

West Virginia University Retina Fellowship Program Manual

Department of Ophthalmology
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PROGRAM OVERVIEW

The West Virginia University Eye Institute is a university-based practice that provides comprehensive clinical care for management of complex diseases and access to various clinical trials as a major referral center. The Retina Section treats over 13,000 patients each year from the entire state of West Virginia as well as the surrounding three states.

The fellowship provides a structured clinical training in the management of vitreoretinal and uveitic diseases. The program also offers participation in screening and treating infants for ROP at the Neonatal Intensive Care Unit. Fellows are trained to interpret various diagnostic imaging techniques including fluorescein angiography, ICG angiography, optical coherence tomography, ultrasonography, and electrophysiology.

During the fellowship, the fellows are trained to perform various office procedures including panretinal photocoagulation, focal/grid laser treatment of the macula, laser retinopexy or cryopexy for retinal tears, pneumatic retinopexy, photodynamic therapy, intravitreal and subtenon injections of pharmaceutical agents. Surgical training emphasizes the importance of decision making as to the timing choice and techniques of surgical procedures. The fellows will spend approximately 1.5 days per week in the operating room with three faculty surgeons, performing approximately 400 retinal surgical procedures each year, including scleral buckles repair, small or mixed gauge vitrectomies, insertion of intraocular pharmaceutical implants, and rehabilitation of traumatized globes.

The fellow is required to participate in clinical research (trials) and encouraged to get involved in on-going basic research.

The fellows are encouraged to supervise and teach WVU Ophthalmology residents and medical students in clinics.

DEPARTMENTAL FACULTY



Ghassan R. Ghorayeb, M.D. is the program director and assistant professor of ophthalmology and a clinical faculty member at the WVU Eye Institute. Dr. Ghorayeb has subspecialty training in vitreoretinal diseases and surgery from the University of Texas Medical Branch at Galveston, where he served as Chief Resident and won the Award for Exceptional Achievement. He was also a fellow and clinical instructor at M.D. Anderson Cancer Center. Dr. Ghorayeb earned his medical degree with distinction at Boston University School of Medicine and was named Intern of the Year at Cambridge Hospital, a Harvard affiliated institution, in 200. He served as a research assistant on a number of projects at Boston and Harvard Universities as an undergraduate. His current research focuses on Age-Related Macular Degeneration (AMD) and eye problems related to diabetes mellitus. He is a member of the American Medical Academy and the American Academy of Ophthalmology.



Muge R. Kesen, M.D. is an assistant professor of ophthalmology and a full-time clinical faculty in the Retina Service at the WVU Eye Institute. Dr. Kesen has subspecialty training both in the medical and surgical management of vitreoretinal diseases and in the management of ocular inflammatory diseases. Dr. Kesen received her medical degree from Hacettepe University, Ankara, Turkey. Prior to her residency training, she completed a glaucoma research fellowship at the Wills Eye Institute. She completed both her internship and ophthalmology residency training at Temple University in Philadelphia. She pursued subspecialty training in the field of uveitis at University of Illinois at Chicago, followed by fellowships in medical retina at the Duke University Eye Center, and in vitreoretinal surgery at the Wilmer Eye Institute at Johns Hopkins University. Her research interest focuses on ocular inflammation and developing new therapeutic agents in the treatment of ocular inflammatory diseases. Dr. Kesen is board-certified by the American Board of Ophthalmology and is a member of the American Academy of Ophthalmology and Association for Research in Vision and Ophthalmology.



Monique J. Leys, M.D. is a professor and full-time clinical faculty member of the WVU Eye Institute's Retina Service. Her subspecialty is medical retina including inherited retinal disease, diabetic retinopathy, and age-related macular degeneration. Dr. Leys is board-certified in both Europe and the U.S. Dr. Leys earned her medical degree from the Katholieke Universiteit in Leuven, Belgium. She completed her medical internship and an ophthalmology residency at West Virginia University. In addition, she completed an ophthalmology residency at the Rijksuniversiteit in Gent, Belgium and spent two years at the Eye Hospital in Rotterdam, the Netherlands. Dr. Leys has gained international recognition in medical retina and clinical electrophysiology. She has lectured and published on these topics and completed related fellowships in Boston at Tufts University's New England Medical Center, and at Harvard University's Children's Hospital. Before coming to West Virginia University in 1998, Dr. Leys completed a Fellowship in Medical Retina at the University Hospital Rijksuniversiteit Gent, in Belgium, where she was also a junior faculty member. Dr. Leys' responsibilities at West Virginia University include teaching, clinical care, and academic research.



G. James Miller, M.D. is an assistant professor at the WVU Eye Institute who specializes in vitreoretinal diseases and surgery. He joined the faculty in July 2009 after completing his fellowship training in vitreoretinal surgery under the mentorship of Drs. Lionel Chisholm and Cris Larzo at the WVU Eye Institute. Dr. Miller received his M.D. degree from the West Virginia University School of Medicine in 2004. He completed an internship in Internal Medicine and did his residency training in ophthalmology at West Virginia University. As a lifelong resident of West Virginia, Dr. Miller takes pride in caring for West Virginians. He has a special interest in caring for diabetic eye disease, age related macular degeneration, retinal detachments, and ocular trauma. Dr. Miller enjoys spending time with his wife, Erin, and his son, Evan. He is an avid fan of the West Virginia University Mountaineers. In his free time he enjoys woodworking, biking, sports, reading, and gardening.

FACILITIES

West Virginia University Eye Institute Department of Ophthalmology

The West Virginia University Eye Institute (WVUEI) is a 40,000 square foot, state of the art facility. The institute opened in June, 2001, and is the only tertiary eye care center in the state of West Virginia. Ophthalmic care is provided to patients from the entire state of West Virginia as well as the surrounding states of Maryland, Pennsylvania, Ohio, Virginia, and Kentucky.

The Eye Institute has an extensive examination and treatment area. There are 38 examination rooms including six, 20-foot pediatric lanes, and three, 20-foot low-vision lanes. There is a minor procedure room. State of the art equipment includes Excimer, 3-tunable dye, YAG and diode lasers, as well as, ultrasound, corneal topography, pachymetry, and perimetry machines.

The Eye Institute has an extensive ophthalmic photography department. Capabilities include fluorescein and indocyanine green angiography, ophthalmic coherence tomography, Heidelberg optic nerve head analysis, slit lamp, and external photography.

The Eye Institute uses an electronic medical record system. All chart notes, laboratory results, outside correspondence, and operative reports are entered into this electronic system. Computed tomography and magnetic resonance images are viewed electronically through the PACS system. These images can also be viewed through *Centricity*, the West Virginia University Health Sciences Radiology network based system.

The Eye Institute is dedicated to training future vitreoretinal surgeons. The fellowship training program is two years in length. Physicians must have completed a residency in ophthalmology. One fellow is accepted every year with a total of two fellows (junior and senior fellow).

Special space is dedicated to fellowship training within this extraordinary facility. The fellow is given his/her own desk in the senior resident room. A computer with high speed internet connection is provided at this desk. Office supplies, a copy and FAX machine are close by which is very convenient for presentation preparation. The Trotter Library and auditorium are adjacent to these rooms.

The Eye Institute is dedicated to new discovery in the field of eye care. Research laboratories are located on the second and third floors of the Institute. This close approximation promotes collaboration between the basic scientists and the clinicians.

There are very few free standing buildings dedicated to eye care in the United States. The faculty and staff of the WVUEI and the people of West Virginia are extremely privileged to have such an outstanding facility.

Hospital Facilities

Ruby Memorial Hospital:

Operating rooms are located on the second and fifth floors of Ruby Memorial Hospital. There are eight operating rooms on the second floor. Room 207 is dedicated solely to ophthalmic surgery. It is equipped with a Zeiss ophthalmic microscope. The second floor rooms are used in conjunction with the same day surgery unit. There are 19 operating rooms on the fifth floor, which is the main OR. In addition to the hospital operating rooms, the Eye Institute has a minor procedure room on its first floor equipped with a Zeiss ophthalmic microscope, and bipolar cautery.

Hospital Examination Room

Ruby Memorial Hospital:

A fully equipped ophthalmology examination room is located on the West 7th floor of Ruby Memorial Hospital. The fellow is issued a key-card for this room. A computer with access to the electronic medical record is located in this room. There is a PACS system located on the same floor in the physician work room. Everyone should tidy the space after his/her use so that the next patient/doctor will be in a clean examination room. The person using the last of a particular item should take responsibility for restocking it. All residents and fellows are responsible for general maintenance of the exam rooms, (e.g. restocking forms, eye patches, keeping pharmacy full (pharmacy stock technician pager #1124), checking equipment, etc.) All equipment used on call must also be kept in order and well maintained. This includes but is not limited to the tonopen, the portable indirect ophthalmoscope and the portable slit lamp. The instruments in the on-call tray must be cleaned after each use. Any resident or fellow that uses these instruments is responsible for having them cleaned in the eye institute and then placing them back in the 7 West examination room. When not being used directly for patient care, all instruments must be kept in the 7-West exam room and available for use. Do not carry this equipment with you other than for direct patient care. Report any defects in the equipment to the residency program coordinator so that the problem can be quickly addressed.

Neonatal Intensive Care Unit (NICU):

The NICU is located on the 6th floor of Ruby Memorial Hospital in the rear wing. The fellow is responsible for weekly ROP examinations of the babies listed by the charge nurse. All decisions regarding treatment of the babies are discussed with the faculty prior to the treatment being administered. All supplies needed for the NICU can be found on the NICU.

Ophthalmology Call Room

Although all ophthalmology call is from home, a call room is provided to ophthalmology residents, should they need to use it. This room is located on the sixth floor of the new hospital wing.

Library

The Robert R. Trotter Library, on the second floor of the WVUEI, contains an up-to-date, comprehensive collection of reference books, journals, slide atlases, videos, and CD ROMs for your use in teaching, research, and patient care. All department members have free access to all materials.

To ensure that this collection is maintained and kept up-to-date, the education committee has established the following policies that we ask you to abide by in using the library. This policy relies on the honor system. Please be professional and considerate of others when removing materials from the library. As the facility is for everyone's use, removing materials for more than three days is prohibited. It is your responsibility to return all materials to their proper position on the shelves. All materials that leave the library must be recorded on the sign out sheet.

Residents, fellows and faculty are encouraged to submit suggestions for new books or audiovisual materials to the program coordinator. The Education Committee will review these suggestions periodically and will purchase new materials based on the availability of funds.

In addition to the Trotter Library, fellows are encouraged to use the WVU Health Sciences Library, a short walk from the WVUEI. Current literature not found in either library can be obtained electronically. The librarian at the Health Science Library can assist with this.

Auditorium

The Pangilinan Family Lecture Hall is a state of the art auditorium that seats just over 90 people. The computerized medical record as well as all radiology imaging can be accessed through the computer system in the auditorium. Presentations can be made from the network system, compact disc, USB compatible storage systems, and conventional slides. Tele and video conferencing is done in the auditorium using MDTV. All didactic sessions and Grand Rounds are held in this auditorium.

In addition to the Pangilinan Family Lecture Hall, there is a separate smaller conference room that is used for retina academic sessions. Scheduling of both these rooms is done through the department manager.

Office Space

Each fellow is given a desk on the second floor of the Eye Institute in the fellow office. The fellows are responsible for keeping this room organized and for informing the program coordinator of any malfunctioning equipment or other problems with the rooms.

Eye Institute Fitness Facility

The John V. Linberg fitness facility opened in November, 2005. It is a 700 square foot room located on the second floor of the Eye Institute. There is a full range of weight machines, free weights, benches, and also a Smith machine. Cardiovascular equipment is all professional grade and includes two treadmills, two elliptical trainers, one Stairmaster, and one stationary bicycle. Fellows can use this room 24 hours a day, seven days a week. All persons using this facility must first obtain and sign a medical release form from the exercise room coordinator. All persons using this room are responsible for keeping it clean and in good working order. Instruction on use of the equipment is available upon request.

GOALS AND OBJECTIVES BASED ON THE SIX CORE COMPETENCIES

(<http://medicine.hsc.wvu.edu/gme/gme-policies/acgme-core-competencies/>)

The goal of the fellowship is to provide an advanced level of training in the diagnosis and management of medical and surgical disorders of the retina and vitreous. Fellows will acquire the necessary clinical skills for the treatment of patients with vitreoretinal diseases by initial evaluation and long term follow-up of outpatients; pre, intra-, and post-operative care of patients and in-depth reading of subspecialty journals and texts as well as discussions and lectures.

1. Medical Knowledge

Fellows are expected to learn established and evolving biomedical, clinical and social sciences, so they can apply this knowledge to patient care and the education of others. Specifically, fellows must develop an investigatory and analytic thinking approach to clinical situations. You cannot care for patients if one does not possess the knowledge to do so.

The basis of one's medical knowledge will be learned by careful self-study, which requires significant personal discipline and commitment to learning. The fellows' success depends on the dedication to one's training. The habits a fellow establishes now will form the foundation for the rest of his/her career. The fellow should set aside at least one hour each week night for this purpose.

To further one's education, the faculty provides a didactic series. Included in this series are sessions on ethics, practice management, billing, fatigue, and basic science research. Plan on attending as many of these didactics as your schedule allows and teaching several lessons per year to the residents as well.

As part of the fellow's education one must learn to use the current literature in his/her management of patients. In addition to "book knowledge" the fellow will learn by direct observation and instruction by the faculty. The fellow must also practice self-directed learning with regard to patients one sees in faculty clinics, on call and at hospitals. I encourage fellows to choose one patient chief complaint each day on which the fellow is going to further study that evening. As the fellow learns, he/she needs to teach the residents (ophthalmology, ENT, etc.) and medical students the knowledge thus far acquired. Teaching requires a deep understanding of the subject matter.

The fellow also needs to learn to perform retina surgery. This requires being prepared by reading about procedures and reviewing the patients' charts prior to the day of surgery. The fellow would not want someone to operate on them or their family member who was not prepared.

The fellow will be evaluated on their medical knowledge throughout the fellowship. The fellow will also be evaluated after fellowship and throughout his/her career by written and oral board examinations and the maintenance of certification process.

After each semi-annual evaluation you will meet with the program director to review your evaluations and personal portfolio of learning. Problem areas that are identified will be addressed with the aid of the program director and/or education committee. Upon graduation from this fellowship program you should be competent in the basic foundation of knowledge.

2. Patient Care Including Surgery

Fellows are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, and treatment of disease. Fellows must learn to gather information specifically for retina through history, examination, record and test result reviews and then use this information as well as the current literature to make recommendations for treatment. Fellows need to learn to appropriately counsel patients on recommendations for medical treatment or retina surgery. Fellows must be able to adequately communicate with all members of the treatment team. Finally, the fellow must learn to effectively execute their management plan, whether surgical or medical, and to properly follow-up the patient. As you acquire more understanding and skills in the field you will require less supervision; but as a fellow, always be ready to ask for help and learn how to consult.

You will learn to care for patients through direct observation of faculty in the clinic, operating room and on call. You will be assigned specific tasks by the faculty with regard to patient care. Grand Rounds presentations are the formal forum for discussion of patient care. Your level of responsibilities will increase as you progress through your training.

Because you have completed an ACGME approved ophthalmology residency, you are expected to have the fundamental foundation of surgical skills. You will learn retina surgery by formal instruction with the faculty in the operating room as well as small targeted seminars and sessions. You must be prepared for each procedure you attend or perform. Surgical care includes the pre-operative and post-operative total patient care (ophthalmic and systematic).

The faculty will evaluate your ability to care for patients by direct observation. Evaluation tools used by the faculty are OCEX forms and the formal semi-annual evaluation. Your patient care and interactive skills will also be evaluated by non-faculty members (360 degree evaluation). These include the clinic manager, a senior surgical scrub nurse, and voluntary patient evaluations. After each semi-annual evaluation you will meet with the program director to review your evaluations. Problem areas that are identified will be addressed with the aid of the program director and/or education committee.

3. Practice-Based Learning and Improvement

Fellows are expected to learn how to evaluate scientific evidence so they can appropriately use it in the care of retina patients. Fellows must use information technology to acquire current scientific literature. Scientific reports should be used to continually improve practice patterns and the quality of health care delivered. All physicians must admit and learn from their errors. This leads to continual self-improvement.

The process of practice-based learning is formalized in Grand Rounds (of which morbidity and mortality are a part), your specialty seminars, workshops, and scholarly work that you submit to conferences or journals. Additionally, literature review topics will be assigned by faculty. On your own initiative, you should research topics related to patients you have observed and the techniques of retinal examination and surgery. These techniques will be essential in the proper management of retinal disease (diagnostic, therapeutic, and preventive).

You will be evaluated on your Grand Rounds presentations by the faculty involved. These comments will be recorded in your semi-annual evaluation. You must state in one sentence how the Grand Rounds presentation will affect your future practice in your portfolio. Each week, you must enter your surgical cases into your case logs journal. Each week you must choose one case in which to evaluate your performance and set goals for improvement which are to be recorded in your portfolio. Each of your Grand Rounds presentations should be recorded on your curriculum vitae. Upon completion of this training program, you should feel comfortable in your ability to competently practice retina surgery using the current scientific literature.

Throughout your career, you will need to evaluate and improve your practice. In order to learn this, you will undertake a formal quality improvement project.

4. Systems-Based Practice

Fellows must learn the context and systems in which health care is provided. Understanding the delivery of health care allows a physician to improve, or at least optimize, patient-treatment. In general, there are three types of delivery systems, university hospital and clinic, veterans' administration hospital and clinic, and private practice. Regardless of which system one ultimately practices, all physicians need to understand the cost of health care, deliverance of cost-effective care, and collaboration with all members of the system's health care team.

In this training program, you will practice in all three types of delivery systems. You will go through orientation at WVU Hospitals at the beginning of your training. You will learn to work with all members of these systems' teams, including the billing office, the care management team, the office managers, and social services. You will receive lectures on coding, billing and insurance by the ophthalmology department billing office and in your yearly compliance audit. You will be instructed by the faculty on how and when to interact with other members of the system's team on a case-by-case basis.

Throughout your training you should be able to anticipate needed interactions to facilitate the best patient care within the system. This requires the ability to intertwine all eye exams and the results with other medical systems. You will also need to effectively search for lab results and follow up with patients care plans based on the results. Your ability to practice within each system will be evaluated in your semi-annual evaluation.

5. Interpersonal and Communication Skills

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care community. In general, you must learn to interact with people appropriately and effectively. You must learn to listen effectively, write logically and legibly, and use appropriate verbal and nonverbal cues. You must complete and sign all medical records within the set time frame.

People learn communication through their environment. Irrespective of past experiences, you are expected to interact with faculty, staff, and patient population in a respectful, courteous, professional, and effective manner. This will be formally taught in a two-day course of *Basic Humanities Training* sponsored by the WVU Department of Surgery. You will also learn this by direct observation of the faculty and staff. The WVUEI is unique in the emphasis it places on creating a supportive, warm, and caring environment. Fellows are expected to facilitate the continuance of this environment. Disrespectful, derogatory, or inappropriate comments made to patients, staff, or faculty will be considered a serious breach of a fellow's obligation of professional conduct and will be dealt with accordingly.

You will be evaluated on your interpersonal and communication skills using the OCEX form, the semi-annual 360-degree evaluation, and your timely maintenance of medical records.

6. Professionalism

Fellows are expected to demonstrate behavior that reflects a commitment to continual professional development, ethical practice, and sensitivity to cultural diversity. All physicians have a responsibility to their patients, their profession, and society. Examples of this behavior include maintenance of patient confidentiality and sensitivity to age, gender, socioeconomic status, disability, religious, and sexual preference.

You will have formal instruction on patient confidentiality through the HIPAA internet course during orientation. You will directly observe the professional behavior of the faculty and staff. You will be expected to dress and present yourself in a professional manner. Part of professionalism is completing assignments on time and being on time for all assigned activities. You must be up-to-date on all medical records and surgery logs. You will have formal didactic professionalism training during the *Basic Humanities Training* sponsored by the WVU Department of Surgery.

You will be evaluated on professionalism by direct observation of the faculty and staff through the semi-annual evaluation. Lack of professionalism will lead to disciplinary action and/or possible dismissal.

ACADEMIC REQUIREMENTS

Requirements for Fellow Selection and Recruitment

The fellowship program participates in the San Francisco match and adheres to the National requirements and applicant process. All of the regulations are listed on the website, <https://sfmatch.org/>.

Incoming fellows must have completed an ACGME accredited residency in ophthalmology and have obtained a West Virginia Medical License.

Fellowship Orientation

The fellow will go through an orientation prior to seeing patients. The goals of the orientation are to introduce the new trainees to the working environment, including the electronic medical record, the physical facilities, and all pre-patient care required by the GME.

Billing Orientation

The fellow is required to attend the one hour billing orientation lecture presented by the WVUEI ophthalmology billing specialist manager. This will be scheduled during the month of July during resident orientation. If this lecture is missed, the fellow can make a one on one appointment with the billing manager.

Didactic Series

The ophthalmology residency program has an extensive didactic series, the schedule for which is provided on a monthly basis. The retina section is part of this series, and in general there is one lecture per month given by the retina faculty. The fellow is expected to attend all lectures given by the retina faculty. Additional lectures on ethics and sleep deprivation are also required. Every fellow/resident is expected to read the appropriate section of the basic science series prior to the lecture. If a fellow misses a didactic session, he/she is responsible for obtaining the notes from the lecture from one of the residents. These lectures occur in the Pangilinan Family Lecture Hall weekdays at 7 a.m. The fellow is responsible for checking the schedule him/herself to know when these occur. The fellow must sign the lecture attendance sheet at every session. These sheets are kept in a binder in the auditorium. The fellow may be excused in the case of a surgical or other retina related emergency.

As part of this post-graduate training, the fellow is expected to teach the residents. This will occur in on call clinical situations. However, the fellow will also formally teach the residents

in two didactic lectures per year of fellowship. OKAP review is NOT included in these two lectures. The topics for these will be assigned by the retina program director.

Failure to follow this policy will be brought to the attention of the program director. The program director will meet with the fellow. That meeting will be documented in a letter of counseling, which will be part of the fellow's permanent file. Failure to improve attendance or preparation will result in a letter of warning and probation. Probation may lead to dismissal from the program.

Grand Rounds

Grand rounds are currently held every Wednesday in the auditorium from 7:00 to 8:00 a.m. and attendance is required of the fellow. The only excused absence would be a surgical or other retina related emergency.

Outside CME Courses and Meetings

The fellow will be permitted to attend one conference or meeting during the fellowship. An additional conference/meeting will be permitted only if the fellow is presenting a peer reviewed poster or paper.

American Board of Ophthalmology Written Qualifying Examination Oral Examination

The American Board of Ophthalmology Written Qualifying Examination (WQE) is given to physicians who have completed an accredited residency training program in ophthalmology and who are candidates for board certification. Once the WQE is successfully passed, candidates are scheduled for the American Board of Ophthalmology Oral Examination, six months to a year later.

Prior to graduation, senior residents and fellows receive information on registration from the American Board of Ophthalmology Written Qualifying Examination. It is the fellow's responsibility to have registered and paid for his/her own board examination. The fellow will be given the day of the examination off from clinical duties. The fellow may elect to take a number of days of additional vacation (not leave) if desired. If the fellow is not on vacation the weeks before the exam he/she will not be asked to take evening/weekend calls.

After successful completion of the WQE, the fellow will be assigned a date for the oral examination. The fellow is expected to register and pay for this examination on his/her own. The fellow will be given time off to travel to and take this examination.

Ophthalmologists must recertify every ten years. If a fellow has already passed these examinations, then he/she is responsible for maintaining the certification.

Research Activity

Clinical research activities are encouraged but not required of the retina fellow and, when possible, laboratory research. Although it is not required, it is expected that such research will lead to a presentation at a scientific meeting and/or a publication in a peer-reviewed journal. The fellowship will provide resources to equip the fellow to assume this responsibility by participating in the development of new knowledge and evaluating research findings. The fellow has access to the labs on the third floor of the Eye Institute and the research faculty located in the Eye Institute.

Teaching Responsibilities

Fellows are to participate in the education of medical students, ophthalmology residents, residents from other services, and ophthalmic assistant students. Teaching requires depth of knowledge. To aid in the development of teaching ability, all fellows are required to complete the “Residents as Teachers,” module electronically (sole.hsc.wvu.edu) during orientation. There are many opportunities for teaching during the fellowship, including while on call, in the clinic, and in the operating room. The fellow also gives two lectures per year to the ophthalmology residents and presents Grand Rounds four times per year. The fellow is expected to be available to the consult and on-call ophthalmology resident for retina patients.

Fellow Duty Hours in the Learning & Working Environment

The WVU ophthalmology retina fellowship program follows the duty hour guidelines set forth by the ACGME. <http://www.hsc.wvu.edu/som/GME/PDFS/Bylaws-2010.pdf>. These are as follows:

Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and schedules activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all **in-house** call activities. (WVU Ophthalmology fellows do not take any in-house call.)

Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period (or defined 28 days), inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.

Adequate time for rests and personal activities must be provided. This should consist of a ten-hour period provided between all daily duty periods and after in-house call. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.

At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one day in seven completely from all educational and clinical responsibilities, averaged over a 4 week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The fellow is required to record his/her duty hours in the WVU E*value data base. These hours must be logged in each week. Instruction on the use of this system is given during orientation.

The fellow is expected to report fatigue upon completion of call to the program coordinator or program director. If the fellow is too fatigued to participate in clinical duties, he/she will be sent to the call room to rest. If signs of fatigue are detected by the faculty, the fellow will be sent to the call room to rest, and may be sent home to rest if still fatigued.

EVALUATIONS AND FINAL EXIT SUMMARY

Semi-Annual Evaluation

Every December the fellow will meet with the PD and go over their progress so far that year and review of the following:

- Duty hours
- Surgery logs
- Research projects
- Evaluations from faculty
- Self-evaluation
- Concerns or grievances

The fellow will also be asked to complete evaluations on the retina faculty, the fellowship program, and the fellowship program director.

Annual Evaluation

Every June the fellow will meet with the program director and go over their progress for the entire year and go over the following:

- Everything from the semi-annual evaluation
- 360° Evaluation
 - Nurses' evaluation of your performance
 - Technician's evaluation of your performance
 - Patient's evaluation of your performance

All evaluations are completed via the E*value system online. This allows for complete confidentiality for the fellow. Please answer all questions on evaluations honestly so the program and its participants can improve and grow.

- ✦ The retina faculty will evaluate the fellow every other month beginning in August. These evaluations will be aggregated together for a performance overview of the fellow. The fellow will also evaluate the faculty every other month.
- ✦ Residents will evaluate the fellow at the end of their retina rotation as well as be evaluated by the fellow.
- ✦ The fellow will evaluate themselves twice per year, in December and again in June.
- ✦ The fellow will evaluate the retina program and the retina program director at the end of each year.
- ✦ Patients will be chosen at random to evaluate the fellow in the clinical setting.
- ✦ Nurses, technicians, and support staff will evaluate the fellow at the end of each year.

Annual Program Review

The annual program review will be conducted each May in an integrated fashion with the SP process. (Please SMP document.)

SURGERY POLICIES & REQUIREMENTS

Currently, retina surgery is scheduled on Monday and Wednesday at Ruby Memorial Hospital and on Thursday at Mon General. Patients are booked with our surgical coordinators in the WVUEI. The schedulers will also arrange for pre-anesthesia testing (PAT).

Surgeries

Scleral buckling surgery: The fellow should be experienced in this form of retinal reattachment surgery and demonstrate that by documentation of performing or assisting in at **least 100 cases**.

Posterior vitrectomy surgery: The fellow should be experienced in performing this surgery for a variety of indications including, but not limited to, vitreous hemorrhage, diabetic retinopathy, proliferative vitreoretinopathy, giant retinal tear, endophthalmitis, intraocular foreign body, and a variety of trauma and macular disorders. This experience should be verified through documentation of **performing or assisting a minimum of 200 cases**.

Outpatient surgery: The fellow should have experience in treating retinal vascular and macular diseases with laser surgery. This experience should be verified through documentation of observing or performing **a minimum of 100 cases**.

When discharging an admitted patient from the hospital the fellow must:

- Fill out discharge papers completely
- Write prescriptions (if any) accurately and legibly
- Make sure the discharge papers are dictated
- Provide detailed instructions for at-home care of the patient including a follow up appointment with the faculty who performed the surgery
- Confirm that the patient and family/care giver completely understands the aftercare instructions and answer all questions in an appropriate manner

The fellow will be evaluated based on faculty observation in the OR, the fellow's dexterity in the OR, and understanding of the procedures/techniques used in the surgery. The fellow must be able to demonstrate the reasons and the decision process for the surgery as well as have an understanding of the post-op care, treatment of complications, and the use of medications.

Pre-Op Instructions:

You must provide the schedulers with the following information to book the surgery:

- The name of the operation
- Whether MAC or GA
- Predicted length of the operation
- Whether the patient will be admitted post-op or it is a same day surgery

Operation Instructions:

You must prepare (along with the resident on the retina rotation) a surgery packet for every patient. This packet will include:

- Signed consent forms
- A retinal drawing card
- OR tic sheet
- A copy of the WVUEI medical record sheet
- Completed admission and discharge order sheets
- An H&P (which is usually performed by the PCP, in emergency cases the resident or fellow will complete.)
- Request for admission labs (if needed)

Post-Op:

You must:

- Complete post-op orders
- Put together discharge instructions
- Fill out the order sheet and face sheet of the chart (resident or fellow)

Faculty is responsible for filling out billing sheets and dictating the operating note and speaking to family

The responsibility of care of a retina post-op patient is the responsibility of the fellow, resident on rotation, or the consult rotation resident. The ultimate responsibility of the patient is the responsibility of the fellow.

In Emergency Surgery Situations You Must:

- FIRST get consent to do the H&P
- Call PAU to arrange immediate examination of the patient
- Call 2-West to arrange a bed for the patient
- Call the OR and drop off a stamped (time and date) scheduling card at the OR desk
- Complete the surgery packet including the OR card

Admission and Pre-operative History and Physical Examinations

Patients who are to be admitted to the hospital or who are to have surgical procedures must have current history and physical examinations documented in their charts. Often the patient's primary care physician (PCP) will perform this for the patient. If the PCP has not done the H&P, it is the fellow's responsibility to do so. This is required of VAH patients as well as patients at the Eye Institute. The history and physical examination should be performed no more than one month prior to the surgical procedure. If a history and physical was performed further in advance, it might be appropriate, depending on the time span and the general health of the patient, merely to update it on the appropriate form.

All patients need signed and witnessed consent forms prior to surgery. The witness should not be part of the operating team. If consent must be obtained on the day of surgery, an order should be written to hold all pre-operative sedation until consent is obtained.

Patient Discharge

Same Day Care Unit (SDCU):

Patients who have undergone surgical procedures and have been admitted to the SDCU must meet discharge criteria outlined by the nursing staff prior to discharge. These criteria are as follows:

For local procedures the patient must:

1. Stay one hour after returning to the SDCU
2. Void without difficulty
3. Keep liquids down
4. Walk with a steady gait (provided he/she could do so before surgery)

For general anesthesia the criteria are the same, but the fellow is expected to check the patient prior to discharge. The fellow must determine that these patients meet the above criteria and the discharge instructions must be reviewed with the patient and/or caregiver. A brief discharge note is required, but no dictated note is required for discharge from the SDCU.

Inpatients:

The fellow should complete the discharge summary prior to discharge of the patient. This needs to be done in the electronic medical record as well as dictated. The referring physician, medical records, and patient receive a copy of this discharge summary. The summary includes discharge medications, which the fellow should review with the patient. The fellow is responsible for writing all required prescriptions.

Surgical Logs

Fellows are required to maintain a log of their surgical experience via the E*value online system. Cases are divided into Class I and Class III cases. Class I cases are procedures done primarily (50% or more of the case) by the fellow with direct supervision by faculty present in the operating room. Class III cases are procedures done primarily by a faculty member with the fellow as first surgical assistant. Surgery logs must be updated each week. The class and year of training must be entered for each case. Surgical logs will be reviewed and discussed with each resident as part of their twice yearly review with the program director.

The fellow may perform cases on call without supervision as long as they are considered in the purview of the general ophthalmologist. In this situation, the fellow must not enter the case into the surgical log. This is considered internal moonlighting and it cannot be counted as part of ACGME training.

Moonlighting

The only moonlighting permitted during fellowship is internal moonlighting. The fellow must have permission for internal moonlighting from the program director, which is documented in the fellow's file. Internal moonlighting is an **OPTION** for the fellow, **NOT** a requirement.

This internal moonlighting occurs in three ways. First, the fellow may be performing surgery or seeing patients without attending supervision while in the role of a general ophthalmologist. This is considered internal moonlighting and these hours are included in duty hours.

Second, the fellow is permitted to take call in the faculty general ophthalmology call rotation to increase salary.

Third, the fellow is permitted to take additional general ophthalmology call (or assist) for another attending ophthalmology faculty. This extra call is taken for extra pay that is paid by the faculty for whom the fellow is taking call.

None of these activities can interfere with the fellow's assigned duties, including adding to fatigue. If the fellow is taking extra call for pay, and is too fatigued to perform expected duties, then he/she will no longer be permitted to take extra call for pay. This will be determined by the program director. All internal moonlighting is included in duty hours.

On Call

The fellow will take at-home call based on the retina call schedule. Each month the fellow must have at least one day in seven off (this is averaged over the entire month). If the fellow is reaching the end of the month and knows they are close to the limit, they must contact the program director and program coordinator to discuss a solution.

All hours must be logged as duty hours, no matter what the reason for the call! Moonlighting, back-up, faculty, and retina service call must all be logged as duty hours when the fellow is working.

If there is ever a circumstance when the fellow is called in and the fellow does not feel comfortable with the patient situation or is unsure of the proper procedures required, **THE FELLOW MUST CALL THE RETINA FACULTY ON CALL FOR THE NIGHT!** The call will be covered by faculty if the fellow is away on vacation or a conference.

Pager:

Fellows are loaned pagers at no charge through Ruby Memorial Hospital. These pagers have a range of approximately ten miles.

LINES OF AUTHORITY

Lines of Supervision Policy:

Levels of supervision are defined in four categories:

1. Direct Supervision – the faculty are physically present with the fellow and patient
2. Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site and immediately available to provide Direct supervision.
3. Indirect supervision with direct supervision available – The supervising physician is not physically present within the hospital or other site of care, but is immediately available by telephone and/or other electronic modalities, and is available to provide direct supervision.
4. Oversight – Supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The fellow is supervised by the fellowship faculty and reports directly to the corresponding retina attending physicians. The fellow ultimately reports to the PROGRAM DIRECTOR .

While on call the PGY2 residents report to upper level residents who report to the attending physician on call. A faculty member is present for every OR surgical case performed on call. The fellow is considered faculty if he/she is staffing a case. This is an example of internal moonlighting. If the fellow is performing subspecialty retina surgery, then he/she must be directly supervised by one of the fellowship faculty.

Fellows are expected to bring problems to the attention of the program director. The program director may elect to bring the problem to discussion with the education committee, the retina faculty, the department chairman, or the GME dean.

Fellowship Program Coordinator:

The program coordinator's duties are managed by the administrative staff, under the guidance of the program director. They ensure that all databases, forms, and other materials necessary for compliance are kept updated. Fellows are required to follow the instructions of the program coordinator. The fellowship program coordinator reports to the program director and department administrator.

Fellowship Program Director:

The fellowship program director is responsible for ensuring that each fellow that graduates is competent to practice as a retina ophthalmologist in a professional, independent, and ethical manner according to the core competencies. The program coordinator, fellow, and faculty, as related to the fellowship program, are under the supervision of the program director. The program director reports to the department chairman, Designated Institutional Official, and Graduate Medical Education department.

Education Committee:

The Ophthalmology Residency program has an Education Committee that is comprised of the program directors, program coordinator, ophthalmology faculty, and chief resident. The

education committee meets approximately six to eight times per year prior to the department faculty meeting. This group discusses residency training issues and when needed may address specific individual resident issues. If needed, they will also discuss fellowship issues. When the meeting is about retina related issues, the retina fellow will be asked to join the meeting during the retina discussion.

PATIENT CARE POLICIES

Emergency Department Patient Evaluation

All emergency department requests for consultation must be seen within 20 minutes of the requested consult. The consult or on call resident often will contact the fellow for assistance in appropriate cases. The emergency department (ED) has a limited eye examination area. Unstable patients or those who have other services participating in their care should be examined in the emergency department. If the patient is stable, better ophthalmic equipment is needed, and the ED physician grants permission for the patient to leave the ED, the patient may be examined in the Eye Institute during normal working hours or in the 7-West eye examination room. Patients seen by the ED doctor must officially be discharged by that doctor, and you must communicate your management plan to the responsible ED doctor before letting the patient leave (this can occur by phone call; generally the patient does not need to return to the ED). The nurses on 7-West are responsible for inpatients and are not available to help with outpatients. If the patient is intoxicated or abusive, keep the patient in the ED. If you think you will need nursing assistance, keep the patient in the ED where nursing staff is available. Technical help is available in the Eye Institute on working days until 4:30 p.m. Any patient care required in the Eye Institute after 4:30 is the responsibility of the on-call physician. Please note that two physicians should be present in the Eye Institute with patients seen after hours in the event of a code and for the security of the physician.

Transition of Care

Transition of care is defined as when a physician transfers the care of a patient to another physician. This can occur in two fashions during the retina fellowship: A patient develops a non-retina illness and requires transfer to another service for care or the fellow is going to be away (vacation, illness, etc.) and therefore unable to follow retina patients.

Effective communication is vital to safe and effective patient care. Many errors are related to ineffective communication at the time of transition of care. In order to provide consistently excellent care, it is vitally important that we communicate with one another consistently and effectively when the care of a patient is handed off from one physician to another. This policy is meant to define the expected process involved in transition of care.

When transferring a patient to another service, the fellow will call the physician responsible for accepting the care of the patient. The fellow will relay the name and medical record number of the patient. The fellow will outline the nature of the illness for which the patient is being transferred and will explain the nature of their retina illness or need for surgery. If the patient is admitted to the hospital on another service, the fellow will round on the patient and write a note daily during the week. The fellow may sign-out the patient on the weekend to the on-call ophthalmology team if deemed appropriate by the attending retina physician.

The fellow is to communicate with the attending retina physician daily on retina patients that have been seen in off hours or are in the hospital. If the fellow is to be away, he/she will communicate with the attending retina physician who will continue to care for the patient. This also applies to when the fellow graduates.

The fellow is evaluated on transition of care in the twice yearly E*value system. It is part of patient care.

Proper Hygiene Techniques

In general, when examining general ophthalmology patients, the physician should avoid touching the ocular adnexa as much as possible. In order to facilitate examination of the patient's eye without hand-eye contact, the 12-inch non-sterile cotton swabs available in every room may be used to elevate the lid. When the physician must touch the lids in order to flip the lid or perform indirect ophthalmoscopy, routine hand washing between patients is required. When a patient with a possible contagious infection such as a bacterial or viral conjunctivitis is examined, the CDC recommends hand washing for at least 30 seconds in order to remove residual viral particles from the hands. In addition, the room should be cleaned with a 3:1 solution of household bleach in order to remove any residual viral material. This is VERY IMPORTANT because the spread of extremely contagious viral infections to epidemic proportions may start with the ophthalmologist. In addition, care must be taken when using a tonometer tip on any patient with a known infection. Tonometer tips should be routinely cleaned between patient examinations simply by rubbing the surface with an alcohol pad. These are available in every examination room. If there is reason to suspect that a patient has epidemic keratoconjunctivitis, the tonometer tip should be soaked in a 3:1 solution of bleach following the examination.

In many subspecialties such as dentistry, glove wearing for the examination of all patients is recommended. Ophthalmologists do not routinely encounter saliva or blood during examinations; however, since studies on spread of disease by tears have shown that numerous viruses can be spread in this manner, one should not hesitate, when in doubt, to wear gloves. These are available in every examination room and throughout the hospital. When examining a child who is suspected of having pharyngoconjunctival fever, wear gloves. With a known case of epidemic keratoconjunctivitis, wear gloves. When in doubt, notify the technician that the room has been contaminated and will need to be cleaned with a 3:1 bleach solution. The technicians are familiar with this routine and have no problem cleaning rooms as necessary. For those patients or caregivers that have a known LATEX allergy, latex free gloves can be found in all sections of the clinic.

Because the HIV virus has been isolated in human tears, patients who have AIDS or have tested positive for HIV should be examined with considerable, reasonable caution. Regardless of whether the physician has known cuts on his or her hands, the physician should wear gloves during examination of these patients, for both the patient's and the physician's safety. Intraocular pressure should be monitored using the tonopen with disposable tips.

REMEMBER: When in doubt, wear gloves.

Schedule Policies/Record Keeping

Call Schedule:

The fellow is on the Retina Call six days a week. If the fellow is going to be away then coverage arrangements should be made by the fellow with faculty. If the resident on general call has a retina problem, he/she will seek advice from the retina fellow. The retina fellow, being a temporary staff member, will also be on the general staff call rotation for the entire department in his/her turn.

Should there be a retina problem requiring intervention, retina faculty will become involved in the decision making and participate if necessary.

Medical Record:

Fellows should complete and sign all medical records at least once a week. These are completed electronically. Failure to complete medical records will lead to suspension of hospital privileges and will be recorded as a lack of professionalism in the fellow's permanent file.

Billing

Faculty, fellows, and residents must be fully familiar with the billing code and rules. The fellow is considered faculty and can bill independently. All Medicare patients must be examined and a note written in the POC chart by faculty or the fellow. The resident alone is prohibited from generating a Medicare bill. Angiography and retinal ablation procedures must be supervised and signed off by faculty or fellow on POC Procedure Note.

Seeing Relatives in Clinic

Fellows are permitted to see relatives in clinic. However, all of these patients must register at the front desk and they must have a record of the visit. This must occur during business hours when the fellow does not have other assigned duties.

INSTITUTIONAL POLICIES

Resident/Fellow Contract

A copy of the resident/fellow contract can be found at www.hsc/wvu.edu/som/gme.

Fellow Promotion

The decision whether to promote a fellow from the PGY-5 to PG-6 year, as well as the decision to graduate the PGY-6 fellow shall be determined by the fellowship program director.

In each of the rotations' goals and objectives the evaluation in each core competency area has been described. Fellows are expected to participate in all aspects of the curriculum as described in the program design. Fellows are expected to complete all academic and administrative duties as outlined in this manual.

The criteria for advancement from one post-graduate year to the next, and for graduation from this program, are successful completion of all assigned duties in each core competency area. Included under the competency of professionalism is impairment prevention. Impairment prevention is the absence of impaired function due to mental or emotional illness, personality disorder, and substance abuse. As the fellow advances from one level of training to the next, he/she must act with increasing independence and be competent to supervise others. To be granted a certificate of completion, the PGY-6 fellow must be competent in all of the six core competency areas and be able act independently as a vitreoretinal surgeon.

The sponsoring institution (WVU School of Medicine) requires all fellows have a West Virginia Medical License prior to beginning training. The sponsoring institution and state of West Virginia require osteopathic physicians to have their osteopathic license before July 1st of their PGY-2 year of training. (See medical license policy)

Academic Discipline Policy

The WVU Department of Ophthalmology follows the academic discipline policy established by the WVU Graduate Medical Education By-Laws. This policy can be reviewed in the House Staff Manual or on the website, www.hsc/wvu.edu/som/gme.

The WVU Department of Ophthalmology also has specific criteria that complement the WVU GME by-laws on academic discipline. For a fellow felt to have a deficiency in his or her training, the Department of Ophthalmology due process guidelines progress sequentially in three parts.

1. Meeting and letter of counseling.
2. Letter of probation.
3. Letter of warning.

The meeting with the fellowship program director and consequent letter of counseling will state the specific deficiencies and what the expectations of the fellow are. These will also indicate what the fellow can do to improve and will try to determine if there are outside factors which may explain why there is a problem.

The letter of probation will specifically state the deficiencies the fellow has been counseled for and that no improvement has been made, as well as the period of time of probation and what the expectations of the fellow are during the probation period. If the resident fails to meet these expectations, he or she may be terminated from the fellowship program. The letter of probation will also describe what will be done to assist the fellow in meeting expectations and what mechanism of evaluation will be used to determine the resident's improvement.

A letter of warning will be issued to a fellow who has not met expectations during the probation period. This letter of warning will state that expectations outlined in the probationary letter have not been met and that the fellow has a limited, defined amount of time to improve or the fellow will be dismissed from the program. The fellow has the right to appeal under the WVU Graduate Medical Education Policy. (www.hsc/wvu/edu/som/gme)

Dismissal Procedures

The Department of Ophthalmology has established the following policy for the Retina Fellowship Program to use in the termination/dismissal of fellow's employment.

Termination of a fellow's employment prior to the established expiration date of the contract may be accomplished only for good reason.

The fellow should be placed on probation prior to termination unless the reason for termination is gross misconduct.

If the fellow desires a termination of employment, a letter of resignation should be submitted to the program director stating the reason for departure - an interview with the fellow may be requested by the program director. Termination may be granted with the concurrence of the program director, department chairman and director of graduate medical education.

In accordance with the Institutional Policy, the sponsoring institution (WVU School of Medicine) may elect to terminate a fellow's or resident's employment prior to the contract expiration date including but not limited to:

1. Academic or professional (gross) misconduct.
2. Endangerment of the health or safety of others, including patients, employees, or other persons.
3. Misrepresentation on his/her application for admission to the residency program.
4. Unethical, unlawful or immoral conduct.
5. Negligence of the tasks, duties or responsibilities assigned by the program director or other authorized persons including but not limited to the proper and timely completion of medical records.

6. Failure to fulfill obligations as set forth by West Virginia University Hospitals' agreement including violating any policy of West Virginia University.
7. Commitment of any act or failure to act which, under applicable state laws, could lead to disciplinary proceeding or the revocation, suspension or termination of a physician license to practice medicine in West Virginia.
8. Commitment of any act or failure to act, which, under the Bylaws of the medical staff of West Virginia University Hospitals could lead to disciplinary action or the revocation, suspension, or termination of the clinical privileges or appointment of a member of the Medical Staff of West Virginia University Hospitals.
9. Loss or suspension of a valid license to practice medicine in West Virginia.

The Program Director, shall notify the fellow in writing of the decision to terminate employment. The Program Director will notify the director of graduate medical education of the decision. Upon notice of termination, the fellow has the right to request a fair hearing.

If an action is initiated during the term of the fellow's contract, the routine process shall be as follows:

1. The fellow will be notified that the program is considering action.
2. Upon notification, the fellow will have an opportunity to meet with the program director and present verbal and written evidence in support of his/her position in response to the reasons for the action set forth by the program director.
3. After the above referenced meeting, if the program director believes that action is warranted, action may be taken. Such actions include, but are not limited to dismissal, letters of warning or reprimand, suspension with or without pay, and extension of the terms of the fellow's program. All are the option that may be instituted by the program director.

While it is hoped that it will never be necessary to institute probation and/or termination of any fellow, each fellow must recognize that the program director and faculty have the responsibility to be certain that every fellow who completes the training program at WVU Department of Ophthalmology can be certified as having satisfactorily completed his or her training.

Grievance Procedure

Retina fellows are encouraged to seek resolution of grievances relating to appointment or responsibilities, including any difference between fellows and WVUH, the WVUEI or WVU School of Medicine with respect to the interpretation of, application of, or compliance with the provision of the agreement, in accordance with the grievance procedures set forth on the WVU website www.wvu.edu/~adminfin/policy. Forms and procedures are available from the WVU Human Resources Department located on the Ground Floor of the Health Sciences Center. This grievance procedure is also found in the By-Laws of the WVU Graduate Medical Education Programs.

Practitioner Health Committee

Any physician (resident/fellow) with a physical, mental, behavioral, or emotional illness that may interfere with the practitioner's ability to function appropriately and provide safe patient care will be dealt with by the West Virginia University Hospitals Practitioner Health Committee as outlined in the GME bylaws. <http://www.hsc.wvu.edu/som/GME/PDFS/Bylaws-2010.pdf>

Military Leave Policy

The WVU Department of Ophthalmology follows the WVU Graduate Medical Education Programs Military Leave Policy found in the WVU GME By-Laws.

Resident Program Closure/Reduction

If the WVU School of Medicine intends to reduce the size of a residency/fellowship program or to close a residency/fellowship program, the department chair shall inform the fellow/resident(s) as soon as possible of the reduction or closure. In the event of such reduction or closure, the department will make reasonable efforts to allow the fellow already in the program to complete their education or to assist the fellow(s) in enrolling in an ACGME accredited program in which they can continue their education. <http://medicine.hsc.wvu.edu/gme/gme-policies/>

Dress Code

Personal dress, cleanliness, conduct and appearance are of utmost importance in the provision of healthcare services. Any fellow not appropriately attired will be sent home by the program director, program coordinator, or faculty member.

1. Clothing must be clean and neat, stain and wrinkle free. Clothing must be modest in style, allow comfortable ease of movement and be non-revealing. Underclothing should not be detectable through outer clothing.
2. White coats and ID badges must be worn at all times when in the patient care areas.
3. Hair must be kept neat, clean and of natural shading. Beards and mustaches must be short, clean and well groomed. Nails must be well groomed and manicured.
4. The fellow should use the necessary precautions with regular bathing, deodorants, and good dental hygiene to avoid offending patients and staff with body odor and/or bad breath. Light scented cologne or aftershave is permitted. Avoid strong perfume/cologne.
5. Denim pants of any color, tank/tube tops, shirts that expose the midriff, "advertisement-type" tee shirts, sweatshirts, sweatpants, running or jogging suits, shorts, mini-skirts, skorts and ball caps are not permitted.

6. Exposed tattoos or exposed body piercing are prohibited. Modest ear piercing (maximum three per ear) is acceptable.
7. Open toe footwear and canvas tennis shoes are not acceptable in any clinical patient contact area. Hosiery or socks are required. (Comfortable tennis shoes are permitted in the operating room only.)
8. In unusual circumstances (e.g. post call with no opportunity to change) blue scrubs may be worn with a lab coat in clinic areas. However, this practice is discouraged.

Pharmaceutical Representatives

Graduate Medical Education Committee (GMEC)

Policy on Resident Interactions with Vendor Representatives

The purpose of this policy is to establish guidelines for interactions with industry representatives for residents in graduate medical education programs sponsored by the West Virginia University School of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs.

It is the policy of the West Virginia University School of Medicine GMEC that interactions with industry and its vendors should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately.

Consistent with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. Any gifts accepted by residents should not be of substantial value in accordance with WV Code 6B-2-5. Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function. Cash payments should not be accepted. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Industry vendors are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment. Industry vendors are permitted in nonpatient care areas by appointment only.

Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, with the approval of the program director or department chair, or designated hospital or clinic personnel issuing the invitation.

Vendor support of educational conferences involving resident physicians may be used provided that the funds are provided to the institution not directly to the resident. The program director should determine if the funded conference or program has educational merit. The institution must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The meeting or lecture content must be determined by the speaker and not the industrial sponsor. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse. All residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry vendors.

Approved by GMEC Taskforce 12/14/06 ACGME Institutional Requirements

Approved by GMEC 1/12/07 111.B.13

Modified by GMEC Taskforce 2/5/09

Modified by GMEC 3/13/09

MEDICAL LICENSE, REQUIRED EQUIPMENT, & REIMBURSEMENTS

West Virginia Medical License Policy

The fellow must obtain their West Virginia license to practice medicine (or osteopathic equivalent) before beginning fellowship training. This license must be kept current. If the fellow does not possess this license he/she will not be issued a contract for renewal and will not be permitted to continue in the training program. The fellow is responsible for paying for his/her own medical license.

Items the Fellow Must Purchase

Fellows must purchase their own fundus lenses and loupes prior to starting their fellowship training.

Policy on Academic Meeting Attendance and Request for Reimbursement

The West Virginia University Eye Institute hosts one to two continuing education conferences per year. Fellow attendance at these conferences is mandatory. No vacation may be taken during these conferences.

If funds permit, the department will pay up to \$1,500 for travel expenses each year for the fellow to attend a national meeting. The fellow is expected to submit scholarly work to these meetings. In the second year of training, this stipend is for the Fall ASRS/AAO Meeting.

Travel arrangements should be made well in advance of travel dates, and only after approval of the Program Director.

The following are to be paid directly by the department. Fellows must contact the department administrator to arrange payment for these: Organizational membership (i.e. ARVO), registration for meeting fees, and airfare.

Items to be reimbursed to the traveler include the following. The fellow must provide exactly what is listed to the departmental accountant in order to be reimbursed.

- Hotel – original room folio must show balance paid
- Rental Car – original receipt showing balance paid, may also turn in gasoline receipts
- Cab Fare or Shuttle – request receipts
- Parking at the airport – request receipt
- Mileage (personal vehicle) – reimbursed at the current state rate

- Meals – per diem or actual itemized receipts (Per Diem will vary based on city of destination, actual receipts may not exceed \$100 per day.)

Reimbursement will take two to three weeks.

VACATION/LEAVE POLICIES

The fellow leave guidelines of the West Virginia University School of Medicine exist to ensure the safety and general welfare of the fellows and the effectiveness of the training programs. The guidelines are in accordance with the guidelines of West Virginia University and West Virginia University School of Medicine; the guidelines are approved by the Resident/Fellowship Program Director, the department chair, and the graduate medical education committee.

The program director will review fellow leave time prior to approval or denial of the leave request. Due to the potential for stress and fatigue during fellowship training, it is expected that fellows will take advantage of whatever amount of annual leave you are able to take each year in accordance with this policy without consequence to your studies. If not requested, annual leave may be assigned at the discretion of the Program Director.

However, if the use of leave impacted the fellow's ability to complete program requirements in the allotted training time, the fellow may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time.

Annual Leave (Vacation)

Full time fellows will accrue two (2) days of annual leave per month. A day in the leave system is equal to 7.5 hours. **While, as a fellow, you are entitled to use, and may request the use of, the entirety of your annual leave, the retina program requires that its fellows request no more than 15 days of annual leave per year to ensure that program requirements are met.**

Annual leave must be accrued prior to using it. Annual leave time caps at 24 accrued days which will appear in the leave system as 180 hours. Once you accrue 24 days, you will stop accruing annual leave. Unused accrued annual leave time carries over from year to year, and at the end of your fellowship, beginning from the day following your last day worked, any unused time, up to the maximum allowable accumulation of 24 days (180 hours), will either be paid to you in a lump sum or you may choose to remain on the payroll until your leave is exhausted if you are leaving the institution, or, if you are staying on as faculty, unused accrued leave will transfer over to your new position or to another qualifying state agency.

Annual leave will be granted and is determined by the total number of Department providers present during the time period requested. All annual leave must be approved, in advance, by your program director and reported to the fellowship coordinator at least six (6) weeks in advance (exemptions may be granted, by the program director, based on the circumstances of the fellow). Program directors have the right to deny annual leave at the requested time. The amount of time that can be missed is limited by the educational goals of the program. No block of time greater than two (2) weeks may be granted. Extended annual leave or

combining annual leave with meetings is discouraged due to prolonged absence from the program. Such requests require special approval from the Program Director.

A fellow does not have the option of reducing the time required for the fellowship by forgoing annual leave.

Sick Leave

Full time fellows will accrue 1.5 sick days per month. Sick leave must be accrued prior to using it. Sick leave may be used by an employee who is ill or injured, when a member of the immediate family is seriously ill, or when a death occurs in the immediate family. Immediate family is defined as: father, mother, son, daughter, brother, sister, husband or wife, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandmother, grandfather, granddaughter, grandson, stepmother, stepfather, stepchildren, or others considered to be members of the household and living under the same roof.

If you have any question regarding whether sick leave can be used, please contact the fellowship coordinator. **Excessive/unexplained absences (even if “excused” may affect your competency evaluation and/or your promotion to the next level of training.** Sick leave for more than five (5) consecutive work days cannot be granted to a fellow without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof. A fellow who has been absent from work for an extended period because of illness or injury must obtain medical clearance before returning to work. The retina program may require verification of an illness or other causes for which leave may be granted under this policy regardless of the duration of the leave. A copy of all medical documentation must be sent to the medical management unit.

Holidays

While the WVU provides scheduled holidays to its employees as state employees, the requirements of medical coverage do not allow for all these holidays to be taken as scheduled. The Program Director and fellowship coordinator will assist in scheduling and coordination of available holiday time.

If you are on a service where physicians observe a state holiday, you will not be required to work on that holiday. As professionals, you are exempt from overtime or compensatory time, therefore, if a service requires you to work on a state holiday; you will not be compensated additional amounts for that worked holiday.

However, fellows who work on state-defined holidays (for example, Thanksgiving Day or a service where physicians do not observe a state holiday) may be granted an equivalent number of alternate days to be taken at a time mutually agreed upon by the fellow, the Program coordinator, and the Program Director. No grant of an equivalent number of days is required of or owed by WVUSOM.

Continuing Medical Education Leave

All CME conferences a fellow wishes to attend must be approved, in advance, by the Program Director and reported to the fellowship coordinator. Attendance at CME conferences counts toward duty hours during the actual conference time. As a result, annual leave does not need to be used for CME attendance. One day of travel time, if necessary, will be granted before and after the conference without the use of annual leave.

Leave of Absence

A Leave of Absence (LOA), including family medical or military leave, may be requested by a resident/fellow after all applicable leave time has been exhausted. The University policies regarding LOA, WVU BOG 24 regarding leave and the University Human Resources Department provide guidance regarding the procedures and forms that must be completed.

Generally, LOA will be granted based on the need to attend to personal matters such as perinatal care or serious illness. No academic credit may be provided for non-annual leave. Fellows are advised that LOA may impact his/her ability to complete program requirements. Therefore, a fellow who takes a LOA may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVU School of Medicine. A maximum of six months of LOA may be honored before a fellow may be required to reapply to be considered for reacceptance into the program.

University policy and applicable laws control compensation and duration of leaves for pregnancy, illness, military, or injury. Educational requirements of the fellowship must be met irrespective of leave. Such leaves may result in the extension of time necessary to complete the fellowship. The Program will make every attempt to meet individual needs created by pregnancy or illness, and LOA will be considered and provided in accordance with University policy and applicable law, but the Program cannot control the potential inability of a fellow to complete the required training if a LOA is taken.

Procedure for Requesting Leave

The Retina Fellowship Program requires that annual leave requests be submitted in writing for approval three months in advance of the requested time off. ***AN ANNUAL LEAVE REQUEST FORM MUST BE COMPLETED AND SUBMITTED FOR APPROVAL.*** After all required signatures are obtained, the leave request form must be provided to your designated leave coordinator for entry into the www.MyAccess.wvu.edu system. If prior written approval is not sought for annual leave, disciplinary action may result, and a letter will be placed in your personnel file. Annual leave requests without the required advance notice may not be approved.

Coverage for call schedules, patient care, and other obligations must be adequately arranged for by the fellow and communicated. A copy of the Annual Leave Request Form is in the appendix.

Grievance, Witness, and Jury Leave

Fellows who are subpoenaed, commanded to serve as jurors, or required to appear as witnesses or representatives for review proceedings of the Federal Government, the State of West Virginia, or a political subdivision thereof, or in defense of the University shall be entitled to “work” release time for such duty and for such period of required absence which overlaps regularly scheduled work time. Employees are entitled to leave with pay for the required period of absence during the regularly scheduled work time including reasonable travel time. For additional information, refer to the WVU Department of Human Resources Policies and Procedures.

When attendance in court is in connection with official duties, time required, including reasonable travel time, shall not be considered as absence from duty.

Faculty Cancelled Clinics

When a faculty member cancels a clinic they will notify the secretary in charge of the faculty absence schedule will document this information on the faculty vacation and meeting schedule.

In the event of a faculty absence, it is expected that the fellow will be available to assist in patient care as necessary. When a faculty member is absent, he or she may assign tasks or clinical duties to the fellow. If the fellow decides to use their time to pursue scholarly activity they must obtain prior approval from the program director.

Fellow may notify the program director if they wish to pursue activities (such as doctors or dentist appointments) outside of the department in which they cannot be available for patient care. After the program director approves the request, that time will not be counted against vacation time.

Research Days

The fellow will have time for research (scholarly activity) when the faculty is out, and when otherwise scheduled. The fellow will need to spend on average about an hour per night of his/her own time to complete the scholarly expectations. These expectations are outlined elsewhere in this manual.

Inclement Weather

If a resident/fellow is absent due to inclement weather, an annual leave day must be taken unless the institution is closed. The fellow is expected to immediately inform the supervising faculty, the program director, and the fellowship coordinator of such events. Additional information regarding leave can be found in WVU BOG 24 or at www.hr.wvu.e

NO MATTER WHAT THE REASON FOR THE LEAVE OR VACATION, REQUEST FORMS NEED TO BE SUBMITTED TO THE PROGRAM DIRECTOR WITH THE FELLOWSHIP COORDINATOR COPIED SO WHEN A DECISION IS MADE AND THE ABSENCE IS PLANNED, THE FELLOWSHIP COORDINATOR CAN INFORM THE APPROPRIATE FACULTY/STAFF.