

Residency In Comparative Veterinary Ophthalmology

**Louisiana State University
School of Veterinary Medicine
Department of Veterinary Clinical Sciences
Veterinary Teaching Hospital**

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1.0 INTRODUCTION

- 1.1 The residency in veterinary comparative ophthalmology is designed to provide three years of post-DVM training in the medical and surgical aspects of veterinary ophthalmology. The residency will provide both clinical and research training. The majority of time spent in the residency program will be in the area of clinical ophthalmology training. Time will also be provided to the resident so that they may develop and finish a research project, complete two refereed publications, attend the Basic Science Course and allow for other scholarly activities to include attendance and presentation at scientific meetings. The training program will be supervised by Diplomate(s) of the ACVO and utilize faculty of the Department of Veterinary Clinical Sciences (VCS) as mentors.

2.0 OBJECTIVES

- 2.1 To provide advanced training in clinical problem solving and therapeutic techniques in veterinary ophthalmology.
- 2.2 To provide didactic and tutorial teaching, training and experience.
- 2.3 To satisfy the requirements for examination by the American College of Veterinary Ophthalmology (ACVO) needed for board certification.
- 2.4 To provide experience in scientific and clinical case presentation through the House Officer (HO) seminar program and participation in outside scientific meetings.
- 2.5 To provide experience in the presentation and submission of scientific articles for publication and/or presentation.
- 2.6 To provide experience in designing and conducting a clinical research project.
- 2.7 To provide the resident with the opportunity to enroll in graduate level courses if elected to strengthen their clinical and research training.
- 2.8 To train the resident in the comparative aspects of veterinary ophthalmology through exposure to large and small domestic animal used in laboratories and non-domestic animal species.
- 2.9 To provide the opportunity to become familiar with areas of parallel interest in human ophthalmology.
- 2.10 To provide training and experience in ocular pathology
- 2.11 To provide experience in the review and evaluation of the scientific literature associated with the discipline of veterinary ophthalmology through participation in ophthalmology section journal clubs.

3.0 PREREQUISITES

- 3.1 Candidates must have a DVM/VMD or equivalent degree.
- 3.2 The candidate must have satisfactorily completed at least a one-year rotating internship or its equivalent of post-graduate veterinary experience.
- 3.3 Candidates should have successfully completed the North American Veterinary Licensing Examination (NAVLE) or its equivalent examination

in the certifying country.

- 3.4 Candidates must have the goal of obtaining board certification by the American College of Veterinary Ophthalmologists (ACVO).

4.0 FACULTY MENTOR

- 4.1 The resident will be assigned a faculty mentor/advisor who has diplomate status in the ACVO. Responsibilities of the mentor include the direction and coordination of the clinical program, provide advice on research, publications, and preparation for the ACVO board examination and general counseling.

5.0 House Officer Seminar Program

- 5.1 House Officer Seminar program is designed to provide the resident with the opportunity to receive and present interesting, unusual or difficult clinical case material or information related to a research project to professional colleagues. The resident will participate with other VCS house officers on a rotating basis and will present at least two seminars per year.
- 5.2 Attendance: The resident is required to attend and participate in VCS department seminars, held on Friday mornings.
 - 5.2.1 HO attendance at all HO rounds/seminar is required of the program. Attendance will be taken at each session.
 - 5.2.2 The HO will be required to present an additional seminar if they have more than one unexcused absence during the program year. All absences must be accounted for by completing a HO Leave Request Form and submitting it to the HOC chair (see appendix).
 - 5.2.3 Excused absences include the following: illness, annual leave, attendance or participation in a continuing educational program, presentation of a student lecture, participation in an approved and scheduled out-rotation. All other absences are unexcused unless deemed excusable by the HOC.

6.0 Teaching Program

- 6.1 Throughout the program residents will be viewed as role models, by both interns and professional students. Residents should always present themselves in a professional manner.
- 6.2 The resident will participate in clinical instruction and in the evaluation of Phase II veterinary students assigned to the clinical service.
- 6.3 The resident will participate in preclinical didactic lecture and laboratory instruction as assigned by his/her mentor.

7.0 Board Certification

- 7.1 The objective of the program is to prepare the resident for certification by the American College of Veterinary Ophthalmologists through clinical and surgical training and through participation in mentor-guided journal club and ocular pathology rounds.
- 7.2 It is the resident's responsibility to maintain accurate species examination and surgery logs as required by the ABVO. The resident will submit both their clinical logs and evaluation forms to residency committee by the pre-determined deadlines listed on the ABVO website (www.abvo.us).
- 7.3 It is the responsibility of the resident to complete and submit the credentials examination application by the pre-determined deadline listed on the ABVO website in order to take the specialty board examination after completing the third year of the residency.

8.0 Clinical program

The resident's program will follow the Phase II professional teaching schedule, which is comprised of 12, 4-6 week blocks. In the first year of the residency program 80% of time will be committed to clinical ophthalmology training. In the second year of the residency program, 75% will be dedicated to clinical ophthalmology training and in the third year of the residency 70% will be dedicated to clinical training

Year I Resident's Program

8.1.1 The resident will be assigned to clinical duty for 80% of Year I with VCS faculty and supervised by Diplomate(s) of the ACVO. Cases will be assigned to the resident from both the general and referral practices at the discretion of the faculty mentor. There will be 10 weeks of off clinic time in the form of five, 2-week blocks to be used at the resident's discretion for literature review, designing and conducting a research project and seminar preparation. Vacation time must be scheduled during these off-clinic times. The scheduling of off clinic time must be approved by the faculty in advance.

8.1.2 the resident will function as a member of the ophthalmology service under the direct supervision and guidance from faculty in the diagnosis, treatment, and care of ophthalmology cases. The goal of this training will be to develop problem oriented, evidence based skills in veterinary ophthalmology.

8.1.3 The resident will participate in the instruction of SVM Phase II veterinary students and interns. A minimum of one hour of didactic lecture will be provided to SVM Phase I veterinary students. Participation in SVM student laboratories will also be assigned.

8.1.4 The resident will participate in primary emergency duty during the times that the HO is on clinics. Primary emergency duty will be divided amongst the ophthalmology house officers. A faculty member will be assigned and available to back-up the HO on primary duty.

8.1.5 The resident will participate in house officer seminar, special topic conferences, and other scheduled conferences of the Small and Large Animal Clinics.

8.1.6 The resident will present two seminars (to faculty and house officers) on an ophthalmology topic of interest to the resident and as agreed to by their faculty mentor.

8.1.7 The resident is encouraged to attend the ACVO or other professional meeting each year during the 3-year program with the advice and approval of his/her faculty mentor. Participation in the Resident's Forum of the ACVO Annual Meeting is encouraged. Expenses for these meetings will be the responsibility of the resident, however, there may be some funds available through VCS to help in offsetting these expenses.

8.1.8 The resident is encouraged to attend and participate in continuing education meetings sponsored by the SVM, local, and regional veterinary organizations.

8.1.9 Within the first year of the residency program, the resident is required to prepare a research proposal; review it with his/her faculty mentor, and submit it for funding consideration.

8.1.10 The resident may, with the approval of the resident's advisor, course coordinator and the ophthalmology faculty, participate in clinically relevant graduate courses. Course work must not interfere with the clinical and instructional responsibilities of the resident.

8.1.11 Each month, the resident will participate in 2 one-hour-long journal clubs with the ophthalmology faculty. Journal club topics will include clinical literature, research literature; slide interpretation and basic science topics important to the understanding of comparative ophthalmology.

8.1.12 The resident will participate in a minimum of one-hour-long histopathology rounds monthly with a board certified (ACVP) pathologist and the ophthalmology faculty.

8.1.13 Surgical training will begin early in the training program. It is recommended that the resident obtain cadaver eyes with lids for extraocular surgery practice to include adnexal procedures and conjunctival grafting techniques. The resident should schedule time with the clinical faculty for practice sessions and review of these procedures. Following adequate performance of these procedures, the resident will be assisted by the faculty ophthalmologist with these surgeries on VTH clinical patients. Assistance by the VCS faculty will continue as deemed necessary by the faculty and as requested by the resident. Intraocular surgical experience is gained through a graduated, step-by-step process that begins with reading assignments during the first month of the program. After discussion of the reading materials with the mentors, the resident then practices basic surgical techniques on cadaver eyes. The resident must practice each step of the common procedures until they can be completed in an acceptable fashion as judged by the mentors. It is expected that the resident will be supervised during all intraocular procedures until late in the second year of the program. It is anticipated that the resident will be performing lens extractions on clinical patients by the second year of the program. The resident is required to maintain a surgical log for the ACVO, documenting surgical experience. The surgical procedures performed with an operating microscope will be routinely video-recorded and will be used to critique and monitor the

resident's progress in surgical training.

8.1.14 During the first month of the program, the resident should, with the guidance from the mentors, schedule their reading of manuscripts and textbooks for the coming 3 years. Review sessions will take place on a quarterly basis. Each review session will allow the mentors ask the resident questions pertaining to the assigned material. During each session, pertinent texts and manuscripts are covered. The purpose of this exercise is to ensure that the resident's board study progresses on schedule.

8.1.15 The resident must participate in the Veterinary Basic Science Course once during the course of residency training. The Ophthalmology section will make an effort to support the costs of tuition; however, remuneration for the costs of tuition for the course will depend on available funding from the VCS Department, ACVO, and other sources. Tuition will ultimately be the responsibility of the resident. Travel and housing must be provided by the resident.

8.1.16 A quarterly activities report (logs) must be filled out and turned into the faculty mentor/advisor at the quarterly evaluation meeting.

Year II Resident's Program

8.2.1 The resident will be assigned on clinical rotation for approximately 75% of Year II with VCS faculty and supervised by a Diplomate of the ACVO. Thirteen weeks of non-clinic time will be scheduled (schedule to be approved by the clinical faculty), and utilized for scholarly activity (research, seminar preparation, publication, scientific meetings, attending the Basic Science Course, and preparation for the ACVO board examination). Vacation time must be scheduled during these off-clinic times as approved by the faculty.

8.2.2 See 8.1.2 through 8.1.6

8.2.3 The resident is required to present a clinical or research paper at the annual meeting of the ACVO during the second year of the program. Presentation of the results of their research project at the ACVO meeting during or immediately after the third year of the program is also encouraged.

8.2.4 See 8.1.8

8.2.5 The resident will submit one paper to a refereed journal for publication. Topic considerations should be discussed with his/her mentor prior to working on the manuscript.

8.2.6 The resident will begin or continue the research project if funding has been obtained.

8.2.7 See 8.1.10 through 8.1.16

Year III Resident's Program

8.3.1 The resident will be assigned on clinical rotation for approximately 70% of Year III

with VCS faculty and supervised by a Diplomate of the ACVO. The resident will spend 2 blocks (4 weeks) as chief clinician and run the service. An ophthalmology faculty mentor will be available during this time for assistance and consultation. Eight, two-week blocks of non-clinic time will be scheduled and utilized for scholarly activity (research, seminar preparation, publication, scientific meetings, and preparation for ACVO board examination). Vacation time must be scheduled during these off-clinic times as approved by the faculty.

8.3.2 See 8.1.2 through 8.1.8

8.3.3 The resident will revise any manuscript(s) that were submitted in years I or II and resubmit them as needed for publication. The resident will submit an additional manuscript to a refereed journal for publication within the first 60 days of the third year of residency. Topic considerations should be discussed with his/her mentor prior to working on the manuscript.

8.3.4 See 8.1.10 through 8.1.14

8.3.5 By the third year, the resident will be able to perform most ophthalmic surgical procedures without direct supervision of the mentors. Lens extraction techniques will be assisted by a faculty ophthalmologist as deemed necessary by the faculty member on duty. The ophthalmology faculty will be available for consultation or assistance during all procedures performed by the resident. A surgical case log will be maintained for all procedures in which the resident is involved.

It is the responsibility of the resident to ensure that they meet minimum requirements required by the ABVO for surgical procedures though clinical cases, out rotations and cadaver practice

8.3.6 See 8.1.16

8.3.7 The resident will be required to submit all necessary credentials to the American Board of Veterinary Ophthalmology (ABVO) by the due date available on the ABVO website.

9.0 Research Project

9.1 The program requires its resident to participate in scholarly activity such as basic, applied or clinical research. The resident is required to:

9.1.1 Design a research project to address a specific question or problem in ophthalmology.

9.1.2 Write a research grant proposal to seek funding for the project.

9.1.3 Conduct the research according to the experimental design.

9.1.4 Analyze and report the results of the project

9.1.5 Publication of these results in a refereed journal is recommended to meet the publication requirements of the program.

10.0 Graduate Program

Not applicable

11.0 Additional Objectives

11.1 Resident Intraocular Surgery Training Guidelines

These guidelines are flexible and only intended to be a guide for the resident in the initial training period; individual progress will vary

The following is a suggested schedule to assist the resident in the timely development of intraocular surgery skills in Year I. The goal is to attain the minimum level of competency necessary to perform intraocular surgery (primarily lens extractions) by the second year. It is the resident's responsibility to keep current on the schedule and obtain mentor approval prior to progressing to the next step.

11.1.1 Jan-March

Familiarization with intraocular instruments; study standard surgical texts including Eisner's Principle's of Surgery, Seibel's Phacodynamics, Jaffe's Cataract Surgery and Its Complications, and Troutman's text on Anterior Segment Surgery.

Assist faculty with intraocular surgery, set up for intraocular surgical procedures, review phacoemulsification tapes.

11.1.2.1 April- July

Perform corneal and limbal incision on enucleated eyes and practice suturing. Perform anterior capsulotomies following standard approach and close incision. Perform conjunctival grafts on enucleated eyes. Review completed procedures with ophthalmology faculty.

11.1.3 August- October

Perform phacoemulsification on enucleated eyes. Perform penetrating and non-penetrating keratoplasties and conjunctival grafts on enucleated eyes. Begin incision and entry on clinical patients.

Review phacoemulsification tapes. Set up for procedure. Videotape small incision procedure on enucleated eyes with needle capsulotomy and phacoemulsification on Wednesday afternoons following the day's surgery and review with faculty member. Tape closure of the wound for faculty to review.

11.1.4 November- January

Begin incision, entry and capsulotomy on clinical cases. Continue closure in clinical cases. Videotape procedures and review with faculty.

11.1.5 February-April (Year II)

Begin partial phacoemulsification on clinical cases. Begin irrigation-aspiration technique on clinical cases. Videotape procedure for faculty review.

11.1.6 May-

Resident should be capable of completing procedure from start to finish with faculty assistance.

12.0 Evaluation and Reappointment

12.1 An evaluation will be provided by the block mentor at the end of each assigned block through the E*Value software. A summary evaluation will be made quarterly by the faculty in conjunction with the resident's advisor. The evaluation covers:

12.1.1 Professional ability, to include theoretical knowledge and application of that knowledge, clinical skills, surgical abilities, tutorial skills, and scholarly activity.

12.1.2 Hospital services, to include communication skills, patient care, medical record quality, emergency duty quality, and adherence to VTH protocol.

12.1.3 Personal characteristics: to include responsibility, initiative, interaction with faculty, staff and students and demonstration of leadership.

The resident and faculty mentors will meet on a quarterly basis to discuss their progress and written evaluations. The residency committee requires that diplomates provide the resident with a written progress evaluation at 6-month intervals. A copy of these evaluations must be forwarded to the ABVO Residency Committee Chairperson. Additionally, both the diplomate(s) and the resident(s) will be required to complete 6-month review evaluations of the residency program. Data from this evaluation will assist the ABVO Residency Committee in guiding the residency program to better fulfill the program requirements.

Yearly, the House Officer Committee will review all evaluations for the resident to date. Following that review, the committee will make a recommendation to the Head of the Department of Veterinary Clinical Sciences to:

12.3.1 Continue the appointment until the next review

12.3.2 Award a certificate upon satisfactory completion of the program.

12.3.3 Not to reappoint the resident, with a minimum of 30 days notice of termination. At the discretion of the House Officer Committee and in consultation with the resident's service, guidelines can be formulated that if met, may allow the resident to be re-instated at the end of the specified period.

All House Officers are required to complete an annual evaluation of their program with suggestions for improvement before continuation or completion of their program is granted.

13.0 House Officer Committee

13.1 The Committee is comprised of a representative of each House Officer program. It is responsible for the year-end review of each house officer's progress. This review is

based on block evaluations received throughout the course of the program. The Committee grants recommendation for reappointment or a certificate to those who successfully complete the program.

13.2 All House Officers are required to complete an annual evaluation of their program with suggestions for improvement before continuation or completion of their program is granted.

14.0 Employment and Benefits

14.1 Louisiana State University classifies interns and residents as University employees. As such, they (and their eligible dependents) qualify for the Louisiana State University Baton Rouge health insurance and benefits. The School of Veterinary Medicine provides malpractice insurance coverage. Salary is payable in monthly increments via direct deposit. Retirement contributions are required and withheld from each paycheck. No social security tax is withheld. Federal and state income tax is withheld. The employee may be eligible to petition the IRS for exemption from federal tax on part of his/her salary.

14.2 The Veterinary Teaching Hospital operates year round. The resident will share primary ophthalmology emergency duty with other ophthalmology house officers.

14.3 The University offers accrual of annual leave following either the University accrual rate (14 hours/month with a maximum accumulation of 175 hours) or the Civil Service Schedule rate (8 hours/month with no maximum accumulation). Sick leave time accrual is 8 hours/month. All leave, except illness and emergencies, should be scheduled and approved 30 days in advance. Forms requesting the absence must be filled out by the intern and signed by the clinician to whom the intern will be assigned during the absence, the Intern's Advisor and the Chair of the House Officer Committee before approval will be granted. Leave will be granted on an individual basis taking into account the reason for the requested absence and the needs of the service and hospital. Leave for personal business is to be taken during elective or research blocks. Emergency absence such as for illness or a death in the immediate family should be brought to the attention of the clinician to whom the intern is assigned as soon as the intern learns that he/she will be absent. The official forms should be filled out upon the intern's return. Except in unusual circumstances approval will not be granted for absence during the final month of the residency.

14.4 Reappointment to the second and third years of the residency program is contingent upon satisfactory completion of the previous year's requirements.

15.0 Application

15.1 Candidates may apply for the Residency in Comparative Ophthalmology by submitting:

- 15.1.1 A letter of intent and curriculum vitae
- 15.1.3 Official academic transcripts
- 15.1.4 Three letters of reference from individuals currently familiar with the candidate
- 15.1.5 Once accepted into the residency position, the candidate must submit a provisional residency application. The form is available on the ABVO website and must be submitted a minimum of 30 days prior to the start date of the program.

16.0 Appendices

VCS SEMINAR EVALUATION FORM

Presenter: _____ Date: _____

Audience: _____

Title/Topic: _____

Evaluation Criteria:

	Points	Evaluation
Definition of subject: introduction, importance, clinical significance	0-5	
Organization	0-10	
Quality of material	0-10	
Presence: speaking ability		
Clarity	0-10	
Rate of delivery	0-10	
Enthusiasm, expressiveness	0-10	
Support Materials		
Handouts, manuscript	0-15	
Visual aids	0-5	
Appropriate Summary	0-5	
Presentation consistent with audience level	0-10	
Questions/discussion handled appropriately	0-10	
	Total	

Comments:

Evaluator: _____

13.4 House Officer Block Evaluation Form (through E*Value)

House Officer	Name	
Block	Block	
Block Mentor	Mentor	
Professional Ability		
1. Theoretical Knowledge	Select Rating	<input type="text"/>
2. Knowledge Application	Select Rating	<input type="text"/>
3. Diagnostic/Surgical Skills	Select Rating	<input type="text"/>
4. Patient Care	Select Rating	<input type="text"/>
5. Thoroughness	Select Rating	<input type="text"/>
Personal Characteristics		
1. Clinician Communication	Select Rating	<input type="text"/>
2. Student Communication	Select Rating	<input type="text"/>
3. Staff Communication	Select Rating	<input type="text"/>
4. Independent Study & Initiative	Select Rating	<input type="text"/>
5. Awareness of Current Literature	Select Rating	<input type="text"/>
6. Contribution to Student Education	Select Rating	<input type="text"/>
7. Performance Under Stress	Select Rating	<input type="text"/>
8. Ability to Accept Criticism	Select Rating	<input type="text"/>
9. Organizational Skills	Select Rating	<input type="text"/>
10. Ability to Work in a Team	Select Rating	<input type="text"/>
11. Reliability	Select Rating	<input type="text"/>
12. Motivation	Select Rating	<input type="text"/>
13. Attendance at Seminars & Rounds	Select Rating	<input type="text"/>
14. Presentation at Seminars & Rounds	Select Rating	<input type="text"/>
15. Ability to Make Independent Decisions	Select Rating	<input type="text"/>
Hospital Service		
1. Completion of Duties	Select Rating	<input type="text"/>
2. Quality of Work	Select Rating	<input type="text"/>

- 3. Emergency Services Duties
- 4. Communication with Veterinarians
- 5. Client Communication
- 6. Referral Letters & Record Keeping
- 7. Acceptance of Service & Case Responsibility
- 8. Adherence to VTH&C Protocol

Strengths

Show custom editor options | Refresh Editor

Improvements

Show custom editor options | Refresh Editor

General Comments

Show custom editor options | Refresh Editor

Type Signature
 Select Signature
 Completed
 Finalized
 Last modified by
 Last modified by

- Select Faculty, -

No
 04/20/2009

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Cancel Save

13.5 QUARTERLY PERFORMANCE EVALUATION FORM

BLOCK NO. _____

QUARTER _____

DATE: FROM _____ TO _____

INTERN: _____

		Unsat		Average		Excell
	NA	1	2	3	4	5
Professional Ability:						
1. Theoretical Knowledge	___	___	___	___	___	___
2. Application of knowledge	___	___	___	___	___	___
a. Clinical skills	___	___	___	___	___	___
b. Scholarly activity	___	___	___	___	___	___
c. Small group teaching skills	___	___	___	___	___	___
Hospital Service:						
1. Communication skills	___	___	___	___	___	___
2. Patient care	___	___	___	___	___	___
3. Record keeping	___	___	___	___	___	___
4. Emergency duty	___	___	___	___	___	___
5. Adherence to VTH & C Protocol	___	___	___	___	___	___
Personal Characteristics						
1. Responsibility and Initiative	___	___	___	___	___	___
2. Interaction	___	___	___	___	___	___
3. Department	___	___	___	___	___	___
4. Leadership	___	___	___	___	___	___

Specific Comments:

General Comments:

Signatures:

Intern _____
 Block Mentor _____
 Advisor _____

QUARTERLY PERFORMANCE EVALUATION CRITERIA

Professional Ability:

1. Theoretical Knowledge: Familiarity with current literature and basic science concepts.
2. Application of Knowledge:
 - a. Clinical Skills: Problem solving ability, technical ability, and facility with ophthalmology equipment.
 - b. Scholarly activities: Seminars, publications.
 - c. Small group teaching skills: Rounds, clinics, etc.

Hospital Service:

1. Communication skills: Communication with staff, students, interns, residents, faculty and clients. Communication skills include the ability to resolve conflict and negotiate solutions to identified problems.
2. Patient Care: Supervision and care of patients in the peri-anesthetic period.
3. Medical Records: Quality of record keeping
4. Emergency Duty: Availability, punctuality, quality/thoroughness of work
5. Adherence to VTH&C protocol: Described in the Student Handbook and associated memos.

Personal Characteristics:

1. Responsibility and initiative: Responsibility towards cases and the teaching program. Initiative in case management, scholarly activity, etc.
2. Interaction: Ability to work harmoniously with faculty, staff and students.
3. Department: Behavior and conduct.
4. Leadership: Initiative in coordinating student activities, facilitating staff performance. Liaison function.