be selected when the procedure is done, primarily, by the resident with direct supervision by faculty present in the operating room (>50%).
Assistant:	Should be selected when the procedure is done, primarily, by the faculty with the resident as first assistant (<50%).
Procedure Date:	Enter date of procedure.
Case Id:	An identifier to that case, you may simply use the # of the case for the day *(I.e., 3 if it is the third cataract with that attending for the day)*

Searching for a Code

CPT Code:	All CPT codes are in the system. The RRC reviews all codes and maps them to an area and type. Those codes that are not mapped to an area and type will fall under a category called unassigned.
Area:	The area is the broadest category of procedure/diagnosis the RRC is tracking.
Type:	The type is the specific procedure/diagnosis that the RRC is tracking. Comment: Notes about patient and/or procedure. This is not a mandatory field.

EVALUATION OF RESIDENT, FACULTY AND PROGRAM PERFORMANCE

Disclaimer Statement

The stated minimum numbers of listed surgical procedures for ophthalmology residency education reflect the minimum clinical volume of these procedures which is acceptable per resident for program accreditation. Achievement of the minimum number of listed procedures is not tantamount to achievement of competence of an individual resident in a particular listed procedure. A resident may need to perform an additional number of listed procedures before that resident can be deemed competent in each procedure by the program director. Moreover, the listed procedures represent only a fraction of the total operative experience of a resident within the designated program length. The intent is to establish a minimum number of listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to blend the entire educational operative experience for each resident, taking into account each resident's particular abilities.

This requirement does not supplant the requirement that, upon the resident's completion of the program, the program director should verify that the resident has demonstrated sufficient professional ability to practice competently and independently.

C. OKAP EXAMINATION

Every year, ophthalmology residents in the United States are required to take a standardized national in-service exam. The Ophthalmology Knowledge Assessment Program (OKAP) examination is administered by the American Board of Ophthalmology and is given each spring, usually on a Saturday in March. It is designed to measure the residents' knowledge base, as well as provide practice for the written qualifying examination of the Ophthalmology Boards and to be used as a personal learning tool during residency training. The test is divided into thirteen subjects, mirroring the topics in each of the BCSC books. The BSL lectures for the two months prior to the exam are dedicated to OKAP review. Details about the examination process can be found on the AAO website. Location and timing details for our program are shared closer to the exam date.

Scores are compared nationally to other residents in your same year of training. Each resident is expected to score above the 40th percentile for their year of training. If a resident does not score above the 40th percentile, the program will work with the resident to develop an appropriate improvement plan. We are committed to providing our graduates with the skills they need to be successful ophthalmologists and become certified by The American Board of Ophthalmology. We encourage all residents to talk to their mentor or the program director if they feel they might need additional instruction in any area.

D. FACULTY EVALUATION OF RESIDENTS

In addition to informal formative feedback by faculty, faculty will assess resident performance with collaborative assessments using the T-Res software and will complete end-of-rotation MedHub evaluations. You will receive an email update when an electronic evaluation has been completed for you. These completed electronic evaluations will be available for you to access and review through the MedHub Residency Management System at any time. Your evaluations will address the seven areas of core competency: professionalism, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice. You are encouraged to discuss your evaluations with individual faculty members and solicit their suggestions for personal and practice improvement activities to help you reach your potential.

EVALUATION OF RESIDENT, FACULTY AND PROGRAM PERFORMANCE

E. SERVICE PRE- AND POST-TESTS

At the beginning of each UW rotation, the service chief and/or attending may give a pre-test to determine a resident's knowledge. A post-test will follow at the end of the rotation to evaluate how much knowledge the resident has gained throughout the rotation. **It is the resident's responsibility to coordinate the scheduling with the service chief to sit for these exams.**

F. RESIDENT EVALUATIONS OF INDIVIDUAL FACULTY, ROTATIONS AND THE PROGRAM

Evaluations by residents of faculty are essential in order to maintain a faculty with effective teaching abilities, as well as for faculty promotion purposes. Your mature candor and constructive comments are expected and appreciated. Evaluations are collated and released once yearly or once every three years to faculty to maintain anonymity of our learners. In addition, you will fill out a confidential evaluation at the end of each rotation, and an annual program evaluation in the spring about the quality of the residency program. You will receive e-mail updates notifying you that there is an evaluation to complete, and it is required that all evaluations be completed promptly as specified, or typically within two weeks.

G. OTHER EVALUATIONS

The residency program uses various other MedHub evaluations to obtain a comprehensive representation of resident performance across all competencies. A select few include: 360 evaluations by support staff, technicians, resident peers and patients about residents' interpersonal and communications skills and professionalism; procedure-specific evaluations of surgical skills; Journal Club and Grand Rounds evaluations by faculty and peers assessing practice-based learning and improvement skills; and Quality Improvement projects assessing systems-based practice competency. Others may be developed and implemented as educational needs dictate.

H. PROGRAM EVALUATION COMMITTEE

As a key component of the ACGME Accreditation Data System (ADS), the residency program has established this committee to conduct an ongoing review of the goals and objectives of the program and to identify any areas of concern or need for improvement. The chief resident is a sitting member of this committee.

I. CLINICAL COMPETENCY COMMITTEE

Another ACGME requirement is the Clinical Competency Committee (CCC). The CCC synthesizes feedback of residents from multiple sources and as a group counsels the program director to determine resident progress. The CCC meets at least twice yearly, and at the end of the academic year determines resident readiness to move to the next level of training or to graduation.

J. SEMI-ANNUAL PROGRAM DIRECTOR EVALUATIONS

The program director and associate program director meet individually with each resident twice a year to discuss the outcome of the CCC meeting including progress towards ACGME Milestones, and work with the resident to determine an action plan for the coming six months.

RESOURCES

A. MedHub

B. Resident Room and Eye Lanes (Exam Rooms) B6/289

C. Surgical Skills Training Facility

D. Surgical Simulator

E. James C. Allen Library at University Station

F. Ebling Library at the HSLC

G. Resident Business Expenses

H. FA Davis Funds

I. Administrative Details

J. Chief Resident

K. U-Station Parking

L. PHI Encrypted Devices

RESOURCES

A. MEDHUB

MedHub is the web portal to an expansive data repository of information for and about residents. Here you will find your rotation and call schedules, input your duty hours and leave requests, complete and view evaluations, and view GME and DOVS policies, among other things. Once you receive your login information, visit the site at MedHub login to access tutorials on how to use the site's many resources. During orientation, you will learn basic information about MedHub, and the tool will soon become part of your everyday lexicon.

B. RESIDENT ROOM AND EYE LANES (EXAM ROOMS) B6/289

Our residents have a work room at UW Hospital in B6/2. The space is proximate to the eye examination lanes and provides work space. Maintenance of this area, beyond basic cleaning, is a resident responsibility. Snacks are provided, but must be requested through the GME Program Manager. The eye examination lanes are used for the security clinic and on-call and inpatient needs. Residents maintain the space by ensuring the eye lanes equipment is appropriately stored and used items replaced and restocked for the next user. Since you all share this space, please do your part to keep it orderly. Christy Murphy, UW Health Ophthalmology Clinic Manager (cmurphy3@uwhealth.org) and Justin Erickson (jerickson3@uwhealth.org) are our contacts if there are concerns regarding supply of instruments or the space. UW Pharmacy is in charge of restocking meds in the clinic, and contact information is provided in the med cabinet. A resident workroom is also located in the garden level of University Station. It has a computer, work area, and microwave.

C. SURGICAL SKILLS TRAINING FACILITY

The Surgical Skills Training Facility is located in the garden level of University Station and is accessible with your UW badge. Multiple operating microscopes are available for use, as well as a Centurion phacoemulsification unit. You will receive training prior to using the wetlab on your own. Surgical instruments are maintained by residents. Any concerns with the space or requests for information can be made through our Director of the SSTF, Dr. Travis Rumery, or the SSTF Manager, Doreen Reily. Pig eyes may be ordered through David Pillath, GME Coordinator.

D. SURGICAL SIMULATOR

The EyeSi surgical virtual reality simulator has both anterior and posterior modules. The anterior segment module provides exposure to all aspects of cataract surgery. The posterior segment modules allow the simulation of vitrectomies, membrane peels, and hyaloid detachment with a BIOM feature. This will add another dimension to the surgical lab and steepen the learning curve for many aspects of surgical procedures which will help maximize the residents' surgical ability before starting a rotation. You will receive a curriculum to follow.

E. JAMES C. ALLEN EYE LIBRARY AT UNIVERSITY STATION

The James C. Allen Eye Library at the University Station Clinic is a reference source for all residents, fellows, and faculty. Each person who uses the library is asked to re-shelve books and journals in the places from which they were taken, as there is no librarian. If you would like a book added to the library collection, please submit your request to the Residency Team. The eye library is a wonderful area to study and review cases on the big screen monitor.

F. EBLING LIBRARY AT THE HSLC

The Ebling Library is the primary medical library resource on campus and is located on the second floor of the Health Science Learning Center, just above the atrium. You will need a UW NET ID to access the considerable resources available through Ebling. Librarians are able to help with literature searches and locate books and journals at campus locations and through other shared databases. Materials requested through the UW system of libraries, among the great research libraries in the country, can be delivered and returned at Ebling. Our Ebling Library contact is Heidi Marleau, associate director for library services, Ebling Library, Room 2316, Health Sciences Learning Center at 608-262-1174, email: hmarleau@wisc.edu

RESOURCES

G. RESIDENT BUSINESS EXPENSES

In compliance with the GME Physician Business Expenses Guidelines (eff. July 1, 2024), DOVS provides funding to ophthalmology residents for required expenses. Specified required costs incurred during GME training are covered by the program directly or paid to residents in the form of reimbursement.

REQUIRED EXPENSES	AMOUNT PER RESIDENT per duration of the training (3 years)
DEA license	$900.00
Medical license initial for PGY-2	$175.00
Medical license renewal	$60.00
Lab coats embroidery	$50.00
Personal medical equipment – loupes; exception can be made in case of a medical need	$1,000.00
OKAPs	$1,353.00
Resident books (AAO BCSC Series Books; Practical Ophthalmology; Wills Eye Manual)	$1,892.00
AAO BCSC Question Bank	$717.60
Total Required Expenses Per Resident	**$6,147.00**

*Computers are available for residents' use in workrooms and other spaces in the clinic and administrative buildings of DOVS. However, a PGY-2 may request an individual computer for training purposes. All purchased/deployed computers or other similar devices are the property of the department and must be returned to DOVS by the end of the training program.

RESIDENT CONFERENCES AND TRAVEL EXPENSE REIMBURSEMENT

Conference Presentation or Attendance: If you are presenting papers or posters at a regional or national conference or attending a major ophthalmology meeting during your senior year, you will be reimbursed for up to a maximum of $3,000 per resident per year. Note: Reimbursement is dependent upon eligible expenses and the timely submission of required documentation and receipts.

Reimbursement: Most expenses will be paid by the program directly. Please check with the GME Program Manager in advance to confirm that your expense is eligible for reimbursement. Per UWHC GME Guidelines, the reimbursement process includes:

1. Reimbursements for GME Physicians will be completed by the GME Coordinator.
2. All UW Health policies related to reimbursement apply, including the requirement that expenses be submitted within 90 days of incurring the expense. The 90 days may be exceeded when a required expense was purchased to expressly meet a UWH GME employment requirement (e.g., medical license). Upon active employment, the reimbursement shall be submitted.
3. UWH Travel and Other Expense Reimbursement policy (1.14) applies. Please view the Travel and Expense FAQ or email Newtravelpolicy@uwhealth.org with questions.

RESOURCES

Important:
To receive reimbursement for any approved expenses, residents must submit PDF copies of original itemized receipts electronically and a written explanation for the expense with the completed reimbursement form to the GME Program Manager immediately after expense is incurred. Your receipts must show a zero balance due and/or reflect full payment by credit card.

Ask for an itemized receipt.

Failure to submit within 90 days will result in not being reimbursed.

In addition, the residency program has budgeted program costs to support residents' learning experiences. The following activities and expenses will be funded by the program costs.

PROGRAM COST	AMOUNT PER RESIDENT per duration of the training (3 years)
Resident Research Stipend (to be approved up to $2,000)	$2,000.00
Conference Poster Money	$100.00
Global Health Rotation to India	$6,000.00
Additional Conference Presentation Support from TEF (merit-based, via Travel Grant) (up to one grant)	$3,000.00
Total Programmatic Expenses Per Resident	**$11,100.00**

	Amount per resident per year
Wellness Program	$480.00
Annual Program Costs for 1 merit-based selected resident	**Amount per resident per year**
Chief Resident Leadership Training	$3,000.00
AAO Advocacy Day	$1,500.00
WAO Meeting in WI	$500.00
Global Health Rotation to the Philippines (only 1 PGY-3)	$6,351.00

RESOURCES

H. FA DAVIS FUNDS

Funds are available to support resident research projects through the FA Davis Research Fund. Annual interest generated from this fund can be used to offset the cost of IRB applications, materials and other non-travel expenses related to resident research projects. Projects require a faculty sponsor, are reviewed on a rolling basis by the review committee and considered for funding until funds for the year have been expended. Contact Dr. Barb Blodi about submitting a proposal for FA Davis funds.

I. ADMINISTRATIVE DETAILS

DOVS Education Program: Residency Team

The residency team comprises the Program Director Dr. Anna Momont; the Associate Program Director Dr. Jonathan Chang; the GME Program Manager Lexa Van Fleet; the GME Program Administrator Tetyana Schneider; and our GME Program Coordinator David Pillath. Contact information for the team members is included in the Appendix. **Please consider the GME Program Manager as your primary contact**; however, in their absence, you should feel comfortable contacting any member of the team if you need immediate assistance.

DOVS Education Program: GME Program Coordinator

David Pillath provides administrative support to Dr. Momont, Program Director, in addition to coordinating and assisting with several residency-related projects. David is also responsible for the scheduling of Grand Rounds presentations, facilitating Journal Clubs, Monday Morning Case Reviews, and Neuro-Opthalmology Conferences, and collaborates on developing the monthly resident on-call and consults schedules.

Office of Graduate Medical Education

The GME Office provides each resident with one white lab coat each year upon request. Residents will be issued their coats from the GME Program Manager at ophthalmology orientation in July. Questions regarding UWHC policies or requirements should be directed to the GME Office.

House Staff Association

The University of Wisconsin House Staff Association is run by residents and serves as a resident voice to the GME Office and Hospital Administration. The House Staff Association plays a vital role in negotiating resident salaries each year, as well as advocating for residents in other issues such as parking. In addition, social functions are scheduled throughout the year for residents and their families (TGIFs, Halloween party, etc.). All residents at the UW Hospital are encouraged to become members of the House Staff Association. Minimal monthly membership dues are debited electronically from each paycheck. Contact the website or your chief resident to find out who is the ophthalmology resident representative to the House Staff Association.

RESOURCES

J. CHIEF RESIDENT

Each year, the chief resident is selected by the educational team with the input from CCC as well as other core teaching faculty. The selection will be announced no later than March 31st of each year.

The incoming chief resident is to attend an ACGME chief resident leadership training program which is paid for by the department.

Responsibilities are including but not limited to:

- Coordinating incoming resident events and orientation lectures
- Coordinating resident call schedules
- Scheduling community clinic and Global Cataract Symposium
- Serving as point of contact for resident concerns
- Providing leadership responsibilities among residents
- Emceeing Grand Rounds
- Introducing speakers and topics
- Assigning another resident to fulfill these duties if absent

K. U-STATION CLINIC PARKING

Residents will receive temporary parking passes to park at the UStation professional offices parking lot located at 2828 Marshall Court. Residents may not park in the clinical area of University Station. This is a serious breach of professionalism, and there are serious consequences for failure to abide by this policy. You may be ticketed or towed.

L. PHI ENCRYPTED DEVICE

HIPAA, PHI, and Restricted Data cannot be delivered via email, cloud transfer, or other insecure forms unless encrypted or fully de-identified first. As most of this type of information also has appropriate routines for delivery via Healthlink, Secure IRB approved UW BOX folders, or other mechanisms, please use the intended structure for your data. Universities, doctors, administrators, and staff have come under financial and legal consequences due to not following proper procedures for this type of information.

Any service or machine you use should have a strong password enabled for login (upper and lower case letters, symbols, numbers, length of 8 characters plus preferred) and mobile devices should have PINs setup. If you are still using a simple password, this must be changed. **No business correspondence should be sent via non-UW email**, nor should any data that fall under HIPAA, PHI, or restricted be shared over email or text message. This includes University email. Use Health Link / Epic Inbasket or secure chat for communication that requires use of PHI.

APPENDIX

A. Numbers You Need to Know

B. Community Clinic Information

C. Global Ophthalmology

D. Mentoring Program

E. Research Rotation

APPENDIX

A. NUMBERS YOU NEED TO KNOW

PAGER NUMBERS *(found on The Pulse website with the link to paging)*

CLINICAL FACULTY Use **608-262-2122** to reach the paging operator or page individuals by dialing **608-265-7000** and entering the appropriate pager number.

ALTAWEEL, Mike..... 6394

BLODI, Barbara 2023
BRADFIELD, Yasmin.....2870
BURKAT, Cat.....3040

CHANG, Jonathan..... 3470
CHANNA, Roomasa..... 1430
CHEN, Yanjun (Judy) 1583

GAMM, David 4592
GOTTLIEB, Justin..... 2026

JEBARAJ, Abigail 50422

KOPPLIN, Laura..... 70219

LARSON, Jennifer.....2470
LIU, Yao 8994
LUCARELLI, Mark..... 7352

MIRANDA, Alexander 41653
MITITELU, Mihai..... 6394
MOMONT, Anna..... 1929;
.....(734) 389-5126

NEHLS, Sarah.....2638
NORK, Michael 4377

POTTER, Heather 2165

RUMERY, Travis..... 5067

SABB, Patricia..... 4917
SAUER, Stephen 6090
SCHILDROTH, Kathleen..... 40903
SCHMITT, Melanie 8038
STEPIEN, Kimberly 3489

TEMPRANO, John.....(608) 550-4291

VAN LANDINGHAM, Suzanne....8808

WARNER, Evan 40537
WEINLANDER, Eric 50635

YOUNG, Terri..... 4148

PHONE NUMBERS To call from outside the hospital to UW: **(608) 26** followed by the five-digit number below:

UW Paging System 2-2122
UStation Eye Clinic reception... 3-7171
UStation Triage 5-7791

To call out of the hospital, dial 11 followed by the desired number with the area code.

Lexa Van Fleet, *GME Program Manager:* 608-263-5339
Tetyana Schneider, *GME Program Adminstrator:*.... 608-262-5066
David Pillath, *GME Porgram Coordinator:*.....608-263-4758
UW Hospital Ophth Call/Consult Room **B6**/289
Inpatient Micro Lab..... 3-8710 **OR B2** 3-9433

ER ..... 2-2398 **OR B3** 3-9465
UW Hospital Paging/Operator.....2-2122
Inpatient OR Control Room.....3-8595
OR 9 608-265-8857
Outpatient OR Control Room 3-9482

Emergency Department Health Unit Coordinator *(for creating after hours visits)*: 608-262-2398

To call from outside the VA into the VA (including from UW): 608-256-1901, then dial the five-digit number at the prompt. To call outside from the VA dial 91 followed by the desired number with the area code.

VAH Operator 256-1901
VAH Eye Clinic Receptionist..... 280-7034

VAH Tech Room ..... ext. 12318, 12319, 12320
VAH Resident Rooms..... ext. 12334, 12336, 12337

APPENDIX

B. COMMUNITY CLINIC INFORMATION

The Right to Sight Eye Clinic (RTSEC) is a free clinic offering basic ophthalmology services to low income, uninsured patients in the Madison community. It is run jointly by UW Health and Combat Blindness International. Dr. Abigail Jebaraj is the physician leader and oversees operation of the clinic.

General Operations (summary):

1. The RTSEC is held on the first Saturday of even months from 8:00 a.m. to 12:00 p.m. in the University Station second floor adult clinic. Resident coverage includes three residents, generally including the back-up resident as well as two other residents arranged by the chief resident. Staff coverage is the on-call faculty and is mandatory. Medical students also volunteer for the clinic and provide additional opportunities for resident teaching. Technicians from UW Health work at the clinic as well and provide standard ophthalmic tech services including opening and closing the clinic.
2. Patients are generally referred from Access Clinic, a Federally Qualified Health Center, or MEDiC, a medical student run clinic. The financial screening is done through these organizations. A referral is then made to the RTSEC and an appointment is made by the UW Health schedulers. There are no walk-ins.
3. At the time of the appointment, basic ophthalmology services are offered including refraction, eye pressure check, and dilated exam with screening for common eye diseases. Additionally, the patient may undergo pachymetry, optical coherence tomography (OCT) of the retina or macula, or fundus photography.
4. The clinic supplies free basic eyeglasses, which are measured and ordered on the day of the exam by our technicians.
5. Patients who require additional specialty ophthalmology care including cataract surgery, pterygium surgery, evaluation and treatment of diabetic eye disease, etc. will be referred back to their primary care physician or to MEDiC to make an additional referral through UW Community Care or another institution. Additional financial screening and determination of eligibility is made by UW Community Care, and the patient is then sent to the appropriate provider within the UW Health system.

Once yearly, in October, the RTSEC is combined with World Sight Day, and a larger free clinic is held with 60-80 patients seen from 8:00 a.m. to 12:00 p.m. It is generally the first Saturday of October, and requires all resident involvement, as well as 5-6 faculty volunteers.

C. GLOBAL OPHTHALMOLOGY

The department's mission of global leadership in saving sight is at the root of the resident core curriculum. During training, residents will engage in a 3-year interactive, multi-delivery format experiential program which includes, but is not limited to interactive basic science lectures on global ocular health, global journal clubs, online reflective discussions, and local and global fieldwork opportunities. This CANVAS-based program aims to assist residents in preparations to practice as a professional in delivering services to save sight in the ever-changing world.

In alignment with the University of Wisconsin-Madison global health policies and the GME Global Health Elective requirements, all residents wishing to engage in clinical experiences abroad must apply for the GME Global Health Elective and complete all required program expectations pre and post travel. Residents seeking a global fieldwork experience must contact the global ophthalmology initiatives program manager 10-12 months in advance of desired travel to begin this application process.

Residents must understand that unless they are awarded the GME Global Health Elective, they are unable to participate in global fieldwork opportunities sponsored by the department. Global fieldwork opportunities include:

- A one-week GME sponsored surgical and clinical rotation for an excelling UW PGY-3 resident at the University of Santo Tomas (UST) in Manila, Philippines. The resident rotates under the supervision of UST teaching physicians and cares for patients at UST, Cardinal Santos Medical Center, and the Tzu Chi Eye Center (present day FREC). When scheduling allows, the resident also participates in a 3-day rural cataract medical mission where the on-site team completes, on average, 150 cataract surgeries, and other ophthalmic surgical procedures and screenings.

APPENDIX

- A two-week GME sponsored surgical and clinical rotation opportunity for PGY-4 residents at our long-standing partner, Dr. Shroff's Charity Eye Hospital (SCEH) in New Delhi, India. A faculty member accompanies the rotation to advance research and educational collaborations.

Residents have a multitude of opportunities to apply their global ophthalmology experiences in the local community. By working with our outreach sites in the surrounding region, distinctive populations like our Plain Community Clinic (Amish and Mennonite), Department of Corrections Clinic, Veterans Hospital, the Madison Bi-monthly Community Clinic and Annual World Sight Day Clinic, we provide physicians access to diverse patient care populations and low-income and under-resourced patients, many of which come from diverse linguistic, socioeconomic, cultural, and knowledge backgrounds. These patients present distinctive vision needs that require an awareness and skill set that our GO curriculum aims to progress.

Additional international engagement opportunities may be investigated by the resident in consultation with the Global Ophthalmology Initiatives Committee. Residents have access to funding for global engagement fieldwork opportunities as a part of the residency program, including the Philippines and India rotations. For funding specific to presenting research internationally and engaging independent global opportunities, the Learner Travel Grant application process offers additional funding streams.

D. MENTORING PROGRAM

DOVS Resident Mentoring Program

University of Wisconsin School of Medicine and Public Health Mentoring

PGY-1 Residents will choose a PGY-3 or PGY-4 to serve as a mentor during their intern year. This near peer mentoring will allow discussion of logistics as well as help with basic ophthalmology exam skills. Ideally this mentor will be on the VA rotation with the PGY-1 resident. During the last rotation of their first year, PGY-1 residents will select a mentor from a list of available faculty mentors. Other faculty may serve as mentors by mutual agreement, with the approval of the residency program leadership. By July 31st of the PGY-2 year, the faculty mentor and mentee will schedule an initial meeting in order to:

A) Identify top mentee goals for his/her residency.
B) Identify any (social, personal, professional) areas of particular concern to the mentee.
C) Discuss resources for personal and career development.

Suggested areas for discussion or hands-on help:

- Educational strategies
- Opportunities for attending meetings, completing research and publishing in the peer-reviewed literature
- Opportunities for career development and/or application to fellowship
- Specific individual questions or concerns as they relate to social, personal or professional development
- Questions that are routinely overlooked in formal training

After the initial meeting, the mentor will serve as a key mentee advocate and a resource for issues outside of the regular resident evaluation process. The resident and mentor will:

A) Meet quarterly during the PGY-2, and PGY-3 years and twice during the PGY-4 year.
B) Record formal meetings.
C) Track progress of identified goals.
D) Identify any barriers to the goals.
E) Create action plans if needed.

E. RESEARCH ROTATION

All residents are expected to be involved in at least one research project. Upon arrival, incoming PGY-1 residents are provided with a list of projects and mentors. They are required to seek out a mentor and select a project that meets their particular interest from the list of provided projects by January 1 of their PGY-1 year. Residents will work closely with their mentor and develop a proposal by April 1 of the PGY-1 year (more details on the research rotation timeline are below).

It is anticipated that residents will generate research that will lead to publication in peer-reviewed journals. It is also expected that the results of the research project will be presented at a national or international conference, as well as be included in the department's annual Wisconsin Ophthalmology Research Day (WORD) program in June.

Research Funding:

$2,000 is available to request from DOVS by each incoming resident to support approved research. The $2,000 funding can be used only for direct project-related costs. In addition, residents are encouraged to apply for a travel stipend of $3,000 for national conferences to present on their unique projects. The Learner Travel Grant form is available on MedHub and must be submitted 3 months prior to the national conference and 3-8 months prior to international conferences. Changes to the budget must be re-reviewed by the committee for approval. Additional funding through the Funds Distribution Committee (FDC) may also be available depending on you and your mentor's goals pending department approval. If you have any questions about funding through FDC, please reach out to the Residency Research Committee via education@ophth.wisc.edu.

To obtain the one-time allotted research project stipend amount, certain milestones need to be achieved:

1) After selection of a research project in PGY-1 year, the resident and mentor work together to provide a short proposal of the research project to the Resident Research Committee. A template will be provided to guide the proposal. The proposal includes at least the following:
   - Background/objective
   - Hypothesis
   - Experimental design
   - Timeline
   - Statistical Plan

2) During PGY-1, the resident and mentor meet with the Resident Research Committee to present the proposal. This meeting ensures the feasibility and timeliness of the proposed project.

3) All online training recommended by the Resident Research Committee must be completed by the end of PGY-1.

Research projects may begin once a proposal is approved. Protected time for research projects begins in PGY-2. Yearly progress reports are required. The progress reports provide status updates for the project using the original research proposal template. A brief progress report presentation by the resident and mentor is also required each year to ensure research rotation requirements are being fulfilled.

Research Time:

PGY-2: 1 week continuous time between Pediatric and Retina rotations.

PGY-3: Minimum 1 full day per week on consult rotation, 1 full day per week for 5 weeks (2 days in a row)

PGY-4: 4 half days per week on elective rotation.

EXPECTED RESEARCH TIMELINE

RESIDENCY

PGY-1
No protected research time

REQUIRED:
- Selection of research project by **January 15th**
- Initial research proposal submitted by **April 1st**
- Presentation to Resident Research Committee

PGY-2
Protected research time

REQUIRED:
- Research progress report submitted by **April 1st**

ENCOURAGED:
- Presentation at WORD

PGY-3
Protected research time

REQUIRED:
- Research progress report submitted by **April 1st**
- Poster presentation at WORD

ENCOURAGED:
- Podium talk at WORD

PGY-4
Protected research time

REQUIRED:
- Complete research
- Final research report / future studies submitted by **November 1st**
- Podium talk at WORD

ENCOURAGED:
- Finalize manuscripts for publication
- Presentation at a national or international conference

PGY-1:

- Required:
  - Selection of research project and a mentor (deadline 01/15)
  - Presentation to Resident Research Committee (will be scheduled in April)
- Presentation at WORD is voluntary

PGY-2:

- Protected research time – approximately 10 half days
- Required:
  - Research progress report submitted to Resident Research Committee (will be scheduled in April)
- Encouraged:
  - Poster Presentation at WORD

PGY-3:

- Protected research time – approximately 36 half days
- Required:
  - Research progress report submitted to Resident Research Committee (will be scheduled in April)
  - Poster presentation at WORD
- Encouraged:
  - Podium talk at WORD

PGY-4:

- Protected research time – minimum 4 half days during elective rotation
- Required:
  - Complete research
  - Final research report/future studies submitted to Resident Research Committee (deadline 11/01)
  - Podium talk at WORD unless presented in previous years.
- Encouraged:
  - Finalize manuscripts for publication
  - Presentation at a national or international conference

Research mentors are expected to track resident progress and submit annual updates (deadline in May) and evaluations to the Residency Research Committee, which becomes part of your residency file.

The Resident Research Committee is available to provide guidance on any portion of the process.

Department of Ophthalmology
and Visual Sciences
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

CHIEF RESIDENT'S PGY-2 SURVIVAL HANDBOOK

This guide has been passed down over the years and is intended to help you better understand your role as a PGY-2, easing you into residency.

2025 - 2026 REVISED JUNE 2025

TABLE OF CONTENTS

****Please see shared Google documents for further details on each rotation.****

CHIEF RESIDENT'S PGY-2 SURVIVAL HANDBOOK

A. REGULAR CONFERENCES

MONDAY MORNING CASE CONFERENCE:

- Required for all residents, Mondays 7:00–8:00 a.m., L53 at University Station
- Residents present and discuss cases from call, clinic, surgeries.

NEURO-OPHTHALMOLOGY CONFERENCE:

- Required for all residents, bi-monthly Wednesdays 7:00–8:00 a.m., 2828 Marshall Ct
- Presented by resident on neuro-ophthalmology

FRIDAYS

- Friday Grand Rounds, 7:00–8:00 a.m., virtually or face-to-face at HSLC 1345
- Friday Retina Workout, 8:00-8:30 a.m., virtually
  - Retina faculty and fellows will present photos, FA, OCT in case format
- Friday Basic Science Lectures, 1:00–4:30 p.m., 2828 Marshall Ct. Designed as 18-month curriculum to ensure all lectures are presented twice

OTHER MEETINGS/EVENTS:

- Monthly Journal Club, 6:00–7:00 p.m., L53 or other locations
  - Chief resident will assign schedule at the beginning of the year
  - Each journal club will consist of 1 resident as moderator and 3 residents as presenters: Classic paper and two other Papers (Paper 1 and Paper 2)
  - Moderator will reach out to faculty to select papers and decide on food and location of meeting
  - Moderator should have the papers selected at least 3 weeks prior to the date
  - Classic paper should be presented with the help of slides
  - Papers 1 and 2 are designed to be brief discussions (do not need slides)
- Resident Curriculum Committee Meeting – monthly, Wednesday from 7:00-8:00 a.m., 2828 Marshall Court, 2nd floor conference room
  - Opportunities for residents to discuss program concerns and successes with residency program team
- Regular meetings with Dr. Young in confidential setting as scheduled

SERVICE SPECIFIC CONFERENCES: *(Attend these conferences while on their service)*

Retina Case Conference and ERG

- Wednesday or Thursday Mornings, 7:00–9:00 a.m., Virtual
- Retina Case Conference: Residents, fellows, attendings present cases and discuss management PGY-2 resident attends this conference, but are not expected to present ERG: Faculty review ERG cases for clinic patients. Resident and fellow share cases to dictate following ERG conference.
- Look for weekly email from the retina coordinator.

PLASTICS (PGY-2 ONLY)

- Cataract Wet Lab—1st Wednesday of each month, afternoon, SSTF
- Conducted by Dr. Fary, retired ophthalmologist from Fort Atkinson, WI during oculoplastics rotation
- Dr. Daniel Fary, cell phone: 920-650-4615, email: danfary@att.net.

CHIEF RESIDENT'S PGY-2 SURVIVAL HANDBOOK

B. TAKING PRIMARY CALL

Congratulations! You made it past intern year and are ready to become a full-time ophthalmology resident. For the next 12 months, be prepared to start primary call. You will field hundreds of pages, see hundreds of patients with conditions ranging from dry eyes and subconjunctival hemorrhage to open globes and retrobulbar hematomas, and definitely lose some sleep along the way. At the conclusion of your PGY-2 year, you will become amazingly well-versed in triaging ocular emergencies and ready to take on backup call!

Responsibilities:

1. The primary call resident is on duty from 4:30 p.m. to 8:00 a.m. on weeknights and all-day Saturday and Sunday. Keep your pager on during the day of call, as you may be notified of a pending transfer that may arrive at or shortly after 4:30 p.m.

2. You are expected to be within 30 minutes of the clinic and hospital and to be carrying your pager at all times during your call days.

3. You will answer pages via the UW Paging System (608) 262-2122. Patient phone calls from any established patient of any UW Health optometrist or ophthalmologist. If they have a new visual or eye complaint, you are expected to evaluate them in a timely manner or triage the call appropriately. This is the art of taking home call, and you will gain confidence as the year progresses. You may also be asked to renew medications. Patients will be seen at the UW Hospital or American Family Children's Hospital. Please do not see patients on your own at University Station without a back-up resident, a fellow or faculty.

4. You will be responsible for any inpatient consults for pediatric and adult ophthalmology during your duty hours, and staff these consults with the on-call attending. Basic exam finding questions may be discussed with the senior resident on back up call prior to calling the attending at any time. (See section on Guidelines for Calling Your Backup, elsewhere in this manual.)

5. You will respond to UW ED consults for ophthalmology during duty hours. These do not have to be staffed with an attending physician in most situations, with some exceptions (see Resident Manual).

6. Calls from the UW Urgent Care West and East clinics should go to the on-call attending. They will determine if patients should either get transferred to the UW Main Hospital to be seen by you, sent to the UW ED, or sent home with plans for treatment and follow-up. You may occasionally triage these on your own. You are not expected to see patients anywhere outside of the UW Hospital or American Family Children's Hospital.

7. You must facilitate appropriate and timely follow-up with each patient you see on call. This involves sending messages with the triage nurses at University Station using the Inbasket system in EPIC by sending a message to "P UWH OPHTH TRIAGE". You will use the SmartPhrase ".resah" which will give you a template to fill out. There is a lot to do, but you will get the hang of things very soon after you start taking buddy call.

   Sleep rooms for residents who take home call will be managed by Bed Control (608-263-8775). These sleep rooms are available for residents on home-call who get called in and are unable to return home. Each sleep room has a touch pad security system and the code and room number will be provided when reserved. You may have to reserve these early in order to secure a room. The reservation system can be accessed by going to https://uwhealth.resourcescheduler.net/resourcescheduler.

8. Transporting ED patients: In most circumstances, the resident should ask the ED provider/nurse to arrange transportation for the patient to the After Hours call area. If no patient transporters are available, or the resident is already in the ED, the resident may transport that patient themselves, although this is not preferred. If the ED is

transporting the patient, you must be in the call area when they arrive so that that patient is never left alone. If coming in from home, contact the ED provider/nurse either when you are 5 minutes away from or already in the call space to arrange transportation. Once your eye exam is completed, you can request that the ED provider/nurse arrange transportation back to the ED. If you prefer or you are heading to the ED anyway, you can transport the patient yourself, making sure you alert the ED provider/nurse that the patient is back in the ED. Ensure that the patient knows they must wait to be officially discharged from the ED (have IV removed, have discharge paperwork, etc.) prior to leaving the building. All communication with the ED providers should be in written format through Secure Chat and include all providers for a patient - attending, resident, PA, nurse, etc. This should also include the ER charge nurse, which is the "South CTL" role. You can find who this is by changing your HealthLink context to UWH ER and navigating to the dashboard, which has certain roles listed on the top-right of the screen.

9. Lastly, always keep your loupes with you while on call.

Things You Do Not Cover

1. VA Hospital Patients/Consults - all phone calls, consult requests, and questions about VA patients are covered by the senior resident on backup call. You should forward these requests to that resident or ask the requesting person to page your senior directly.
2. Meriter Hospital ER or Inpatient Consults - ER consults will go to the on-call attending who will then determine if the patient needs to be transferred to UW for you to see the patient. Meriter inpatient consults are covered by the on-call attending.
3. Davis/Duehr/Dean (DDD) or St. Mary's Hospital - we do not cover these hospitals, and you should not see these patients. DDD Retina surgeons do cover UW as retina staff.
4. Any outside (non-UW Health) MD or OD or ER doc asking for the transfer of a patient to this hospital - you may on occasion get calls from our Access Center, which handles these requests. It is the responsibility of one of our attending physicians to speak with the referring doc prior to transfer. YOU CANNOT ACCEPT AN OUTSIDE PATIENT, it is against hospital policy.

FOR TRANSFERS AND ACCESS CENTER CALLS HAVE THEM CONTACT THE ATTENDING ON-CALL.

C. CALL AND CONSULT POLICIES

On-Call Chain of Command:

1. Initial evaluation of patient by the primary on-call resident.
2. If the primary resident is unable to adequately evaluate the patient, the senior resident must come in to help evaluate the patient. In addition, if the primary resident is not able to keep up with on-call demands (wait time greater than two hours or more than five patients awaiting evaluation) then the back-up must be called to assist.
3. Patients that can be staffed directly with fellows (i.e. notes will be sent to fellows to co-sign) include patients who will obviously need sub-specialty surgical or procedural care. Residents should make sure all other ocular systems/problems are evaluated and stabilized prior to communication with fellows. If in doubt, the resident should call the on-call attending first to discuss how the attending wishes for fellow involvement to occur.
   - Retina: retinal tears, retinal detachments, endophthalmitis, posterior segment intraocular foreign bodies
   - Oculoplastics: subperiosteal abscesses requiring drainage, tightly entrapped orbital fractures, margin involving or canalicular lacerations, other complex lacerations, and orbital tumors
   - Cornea: perforated corneal ulcers, complex surgical repair of open globes that may require ordering scleral or corneal tissue (i.e. K-pro patients)
   - Glaucoma: post-operative patients (trabs, tubes with high/low IOP or flat blebs)

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4. All other patients should be staffed with the on-call attending; fellows can act as consultants and assist in evaluation or management of patients if needed (e.g. typical pre-septal and orbital cellulitis patients should be staffed with the on-call attending; oculoplastics can serve as consultants if patients have clinical worsening despite treatment, severe condition at presentation, etc.).

5. Residents should reference the on-call attending preference sheet before calling fellows, as some attendings want to be informed of any procedures done with fellows.
   - Attending preference sheet is listed in the uweyeres Google drive that you will be given access to.

Admitting Patients:

1. Medical patients should be admitted under the ophthalmology on-call attending or under a general medicine or hospitalist service depending on the patient's overall health and on other active medical problems. Sub-specialty fellows would serve in a consultative role.
   - It is rare for ophthalmology to be the primary admitting service. Discuss with the on-call attending regarding reaching out to the hospitalist service to request their assistance with admitting medically complex patients.
   - If an on-call attending is uncomfortable staffing/admitting a medical patient who requires sub-specialty care, the on-call attending should contact the fellow directly to discuss and decide who will be the admitting physician.

2. Surgical patients should be admitted under the surgeon, which may be the ophthalmology on-call attending or sub-specialty fellow, or under a general surgery or hospital service depending on the patient's overall health and on other active medical problems. Trauma patients typically are admitted to the trauma service and we serve as consultants.

3. Patients accepted through the Access Center as a direct transfer from an outside provider should be staffed/admitted by the accepting provider.
   - If patients are accepted by someone other than the on-call attending during the day with the expectation that the patient will arrive in the evening and will be the responsibility of the on-call attending, the accepting provider should contact and hand off the patient to the on-call attending directly.
   - If patients are accepted by an ophthalmology fellow/attending but determined to be too sick for an ophthalmology service upon full evaluation, the accepting provider should contact the appropriate general medicine, surgery, or hospitalist attending directly to discuss transferring care to that service.

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Continuity of Care:

1. The surgical back-up resident will follow post-operative surgical patients who get admitted; all other inpatient consults will be followed by the initial consult resident. The consult service will follow all admitted patients. All admitted patients from a call shift, medical and post-operative, will be subsequently followed by the consults service. The patients should be added to the Shared patient list of all active consult patients on HealthLink. Performing a complete and thorough sign out between the outgoing on-call resident to the incoming consults residents is of paramount importance. Time should be set aside around the end of the call shift at 8:00a.m. to timely provide appropriate transfer of care. The consults resident rounding for the day is responsible to staff the patient with the on-call ophthalmology staff that day with information obtained from the on-call resident. The on-call resident can expect to be contacted with questions regarding examination and plan.

2. With the exception of post-ops, all patients can be referred to an appropriate service or provider for follow-up after discharge. While all patients should be offered follow up with UW Health, please consider that they may be able to receive appropriate care closer to home.

3. Post-operative patients should be followed by the primary attending surgeon upon discharge in the immediate post-operative period.
   - If the attending surgeon is unable to follow a post-operative patient, the surgeon should contact an attending colleague directly to discuss and hand off the patient.
   - Patients can be referred to a sub-specialty service for follow-up care or for a subsequent procedure once stabilized.

Non-Accidental Trauma Consults:

1. All pediatric NAT consults must be seen by an attending during the initial evaluation.
   - If the consult is during on-call hours you should discuss the patient with the attending on-call and plan to see the patient together.
   - The consult should be seen by the consults resident during the day, and the on-call resident overnight or on the weekend. The resident should discuss the case with the on-call attending, who must also evaluate the patient as well. This is regardless of ER or inpatient status and is for medical-legal reasons.
   - Of note: if you get the consult late at night, it is reasonable to ask the primary team if the patient will be admitted and if the patient is stable, which can help you plan to see the patient with your attending the following morning.

2. In patients with positive retinal findings, RetCam or digital fundus photos should be taken for documentation (for legal purposes).
   - Photos should be taken as soon as possible, ideally with the assistance of the on-call attending or backup/other consults resident. All residents will receive training on RetCam photography. Photos should be stored on a protected flash drive and given to the photographers at University Station in a timely manner to be formally uploaded to the patient's chart. The media tab with mobile Haiku app will not suffice.

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D. RESIDENT CALL PROTOCOL

All residents taking primary call should be comfortable calling their back-up senior resident for any issue at any time. The following list is a guide for situations that always warrant a call to the back-up or attending, but it is not an exhaustive list.

Senior Resident Should Be Called:

- All on-call cases during Buddy Call, the first 8 weeks of the academic year.
- All corneal FB procedures for the first 2 months.
- All flashes & floaters patients for the first 2 months.
- Any condition that may require a procedure unless staffed by a fellow directly.
- Hemorrhagic PVD, positive Shafer sign, vitreoretinal tuft.
- Blunt trauma to eye.
- Suspected post-operative infection or endophthalmitis.
- Red eye in patient with a filtering procedure (Ahmed, Baerveld, Trab).
- Ocular condition associated with severe pain (possible exceptions include corneal abrasions).
- Chemical burn to eye.
- Acute loss of vision.
- Acute glaucomatous crisis (or IOP>35).
- Non-accidental trauma consults if unable to staff directly with on-call attending.
- Corneal ulcer.
- Strong suspicion of TIA / GCA / optic neuritis (if unclear diagnosis, call on-call attending)
  Note: The resident should ask the ED to transfer the patient to/from the call area but should ensure the resident is present in the call space when the patient arrives.

Attending Should Be Called:

- Please follow the chain of command and contact the fellow and/or attending for any procedure that needs to be performed (excluding corneal FB removal), depending on attending preferences.
- Attending preference sheet can be found in the uweyeres Google drive.
- If the fellow is contacted and clears the resident to perform the procedure, then the fellow should be listed as staff.
- Patients requiring sedation for examination.
- Patients with unclear diagnosis.
- Non-accidental trauma (no exceptions).

Procedure for ER Consults:

- Patients are not to be left alone at any time.
- The resident is expected to transport patients from the ED if no other patients are being seen in the on-call exam lanes.
- The resident should ask the ED to transfer the patient to/from the call area but should ensure the resident is present in the call space when the patient arrives.
- The resident can request that ED staff transport patients to the on-call exam lanes if other patients are being seen. The resident should inform the ED that they are currently seeing other patients. The resident must be in clinic when the patient arrives from the ED.
- The resident will return the patient to the ED to be officially checked out following completion of the exam. When the resident has other patients in clinic, the resident can call the ED to request ED staff transport the patient.
- If patients cannot be transported to the on-call exam lanes (if patients are not stable or at risk of flight), the resident can request to use the ED slit lamp (usually kept in the M area of the ED -- ask one of the techs/ nurses in this area to help you find it).
- The resident should ensure the patient can be discharged from the ED if the patient needs to be taken to University Station Eye Clinic.

Urgent Care Appointments:

- ED requests for care of patients during weekday working hours should be viewed as any other sources of urgent care requests.
- If a resident receives an ED consult and deems the patient appropriate for care at the clinic, the resident can request an urgent care appointment by calling/messaging/contacting.

CHIEF RESIDENT'S PGY-2 SURVIVAL HANDBOOK

E. OPEN GLOBE CHECKLIST

The first time you seen an "open globe" or "ruptured globe," you will be humbled by the fragile structure you have dedicated your life to studying. Here are some tips for navigating this scary situation:

Instructions for Outside Facility Before Transport:

1. NPO, NPO, NPO!!! Ask about last meal (and what they ate) for anesthesia planning.
2. Fox Shield only, NO EYE PATCH. (Do not put any pressure on the globe)
3. Antiemetics and pain meds PRN.
4. IV antibiotics (400 mg of IV Moxifloxacin)—good penetration into eye.
5. Tetanus booster (always ask).

Instructions for Emergency Room on Arrival:

1. Confirm all the above steps were done by the ER team, if not, they need to be performed/addressed.
2. Start IV (by ED staff).
3. ER or trauma evaluation if any other injury suspected.
4. CT Maxillofacial scan without contrast (assess for foreign bodies, fractures)
   - Not an MRI, especially if foreign body is metallic
5. Carefully remove shield, but do not press on the eye.
6. Take note of external structures. Are there any lacerations of the eyelids or the canalicular system? Any chance there might be an intraocular foreign body or retrobulbar hemorrhage?
7. Carefully check visual acuity in EACH EYE.
8. DO NOT CHECK PRESSURE!
9. Check pupils. Look for reverse APD if severe damage precludes good exam in affected eye.
10. Slit lamp exam. This is performed as usual, but pay close attention for prolapsing uveal tissue (purple/brown=bad), flow of aqueous, hyphema. Note extent of any laceration: cornea, limbus, scleral elements of laceration. Seidel test to determine if aqueous leak.
11. If using proparacaine or dilating drops, use sterile bottles if rupture apparent.
12. Assess status of lens, if able to see it.
13. If able to see, do fundoscopic exam to evaluate for RD. DO NOT DO B-SCAN.
14. Put the Fox shield back on the eye (no patching!).

Instructions for Confirmed Open Globe:

1. At any point above, after you have seen the patient and are certain this is actually an open globe, call your senior to let him/her know. If you are unsure, you definitely need to call your senior.
2. Fill out an OR card on Health Link for "urgent-unstable" eye case.
3. Call the OR Control Desk for an estimate start time on the case (it will depend on the number of other cases going).
4. Include heart and lungs exam, and previous anesthesia history to your ophtho note and make it an H&P, which is needed for the OR. A patient cannot go to the OR unless a bed has been requested/assigned (can be done by ED Physician) and a H&P is submitted. Consent the patient and mark the surgical side.
5. The senior resident will place inpatient admission orders if coming to ophthalmology service (only if no other trauma/ issues) and ask the ED Attending to put in a bed request (most cases outpatient short stay), D6/4 unit if possible (same floor as our call room).
6. Remaining on site for the case is completely optional. (It's usually best to go home and rest.)
7. The senior resident performing the surgery will also assume care of the patient in terms of discharging, follow-up, etc.

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Other Surgical Emergencies Requiring Treatment in ED or OR:

- Retrobulbar Hemorrhage—lateral canthotomy and cantholysis (90 minutes until blindness!)
- Full thickness eyelid laceration, particularly involving lid margin or canalicular system— reapproximate margin, tarsus, skin
- Macula-On Retinal Detachment—usually repaired ASAP (Retina fellow should be notified)
- Infectious Endophthalmitis—vitreous tap and inject (If vision HM or better likely tap and inject, if vision is worse than HM may need to have vitrecomy).

F. PROTOCOL FOR INPATIENT CONSULTS

You should receive a call directly from the requesting service. Any inpatient consult called between 7:00 a.m. and 4:30 p.m. is for the consult resident. Consults called after 4:30 p.m. go to the primary call resident but if for a non urgent issue on a weekday can be deferred to consult service.

If you are not called, you should call the requesting service and inquire about the consult (what question do you want us to help you with...). Ask if the patient can be dilated, especially in neuro or trauma patients.

Our consult/call room, B6/289 has the call bag (containing all you need for a bedside consult). Alternatively, you can bring the patient to the 2nd floor rooms if you need to, but you must confirm with the patient's nurse that it is okay to do so prior.

Perform full eye exam: VA, pinhole testing, pupils, CVFs, IOP, EOM, portable slit lamp exam, dilated exam. Check radiographs. **Tell nurse the patient is dilated and write it on the white board.** Write note in Healthlink (remember no error prone abbreviations!).

Contact the on-call attending and let him or her know about the consult(s), so the attending might plan their afternoon. You don't have to see the consult with the staff unless directly asked. Call these attendings earlier in the day.

G. PROTOCOL FOR PEDS INPATIENT CONSULTS

Pediatric consults are covered by the Consult Service during weekday hours (7am-4:30pm) and by the on-call team after hours and on weekends.

The peds attending/fellow will do the ROP exams, and you should directly request that ROP calls go to the attending/fellow. You might be asked to join in an ROP exam, but this is not a routine responsibility of the resident on the service, nor during any call periods.

There is a peds ophtho call room in the Children's Hospital (**5th floor, 5358**). The code to get in the room is **4848*.** The code to get into the cabinet by the sink is C1234 then hit the key button.

For non-accidental trauma see section earlier. Of note: All inpatient consults need to be staffed within 24 hrs.

CHIEF RESIDENT'S PGY-2 SURVIVAL HANDBOOK

H. PGY-2 ROTATIONS

1. PEDIATRICS ROTATION

The pediatric ophthalmology rotation is the most unique rotation of the first year. You will be working with Drs. Yasmin Bradfield, David Gamm, Alexander Miranda, Melanie Schmitt, and Dr. Terri Young. In general, you will be much less independent in clinic (especially compared to the VA), but you will learn to feel more comfortable with children. The orthoptic and attending staff will orient you to the nuances of the pediatric eye exam during your first few days, but one thing to always remember is to ask before doing anything, including IOP and dilation. This especially holds true for you as a first year, and especially when you are starting out. The kids need to trust that the doctors won't hurt them, so doctors (including you) will NEVER put eye drops in the kids. The technicians will do this for you, and only after the drops are okayed by the attending. The clinic schedule itself is a continuously rotating 4-week schedule that you will get prior to starting.

This will be a great surgical experience for you as a first year, so be ready to start suturing from day one. Old operative notes are available to review, and you should review the eye muscle anatomy prior to your first OR day. Be aware of the master clinic schedule though, so you are clear on where you will be at any given time. OR always trumps clinic, but if you are running later than anticipated and are scheduled to be in an attending's clinic, please call to alert him/her to your whereabouts. If two attending faculty have OR cases on the same day, your schedule should state who you are assigned to, but if in doubt or if you're interested in a specific case reach out to both faculty members to confirm. Faculty decisions will be based on the level of difficulty of the cases. Another responsibility includes writing orders for all the OR cases. Ask the previous resident to show you the order sets. You do not want to accidentally dilate someone who shouldn't be dilated or use the wrong drop, especially for infants. Keep your loupes with you at all times during this rotation.

There is a rotating schedule of didactics where you meet with an attending and discuss a particular topic.

It can be a confusing rotation in terms of expectations, where you should be, consults, conferences, etc., so please call one of your seniors or the chief if you are confused about anything with the rotation. Lastly, if you are going to be absent from clinic for any reason at all, including fulfilling call obligations, you MUST inform the clinic of your impending absence and find coverage.

2. RETINA ROTATION

The retina rotation will expose you to the interesting world of medical retina, and it will also involve your participation in surgeries for everything from retinal detachments to vitrectomies for vitreous hemorrhages. You will alternate days in surgery on either Wednesday or Thursday with an attending and the retina fellow, and the remainder of the week will be in the clinic. In the OR, you may get your first experience performing retrobulbar anesthesia, basic wound suturing, and late in the rotation may get opportunities to perform some aspects of the vitrectomy surgery itself. Most attendings will also involve you in attaching scleral buckles. There is also a weekly retina conference on Wednesday/Thursday mornings from 7:00-8:00 a.m., which includes the review of interesting cases. You also attend the ERG and VEP (electrophysiologic test) conference while on the rotation. You will be dictating the ERG results; the Google drive has an example. The faculty also have a rotating schedule of didactics with you based on the BCSC Retina and Vitreous section which will help you prepare for OKAPS and beyond.

Another responsibility in the rotation includes writing orders for all the OR cases. Please ask the previous resident to review these dilating and post-op drop order sets with you. On rare occasions, you might be asked to perform basic H&P exams for patients going urgently to the OR. There will be two fellows around so feel free to get their help. In cases where no other attending or fellow are able to see an urgent retina issue you might be called to see a patient. Make sure you feel comfortable with your exam and feel free to contact any of the retina fellows, attendings, or your chief resident with any questions.

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3. VA ROTATION

The VA rotation is structured so that residents can refine their exam skills and begin to learn comprehensive ophthalmology. There will be four residents on the service at any given time. The PGY-4 will be in charge of the OR schedule and running the clinic. The PGY-3 is the "work horse" and will be seeing 10–12 patients per half day. PGY-2s are responsible for seeing 5-6 patients in a clinic half day. This gives you time to practice refraction, fundus examination, etc. At first you will be staffing every patient you see with any of them, but soon enough you will feel comfortable discharging some patients on your own. If they are not present you will staff with either the PGY-3 or PGY-4 senior resident.

The clinic schedule is as follows:

Monday	Alternates general clinic *(Dr. Knoch and Dr. Jebaraj)*
	Glaucoma clinic *(Dr. Momont)*
Tuesday	All day retina clinic *(Dr. Stepien and retina fellow)*
Wednesday	AM and PM general clinic
	*1st Wednesday of month, cornea clinic in AM *(Dr. Nehls, Dr. Weinlander, and cornea fellow)*
	*4th Wednesday of month, oculoplastics clinic in PM *(Dr. Burkat and plastics fellow)*
Thursday	AM and PM general clinic
	One Thursday per month the afternoon will be neuro-op clinic and laser clinic *(Dr. Chen)*
Friday	AM general clinic

Be prepared with your loupes on oculoplastics days.

The PGY-3 and PGY-4 residents go to the OR on different days. The PGY-4 will be performing half of his/her cataract training in the VA so he/she will be in the OR often. You will have some opportunities to be involved in the OR, especially with IOL insertions in appropriate cases.

The PGY-2 resident will attend all Tuesday morning retina cases and all oculoplastics cases on the 4th Wednesday of each month.

The technicians in the VA are great so make sure you are on their good side. They usually check-in patients for the residents, but you may check your own in order for you to practice refraction.

1. Ensure that you staff and have prior approval on any procedure no matter how small. There is a specific protocol to follow (every procedure gets a triple time out).
2. Keep track of your patient's labs and studies so nothing falls between the cracks. Write it down, the VA CPRS system makes it hard to track labs over time.
3. Be prepared when going to the OR since you might get pimped a little.

Consults in the VA are shared by the team. PGY-2s will probably be called first. Make sure to tell the senior in the clinic about it. If the patient is stable and can be transferred to clinic you can ask informa the technicians about having the patient be brought to clinic. If the patient is immobile (e.g. ICU), one of the residents will see the patient at the bedside.

Since the VA clinic is resident run, no more than one resident can be absent at any one time. Keep this in mind when planning vacation requests, talk to your VA team when planning. In addition, the maximum number of vacation days that you are allowed to use while at the VA is five days for your given four-month period.

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4. OCULOPLASTICS-PATHOLOGY ROTATION

The oculoplastics rotation is a different paced and OR heavy rotation. You will get to do a lot of surgery and work with our three great oculoplastics attendings Drs. Mark Lucarelli, Cat Burkat, Suzanne van Landingham, and the current fellow. You will also participate in the pathology lab with Dr. Heather Potter and her pathology fellows reading slides twice a week.

In clinic you will probably see all new patients and as many follow-ups as you can. Be familiar with the attendings templates as this will make you efficient in documenting while in clinic. Several of them may use scribes and when in doubt ask the previous resident, the fellow, or the attendings for their preferences.

Make sure you are prepared when going to the OR. Keep your loupes with you at all times during this rotation. You will also put in the pre-op orders for all the oculoplastics patients. The resident who signs out to you will show you how to do this.

You will get dedicated, uninterrupted wet lab cataract surgery on pig eyes with Dr. Fary, a retired community ophthalmologist on the first Wednesday of each month. This will be great preparation for the opportunities to assist with some cataract cases along with your senior resident.

I. OTHER IMPORTANT INFORMATION

UW Resident Desktop User ID and Password:

Each resident has a WISC email that can be used to access a computer at 2828 Marshall Court. The computer is located in The GME Program Manager's office, Suite 200.

- Dictaphone E-sig ID and Password
- UW Call Room Password AFCH Call Room Password UW Dictation code
- UW Ophthalmology Intranet ID and Password
- Med Hub Log-in and Password
- VA CPRS Access Code and Password VA CPRS Signature Code
- Resident Google Calendar/Docs Log-in and Password

* To get a password for E-sig (online program to review and edit dictations prior to signing them) call Alice Engelhardt at 608-263-5229 or email aj.engelhardt@hosp.wisc.edu and include your name, department and call back phone number in the request.

J. VACATIONS

Each year as a resident here, you will be given 15 paid vacation days as well as 5 conference days. In general, you can take 5 days off per specialty rotation. Vacation requests must be made 3 months ahead of time.

Also, for rotations that occur in multiple PGY years, you can only take 5 vacation days from a service during your entire residency (i.e. If you take 5 days of vacation on pediatrics during PGY-2 year, you cannot take 5 days of vacation on pediatrics again during PGY-3 year).

During the VA rotation, you are allowed 3 days of vacation. Residents are allowed to use their other 12 vacation days on the other rotations to equal 15 total days.

Vacation can be taken as consecutive days or as stand-alone days. You are responsible for ensuring that your call/consults are covered when you are on vacation. The resident is responsible for submitting their leave on QGenda. The leave will be confirmed when the GME Program Manager emails the resident stating that their leave is approved.