West Virginia University Ophthalmic Plastic and Reconstructive Surgery Fellowship Program Manual

2020-2021 Edition

(Revised April 21, 2020)

West Virginia University Eye Institute
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Message from the Program Director

Fellowship is the most exciting time in one's training. You are finally able to focus on the specialty that will become your professional career, without the pressures of running a practice. You have been chosen to train in our program because you have the potential, desire, enthusiasm, professionalism, and character to successfully complete this fellowship. It will require a great deal of effort and commitment on your part. While learning does not stop upon completion, this may be the final time where you have formal guidance. You will be instructed and evaluated in the six core competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME). With our guidance, you are expected to master each of these areas. Your individual success will come from a team effort and will be compared to fellows across the United States. You will need to make the transition in your study habits from sole memorization to thinking, applying, and improving. With our knowledge and experience, the faculty will assist you to build the foundation for successful and ethical ophthalmic plastic surgery practice. The ultimate responsibility for your education, however, rests with you. With this in mind, I look forward to your tenure here.

John Nguyen, M.D.

Dedication

Dr. Linberg is internationally recognized in the field of Ophthalmic Plastic and Reconstructive Surgery. He is the founder of the West Virginia University Eye Institute and started the fellowship program in Ophthalmic Plastic and Reconstructive Surgery. He has been a mentor to me and many fellows. With great appreciation, I dedicate this work to him.

Accreditation Council for Graduate Medical Education Six Core Competencies

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 you do not possess the knowledge to do so.

The basis of your medical knowledge will be learned by careful self-study, which requires significant personal discipline and commitment to learning. Your success depends on your dedication to your training. The habits you establish now will form the foundation for the rest of your career. **You should set aside at least one hour each week night for this purpose**.

The study of anatomy forms the foundation from which ophthalmic plastic surgery can be learned. In your first year of fellowship, you will perform a cadaver dissection. There is a great deal of work involved and you must be prepared by studying your anatomy before the dissection. Atlases by Dutton, Rootman, and Baker should be reviewed.

To further your education, the faculty provides a didactic series. Included in this series are sessions on ethics, practice management, billing, and basic science research.

Throughout your fellowship, the faculty will recommend continuing education courses for you to attend. These include courses at the American Academy of Ophthalmology and American Society of Ophthalmic Plastic Surgery meetings.

As part of your education you must learn to use the current literature in your management of patients. You are assigned dates upon which to present cases for Multidisciplinary Orbit/Oculoplastics Rounds (Grand Rounds). Included in this presentation should be a review of the current literature. Each Grand Rounds presentation should be recorded on your CV. Part of your presentation should include a slide stating how the material you present will affect your future practice. You will also learn to evaluate the literature through scholarly work, and monthly plastics academic sessions (journal club).

In addition to "book knowledge" you will learn by direct observation and instruction by the faculty. You must also practice self-directed learning with regard to patients you see in faculty clinics, on call and at the VA. I encourage you to choose one patient chief complaint each day on which you are going to further study that evening. As you learn, you need to teach the residents (ophthalmology, ENT, plastic surgery, OMFS, etc.) and medical students the knowledge you have acquired. Teaching requires a deep understanding of the subject matter.

You also need to learn to perform ophthalmic plastic surgery. This requires being prepared by reading about procedures and reviewing the patients' charts prior to the day of

surgery. **You would not want someone to operate on you or your family member who was not prepared.**

You will be evaluated on your medical knowledge throughout your fellowship. You will also be evaluated after fellowship and throughout your career by written and oral board examinations and the maintenance of certification process. If you are board eligible (not already board certified) you will take your written Ophthalmology Board examination during your first year of fellowship, and provided you pass, your oral examination in your second year of fellowship. The faculty will test your medical knowledge during your presentation of patients in the clinic, on call, and at the VA. A formal observation of a simulated patient examination will be completed. Your surgical skills will be evaluated by direct observation and using the GRASIS form. Your progress will be reflected in your semi-annual evaluation and your progress through the ACGME Milestones.

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 clinical competency committee. Upon graduation from this fellowship program you should be comfortable with your 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 ophthalmic plastic surgery 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 ophthalmic plastic 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.

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 ophthalmic plastic surgery by formal instruction with the faculty in the operating room. You must be prepared for each procedure you attend or perform. **Surgical care includes the pre-operative and post-operative patient care.**

The faculty will evaluate your ability to care for patients by direct observation. Evaluation tools used by the faculty include GRASIS forms and the formal semi-annual

evaluation. Your patient care will 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. The Clinical Competency Committee will follow your progress using the ACGME Milestones for Ophthalmic Plastic and Reconstructive Surgery.

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 ophthalmic plastic 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) journal club (plastics academic session), and scholarly work 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 seen.

You will be evaluated on your Grand Rounds and journal club 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 the ACGME case log. 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. **This is your self-assessment surgical improvement log (SSIL).** 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 ophthalmic plastic surgery using the current scientific literature. Your progress in this competency will be followed by the Clinical Competency Committee and formally recorded using the ACGME Milestones.

Throughout your career, you will need to evaluate and improve your practice. In order to learn this, you will be involved in 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 two types of delivery systems. You will go through orientation at WVU hospitals and the VA hospital 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.

Your ability to practice within each system will be evaluated in your semi-annual evaluation and by the Clinical Competency Committee using the ACGME Milestones.

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 West Virginia University Eye Institute 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 in your the semi-annual evaluations, by your timely maintenance of medical records, and by the Clinical Competency Committee using the ACGME Milestones.

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. This will be formally documented by the Clinical Competency Committee using the ACGME Milestones.

(https://medicine.hsc.wvu.edu/media/365654/acgme-core-competencies.pdf)

Program Design/Aims

West Virginia University is proud to have one of the few ophthalmic plastic surgery fellowships in the United States. This fellowship is a two year program, fully accredited by the ACGME. The West Virginia University Eye Institute is the only tertiary eye center in West Virginia and draws patients from around the state and the surrounding areas. This comprehensive service package and geographical catchment area provide a great range of pathology, allowing an excellent educational experience.

In addition to a well-rounded experience, one of the strengths of this fellowship is the emphasis on disease and surgery of the orbit. This is exemplified by the multidisciplinary skull base work, the thyroid eye clinic, and the vascular malformation clinic. During your tenure you will be a part of the WVU skull base team and participate in all aspects of clinical evaluation, preparation, surgery, and follow-up. In all aspects of this training the fellow is expected to learn, implement, and exemplify the core competencies set forth by the Accreditation Council for Graduate Medical Education. To enhance your cosmetic experience, you will be required to rotate in a cosmetic private practice as arranged by the Program Director.

While the goals and objectives are written as rotations, these rotations do not occur at separate discreet times, but rather they are integrated. This is described in the goals and objectives section. As you progress through fellowship, you will gain knowledge and be given increasing responsibility. You will be expected to be able to function independently as a general ophthalmologist. To this end you will be permitted to take call as part of internal moonlighting in the faculty call schedule. You are to be available to the residents on call.

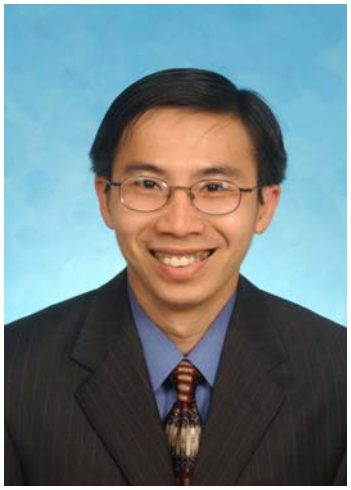
The Eye Institute has an extensive didactic series in which the fellow participates. The fellow is expected to attend every lecture given by the fellowship faculty, lectures on ethics, billing, and practice management, and Grand Rounds. The fellow presents Multidisciplinary Grand Rounds 4 times per year. As part of plastics academic sessions, pathology slides are reviewed as a group with Dr. Williams in the department of pathology.

Understanding research and being able to interpret published articles is part of the academic mission of the West Virginia University Eye Institute and Ophthalmic Plastic and Reconstructive Surgery Fellowship Program. Reviewing and interpreting the literature is part of plastics academic session (journal club), all Grand Rounds presentations, and clinical patient care. Scholarly activity is required of every fellow. In each year of training, the fellow is expected to produce at least two works for publication (papers or chapters), with Dr. Nguyen as a co-author. Collaborative research is encouraged at every level in this institution. You will be guided through these endeavors by your faculty.

Our goal is for every fellow to graduate with competence and confidence in the field of ophthalmic plastic and reconstructive surgery.

Ophthalmic Plastic and Reconstructive Surgery Faculty

John Nguyen, M.D.



Dr. Nguyen is professor and director of the ophthalmic plastic and reconstructive surgery fellowship at the West Virginia Eye Institute. He is board certified in ophthalmology and joined the faculty in October, 2009. He completed his medical degree, an internship in internal medicine, and a residency in ophthalmology at the University of Texas Medical Branch at Galveston. His fellowship training in ophthalmic plastic and reconstructive surgery was completed at Massachusetts Eye and Ear Infirmary/Harvard Medical School under the mentorship of Aaron Fay, M.D. He serves on the Archives committee of the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). He co-founded the ASOPRS forum and ASOPRS surgical case log system. He is the recipient of the 2018 ASOPRS Outstanding Contribution Award. His clinical interests include orbital trauma and vascular malformation.

Bradley Thuro, M.D.

Dr. Thuro is assistant professor of ophthalmology at the West Virginia University Eye Institute. Dr. Thuro is board certified in ophthalmology and joined the faculty in August, 2016. He earned his medical degree from the University of Arkansas, completed internship at the University of Arkansas, and ophthalmology residency at the University of Arkansas. He completed an ophthalmic pathology fellowship under the direction of Dr. Dan Albert and Dr. Heather Potter, at the University of Wisconsin-Madison. Dr. Thuro studied ophthalmic plastic and reconstructive surgery under the mentorship of Dr. Bita Esmaeli at MD Anderson Cancer Center in Houston, Texas. He has particular interests in ocular adnexal and orbital malignancies and teaching ophthalmic pathology. He has additional research interests in graft and implant materials used in ophthalmic plastic surgery.

Ophthalmic Plastic and Reconstructive Surgery Faculty

Ira Vidor, M.D.

Dr. Vidor is in private practice in Newport Beach, California and the Inland Empire. He is board certified in ophthalmology and he joined the fellowship faculty in September, 2016. He earned his medical degree from The Chicago Medical School, completed internship at Saint Francis Hospital in Evanston, Illinois, and ophthalmology residency at the University of Texas, Southwestern Medical Center at Dallas. Dr. Vidor studied ophthalmic plastic and reconstructive surgery under the mentorship of Drs. John Linberg and Jennifer Sivak-Callcott in 2009. He has particular expertise in cosmetic eyelid surgery, revision eyelid surgery and non-surgical facial rejuvenation. Dr. Vidor's rotation in southern California offers the dimension of cosmetic private practice to the fellowship training. Dr. Vidor has worked extensively with the Young ASOPRS group (YASORS).

John V. Linberg, M.D.

Dr. Linberg is professor of ophthalmology at the West Virginia University Eye Institute and director of the ophthalmic plastic reconstructive surgery service at the Louis A. Johnson Veterans Administration Medical Center. Dr. Linberg joined the faculty in 1983. He served as the Chairman of the Department of Ophthalmology from 1995 to 2007. During this time he founded the West Virginia University Eye Institute which opened in 2001. He earned his medical degree from New York University, completed internship at Rose Memorial Hospital, Denver, Colorado, and ophthalmology residency at Saint Luke's Hospital, Columbia University, New York City. Dr. Linberg studied orbital and oculoplastic surgery under the mentorship of Dr. Richard Anderson at the University of Iowa. Dr. Linberg is world-renowned for his work in lacrimal disease and surgery. He is a member of the Orbital Society, and has held many positions in ASOPRS. Dr. Linberg is actively involved in the didactic and scholarly activity of the ophthalmic plastic reconstructive service.

Outside Faculty

Ira Vidor, M.D., Private Practice, California (cosmetic experience)
Brian Ellis, M.D., WVU Department of Ophthalmology (neuro-ophthalmology)
Erica Ghareeb, M.D., WVU Department of Dermatology (Mohs procedures)
Zachary Zinn, M.D., WVU Department of Dermatology (vascular malformation clinic/laser procedures)
Mark Armeni, M.D., WVU Department of Otolaryngology (Facial Plastics)
Jonathan E. Castano, M.D., WVU Department of Otolaryngology
Jeffson Chung, M.D., WVU Department of Otolaryngology (Head and Neck)
Tanya Fancy, M.D., WVU Department of Otolaryngology (Head and Neck)
Brian Kellermeyer, M.D., WVU Department of Otolaryngology
Chadi Makary, M.D., WVU Department of Otolaryngology
Jason McChesney, M.D., WVU Department of Otolaryngology
Rusha Patel, M.D., WVU Department of Otolaryngology
Hassan Ramadan, M.D., Chairman, WVU Department of Otolaryngology
Meghan T Turner, M.D., WVU Department of Otolaryngology
Kerri Woodberry MD, MBA, FACS, M.D., WVU Plastic, Reconstructive and Hand Surgery
Jeffery Hogg, M.D., WVU Department of Radiology (neuroradiology)
Robert Marsh, M.D., Ph.D., WVU Department of Neurosurgery
Hal Meltzer, M.D., Section Chief, WVU Pediatric Neurosurgery
H. James Williams, M.D., WVU Department of Pathology

Facilities and Equipment

- Eye Institute
- Auditorium
- Operating Rooms
- Hospital Examination Room
- Anatomy Dissection Laboratory
- Library
- Office Space
- Call Room
- Pager
- Veterans Administration Hospital
- Equipment Purchase Requirement

West Virginia University, Robert C. Byrd, Eye Institute

The West Virginia University Eye Institute 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 institute has an extensive examination and treatment area. There are 40 examination rooms including 12, 20-foot 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 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 institute uses an electronic medical record system, EPIC. 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 which is linked to the EPIC EMR. These images can also be viewed through *Synapse*, the West Virginia University Health Sciences Radiology network-based system.

The Eye Institute is dedicated to training future ophthalmic plastic and reconstructive surgeons. The fellowship training program is two years in length. Physicians must have completed a residency in ophthalmology. One fellow is accepted every two years.

Special space is dedicated to fellowship training within this extraordinary facility. The fellow is given his/her own desk in the fellows' 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 auditorium is 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 West Virginia University Eye Institute and the people of West Virginia are extremely privileged to have such an outstanding facility.

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 Lecture Hall, there is a separate smaller conference room that is used for plastics academic sessions. Scheduling of both these rooms is done through the administrative assistant.

Operating Rooms

Operating rooms are located on the second and fifth floors of Ruby Memorial Hospital. There are 10 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 35 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 the first floor equipped with a Zeiss ophthalmic microscope, and bipolar cautery.

Hospital Examination Room

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.

Anatomy Dissection Lab

The fellow may have access to cadaver head dissection in the neurosurgery's skull base laboratory on the 4th floor of the Health Sciences Building. The fellow may also attend outside dissection courses as approved by the Program Director.

Library

Access to medical journals is provided through the West Virginia University Library System: https://library.wvu.edu/libraries/health-sciences-library. Publications that are not part of the institutional electronic subscriptions can be accessed through interlibrary loan from https://illiad.lib.wvu.edu/. The eye institute also has an online collection of texts for use by residents and fellows.

Office Space

Each fellow is given a desk in the Eye Institute. The fellows and residents are responsible for keeping their work space organized and for informing the program coordinator of any malfunctioning equipment or other problems with the rooms.

Ophthalmology Call Room

Although all ophthalmology call is from home, a call room can be requested on the second floor of the hospital should it be needed.

Pager

Fellows are provided pagers at no charge through Ruby Memorial Hospital. These pagers have a range of approximately 10 miles.

Veterans Administration Hospital

The fellow may go to the VA for both ophthalmic plastic clinic and surgery during fellowship at the discretion of the Program Director. The VA has fully equipped ophthalmology examination rooms in the eye clinic. Surgery is performed in the OR on the 3rd floor. Block OR time is provided twice a month to the ophthalmic plastic service.

Equipment Purchase Requirement

Fellows must purchase their own fundus lenses and loupes prior to starting fellowship. Most fellows have already purchased this equipment during their residency.

Goals and Objectives

- Overall Program Goals & Objectives
- Orientation
- Oculoplastic and Reconstructive Surgery Fellowship
- Facial Plastic Surgery Focus
- Procedural Dermatology Focus
- Veterans Administration Hospital Service
- Multidisciplinary Skull Base Service Focus
- Endoscopic Experience Focus
- Pathology and Scholarly Activity Focus

Overall Goals and Objectives: Ophthalmic Plastic and Reconstructive Surgery Fellowship

The goal of this fellowship is to provide training that facilitates the maturation of diagnostic and therapeutic clinical skills necessary to practice comprehensive ophthalmic plastic and reconstructive surgery in accordance with the standards set forth by the Accreditation Council for Graduate Student Medical Education (ACGME). This includes the refinement of interpersonal, academic, and investigational skills as well as interdisciplinary collaborations that advance the field of ophthalmic plastic and reconstructive surgery.

The faculty of the fellowship include John Nguyen, M.D., Bradley Thuro, M.D., John Linberg, M.D., and Ira Vidor, M.D. Dr. Nguyen is the Director of the WVU Fellowship Program and Ophthalmic Plastic and Reconstructive Surgery Service. As part of the comprehensive approach to training, experience with associated subspecialties occurs throughout the fellowship; faculty for these are listed in the handbook.

During training the Fellow is required to learn medical knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, and apply this knowledge to patient care. In general this includes being familiar with the latest developments in oculoplastic surgery, understanding the biologic, metastatic behavior, and clinical presentation, evaluation, and management of tumors and disease (including trauma) in the orbit, eyelid, and conjunctiva, in both children and adults, understanding the pathophysiologic mechanisms, presentations, evaluation, and management of lacrimal disorders, understanding and managing the aesthetic nature of oculoplastic surgery and how it relates to the rest of the face, and learning the aspects of the surgical procedures detailed in the specific goals and objectives section. The fellow must participate in all activities that help facilitate the development of this medical knowledge including lectures, grand rounds, journal club, pathology slide review, national meeting presentation and attendance, and scholarly activity. The fellow is required to produce two scholarly works per year of training (peer-reviewed publication or book chapter submission) with Dr. Nguyen as a co-author. The fellow must submit at least one abstract to each of the following meetings, Spring ASOPRS in the first year of Fellowship, Spring and Fall ASOPRS in the second year of fellowship. The fellow is to participate in cadaver dissection courses as arranged by the Program Director.

The Fellow must further develop his ability to provide patient care that is compassionate, appropriate, and effective. The fellow must communicate effectively with patients and all members of the healthcare team. He must develop the ability to formulate appropriate differential diagnoses and learn to make informed decisions about diagnostics and therapeutic interventions based on properly gathered patient information, up-to-date scientific evidence, and clinical judgment. The Fellow must further develop the ability to practice culturally competent medicine and use information technology to support patient care decisions. In addition to the activities listed above, online learning modules and hospital seminar courses facilitate this development.

The Fellow must learn to investigate and evaluate his own patient care practices, appraise and assimilate scientific evidence, perform well designed scientific research, and improve patient

care practices. In addition to scholarly activity discussed above, the Fellow is required to participate in quality improvement projects. These are mentored by the faculty. The Fellow is required to keep a Self-Reflection Surgical Improvement (SSIL) log. In this activity the Fellow develops the practice of self-evaluating surgical proficiency and setting goals for improvement that can be continues throughout practice.

The Fellow must learn to become aware and be responsive to the larger context and system of healthcare. He must be able to effectively call on system resources to provide excellent patient care. This includes the business aspects of medical practice. Activities that facilitate this process include formal lectures on billing and practice management, billing audits with the WVU Healthcare compliance team, and hands on experience in 2 different health systems, a large university based practice and the VA hospital, and integration into the WVU Multidisciplinary Skull Base Team.

The Fellow must comply with all professional standards set forth by West Virginia University Graduate Medical Education, ACGME, West Virginia University Hospitals, the VA Hospital, and the Program Director. The Fellow is required to attend a Basic Humanities Seminar course and to complete online modules that focus on professionalism.

Fellowship Orientation

The fellow will go through an orientation prior to seeing patients

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

The goals of 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 GME training. A copy of the fellowship orientation is attached to the appendix.

Specific Goals and Objectives:

Ophthalmic Plastic and Reconstructive Surgery Fellowship

The goal of this fellowship is to provide training that facilitates the maturation of diagnostic and therapeutic clinical skills necessary to practice comprehensive ophthalmic plastic and reconstructive surgery. This includes the refinement of interpersonal, academic, and investigational skills as well as interdisciplinary collaborations that advance the field of ophthalmic plastic and reconstructive surgery.

PGY 5:

Rotation schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Nguyen Clinic (2nd, 4th, 5th Mon) Thuro Clinic (1st, 3rd Mon)	Nguyen Clinic Craniofacial clinic***	VA Plastic Clinic 1st Wed - Linberg* Thyroid Clinic – Nguyen – 2nd Wed VA OR 3rd, 4th Wed	Nguyen OR	Thuro OR
PM	Nguyen Minor OR (2nd, 4th, 5th Mon) Thuro Clinic (1st, 3rd Mon)	Nguyen Clinic	VA Plastic Clinic 1st Wed Clinic – Nguyen – 2nd Wed VA OR 3rd, 4th Wed - Linberg*	Nguyen OR Vascular Malformation Clinic – 3rd Thursday	Thuro OR
	Nguyen OR **		Thuro OR**		

* See dates of VA OR and Clinic – Drs. Linberg, Nguyen, Thuro Covering
** Check OR Schedule – Case Dependent, Program Director to determine
*** Check Clinic Schedule – Program Director to determine

1. Medical Knowledge

Study of anatomy is essential to oculoplastic and orbital surgery. Therefore, the Fellow should begin by reviewing anatomy. Suggested texts include Dutton's Atlas of Orbital Anatomy, Nerad's text of Oculoplastic Surgery, and Rootman's texts on Orbital Surgery and Orbital disease. Texts that are not available in the library can be obtained from Dr. Dr. Nguyen for use during the rotation. The Fellow will complete at least one cadaver dissection during training.

In addition to anatomy, the following areas must be studied. This list is meant only to be an outline. No list is exhaustive. You will encounter patients with rare disorders and may present on subjects that are not outlined here. As the months progress, the fellow's depth of knowledge is expected to increase. In addition to the references above, the ASOPRS comprehensive outline of topics must be studied. This can be accessed through the AAO Web site or asoprseducation.org. Medical knowledge is also gained during the plastics academic sessions which include journal club and pathology slide review. You are expected to attend all lectures given by the oculoplastic faculty, Grand Rounds, and the Departmental CME courses which are held one to two times per year. In the first year you are expected to submit an abstract for presentation to the Spring ASOPRS meeting.

The pathophysiology, evaluation, and medical and surgical management of the following must be mastered for successful completion of this fellowship: The following table demonstrates a timeline for what medical knowledge should be acquired in the first 6 months, the first year, and the second year of training.

F- Familiar P-Proficient E-Expert NA-Not Applicable

	First 6 Months	First Year	Second Year
ANATOMY IV.A.7.a).(1) IV.A.7.a).(6-7)			
Eyelids	P	E	E
Orbit	F	E	E
Lacrimal system	P	E	E
Nose/sinuses	F	E	E
Scalp/head/neck	F	E	E
Regional including graft donor sites:			
Cranium	F	P	E
Ear	F	P	E
Nose	F	P	E
Temple	F	P	E
Mouth & lips	F	P	E
Neck	NA	F	E
Abdomen	NA	F	F
Buttocks	NA	F	F
Legs	NA	F	F
Arms	NA	F	F
ORBIT IV.A.7.a).(2)(a-b) IV.A.7.a).(12)			
Pediatric			
Congenital anomalies	F	P	E
Infectious cellulitis	F	P	E
Benign tumors	F	P	E
Malignant tumors	F	P	E
Orbital inflammations	F	P	E
Adult			
Infectious cellulitis	F	P	E
Idiopathic inflammation	F	P	E
Vasculitis	F	P	E
Tumors			
Vascular	F	P	E
Neural	F	P	E
Lacrimal gland	F	P	E
Fibro-osseous	F	P	E
Histiocytic	F	P	E
Lymphoid	F	P	E
Metastatic	F	P	E
Trauma	F	P	E
Globe displacement	F	P	E
RHINOLOGY/SKULL BASE DISEASE	**F**	**P**	**P**
ANOPHTHALMIA			
Medical and surgical treatment of blind, painful eye	F	P	E
Indications for eye removal	F	P	E
Enucleation	F	P	E
Evisceration	F	P	F
Exenteration	F	P	E
Implant selection	F	P	E
Prostheses	F	P	E
Sympathetic ophthalmia	F	P	E
Soft tissue reconstruction/graft selection	F	P	E

Psychology of organ-destructive surgery	F	P	E
THYROID DISEASE			
Manifestations of TED	F	P	E
Describe eyelid and orbit findings	NA	P	E
Approach to medical and surgical intervention	NA	P	E
Complications of TED and indications for surgery	NA	P	E
Describe radiographic findings	F	P	E
EYELID IV.A.7.a).(3) IV.A.7.a).(9)			
Congenital syndromes	F	P	E
Inflammation	F	P	E
Trauma	F	P	E
Ectropion	F	E	E
Entropion	F	E	E
Trichiasis	F	E	E
Blepharoptosis	F	P	E
Congenital	F	P	E
Acquired	F	P	E
Retraction	F	P	E
Dermatochalasis	F	P	E
Blepharochalasis	F	P	E
Benign neoplasms	F	E	E
Malignant neoplasms	F	P	E
Mohs micrographic surgery	NA	F	F
Blepharospastic disorders			
Benign essential blepharospasm	F	P	E
Secondary blepharospasm	F	P	E
Hemifacial spasm	F	P	E
Neurotoxins	NA	P	E
Systemic medications	F	P	E
FACIAL PARALYSIS IV.A.7.a).(11)			
Diagnostic criteria and scales	F	P	E
Treatment alternatives	NA	P	E
FACIAL AESTHETICS IV.A.7.a).(9) IV.A.7.a).(11) IV.A.7.c)			
Forehead and brow	NA	P	E
eyelids	NA	P	E
midface	NA	P	E
Lower face and neck	NA	F	P
LACRIMAL SYSTEM IV.A.7.a).(4) IV.A.7.a).(10)			
Tearing	F	P	E
Congenital	F	P	E
Acquired	F	P	E
Nasal Endoscope exam	NA	P	E
TRAUMA IV.A.7.d)			
Diagnose and triage facial trauma	F	P	E
Identify eyelid and lacrimal injuries	F	E	E
Classification of facial fractures	F	E	E
Indications for intervention	F	E	E
OCULAR SURFACE PATHOLOGY IV.A.7.a).(5)			
Cicatricial disease	F	P	E
Stevens-Johnson syndrome	F	P	E
Ocular cicatricial pemphigoid	F	P	E
Corneal and conjunctival exposure	F	E	E
FUNDAMENTALS OF SURGERY IV.A.7.c)			
Preop h&P	P	E	E
Medications that impact surgery	F	E	E
Postoperative care	F	P	E

Pain management	F	P	P
Wound healing	F	P	E
Cosmetic			
Psychology	NA	P	E
Injectable materials	NA	P	P
Alloplastic inserts	NA	F	P
LYMPH NODE EVALUATION	NA	P	P
HISTOLOGY AND PATHOLOGY IV.A.7.a).(8)			
Ophthalmic	F	P	P
Ocular	F	P	P
periocular	F	P	P
Nasal and sinus	NA	P	P
Neuropathology	NA	P	P
dermatopathology	NA	P	P
FUNDAMENTALS OF RADIOLOGY IV.A.7.a).(13)			
CT	F	P	E
MRI	F	P	E
Angiography	F	F	F
Ultrasound	F	F	F
Lacrimal imaging studies	F	P	E
Contrast materials	F	P	P
RADIATION ONCOLOGY	F	F	F
SYSTEMIC DISEASE			
Immunology	F	F	F
Rheumatology	F	F	F
Endocrinology	F	F	F
Neurology	F	F	F

Medical knowledge is assessed throughout the fellowship in discussion of patients. Depth of knowledge is assessed as the fellow presents his/her assessments and plans on the patients seen. The faculty will ask the fellow questions during these patient presentations. These questions will involve increasing depth of knowledge as the fellow progresses through training. Evaluation is done in the twice yearly. The ACGME Milestones are used to gauge the fellow's progression in each of the core competencies. At the beginning of training, the fellow is expected to be at milestone level 1. By the completion of training, the fellow must have accomplished level 4. Level 5 is reserved for extraordinary accomplishment and is not required for successful completion of the program. The clinical competency committee meets twice a year to evaluate the fellow according to the ACGME Milestones. The medical knowledge Milestones are listed in the table.

ACGME Milestones: Medical Knowledge-Anatomy and Pathophysiology				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates essential knowledge of eyelid, orbital, and lacrimal anatomy	Demonstrates knowledge of the anatomic and pathophysiologic changes of commonly diagnosed oculofacial disorders (e.g. ptosis, entropion, ectropion)	Demonstrates essential knowledge of facial, nasal, sinus, head and neck anatomy and pathophysiology as it relates to the orbit and adnexa	Demonstrates knowledge of complex anatomy and pathophysiology as it relates to oculofacial disorders	Publishes original research in a peer-reviewed journal
ACGME Milestones Medical Knowledge-Diagnosis				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes basic clinical features of common	Develops an expanded differential diagnosis	Organizes clinical facts in a hierarchical level	Accurately diagnoses the condition and	Publishes original research in a peer-

oculofacial disorders Synthesizes the history and clinical findings to propose a differential diagnosis for common oculofacial disorders	Prioritizes potential causes of patient complaint; compares and contrasts diagnoses under consideration Incorporates imaging and laboratory data to refine the differential diagnosis	of importance. Identifies discriminating features between similar patients Generates focused differential diagnosis and appropriate evaluation strategy Verifies diagnostic assessments of junior members of the healthcare team	develops the management plan Describes the risks, benefits, and cost effectiveness of further testing to avoid unnecessary testing	review journal

Medical knowledge is also assessed by the American Board of Ophthalmology (ABO) Written examination and the ABO oral examination. The fellow is required to develop a study timeline for the ABO WQE in the first 3 months of fellowship. A copy of this timeline must be reviewed by the Program Director and is included in the fellow's portfolio.

The Fellow is responsible for Multidisciplinary Grand Rounds 3-4 times per year as assigned by the Program Director. The Fellow also participates in OPRS journal club. Medical knowledge is assessed during these activities and on twice yearly formal evaluations.

2. Patient Care

The fellow is expected to see new patients, return patients, post-op patients, and **all inpatients** on the oculoplastic service. Drs. Nguyen and Thuro, as well as their lead technicians, will instruct you on which patients they would like you to see. You are expected to see as many patients as possible, but not at the expense of complete history, examination, and formation of assessment and plan. The fellow is expected to interact professionally and have empathy with the patients. There will be instances where the faculty directly supervises your history and examination technique. You will present the patients you have seen to the attending physician. After management is determined, the fellow is expected to follow-up on all investigational studies. This is part of the continuity of care and good practice techniques. You are expected to learn the risks and benefits of the management plan, including surgical plans, so that informed consent can be obtained.

The fellow is expected to become proficient in the skills listed below. As part of the fellow's assessment, these measurements will be compared with the attending physician.

F- Familiar P-Proficient E-Expert NA-Not Applicable

		First 6 months	First Year	Second Year
HISTORY AND PHYSICAL EXAM				
Eyebrows and forehead	- Assess resting and dynamic eyebrow position - Determine relation to upper eyelid dermatochalasis	F	P	E
Eyelids and periorbita	- Comprehensive oculoplastic exam including: Palpebral Fissure Height MRD1 and MRD2 Levator function	F	E	E

	Lid crease position Lagophthalmos Eyelid retraction (Upper and Lower scleral show) Eyelid laxity Globe position			
Lacrimal system	- Understand and perform tests including: Tear production Epiphora Punctal dilation, probing, irrigation, Dye disappearance test	F	E	E
Nose	Speculum examination Endoscope examination	NA	F	E
Lower eyelids and midface	- Evaluate midface cicatricial, paralytic and involutional changes and their effect on lower eyelid position and ocular exposure	F	P	E
Facial Paralysis	- Assess and stage paralysis - Understand standardized scales of function	F	P	E
Aesthetic	- Facial assessment and interrelationship of aesthetic units	NA	P	E
Orbit	- Measurement of orbital structures and functions	F	P	E
Surgery	- Evaluation and management of postoperative complications	F	P	E
Anophthalmic socket	- Examine and assess Orbital volume Motility Implant Ocular prosthesis Conjunctiva	F	P	E
DIAGNOSTIC INSTRUMENTATION AND ANCILLARY TESTING				
Clinical Tools	Ruler External photography Exophthalmometry Quantitative and qualitative lacrimation tests	F	P	E
Radiology	CT	F	P	E
	MRI	F	P	E
	Ultrasound	F	P	P
	Angiography	NA	P	P
Microbiology & Chemistry	Laboratory testing	NA	F	F
Visual Field	Automated and manual visual fields	F	P	P
SURGERY				
Anopthalmia	Enucleation	F	P	E
	Evisceration	F	P	E
	Exenteration	F	P	E
	Secondary implant	F	P	E
	Dermis-fat grafts	F	P	E
Orbit	Anterior orbitotomy (exploration, biopsy, and tumor removal (anterior, lateral, medial, superior approach)	NA	P	E
	Lateral Orbitotomy	NA	P	E
	Orbitotomy from Craniotomy Approach	NA	F	E
	Reconstruction for periorbital anomalies	F	P	E
	Orbital Fracture Repair (Floor, Medial, ZMC)	NA	P	E
	Lacrimal gland tumors	F	P	E
	Bony and soft tissue orbital decompression (orbital, endoscopic, approaches)	F	P	E
Eyelid	Upper eyelid retraction repair	F	P	E
	Lower eyelid retraction repair	F	P	E
	Blepharoptosis			
	Levator repair	F	P	E
	Mullerectomy	F	P	E
	Frontalis suspension	F	P	E
	Ectropion and entropion repair	F	P	E
	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E
	Reconstruction congenital defects, trauma or after tumor	F	P	E

	Trichiasis			
	Mechanical epilation	F	E	E
	Cryo, radio, or laser destruction	F	P	E
	Lid split and mucous membrane grafting	NA	P	E
	Conjunctivoplasty	NA	P	E
	Trauma and laceration repairs	F	P	E
	Tumor excision of periobital and adjacent regions	F	P	E
Facial Flaps and Grafts	Harvest and placement:			
	Pedicle flaps	NA	P	E
	Skin grafts full and split thickness	NA	P	E
	Free fat grafts	NA	F	P
	Free Flaps	NA	F	F
	Cartilage grafts			E (Placement all)
	Ear	NA	P	E
	Nose	NA	P	P
	Costal cartilage	NA	F	F
	Fascia grafts			
	Fascia lata	NA	F	P
	Face Scalp fascia	NA	F	P
	Mucosal grafts and hard palate	NA	P	E
	Bone grafts	NA	P	E (Placement)
Nasolacrimal System	**Nasolacrimal system**	NA	P	E
	Nasal lacrimal duct probe, dilation, stent	F	P	E
	Canalicular repair	F	P	E
	Dacryocystectomy	F	P	E
	DCR – external and endoscopic	F	P	E
	Intranasal turbinate manipulation	NA	F	E
	Endoscopic sinus surgery	NA	F	F
	Diagnostic endoscopy	NA	P	E
Brow ptosis	Brow ptosis repair-endoscopic, direct, forehead, lid approach	F	P	E
Trauma	Complex eyelid and facial soft trauma	F	P	E
	Canalicular repair	F	P	E
	Orbit and facial fracture repair Floor, Medial Wall, Roof, ZMC, NOE	F	P	E
Temporal Artery	Temporal artery biopsy	F	P	E
Cosmetic	Rhytidectomy – upper face (forehead)	NA	P	E
	Rhytidectomy – midface (SMAS flap)	NA	P	E
	Rhytidectomy – lower face and neck	NA	F	P
	Endoscopic and external brow surgery	NA	P	E
	Injectable fillers	NA	P	E
	Injectable neuromodulators	NA	P	E
	Dermal lasers	NA	P	P
	Chemical and pharmaceutical skin agents	NA	P	E

Presentation to the attending physician, review of examination, and ability to form an assessment and plan will be used by the faculty to evaluate the fellow's inpatient care in the twice yearly evaluations. The ACGME Milestones are used to gauge the fellow's progression in each of the core competencies. At the beginning of training, the fellow is expected to be at milestone level 1. By the completion of training, the fellow must have accomplished level 4. Level 5 is reserved for extraordinary accomplishment and is not required for successful completion of the program. The Clinical competency committee meets twice a year to evaluate the fellow according to the ACGME Milestones. The Patient Care Milestones are listed in the surgery section. In addition to faculty evaluation, every six months the clinic manager and OR nurse will evaluate your performance. You will be responsible for obtaining patient evaluations. These forms can be obtained from the Fellowship Coordinator and are part of your 360 degree evaluation.

The fellow is expected to be prepared for every case done in the operating room. This includes knowledge of the patient history, knowledge of the steps in the surgery planned, and

post-operative care of the patient. GRASIS forms are used to assess surgical proficiency. These are filled out at least twice per year of training. Self-assessment of surgical proficiency is evaluated through the Fellow's self-assessment surgical improvement log (SSIL).

The oculoplastic service has many inpatients. You are expected to round every weekday on all the inpatient oculoplastic patients. Weekend rounds will be discussed individually with the attending. You are expected to check every post-op patient prior to his or her discharge.

3. Interpersonal and Communication Skills

The fellow is expected to function as part of the oculoplastic team. Arrival on time or before to all clinical and scholarly activities is mandatory. If absence or tardiness is necessary, Drs. Nguyen and Thuro, and the lead technician and/or the program coordinator should be immediately notified. The subspecialty of ophthalmic plastic and reconstructive surgery involves communication with multiple services. Through case discussions and one-on one mentoring by the faculty, the fellow will further hone these skills throughout training. The fellow's ability to communicate with radiology in ordering the appropriate imaging studies, to interact with the technicians and nurses, as well as the other hospital services will be observed by the attending physicians, clinic manager, and OR nurses. The fellow will be evaluated by the faculty on their interpersonal and communication skills in this section of the evaluation form in the twice yearly evaluations. In addition once a year, the clinic manager and OR nurse will evaluate the fellow's performance on this rotation in this regard as part of the 360 degree evaluation. Formal instruction on how to communicate is given through seminars and courses such as the Basic Humanities course that is attended at the beginning of fellowship. Small group discussion, pre and post-testing, and formative feedback are part of these formal didactic sessions. Lastly, the fellow is expected to submit abstracts for presentation at the National ASOPRS Meetings. One of these is required in the first year of training (Spring ASOPRS) and two in the second year of training Fall and Spring ASOPRS). Interpersonal and Communication skills are also evaluated by the CCC twice a year using the ACGME milestones listed below.

ACGME Milestones: Interpersonal and Communication Skills – Communicates with patients and families				
Level 1	Level 2	Level 3	Level 4	Level 5
Adheres to HIPAA and institutional confidentiality policies Exhibits basic communication skills and effectively communicates with patients and families including challenging patients Obtains informed consent for basic procedures	Refines communication skills in complicated situations Obtains informed consent for complex oculofacial procedures	Oversees and teaches junior members of the healthcare team how to communicate effectively with patients, families, and caregivers	Serves as a role model for effective and compassionate communication for the healthcare team Communicates medical error, complications, and adverse events	Develops guidelines for communication or seeks leadership opportunities in the department and/or national professional organizations with regards to patient-centered communication

ACGME Milestones: Interpersonal and Communication Skills – Interdisciplinary Care Teams				
Level 1	Level 2	Level 3	Level 4	Level 5
Coordinates consults amongst multiple services for a complex oculofacial patient	Identifies the composition and management of a multidisciplinary care team	Develops his/her role within the care team and understands the skills of the other team members Understands and works to resolve potential conflict between team members	Participates actively in a multidisciplinary surgical care team	Develops and or leads a new interdisciplinary care team

4. Professionalism

The maintenance of a professional and ethical environment is of the utmost importance. The fellow is expected to dress professionally as outlined in this manual. Scrub suits should not be worn to clinic. The fellow will be sent home to change if his/her attire is inappropriate.

Ethics are part of the formal didactic schedule, but the evaluation of professional and ethical behavior will take place in the clinical/surgical environment. The fellow is expected to be HIPAA compliant. The fellow is expected to act in a respectful, professional manner towards all individuals. Part of ethical and professional behavior is being prepared for surgery. The fellow is expected to be prepared for all surgical cases. The fellow needs to be familiar with the patient's history, even if he/she did not see the patient in the clinic. The fellow is responsible for completing the pre and post-operative paper work. This includes writing all of the patient's prescriptions, checking for allergies, anticipating if post-operative admission will be required, and ensuring that scans are available in the operating room. (PACS System and outside scans). Any behavior deemed unprofessional or unethical will be addressed by Drs. Nguyen or Thuro. If this does not result in improved behavior, disciplinary action will be taken as outlined in the GME institutional policy for disciplinary action https://medicine.hsc.wvu.edu/gme/gme-policies/ The fellow is evaluated on professionalism in the twice yearly evaluations by Drs. Nguyen and Thuro in this section of the evaluation form. This evaluation will be used by the program director (Dr. Nguyen) to determine quality of professional behavior for graduating fellows which is documented in the exit interview letter. Formal didactic teaching on professionalism is delivered through the Basic Humanities course that is a requirement at the beginning of fellowship. The fellow is expected to practice professionalism at the level of a faculty physician as successful completion of ophthalmology residency has been accomplished. Refinement of professional behavior as it applies to OPRS surgery is expected to progress through the 24 months of training. This is evaluated by the CCC twice a year using the ACGME milestones listed below.

ACGME Milestones: Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates behavior that conveys compassion, honesty, and genuine interest in	Recognizes ethical issues in practice and is able to discuss, analyze, and manage	Understands the beliefs, values, and practices of diverse and vulnerable patient	Develops a mutually agreeable care plan in context of conflicting physician and patient	Develops programs to ensure equality of care in diverse, vulnerable, and underserved

patients and families Exhibits professional behavior	ethical situations Recognizes individual limits in clinical situations and asks for assistance when needed	populations, and the potential impact on patient care Prioritizes and balances conflicting viewpoints between physician, family, and others to optimize medical care	values and beliefs Recognizes signs of physician impairment and demonstrates appropriate steps to address impairment in self and in colleagues Recognizes and addresses real or potential conflicts of interest	populations

5. Practice-based Learning and Improvement IV.A.7.a).(14)

The fellow must learn to investigate and evaluate her/his care of patients and to assimilate scientific evidence, and to improve patient care continuously based on constant self-evaluation and lifelong learning. The fellow is expected to present Grand Rounds (Multidisciplinary orbit and oculoplastic rounds) four times per year. These presentations should include a review of the current literature. The faculty responsible for the case will be the monitor for this session and will help lead the discussion. Specific topics may be assigned for presentation by Drs. Nguyen or Thuro. The fellow is expected to utilize the current literature in addition to standard text books in researching the assignment. **The fellow is responsible for contacting invited faculty with the case information.** These include Dr. Jeff Hogg who will present the neuroradiology and Dr. Jim Williams who will present the pathology. There may be other faculty to invite depending on the subject and the cases. The fellow is expected to also research topics throughout the fellowship as they are assigned by Drs. Nguyen and Thuro, and to study the topics presented by patients evaluated in the clinic. Fellows are expected to attend all plastic academic sessions. These consist of journal club, pathology slide review and sometimes patient photograph review. The fellow is expected to read and be able to present any and all of the assigned articles. The fellow may be asked to research a topic and determine which articles are going to be reviewed. This will be increasingly so as the fellowship progresses and responsibilities increase. Self-evaluation of surgical proficiency is done each week in the SSIL. The Fellow is expected to demonstrate greater familiarity and comfort with self-criticism in months 13-24 of training. This practice sets the stage for continued improvement throughout one's career. Drs. Nguyen, Thuro and Linberg will evaluate the fellow's practice-based learning through-out the rotation which will be summarized in the appropriate section of the twice-yearly evaluations. The fellow will be evaluated on his/her preparation for the plastics academic sessions. The CCC evaluates practice based learning twice a year using the ACGME Milestones as listed in the table.

ACGME Milestones: Practice Based Learning and Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies level of knowledge and expertise and uses feedback from mentor, colleagues, and patients	Continually seeks and incorporates feedback to improve performance Develops a self-	Demonstrates a balanced and accurate self-assessment of competence, investigates clinical outcomes and areas	Performs self-directed learning with little external guidance using evidence-based information	Independently plans and executes a research project Develops an educational curriculum

Teaches patients , families, and junior learners	directed learning plan Assess and provides feedback to junior learners	for continued improvement Selects evidence-based information to answer specific questions	Develops a process to remain current in knowledge throughout career Organizes educational activities at the program level	and assessment tools

6. Systems-based Care IV.A.7.a).(14)

The fellow will be exposed to cases involving multiple disciplines. He/she will develop an understanding of how this provides the highest quality of care, and how to function within a tertiary, university based health care system. Important management decisions that include cost assessment will be made. The oculoplastic service has a significant inpatient component compared to other ophthalmic specialties. The fellow is expected to manage these patients from all aspects with the attending physician, including consultation of other services, ancillary testing, social work issues. Follow-up and rounding on these patients must occur daily. Weekend coverage is to be discussed with the attending.

The fellow is expected to be up to date on all dictations and medical record signatures. Failure to do so can result in suspension from the hospital. While this is part of professionalism, it is also part of functioning within the WVU health care system.

Formal didactic teaching about systems based care is done through a lecture given by the Associate Dean of Veterans Affairs. A patient safety curriculum and didactic session on healthcare disparities is part of the system-based care. The fellow is required to attend/complete these.

A major part of systems based practice is the Fellow's involvement in Quality Improvement. Each fellow must complete at least one Quality Improvement Project during his tenure. Guidance through this process is done in conjunction with the GME curriculum and Drs. Nguyen and Thuro.

Learning proper coding and billing practices is crucial to being able to function upon graduation. Once a year, formal audit of the Fellow is performed by WVU internal compliance department. The results are discussed in a small group meeting with the Fellow. Formal didactic lectures on coding are part of the core ophthalmology program. The Fellow is expected to attend these sessions.

The fellow's ability to function within the WVU and Veterans health system is evaluated throughout and summarized in the twice yearly evaluations. The CCC evaluates systems based practice twice a year using the ACGME Milestones as listed in the table.

ACGME Milestones: Systems Based Practice – Patient Safety				
Level 1	Level 2	Level 3	Level 4	Level 5
Adhere to standards for the maintenance of a safe working	Describes patient safety concepts	Lead team by promoting situational awareness and input	Participates in an institutional process improvement plan to	Uses analytical tools to assess healthcare quality and safety and

environment Recognizes adverse events Routinely uses basic patient safety practices such as procedural time outs	Understands responsibilities as part of the surgical team (choice of implants etc.)	by all team members Employs processes, personnel, and technologies that optimize patient safety (check lists, SBAR)	optimize departmental practice and patient safety (root cause analysis, quality improvement, peer-review) Leads procedural time outs	reassess quality improvement programs for effectiveness for patients and for populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice
ACGME Milestones: Systems Based Practice – Healthcare Economics				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes how practice variations affect cost and resource consumption Understands basic principles of coding (diagnosis, evaluation, and management, and procedural)	Uses health care resources responsibly, including electronic medical record Codes routine diagnoses, encounters, and surgical procedures, documents medical necessity	Practices cost-effective care to lower healthcare costs (generic meds, time management)	Codes complex and unusual diagnoses, encounters, and surgical procedures	Advocates for cost-effective care and use of risk-benefit analyses within health care system

7. Surgery

At the beginning of training, the fellow will be mostly assisting in surgery. As the fellowship progresses, the attending physician will have the fellow perform more surgery. Surgery in which the fellow performs half or more of the case is counted as a primary surgeon case for the fellow. The fellow is required to log all procedures/cases into the ADS system (ACGME). The fellow will receive instructions to use the system at the start of the fellowship. In oculoplastic surgery, there will often be multiple codes for the same patient, and he is expected to log all the appropriate CPT codes according to the ACGME guidelines (https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ ProgramResources/240_DefinitionofaSurgeon.pdf). The fellow is expected gain a basic knowledge of the procedures listed below. Emphasis is placed on proper technique. Once this is mastered, the fellow is expected to recognize surgical planes and be able to perform surgery. This is done in a graduated fashion determined by the attending physician., but a timeline for proficiency and mastery is listed in the table. Surgical skills will be assessed by direct observation and feedback provided to the fellow throughout the fellowship and summarized in the twice yearly evaluations. In addition, the GRASIS form will be used. Self-reflection on surgical proficiency is done by the fellow through the SSIL. Further evaluation is done biannually by the CCC using the ACGME Milestones listed in the table below.

F- Familiar P-Proficient E-Expert NA-Not Applicable

SURGERY				
Anopthalmia	Enucleation	F	P	E
IV.A.5.a).(3).(a)	Evisceration	F	P	E
	Exenteration	F	P	E
	Secondary implant	F	P	E
	Dermis-fat grafts	F	P	E
Orbit IV.A.5.a).(3).(b)	Anterior orbitotomy (exploration, biopsy, and tumor removal (anterior, lateral, medial, superior approach)	NA	P	E
	Lateral Orbitotomy	NA	P	E
	Orbitotomy from Craniotomy Approach	NA	F	E
	Reconstruction for periorbital anomalies	F	P	E
	Orbital Fracture Repair (Floor, Medial, ZMC)	NA	P	E
	Lacrimal gland tumors	F	P	E
	Bony and soft tissue orbital decompression (orbital, endoscopic, approaches)	F	P	E
Eyelid	Upper eyelid retraction repair	F	P	E
IV.A.5.a).(3).(c)	Lower eyelid retraction repair	F	P	E
IV.A.5.a).(3).(d)	Blepharoptosis			
	Levator repair	F	P	E
	Mullerectomy	F	P	E
	Frontalis suspension	F	P	E
IV.A.5.a).(3).(e)	Ectropion and entropion repair	F	P	E
IV.A.5.a).(3).(f)	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E
IV.A.5.a).(3).(g)	Reconstruction congenital defects, trauma or after tumor	F	P	E
IV.A.5.a).(3).(h)	Trichiasis			
	Mechanical epilation	F	E	E
	Cryo, radio, or laser destruction	F	P	E
	Lid split and mucous membrane grafting	NA	P	E
IV.A.5.a).(3).(i)	Conjunctivoplasty	NA	P	E
IV.A.5.a).(3).(j)	Trauma and laceration repairs	F	P	E
IV.A.5.a).(3).(m)	Tumor excision of periobital and adjacent regions	F	P	E
Facial Flaps and Grafts	Harvest and placement:			
IV.A.5.a).(3).(n)	Pedicle flaps	NA	P	E
	Skin grafts full and split thickness	NA	P	E
	Free fat grafts	NA	F	P
	Free Flaps	NA	F	F
	Cartilage grafts			E (Placement all)
	Ear	NA	P	E
	Nose	NA	P	P
	Costal cartilage	NA	F	F
	Fascia grafts			
	Fascia lata	NA	F	P
	Face Scalp fascia	NA	F	P
	Mucosal grafts and hard palate	NA	P	E
	Bone grafts	NA	P	E (Placement)
Nasolacrimal System	**Nasolacrimal system**	NA	P	E
IV.A.5.a).(3).(l)	Nasal lacrimal duct probe, dilation, stent	F	P	E
	Canalicular repair	F	P	E
	Dacryocystectomy	F	P	E
	DCR – external and endoscopic	F	P	E
	Intranasal turbinate manipulation	NA	F	E
IV.A.5.a).(3).(p)	Endoscopic sinus surgery	NA	F	F
IV.A.5.a).(3).(p)	Diagnostic endoscopy	NA	P	E
Brow ptosisIV.A.5.a).(3).(o)	Brow ptosis repair-endoscopic, direct, forehead, lid approach	F	P	E
Trauma	Complex eyelid and facial soft trauma	F	P	E
	Canalicular repair	F	P	E
	Orbit and facial fracture repair Floor, Medial Wall, Roof, ZMC, NOE	F	P	E
Temporal Artery	Temporal artery biopsy	F	P	E
Cosmetic	Rhytidectomy – upper face (forehead)	NA	P	E
IV.A.5.a).(3).(k)	Rhytidectomy – midface (SMAS flap)	NA	P	E
	Rhytidectomy – lower face and neck	NA	F	P
IV.A.5.a).(3).(o)	Endoscopic and external brow surgery	NA	P	E

IV.A.5.a).(3).(f)	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E
IV.A.5.a).(3).(q)	Injectable fillers	NA	P	E
	Injectable neuromodulators	NA	P	E
IV.A.5.a).(3).(q)	Chemical and pharmaceutical skin agents	NA	P	E

ACGME Milestones: Patient Care- Oculofacial Procedures				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs repair of routine oculofacial laceration (forehead, brow, cheek)	Performs repair of complex oculofacial laceration (multiple layer involvement) Performs injection of neuromodulators for cervical facial dystonias	Performs direct brow lifting Performs adjacent tissue transfer to repair oculofacial defects	Independently performs forehead/brow lifting (endoscopic or coronal) Independently performs mid-face lifting Independently performs harvesting and use of large facial flaps Uses neuromodulators/fillers in the aesthetic patient	Performs complex oculofacial reconstruction with multidisciplinary team
ACGME Milestones: Eyelid Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs biopsy of eyelid lesion Performs primary eyelid repair (laceration)	Performs excision and full thickness repair Performs upper eyelid blepharoplasty	Performs moderately complex eyelid repair (sliding flap, canthotomy, cantholysis) Independently performs repair of common eyelid malpositions (ptosis, entropion, ectropion)	Independently performs complex eyelid repair (transpositional flaps and grafts) Independently performs complex lid malposition surgery (post bleph lag, severe cicatricial malposition) Independently performs lower eyelid blepharoplasty	Independently performs reconstruction on patients with multiple previous procedures
ACGME Milestones: Patient Care- Lacrimal Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs probing and irrigation of the lacrimal system	Performs silicone stent intubation of lacrimal system Performs repair of canalicular laceration Performs endoscopy of the nasal and lacrimal system	Independently performs basic DCR	Independently performs complex DCR and cDCR	Independently performs lacrimal reconstruction (craniofacial disorders, sinus tumors)

ACGME Milestones: Patient Care- Orbital Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Assists with enucleation/evisceration	Independently performs enucleation/evisceration	Performs anterior orbitotomy (anterior to globe equator) Performs isolated orbital wall fracture Performs anophthalmic socket reconstruction	Independently performs orbitotomy (posterior to equator with or without bone removal), orbital decompression, orbital exenteration	Independently performs complex orbital fracture repair (ZMC, NOE) Performs complex orbital tumor removal with extraorbital extension with multidisciplinary team

***Note that temporal artery biopsies are done by the fellow in the minor room. The fellow is responsible for knowing the schedule for these and is expected to teach the resident on the service about temporal artery biopsy.

Goals and Objectives: Ophthalmic Plastic and Reconstructive Surgery Fellowship

PGY 6:

Rotation schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Nguyen Clinic (2nd, 4th, 5th Mon) Thuro Clinic (1st, 3rd Mon)	Nguyen Clinic Craniofacial clinic***	VA Plastic Clinic 1st Wed - Linberg* Thyroid Clinic – Nguyen – 2nd Wed VA OR 3rd, 4th Wed	Nguyen OR	Thuro OR
PM	Nguyen Minor OR (2nd, 4th, 5th Mon) Thuro Clinic (1st, 3rd Mon)	Nguyen Clinic	VA Plastic Clinic 1st Wed Clinic – Nguyen – 2nd Wed VA OR 3rd, 4th Wed - Linberg*	Nguyen OR Vascular Malformation Clinic – 3rd Thursday	Thuro OR
	Nguyen OR **		Thuro OR**		

* See dates of VA OR and Clinic – Drs. Linberg, Nguyen, Thuro Covering
** Check OR Schedule – Case Dependent, Program Director to determine
*** Check Clinic Schedule – Program Director to determine

1. Medical Knowledge

By the second year of training, the Fellow is expected to have mastered the anatomy of the eyelid and orbit. Progression from proficiency to expert in periorbital and deep orbit anatomy should be focused on in the second year. Resources and attendance are as listed in the PGY 5 section on medical knowledge.

The pathophysiology, evaluation, and medical and surgical management of the following must be mastered for successful completion of this fellowship: The following table demonstrates a timeline for what medical knowledge should be acquired in the first 6 months, the first year, and the second year of training.

F- Familiar P-Proficient E-Expert NA-Not Applicable

	First 6 Months	First Year	Second Year
ANATOMY IV.A.7.a).(1) IV.A.7.a).(6-7)			
Eyelids	P	E	E
Orbit	F	E	E
Lacrimal system	P	E	E
Nose/sinuses	F	E	E
Scalp/head/neck	F	E	E
Regional including graft donor sites:			
Cranium	F	P	E

Ear	F	P	E
Nose	F	P	E
Temple	F	P	E
Mouth & lips	F	P	E
Neck	NA	F	E
Abdomen	NA	F	F
Buttocks	NA	F	F
Legs	NA	F	F
Arms	NA	F	F
ORBIT IV.A.7.a).(2)(a-b) IV.A.7.a).(12)			
Pediatric			
Congenital anomalies	F	P	E
Infectious cellulitis	F	P	E
Benign tumors	F	P	E
Malignant tumors	F	P	E
Orbital inflammations	F	P	E
Adult			
Infectious cellulitis	F	P	E
Idiopathic inflammation	F	P	E
Vasculitis	F	P	E
Tumors			
Vascular	F	P	E
Neural	F	P	E
Lacrimal gland	F	P	E
Fibro-osseous	F	P	E
Histiocytic	F	P	E
Lymphoid	F	P	E
Metastatic	F	P	E
Trauma	F	P	E
Globe displacement	F	P	E
RHINOLOGY/SKULL BASE DISEASE	**F**	**P**	**P**
ANOPHTHALMIA			
Medical and surgical treatment of blind, painful eye	F	P	E
Indications for eye removal	F	P	E
Enucleation	F	P	E
Evisceration	F	P	F
Exenteration	F	P	E
Implant selection	F	P	E
Prostheses	F	P	E
Sympathetic ophthalmia	F	P	E
Soft tissue reconstruction/graft selection	F	P	E
Psychology of organ-destructive surgery	F	P	E
THYROID DISEASE			
Manifestations of TED	F	P	E

Describe eyelid and orbit findings	NA	P	E
Approach to medical and surgical intervention	NA	P	E
Complications of TED and indications for surgery	NA	P	E
Describe radiographic findings	F	P	E
EYELID IV.A.7.a).(3) IV.A.7.a).(9)			
Congenital syndromes	F	P	E
Inflammation	F	P	E
Trauma	F	P	E
Ectropion	F	E	E
Entropion	F	E	E
Trichiasis	F	E	E
Blepharoptosis	F	P	E
Congenital	F	P	E
Acquired	F	P	E
Retraction	F	P	E
Dermatochalasis	F	P	E
Blepharochalasis	F	P	E
Benign neoplasms	F	E	E
Malignant neoplasms	F	P	E
Mohs micrographic surgery	NA	F	F
Blepharospastic disorders			
Benign essential blepharospasm	F	P	E
Secondary blepharospasm	F	P	E
Hemifacial spasm	F	P	E
Neurotoxins	NA	P	E
Systemic medications	F	P	E
FACIAL PARALYSIS IV.A.7.a).(11)			
Diagnostic criteria and scales	F	P	E
Treatment alternatives	NA	P	E
FACIAL AESTHETICS IV.A.7.a).(9) IV.A.7.a).(11) IV.A.7.c)			
Forehead and brow	NA	P	E
eyelids	NA	P	E
midface	NA	P	E
Lower face and neck	NA	F	P
LACRIMAL SYSTEM IV.A.7.a).(4) IV.A.7.a).(10)			
Tearing	F	P	E
Congenital	F	P	E
Acquired	F	P	E
Nasal Endoscope exam	NA	P	E
TRAUMA IV.A.7.d)			
Diagnose and triage facial trauma	F	P	E
Identify eyelid and lacrimal injuries	F	E	E
Classification of facial fractures	F	E	E
Indications for intervention	F	E	E
OCULAR SURFACE PATHOLOGY IV.A.7.a).(5)			

Cicatricial disease	F	P	E
Stevens-Johnson syndrome	F	P	E
Ocular cicatricial pemphigoid	F	P	E
Corneal and conjunctival exposure	F	E	E
FUNDAMENTALS OF SURGERY IV.A.7.c)			
Preop h&P	P	E	E
Medications that impact surgery	F	E	E
Postoperative care	F	P	E
Pain management	F	P	P
Wound healing	F	P	E
Cosmetic			
Psychology	NA	P	E
Injectable materials	NA	P	P
Alloplastic inserts	NA	F	P
LYMPH NODE EVALUATION	NA	P	P
HISTOLOGY AND PATHOLOGY IV.A.7.a).(8)			
Ophthalmic	F	P	P
Ocular	F	P	P
periocular	F	P	P
Nasal and sinus	NA	P	P
Neuropathology	NA	P	P
dermatopathology	NA	P	P
FUNDAMENTALS OF RADIOLOGY IV.A.7.a).(13)			
CT	F	P	E
MRI	F	P	E
Angiography	F	F	F
Ultrasound	F	F	F
Lacrimal imaging studies	F	P	E
Contrast materials	F	P	P
RADIATION ONCOLOGY	F	F	F
SYSTEMIC DISEASE			
Immunology	F	F	F
Rheumatology	F	F	F
Endocrinology	F	F	F
Neurology	F	F	F

Medical knowledge is assessed throughout the fellowship in discussion of patients. Depth of knowledge is assessed as the fellow presents his/her assessments and plans on the patients seen. The faculty will ask the fellow questions during these patient presentations. These questions will involve increasing depth of knowledge as the fellow progresses through training. This evaluation is reflected in the twice yearly evaluations. In addition , medical knowledge is assessed by the American Board of Ophthalmology Written examination and oral examination within the two years of fellowship. Progression of knowledge from the PGY-5 year is expected.

The ACGME Milestones are also used to gauge the fellow's progression in each of the core competencies. In the second year of training the fellow is expected to progress through the milestones and must accomplish level 4 by the time of graduation. Level 5 is reserved for extraordinary accomplishment and is not required for successful completion of the program. The

Clinical competency committee meets twice a year to evaluate the fellow according to the ACGME Milestones. The medical knowledge Milestones are listed in the table.

ACGME Milestones: Medical Knowledge-Anatomy and Pathophysiology				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates essential knowledge of eyelid, orbital, and lacrimal anatomy	Demonstrates knowledge of the anatomic and pathophysiologic changes of commonly diagnosed oculofacial disorders (e.g. ptosis, entropion, ectropion)	Demonstrates essential knowledge of facial, nasal, sinus, head and neck anatomy and pathophysiology as it relates to the orbit and adnexa	Demonstrates knowledge of complex anatomy and pathophysiology as it relates to oculofacial disorders	Publishes original research in a peer-reviewed journal
ACGME Milestones Medical Knowledge-Diagnosis				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes basic clinical features of common oculofacial disorders Synthesizes the history and clinical findings to propose a differential diagnosis for common oculofacial disorders	Develops an expanded differential diagnosis Prioritizes potential causes of patient complaint; compares and contrasts diagnoses under consideration Incorporates imaging and laboratory data to refine the differential diagnosis	Organizes clinical facts in a hierarchical level of importance. Identifies discriminating features between similar patients Generates focused differential diagnosis and appropriate evaluation strategy Verifies diagnostic assessments of junior members of the healthcare team	Accurately diagnoses the condition and develops the management plan Describes the risks, benefits, and cost effectiveness of further testing to avoid unnecessary testing	Publishes original research in a peer-review journal

2. Patient Care

By the second year of training, the Fellow is expected to be more efficient, and able thoroughly work-up and manage a higher volume of patients. This is expected to continue to improve until completion of the fellowship. The goals and objectives listed in the PGY 5 section on patient care apply to the second year of training.

The fellow is expected to become proficient in the skills listed below. As part of the fellow's assessment, these measurements will be compared with the attending physician.

F- Familiar P-Proficient E-Expert NA-Not Applicable

		First 6 months	First Year	Second Year
HISTORY AND PHYSICAL EXAM				
Eyebrows and forehead	- Assess resting and dynamic eyebrow position - Determine relation to upper eyelid dermatochalasis	F	P	E
Eyelids and periorbita	- Comprehensive oculoplastic exam including: Palpebral Fissure Height	F	E	E

	MRD1 and MRD2 Levator function Lid crease position Lagophthalmos Eyelid retraction (Upper and Lower scleral show) Eyelid laxity Globe position			
Lacrimal system	- Understand and perform tests including: Tear production Epiphora Punctal dilation, probing, irrigation, Dye disappearance test	F	E	E
Nose	Speculum examination Endoscope examination	NA	F	E
Lower eyelids and midface	- Evaluate midface cicatricial, paralytic and involutional changes and their effect on lower eyelid position and ocular exposure	F	P	E
Facial Paralysis	- Assess and stage paralysis - Understand standardized scales of function	F	P	E
Aesthetic	- Facial assessment and interrelationship of aesthetic units	NA	P	E
Orbit	- Measurement of orbital structures and functions	F	P	E
Surgery	- Evaluation and management of postoperative complications	F	P	E
Anophthalmic socket	- Examine and assess Orbital volume Motility Implant Ocular prosthesis Conjunctiva	F	P	E
DIAGNOSTIC INSTRUMENTATION AND ANCILLARY TESTING				
Clinical Tools	Ruler External photography Exophthalmometry Quantitative and qualitative lacrimation tests	F	P	E
Radiology	CT	F	P	E
	MRI	F	P	E
	Ultrasound	F	P	P
	Angiography	NA	P	P
Microbiology & Chemistry	Laboratory testing	NA	F	F
Visual Field	Automated and manual visual fields	F	P	P
SURGERY				
Anopthalmia	Enucleation	F	P	E
	Evisceration	F	P	E
	Exenteration	F	P	E
	Secondary implant	F	P	E
	Dermis-fat grafts	F	P	E
Orbit	Anterior orbitotomy (exploration, biopsy, and tumor removal (anterior, lateral, medial, superior approach)	NA	P	E
	Lateral Orbitotomy	NA	P	E
	Orbitotomy from Craniotomy Approach	NA	F	E
	Reconstruction for periorbital anomalies	F	P	E
	Orbital Fracture Repair (Floor, Medial, ZMC)	NA	P	E
	Lacrimal gland tumors	F	P	E
	Bony and soft tissue orbital decompression (orbital, endoscopic, approaches)	F	P	E
Eyelid	Upper eyelid retraction repair	F	P	E
	Lower eyelid retraction repair	F	P	E
	Blepharoptosis			
	Levator repair	F	P	E
	Mullerectomy	F	P	E
	Frontalis suspension	F	P	E
	Ectropion and entropion repair	F	P	E
	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E

	Reconstruction congenital defects, trauma or after tumor	F	P	E
	Trichiasis			
	Mechanical epilation	F	E	E
	Cryo, radio, or laser destruction	F	P	E
	Lid split and mucous membrane grafting	NA	P	E
	Conjunctivoplasty	NA	P	E
	Trauma and laceration repairs	F	P	E
	Tumor excision of periobital and adjacent regions	F	P	E
Facial Flaps and Grafts	Harvest and placement:			
	Pedicle flaps	NA	P	E
	Skin grafts full and split thickness	NA	P	E
	Free fat grafts	NA	F	P
	Free Flaps	NA	F	F
	Cartilage grafts			E (Placement all)
	Ear	NA	P	E
	Nose	NA	P	P
	Costal cartilage	NA	F	F
	Fascia grafts			
	Fascia lata	NA	F	P
	Face Scalp fascia	NA	F	P
	Mucosal grafts and hard palate	NA	P	E
	Bone grafts	NA	P	E (Placement)
Nasolacrimal System	**Nasolacrimal system**	NA	P	E
	Nasal lacrimal duct probe, dilation, stent	F	P	E
	Canalicular repair	F	P	E
	Dacryocystectomy	F	P	E
	DCR – external and endoscopic	F	P	E
	Intranasal turbinate manipulation	NA	F	E
	Endoscopic sinus surgery	NA	F	F
	Diagnostic endoscopy	NA	P	E
Brow ptosis	Brow ptosis repair-endoscopic, direct, forehead, lid approach	F	P	E
Trauma	Complex eyelid and facial soft trauma	F	P	E
	Canalicular repair	F	P	E
	Orbit and facial fracture repair Floor, Medial Wall, Roof, ZMC, NOE	F	P	E
Temporal Artery	Temporal artery biopsy	F	P	E
Cosmetic	Rhytidectomy – upper face (forehead)	NA	P	E
	Rhytidectomy – midface (SMAS flap)	NA	P	E
	Rhytidectomy – lower face and neck	NA	F	P
	Endoscopic and external brow surgery	NA	P	E
	Injectable fillers	NA	P	E
	Injectable neuromodulators	NA	P	E
	Dermal lasers	NA	P	P
	Chemical and pharmaceutical skin agents	NA	P	E

Presentation to the attending physician, review of examination, and ability to form an assessment and plan will be used by the faculty to evaluate the fellow's inpatient care in the twice yearly evaluations. In addition to faculty evaluation, every six months the clinic manager and OR nurse will evaluate your performance. You will be responsible for obtaining patient evaluations. These forms can be obtained from the Fellowship Coordinator and are part of your 360 degree evaluation.

The fellow is expected to be prepared for every case done in the operating room. This includes knowledge of the patient history, knowledge of the steps in the surgery planned, and post-operative care of the patient. GRASIS forms are used to assess surgical proficiency. These are filled out at least twice per year of training. Self-assessment of surgical proficiency is evaluated through the Fellow's self-assessment surgical improvement log (SSIL).

The oculoplastic service has many inpatients. You are expected to round every weekday on all the inpatient oculoplastic patients. Weekend rounds will be discussed individually with the attending. You are expected to check every post-op patient prior to his or her discharge.

The fellow is also evaluated in patient care by the CCC twice yearly using the ACGME milestones.

ACGME Milestones: Patient Care- Oculofacial Procedures				
Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
Performs repair of routine oculofacial laceration (forehead, brow, cheek)	*Performs repair of complex oculofacial laceration (multiple layer involvement)* *Performs injection of neuromodulators for cervical facial dystonias*	*Performs direct brow lifting* *Performs adjacent tissue transfer to repair oculofacial defects*	*Independently performs forehead/brow lifting (endoscopic or coronal)* *Independently performs mid-face lifting* *Independently performs harvesting and use of large facial flaps* *Uses neuromodulators/fillers in the aesthetic patient*	*Performs complex oculofacial reconstruction with multidisciplinary team*
ACGME Milestones: Eyelid Surgery				
Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
Performs biopsy of eyelid lesion *Performs primary eyelid repair (laceration)*	*Performs excision and full thickness repair* *Performs upper eyelid blepharoplasty*	*Performs moderately complex eyelid repair (sliding flap, canthotomy, cantholysis)* *Independently performs repair of common eyelid malpositions (ptosis, entropion, ectropion)*	*Independently performs complex eyelid repair (transpositional flaps and grafts)* *Independently performs complex lid malposition surgery (post bleph lag, severe cicatricial malposition)* *Independently performs lower eyelid blepharoplasty*	*Independently performs reconstruction on patients with multiple previous procedures*
ACGME Milestones: Patient Care- Lacrimal Surgery				
Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
Performs probing and irrigation of the lacrimal system	*Performs silicone stent intubation of lacrimal system* *Performs repair of canalicular laceration* *Performs endoscopy of the nasal and lacrimal system*	*Independently performs basic DCR*	*Independently performs complex DCR and cDCR*	*Independently performs lacrimal reconstruction (craniofacial disorders, sinus tumors)*
ACGME Milestones: Patient Care- Orbital Surgery				

Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*
Assists with enucleation/evisceration	*Independently performs enucleation/evisceration*	*Performs anterior orbitotomy (anterior to globe equator)* *Performs isolated orbital wall fracture* *Performs anophthalmic socket reconstruction*	*Independently performs orbitotomy (posterior to equator with or without bone removal), orbital decompression, orbital exenteration*	*Independently performs complex orbital fracture repair (ZMC, NOE)* *Performs complex orbital tumor removal with extraorbital extension with multidisciplinary team*

3. Interpersonal and Communication Skills

By the second year, the fellow is expected to have further perfected his interpersonal and communication skills. Continued growth in this area is required over one's career, especially as healthcare culture changes. The same goals and objectives as written in the PGY 5 section apply. Changes in the second year include attendance to at least one formal hospital seminar on communication and presentation at 2 national meetings, rather than just one. Evaluation is the same as in the PGY 5 year. Interpersonal and Communication skills are also evaluated by the CCC twice a year using the ACGME milestones listed below. The fellow is expected to progress and achieve level 4 by the time of fellowship completion.

ACGME Milestones: Interpersonal and Communication Skills – Communicates with patients and families				
Level 1	Level 2	Level 3	Level 4	Level 5
Adheres to HIPAA and institutional confidentiality policies Exhibits basic communication skills and effectively communicates with patients and families including challenging patients Obtains informed consent for basic procedures	Refines communication skills in complicated situations Obtains informed consent for complex oculofacial procedures	Oversees and teaches junior members of the healthcare team how to communicate effectively with patients, families, and caregivers	Serves as a role model for effective and compassionate communication for the healthcare team Communicates medical error, complications, and adverse events	Develops guidelines for communication or seeks leadership opportunities in the department and/or national professional organizations with regards to patient-centered communication
ACGME Milestones: Interpersonal and Communication Skills – Interdisciplinary Care Teams				
Level 1	Level 2	Level 3	Level 4	Level 5
Coordinates consults amongst multiple services for a complex oculofacial patient	Identifies the composition and management of a multidisciplinary care team	Develops his/her role within the care team and understands the skills of the other team members Understands and	Participates actively in a multidisciplinary surgical care team	Develops and or leads a new interdisciplinary care team

		works to resolve potential conflict between team members		

4. Professionalism

The maintenance of a professional and ethical environment is of the utmost importance. The fellow is expected to dress professionally as outlined in this manual. Scrub suits should not be worn to clinic. The fellow will be sent home to change if his/her attire is inappropriate.

Ethics are part of the formal didactic schedule, but the evaluation of professional and ethical behavior will take place in the clinical/surgical environment. The fellow is expected to be HIPAA compliant. The fellow is expected to act in a respectful, professional manner towards all individuals. Part of ethical and professional behavior is being prepared for surgery. The fellow is expected to be prepared for all surgical cases. The fellow needs to be familiar with the patient's history, even if he/she did not see the patient in the clinic. The fellow is responsible for completing the pre and post-operative paper work. This includes writing all of the patient's prescriptions, checking for allergies, anticipating if post-operative admission will be required, and ensuring that scans are available in the operating room. (PACS System and outside scans). Any behavior deemed unprofessional or unethical will be addressed by Drs. Nguyen or Thuro. If this does not result in improved behavior, disciplinary action will be taken as outlined in the GME institutional policy for disciplinary action https://medicine.hsc.wvu.edu/gme/gme-policies/The fellow is evaluated on professionalism in the twice yearly evaluations by Drs. Nguyen and Thuro in this section of the evaluation form. This evaluation will be used by the program director (Dr. Nguyen) to determine quality of professional behavior for graduating fellows which is documented in the exit interview letter. Formal didactic teaching on professionalism is delivered through the Basic Humanities course that is a requirement at the beginning of fellowship. The fellow is expected to practice professionalism at the level of a faculty physician as successful completion of ophthalmology residency has been accomplished. Refinement of professional behavior as it applies to OPRS surgery is expected to progress through the 24 months of training. This is evaluated by the CCC twice a year using the ACGME milestones listed below.

ACGME Milestones: Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates behavior that conveys compassion, honesty, and genuine interest in patients and families Exhibits professional behavior	Recognizes ethical issues in practice and is able to discuss, analyze, and manage ethical situations Recognizes individual limits in clinical situations and asks for assistance when needed	Understands the beliefs, values, and practices of diverse and vulnerable patient populations, and the potential impact on patient care Prioritizes and balances conflicting viewpoints between physician, family, and others to optimize	Develops a mutually agreeable care plan in context of conflicting physician and patient values and beliefs Recognizes signs of physician impairment and demonstrates appropriate steps to address impairment in self and in colleagues	Develops programs to ensure equality of care in diverse, vulnerable, and underserved populations

		medical care	Recognizes and addresses real or potential conflicts of interest	

5. Practice-based Learning and Improvement IV.A.7.a).(14)

The fellow must learn to investigate and evaluate her/his care of patients and to assimilate scientific evidence, and to improve patient care continuously based on constant self-evaluation and lifelong learning. Just as in the PGY 5 year, the Fellow is expected to present Grand Rounds (Multidisciplinary orbit and oculoplastic rounds) four times per year. These presentations should include a review of the current literature. The faculty responsible for the case will be the monitor for this session and will help lead the discussion. Specific topics may be assigned for presentation by Drs. Nguyen or Thuro. The fellow is expected to utilize the current literature in addition to standard text books in researching the assignment. **The fellow is responsible for contacting invited faculty with the case information.** These include Dr. Jeff Hogg who will present the neuroradiology and Dr. Jim Williams who will present the pathology. There may be other faculty to invite depending on the subject and the cases. The fellow is expected to also research topics throughout the fellowship as they are assigned by Drs. Nguyen and Thuro, and to study the topics presented by patients evaluated in the clinic. Fellows are expected to attend all plastic academic sessions. These consist of journal club, pathology slide review and sometimes patient photograph review. The fellow is expected to read and be able to present any and all of the assigned articles. The fellow may be asked to research a topic and determine which articles are going to be reviewed. This will be increasingly so as the fellowship progresses and responsibilities increase. Self-evaluation of surgical proficiency is done each week in the SSIL. The Fellow is expected to demonstrate greater familiarity and comfort with self-criticism in months 13-24 of training. This practice sets the stage for continued improvement throughout one's career. Drs. Nguyen and Thuro will evaluate the fellow's practice-based learning through-out the rotation which will be summarized in the appropriate section of the twice-yearly evaluations. The fellow will be evaluated on his/her preparation for the plastics academic sessions.

The CCC evaluates practice based learning twice a year using the ACGME Milestones as listed in the table. Level 4 must be achieved upon completion of training.

ACGME Milestones: Practice Based Learning and Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies level of knowledge and expertise and uses feedback from mentor, colleagues, and patients Teaches patients , families, and junior learners	Continually seeks and incorporates feedback to improve performance Develops a self-directed learning plan Assess and provides feedback to junior learners	Demonstrates a balanced and accurate self-assessment of competence, investigates clinical outcomes and areas for continued improvement Selects evidence-based information to answer specific questions	Performs self-directed learning with little external guidance using evidence-based information Develops a process to remain current in knowledge throughout career Organizes educational activities at the	Independently plans and executes a research project Develops an educational curriculum and assessment tools

			program level	

6. Systems-based Care IV.A.7.a).(14)

The fellow will be exposed to cases involving multiple disciplines. He/she will develop an understanding of how this provides the highest quality of care, and how to function within a tertiary, university based health care system. Important management decisions that include cost assessment will be made. The oculoplastic service has a significant inpatient component compared to other ophthalmic specialties. The fellow is expected to manage these patients from all aspects with the attending physician, including consultation of other services, ancillary testing, and social work issues. Follow-up and rounding on these patients must occur daily. Weekend coverage is to be discussed with the attending.

The fellow is expected to be up to date on all dictations and medical record signatures. Failure to do so can result in suspension from the hospital. While this is part of professionalism, it is also part of functioning within the WVU health care system.

Formal didactic teaching about systems based care is done through a lecture given by the Associate Dean of Veterans Affairs. A patient safety curriculum and didactic session on healthcare disparities is part of the system-based care. The fellow is required to attend/complete these.

A major part of systems based practice is the Fellow's involvement in Quality Improvement. Each fellow must complete at least one Quality Improvement Project during his tenure. Guidance through this process is done in conjunction with the GME curriculum and Drs. Nguyen and Thuro.

Learning proper coding and billing practices is crucial to being able to function upon graduation. Once a year, formal audit of the Fellow is performed by WVU internal compliance department. The results are discussed in a small group meeting with the Fellow. Formal didactic lectures on coding are part of the core ophthalmology program. The Fellow is expected to attend these sessions.

The fellow's ability to function within the WVU and Veterans health system is evaluated throughout and summarized in the twice yearly evaluations.

The CCC evaluates systems based practice twice a year using the ACGME Milestones as listed in the table.

ACGME Milestones: Systems Based Practice – Patient Safety				
Level 1	Level 2	Level 3	Level 4	Level 5
Adhere to standards for the maintenance of a safe working environment Recognizes adverse events	Describes patient safety concepts Understands responsibilities as part of the surgical team (choice of implants etc.)	Lead team by promoting situational awareness and input by all team members Employs processes, personnel, and technologies that	Participates in an institutional process improvement plan to optimize departmental practice and patient safety (root cause analysis, quality improvement, peer-	Uses analytical tools to assess healthcare quality and safety and reassess quality improvement programs for effectiveness for patients and for

Routinely uses basic patient safety practices such as procedural time outs		optimize patient safety (check lists, SBAR)	review) Leads procedural time outs	populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice
ACGME Milestones: Systems Based Practice – Healthcare Economics				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes how practice variations affect cost and resource consumption Understands basic principles of coding (diagnosis, evaluation, and management, and procedural)	Uses health care resources responsibly, including electronic medical record Codes routine diagnoses, encounters, and surgical procedures, documents medical necessity	Practices cost-effective care to lower healthcare costs (generic meds, time management)	Codes complex and unusual diagnoses, encounters, and surgical procedures	Advocates for cost-effective care and use of risk-benefit analyses within health care system

7. Surgery

By the second year of training, the Fellow will perform more parts of OPRS cases as outlined in the timetable below. The progression of the Fellow is at the discretion of the faculty. Surgery in which the fellow performs half or more of the case is counted as a primary surgeon case for the fellow. Fellows are required to use the ADS system (ACGME) to log these cases. In oculoplastic surgery, there will often be multiple codes for the same patient. The fellow is expected to gain a basic knowledge of the procedures listed below. Emphasis is placed on proper technique. Once this is mastered, the fellow is expected to recognize surgical planes and be able to perform surgery. This is done in a graduated fashion determined by the attending physician, but a timeline for proficiency and mastery is listed in the table. Surgical skills will be assessed by direct observation and feedback provided to the fellow throughout the fellowship and summarized in the twice yearly evaluations. In addition, the GRASIS form will be used. Self-reflection on surgical proficiency is done by the fellow through the SSIL.

F- Familiar P-Proficient E-Expert NA-Not Applicable

SURGERY				
Anopthalmia	Enucleation	F	P	E
IV.A.5.a).(3).(a)	Evisceration	F	P	E
	Exenteration	F	P	E
	Secondary implant	F	P	E
	Dermis-fat grafts	F	P	E
Orbit IV.A.5.a).(3).(b)	Anterior orbitotomy (exploration, biopsy, and tumor removal (anterior, lateral, medial, superior approach)	NA	P	E
	Lateral Orbitotomy	NA	P	E

	Orbitotomy from Craniotomy Approach	NA	F	E
	Reconstruction for periorbital anomalies	F	P	E
	Orbital Fracture Repair (Floor, Medial, ZMC)	NA	P	E
	Lacrimal gland tumors	F	P	E
	Bony and soft tissue orbital decompression (orbital, endoscopic, approaches)	F	P	E
Eyelid	Upper eyelid retraction repair	F	P	E
IV.A.5.a).(3).(c)	Lower eyelid retraction repair	F	P	E
IV.A.5.a).(3).(d)	Blepharoptosis			
	Levator repair	F	P	E
	Mullerectomy	F	P	E
	Frontalis suspension	F	P	E
IV.A.5.a).(3).(e)	Ectropion and entropion repair	F	P	E
IV.A.5.a).(3).(f)	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E
IV.A.5.a).(3).(g)	Reconstruction congenital defects, trauma or after tumor	F	P	E
IV.A.5.a).(3).(h)	Trichiasis			
	Mechanical epilation	F	E	E
	Cryo, radio, or laser destruction	F	P	E
	Lid split and mucous membrane grafting	NA	P	E
IV.A.5.a).(3).(i)	Conjunctivoplasty	NA	P	E
IV.A.5.a).(3).(j)	Trauma and laceration repairs	F	P	E
IV.A.5.a).(3).(m)	Tumor excision of periobital and adjacent regions	F	P	E
Facial Flaps and Grafts	Harvest and placement:			
IV.A.5.a).(3).(n)	Pedicle flaps	NA	P	E
	Skin grafts full and split thickness	NA	P	E
	Free fat grafts	NA	F	P
	Free Flaps	NA	F	F
	Cartilage grafts			E (Placement all)
	Ear	NA	P	E
	Nose	NA	P	P
	Costal cartilage	NA	F	F
	Fascia grafts			
	Fascia lata	NA	F	P
	Face Scalp fascia	NA	F	P
	Mucosal grafts and hard palate	NA	P	E
	Bone grafts	NA	P	E (Placement)
Nasolacrimal System	**Nasolacrimal system**	NA	P	E
IV.A.5.a).(3).(l)	Nasal lacrimal duct probe, dilation, stent	F	P	E
	Canalicular repair	F	P	E
	Dacryocystectomy	F	P	E
	DCR – external and endoscopic	F	P	E
	Intranasal turbinate manipulation	NA	F	E
IV.A.5.a).(3).(p)	Endoscopic sinus surgery	NA	F	F
IV.A.5.a).(3).(p)	Diagnostic endoscopy	NA	P	E
Brow ptosisIV.A.5.a).(3).(o)	Brow ptosis repair-endoscopic, direct, forehead, lid approach	F	P	E
Trauma	Complex eyelid and facial soft trauma	F	P	E
	Canalicular repair	F	P	E
	Orbit and facial fracture repair Floor, Medial Wall, Roof, ZMC, NOE	F	P	E
Temporal Artery	Temporal artery biopsy	F	P	E
Cosmetic	Rhytidectomy – upper face (forehead)	NA	P	E
IV.A.5.a).(3).(k)	Rhytidectomy – midface (SMAS flap)	NA	P	E
	Rhytidectomy – lower face and neck	NA	F	P
IV.A.5.a).(3).(o)	Endoscopic and external brow surgery	NA	P	E
IV.A.5.a).(3).(f)	Blepharoplasty			
	upper eyelids, functional and aesthetic	F	P	E
	lower eyelids, functional and aesthetic	F	P	E
IV.A.5.a).(3).(q)	Injectable fillers	NA	P	E
	Injectable neuromodulators	NA	P	E
IV.A.5.a).(3).(q)	Chemical and pharmaceutical skin agents	NA	P	E

The CCC evaluates the progress of the fellow through the second year, twice a year using the ACGME Milestones: Level 4 must be achieved by the time of fellowship completion.

ACGME Milestones: Patient Care- Oculofacial Procedures				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs repair of routine oculofacial laceration (forehead, brow, cheek)	Performs repair of complex oculofacial laceration (multiple layer involvement) Performs injection of neuromodulators for cervical facial dystonias	Performs direct brow lifting Performs adjacent tissue transfer to repair oculofacial defects	Independently performs forehead/brow lifting (endoscopic or coronal) Independently performs mid-face lifting Independently performs harvesting and use of large facial flaps Uses neuromodulators/fillers in the aesthetic patient	Performs complex oculofacial reconstruction with multidisciplinary team
ACGME Milestones: Eyelid Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs biopsy of eyelid lesion Performs primary eyelid repair (laceration)	Performs excision and full thickness repair Performs upper eyelid blepharoplasty	Performs moderately complex eyelid repair (sliding flap, canthotomy, cantholysis) Independently performs repair of common eyelid malpositions (ptosis, entropion, ectropion)	Independently performs complex eyelid repair (transpositional flaps and grafts) Independently performs complex lid malposition surgery (post bleph lag, severe cicatricial malposition) Independently performs lower eyelid blepharoplasty	Independently performs reconstruction on patients with multiple previous procedures
ACGME Milestones: Patient Care- Lacrimal Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs probing and irrigation of the lacrimal system	Performs silicone stent intubation of lacrimal system Performs repair of canalicular laceration Performs endoscopy of the nasal and lacrimal system	Independently performs basic DCR	Independently performs complex DCR and cDCR	Independently performs lacrimal reconstruction (craniofacial disorders, sinus tumors)
ACGME Milestones: Patient Care- Orbital Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
Assists with enucleation/evisceration	Independently performs enucleation/evisceration	Performs anterior orbitotomy (anterior to globe equator)	Independently performs orbitotomy (posterior to equator	Independently performs complex orbital fracture

		Performs isolated orbital wall fracture Performs anophthalmic socket reconstruction	with or without bone removal), orbital decompression, orbital exenteration	repair (ZMC, NOE) Performs complex orbital tumor removal with extraorbital extension with multidisciplinary team

***Note that temporal artery biopsies are done by the fellow in the minor room. The fellow is responsible for knowing the schedule for these and is expected to teach the resident on the service about temporal artery biopsy.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

Facial Plastic Surgery Focus

Preceptors: Ira Vidor, M.D. Private Practice, California
Kerri Woodberry MD, MBA, FACS, M.D., Associate Professor & Chief, Plastic Surgery
Mark Armeni, M.D., Assistant Professor, Facial Plastic Surgery

PGY Years: 5-6

Schedule:

The cosmetic experience with Dr. Vidor may occur two weeks at a time one-two times per year. The fellow will travel to California to work with Dr. Vidor during these 2 weeks rotations. The department of Ophthalmology will provide funding for travel costs. All other cosmetic cases are scheduled on an individual basis, longitudinally throughout the Fellowship.

1. Medical Knowledge

In this focus the Fellow will learn about facial procedures including eyelid, nasal, forehead, mid-face, face-lift and neck. The Fellow will further learn the aesthetic units of the face and how they interact. Particular cosmetic experience, especially in lower eyelid blepharoplasty and dermal filler will be gained in the rotation with Dr. Vidor who is in a cosmetic private practice in California. The acquisition of knowledge is similar to that described in the main section. In addition to the recommended reading, the Fellow is expected to learn all material assigned by the facial plastic surgery faculty. You will be assessed in this area by these faculty in the twice yearly evaluation. The level of expertise and timeline for achievement as the Fellow progresses through training are outlined in the goals and objectives for the Fellowship

2. Patient Care

The facial plastic surgery faculty will instruct you on appropriate facial cases. You will be assessed in this area by these faculty in the twice yearly evaluation. All of the concepts listed in the main rotation apply in this focus.

3. Interpersonal and Communication Skills

The goals and objectives are the same as outlined in the main rotation.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation.

5. Practice-based Learning and Improvement

The Fellow is expected to present Grand Rounds (Multidisciplinary orbit and oculoplastic rounds) four times per year. Cases performed with these faculty and their colleagues can be presented in this venue. These presentations should include a review of the current literature. The Fellow is expected to utilize the current literature in addition to standard text books in researching the assignment. **The Fellow is responsible for contacting invited faculty with the case information.** There may be other faculty to invite depending on the subject and the cases. These faculty will evaluate the Fellow's practice-based learning through-out the focus which will be summarized in the appropriate section of the twice yearly evaluations.

6. Systems-based Care

In this focus the Fellow is exposed to a different department in a university based tertiary center, specifically the cosmetic private practice setting of Dr. Vidor.

7. Surgery

See description in main rotation. Specific focus is placed on the following:

- Blepharoplasty (upper and lower eyelids, functional and aesthetic)
- Rhytidectomy
- Management of upper face and brow conditions (e.g. brow ptosis repair)
- Nasal surgery
- Midface surgery
- Face-lift
- Neck Surgery
- Minimally invasive procedures such as dermal filler and neuromodulators

During the 2 week rotation with Dr. Vidor, emphasis will be placed on lower eyelid blepharoplasty and dermal filler experience.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

Procedural Dermatology Focus

Preceptor: Zachary Zinn, M.D. Assistant Professor Dermatology
Erica Ghareeb, M.D. Assistant Professor Dermatology

PGY Years: 5-6
Schedule:

Dermatology Laser Clinic is on scheduled at University Town Center or in the OR

***See Appendix

1. Medical Knowledge

In this experience, the Fellow will learn about laser and pharmacologic skin enhancing procedures and Mohs surgery. The residents and Fellow are taught laser safety and undergo an entrance and exit laser eye exam to ensure they suffered no untoward effects from the lasers. This exam is done through employee health by qualified ophthalmic technicians. They are required to complete a computer-based learning module on laser safety that includes laser principles and they are required to pass that test as part of their training. The Fellow are also taught about Mohs surgery with Dr. Ghareeb.

2. Patient Care

The Fellow is very fortunate to participate in the WVU Dermatology Laser experience. The clinic is supervised by Dr. Zinn. The residents and Fellow are the primary operators of the laser during these clinics. The following lasers are utilized:

a. Pulsed-dye laser at 595nm (Vascular laser) for port wine stains, keloids, telangiectasias, warts, etc.
b. Q-switched 1064 (Tattoo laser) for black/blue/green tattoos. The Q-switched 532 for red dye in tattoos and hyperpigmented lesions
c. Long –pulsed Alexandrite at 755nm for hair removal
d. Long-pulsed ND-Yag laser at 1064nm for hair removal in darkly pigmented patients.

The Fellow is scheduled to participate in Mohs surgery cases with Dr. Ghareeb. The Fellow will learn about evaluation of patients for Mohs surgery and Mohs surgery technique and assist in cases where appropriate.

Dr. Zinn evaluates the Fellow Twice a year in the E-value system.

3. Interpersonal and Communication Skills

The goals and objectives are the same as outlined in the main rotation.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation.

5. Practice-based Learning and Improvement

The goals and objectives are the same as outlined in the main rotation.

6. Systems-based Care

In this focus the Fellow is exposed to a dermatologic practice.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

OPRS at the VA

Preceptors: John Linberg, M.D, Professor
John Nguyen, M.D., Associate Professor
Bradley Thuro, M.D., Assistant Professor

PGY Years: 5-6

General Schedule:

VA OR and Clinic scheduled 3 Wednesdays per month.

See Tammy Miller for VA Schedule – Schedule is subject to change

1. Medical Knowledge

The medical knowledge expectation in this focus is the same as in the main rotation. The purpose of this focus is to give the Fellow additional exposure to ophthalmic plastic and reconstructive surgery in the environment of the VA hospital. In addition to the evaluation as described in the main rotation.

2. Patient Care

Patient care goals, objectives, and assessment are similar to the main rotation with the exception that the Fellow is expected to see every patient in the VA oculoplastic clinic.

3. Interpersonal and Communication Skills

The goals and objectives are the same as outlined in the main rotation.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation.

5. Practice-based Learning and Improvement

In this focus, the Fellow is responsible for running the clinic, arranging all surgery, and caring for all the patients, both in the clinic and the operating room. This focus provides the Fellow with the most autonomy. Evaluation is the same as the main rotation.

6. Systems-based Care

This focus gives the Fellow exposure to another system – the veteran's administration hospital. Evaluation is the same as the main rotation.

7. Surgery

Cases that require admission to the hospital are not performed at the VA. If a case is complicated and will require admission it will be referred to WVU. Otherwise, the surgery goals/objectives/evaluation are similar to the main rotation.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

Multidisciplinary Skull Base Service Focus

Preceptors: John Nguyen, M.D., Associate Professor
Bradley Thuro, M.D., Assistant Professor
Robert Marsh, M.D., Ph.D., Assistant Professor, Dept of Neurosurgery
Hal Meltzer, M.D., Professor, Dept of Neurosurgery Surgery, (craniofacial)
Jeffery Hogg, M.D., Professor, Dept of Radiology (neuroradiology)
Jeffson Chung, M.D., Assistant Professor, Dept of ENT
Tanya Fancy, M.D. Assistant Professor, Dept of ENT
Rusha Patel, M.D., Assistant Professor, Dept of ENT
Meghan Turner, M.D., Assistant Professor, Dept of ENT

PGY Years: 5-6

Schedule:

The cases are scheduled on an individual basis, longitudinally throughout the Fellowship. Because these cases are time intensive and involve coordinating multiple services, they are scheduled on an individual basis. Often clinic or other OR schedules will be changed to accommodate these cases.

1. Medical Knowledge

One of the strengths of this Fellowship is the multidisciplinary team approach. These cases are often complicated, and each case provides a unique learning opportunity. In this focus the Fellow must know the anatomy of the skull base, of which the orbits form the anterior part. Rootman's textbook of orbital surgery is an excellent source to study. In addition, the Fellow should prepare for each case by reviewing the pertinent recent literature, and any reading assigned by the attending physicians. The conditions and procedure with level of expertise and timeline are listed in the main goals and objectives. The Fellow is assessed twice a year by the main faculty of the multidisciplinary team, and the Fellow assesses these faculty once a year.

2. Patient Care

From a *clinical* standpoint the Fellow is expected to see these patients pre-operatively, participate in the pre-operative planning with the team, participate during the surgery, and then to round on the patient every day that they are in the hospital. The Fellow is expected to keep track of these patients and see them post-operatively in the clinic.

3. Interpersonal and Communication Skills

These skills are of paramount importance in the multidisciplinary approach to patient care. The Fellow will learn how to interact with other services by direct observation. As the Fellow progresses through training more responsibility for interaction is expected to occur. At the beginning of training the attending will lead the ophthalmic discussion with the other members of the team and will obtain informed consent from the patient. By the second year, the Fellow should be able to obtain informed consent, and should be able to discuss the ophthalmic aspects of the case with the other members of the team.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation

5. Practice-based Learning and Improvement

These cases present unique opportunities for practice based learning and improvement. Often these cases will be presented by the Fellow in Grand Rounds, or be the topic of a journal club. Furthermore, many of the cases may be part of other scholarly work, such as publication or poster presentation. Evaluation of this competency is described in the main rotation.

6. Systems-based Care

The Fellow will be exposed to cases involving multiple disciplines. He/she will develop an understanding of how this provides the highest quality of care, and how to function within a tertiary, university based health care system. Important management decisions that include cost assessment will be made. The oculoplastic service has a significant inpatient component compared to other ophthalmic specialties. The Fellow is expected to manage these patients from all aspects with the attending physician, including consultation of other services, ancillary testing, and social work issues. Follow-up and rounding on these patients must occur daily. Weekend coverage is to be discussed with the attending.

The Fellow is expected to be up to date on all dictations and medical record signatures. Failure to do so can result in suspension from the hospital. While this is part of professionalism, it is also part of functioning within the WVU health care system. The Fellow's ability to function within the WVU health system is evaluated throughout and summarized in the twice yearly evaluations.

7. Surgery

The Fellow is expected to be prepared for each of these cases. **The Fellow is expected to bring the camera and take photographs during these and all cases.** These must be put into the patient's electronic medical record. These also are part of the Fellow's electronic slide collection. Evaluation is by the multidisciplinary faculty twice a year as described in the main rotation. All surgery and procedures are to be logged into the Fellow's ACGME surgical log. See main rotation goals of objectives for description of procedures and timeline for development of proficiency over the two year training period.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

Endoscopic Experience Focus

Preceptors: Chadi Makary, M.D., Assistant Professor, Dept of ENT
Hassan Ramadan, M.D., Professor, Chairman, Dept of ENT
Meghan T. Turner, M.D., Assistant Professor, Dept of ENT
John Nguyen, M.D., Associate Professor
Bradley Thuro, M.D., Assistant Professor

PGY Years: 5-6

Schedule:

The cases are scheduled on an individual basis, longitudinally throughout the Fellowship.

1. Medical Knowledge

The Fellow must become proficient in the use of the endoscope, both for diagnostic and procedural purposes. Every lacrimal evaluation requires a nasal endoscopic examination in the office to assess for pathology that may affect the outcome of DCR surgery. This experience is gained under the guidance of Drs. Nguyen and Thuro. Surgical endoscopic experience is taught by the ENT faculty during endoscopic orbital decompression cases and by Drs. Nguyen and Thuro during endoscopic DCR cases. The Fellow must learn the anatomy of the nose and sinuses and must be prepared for all cases in the OR. The conditions and procedure with level of expertise and timeline are listed in the main goals and objectives. The Fellow is assessed twice a year by the main faculty of the multidisciplinary team, and the Fellow assesses these faculty once a year.

2. Patient Care

The Fellow must learn the proper use of the endoscope in clinic to facilitate a comfortable and complete examination. This is taught by direct observation of Drs. Nguyen and Thuro. The Fellow must learn the proper care for patients and possible complications after endoscopic approaches to the orbit. The Fellow is assessed in this area by Drs. Ramadan,

Nguyen, and Thuro in the twice-yearly evaluation. All of the concepts listed in the main rotation apply in this focus.
.

3. Interpersonal and Communication Skills

These skills are of paramount importance in the multidisciplinary approach to patient care. The Fellow must learn to effectively communicate with the ENT service on all combined cases. As the Fellow progresses through training more responsibility for interaction is expected to occur.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation

5. Practice-based Learning and Improvement

These cases present unique opportunities for practice based learning and improvement. Often these cases will be presented by the Fellow in Grand Rounds, or be the topic of a journal club. Furthermore, many of the cases may be part of other scholarly work, such as publication or poster presentation. Evaluation of this competency is described in the main rotation.

6. Systems-based Care

In this focus the Fellow is exposed to a different department in a university based tertiary center.

7. Surgery

The Fellow is expected to be prepared for each of these cases. The Fellow is expected to bring the camera and take photographs during these and all cases. These must be put into the patient's electronic medical record. These also are part of the Fellow's electronic slide collection. Evaluation is by Drs. Ramadan, Nguyen, and Thuro twice a year as described in the main rotation. All surgery and procedures are to be logged into the Fellow's ACGME surgical log. See main rotation goals of objectives for description of procedures and timeline for development of proficiency over the two year training period.

WVU Department of Ophthalmology
Ophthalmic Plastic and Reconstructive Surgery Service
Fellow Goals and Objectives

Pathology and Scholarly Activity Focus

Preceptors: John V. Linberg, M.D., Professor
John Nguyen, M.D., Associate Professor
Bradley Thuro, M.D., Assistant Professor
H. James Williams, M.D., Professor, Dept of Pathology
Jeffrey Hogg, M.D,., Professor, Dept of Radiology

PGY Years: 5-6

General Schedule:

Pathology slide review and discussion of scholarly activity take place during plastics academic session (PAS) which includes journal club.

1. Medical Knowledge

Knowledge of pathology as it relates to ophthalmic plastic and reconstructive surgery is of paramount importance to understanding disease pathology and is a program requirement. There is time set aside in the schedule for pathology slide review (during the plastics academic sessions) journal club, and Grand Rounds. There will often be times where the faculty is out of the office and the Fellow will not have assigned activities. The Fellow is expected to utilize this time for scholarly activity including research and quality improvement projects.

There is time set aside in the schedule for pathology slide review (during the plastics academic sessions) journal club, and Grand Rounds. There will often be times where the faculty is out of the office and the Fellow will not have assigned activities. The Fellow is expected to utilize this time for scholarly activity including research and quality improvement projects.

The Fellow must produce two scholarly works (either paper submitted for peer review publication, or book chapter) in each year of Fellowship. Each of these requirements will teach the Fellow about the topic involved. There is no better evaluation than peer-review, which will occur when papers are submitted for publication.

2. Patient Care

This focus does not directly involve patients, but patient care requires up-to-date knowledge which is gained in this focus.

3. Interpersonal and Communication Skills

You will have a great deal of interaction with faculty of the pathology department. For example, you will need to contact Dr. Williams a few weeks before your Grand Rounds presentations regarding the pathology to be presented on the cases given. As part of plastics

academic session, we will often go to the pathology department to review slides from patient cases. Some scholarly projects will have pathology as a part. It is vital that you be able to communicate with the pathologists. You will be evaluated by Dr. Williams twice a year and you will have the opportunity to evaluate Dr. Williams as part of the faculty, once a year.

4. Professionalism

The goals and objectives are the same as outlined in the main rotation.

5. Practice-based Learning and Improvement

Learning about pathology will enhance your understanding of pathophysiology and how you care for patients. Each scholarly activity will enhance your knowledge on a particular topic and therefore enhance your practice pattern. As you progress from the first to second year of Fellowship the depth of discussion and understanding is expected to increase. Participating in quality improvement projects personifies practice-based learning and improvement. See main rotation description.

6. Systems-based Care

Pathology is part of the system in which you will practice. This is part of any system in which the Fellow works. Evaluation is done twice yearly as previously described.

Other Academic Requirements

- Diversity and Non-Discrimination
- Requirements for Fellow Selection and Recruitment
- Requirements to Start Fellowship Training
- Didactic Series
- Outside CME Courses and Meetings
- American Board of Ophthalmology Written and Oral Qualifying Examinations
- Scholarly Activity
- Anatomy Lab
- Teaching Responsibilities
- Grand Rounds
- Department Continuing Medical Education Conferences
- ASOPRS/AAO Meeting
- Surgical Logs
- Duty Hours and Fatigue
- Fellow and Faculty Well-Being Policy
- Evaluations and Final Exit Summary

Diversity and Non-Discrimination

The Department of Ophthalmology hosts the only ophthalmic plastic and reconstructive fellowship program in the state, and as such has dual goals for its training program as related to diversity:

1. Attract and retain top talent reflective of a diverse world population to WVU Medicine Ophthalmic Plastic & Reconstructive service in order to provide world-class tertiary care to the people of West Virginia and beyond.
    a. In order to do this, the program seeks to create a community reflective of the broader world community and focused on excellence or potential in research and patient care.
2. Train and retain ophthalmic plastic and reconstructive surgeon who are culturally competent to provide care to the population of West Virginia, in particular those from the state.
    a. In order to do this, the program seeks to actively foster an interest in ophthalmic plastic & reconstructive surgery amongst residents, while creating opportunities for training and subsequently retention of these residents, and faculty within the state.
3. The WVU School of Medicine is the flagship institution of medical education, healthcare, and research for the state of West Virginia. As a land grant institution, our goal is to improve the health and wellness of West Virginia residents. The School endeavors to select a gender-balanced, diverse, and tolerant graduate student body, faculty, and staff. Our priority is to recruit key, value-added, underrepresented in medicine groups that include African Americans, Hispanics, LGBTQ, and Native Americans/Pacific Islanders. The WVU School of Medicine also aims to recruit fellows who are included in the socioeconomically and educationally disadvantaged rural Appalachian population.

Requirements for Fellow Selection and Recruitment

Applicants to the West Virginia University Ophthalmic Plastic and Reconstructive Surgery Program must be either currently enrolled in or graduate of an ACGME accredited ophthalmology residency program. All applicants must have completed steps 1, 2, and 3 of the USMLE, and have taken at least one OKAP examination.

Applicants who request information by mail, telephone, or e-mail will be directed to the San Francisco Match website as well as the WVU Department of Ophthalmology website.

Applications are filed through the ACGME match. All applications are reviewed by Drs. Nguyen, Thuro, Linberg, and the current fellow. Based on this review applicants are selected for a phone interview with Drs. Nguyen, Thuro, Linberg and the current fellow. After the phone interviews are complete, some applicants are invited for a three day interview. Interviews are conducted in January and February.

After interviews are completed, the applicants that were interviewed are ranked by Drs. Nguyen, Thuro, and Linberg. The rank list is submitted to the ACGME Match.

Requirements to Start Fellowship Training

Each fellow must successfully complete an ACGME accredited residency in ophthalmology prior to July 1st of their first year of fellowship. **The following must be provided to Dr. Nguyen's administrative assistant on or before July 1st of the first year of fellowship training: MD/DO Diploma, Internship certificate of completion, Residency certificate of completion, Current ACLS card, Current immunization record, Copy of the West Virginia Medical License and Copy of the California License.** The fellow must obtain a West Virginia Medical License and a California License before July 1st of their first year of fellowship training. The fellow must have a current ACLS certification prior to starting fellowship. This certification must be kept current throughout fellowship training. Failure to comply with this policy will result in suspension from the program.

All fellows must participate in the orientation process prior to beginning fellowship.

Didactic Series

The ophthalmology residency program has an extensive didactic series, the schedule for which is provided on a monthly basis. Ophthalmic Plastic and Reconstructive surgery is part of this series, and in general there are at least 10 lectures given by the oculoplastic faculty per year. The fellow is expected to attend all lectures given by the oculoplastic faculty. Additional lectures on ethics and sleep deprivation are also required. Every 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 Auditorium on weekdays at 7am. 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.

As part of this post-graduate training, the fellow is expected teach the residents. This will occur in on-call clinical situations. However, the fellow will also formally teach the residents in 2 didactic lectures per year of fellowship. OKAP review is NOT included in these two lectures. The topics for these will be assigned by Dr. Dr. Nguyen or Thuro.

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, that 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.

Outside CME Courses and Meetings

There may be the opportunity to attend outside CME courses. This will be arranged by the program director. The fellow is required to attend these. These are in addition to the ASOPRS/AAO Meetings.

American Society of Ophthalmic Plastic and Reconstructive Surgery Meeting and Academy of Ophthalmology Meeting

If funds permit, the department will pay up to $1,500 towards travel expenses for the fellow to attend the Fall ASOPRS/AAO meeting in the second year of training. The fellow is expected to submit a scholarly work to the meeting. The fellow may receive additional funds up to $1,500 for other national meetings in which he/she presents. These funds are determined at the discretion of the administration of the Department of Ophthalmology.

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 a 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, 6 months to a year later.

Prior to graduation, senior residents 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.

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 10 years. If a fellow has already passed these examinations, then he/she is responsible for maintaining the certification.

Scholarly Activity

Each fellow is required to produce two scholarly works in each year of fellowship with Dr. Nguyen as a coauthor. These include submission of a paper to a peer-reviewed journal, or a book chapter. The faculty will guide the fellow in these projects.

The fellow is expected to complete a Quality Improvement project in each year of training and submit a poster or paper presentation to the ASOPRS meeting in the fall of the second year.

If funds permit, the department will pay up to $1,500, once a year toward travel expenses for the fellow to present a paper or poster at a national meeting for which he/she is the first author. Submitting the same research to more than one meeting is not endorsed by the department. Permission to attend any other meetings will be granted by the program director. If permission is granted, the fellow must use vacation time and pay for all incurred expenses.

Anatomy Lab

The fellow will perform at least one eyelid, orbit, and facial cadaver dissection during the fellowship. This requirement is often achieved by attendance to and outside course arranged by the Program Director. In addition, the fellow may be able to perform further dissection in the neurosurgery laboratory on the fourth floor of the Health Sciences Center. This space is equipped with operating room microscopes, surgical drills and saws, and instruments.

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 two-year 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 ophthalmic plastic patients.

Grand Rounds

The fellow is responsible for presenting Grand Rounds four times a year. The dates are determined by the program director, but in general occur once a quarter. These Grand Rounds involve multiple disciplines, including pathology, neuroradiology, and others. The fellow is responsible for contacting the faculty from other services to invite them, and to give them the case information, so their portion of the case can be presented. The topic for these rounds will be decided upon by Dr. Nguyen, Dr. Thuro, or one of the affiliated faculty. The fellow is to fill out the Grand Rounds attendance sheet which is the record for CME credit. A review of the current pertinent literature is to be a part of every presentation. The fellow must enter in his/her personal portfolio how the Grand Rounds presentation will affect future practice.

Departmental Continuing Medical Education Conferences

There are several Continuing Medical Education (CME) conferences per year in addition to research day. The fellow is required to attend all of these conferences in every year of training. No vacation can be taken during these conferences.

Surgical Logs

Fellows are required by the ACGME, and RRC to maintain a log of their surgical experience. 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. Surgery experience is logged into the ACGME website using the Resident Data Collector System. 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 with supervision of attending faculty from other services. An example would be a fracture repaired on call with the ENT service. These cases must be entered into the surgical log.

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

Medical Record

Fellows should 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.

Fellow Duty Hours in the Learning &Working Environment

The WVU ophthalmic plastic and reconstructive fellowship program follows the duty hour guidelines set forth by the ACGME. https://medicine.hsc.wvu.edu/media/367468/gmebylawsrevised-1-15-16-oct2017-21318-2-repaired-fix.pdf. These are as follows:

> Duty hours are defined as all clinical and academic activities related to the residency 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 Residents do not take any in-house call)
>
> Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 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 10-hour period provided between all daily duty periods and after in-house call.
>
> The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
>
> In house call must occur no more frequently than every third night, averaged over a 4-week period.
>
> Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
>
> No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident 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 1 day in 7 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 director's administrative assistant, or Dr. Nguyen or Dr. Nguyen. 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. Appropriate intervention will be tailored to the fellow's level of fatigue and their scheduled activities. Appropriate interventions may include excused absence from lectures, lightened clinical responsibilities, or total relief from clinical responsibilities. The appropriate intervention will be determined by the affected fellow and program director, or the next authority line.

If a fellow is too fatigued to drive, hospital security will drive the fellow home if they live within a 10 mile radius of the hospital. If the fellow lives farther than the 10 mile radius, they can go to the Emergency Department registration desk, and receive a voucher for cab service home.

Duty Free days are tentatively scheduled in 12 month blocks and are listed in the call schedule.

The Ophthalmic Plastic and Reconstructive Fellowship is organized into 4 week blocks in accordance with GME recommendations. These four week blocks will begin on July 7th. The fellow must have 4 days off with no scheduled duties in each block. Therefore, there will be no Oculoplastic Surgery coverage on those prescheduled dates.

Fellow & Faculty Well-Being Policy

The WVU ophthalmic plastic and reconstructive fellowship program recognized that physician trainees are at increased risk for depression and burnout. In conjunction with our institutional GME office, we are committed to prioritizing and fostering fellow and supervising faculty well-being while still ensuring the competency of our trainees. We recognize the importance of physical health, emotional health, and social support and engagement in this endeavor.

Definitions:

a. **Faculty and Staff Assistance Program (FSAP):** A free, confidential, off-site resource for fellow, faculty and their dependents to seek care for depression, anxiety, burnout and other stressors. Phone: (304)-293-5590

b. **Spiritual Care:** Hospital chaplains available 24/7 within the hospital for counseling. It is important to remember that chaplains do not bring up spirituality unless the fellow requests it. Pager number is 0590

c. **The Wellness Center:** A resource offered to fellow, faculty and their dependents that offers a wide variety of opportunities for promoting wellness.

Process:

a. Physical Health:

i. Fellow should establish with a Primary Care Physician (PCP). This physician should not be a peer. A list of PCPs accepting new patients are available at the attached link: https://wvumedicine.org/ruby-memorial-hospital/services/wvu-medicine-primary-care/#SubsitePhysicians

ii. Fellow will be encourage to schedule routine and acute appointments with physicians, dentists and other healthcare providers.

1. Routine appointments should be scheduled during the allotted days off/month and conveyed to the schedulers such that those days may be secured as off days for visits.

2. Appointments for acute issues should be scheduled as indicated, the Program Director should be notified immediately, and arrangements will be made to provide work coverage.

iii. The Wellness Center offers access to a fitness facility on the fourth floor of the Heart and Vascular Institute. Fellow is are encouraged to make use of this resource as well as fitness classes. Discounted membership is also offered at the West Virginia University Recreation Center.

iv. Fellow and faculty should not work when physically ill. Please see policy for calling in sick.

b. Emotional Health

i. GME Orientation

1. All incoming fellow attend lectures related to the practitioner health program, education about burnout, education about fatigue, substance

abuse and mental health. Fellow are familiarized with institutional resources to address these issues.

ii. Fellow is encouraged to use The Wellness Center for free classes on burnout mitigation, meditation, mindfulness, etc.

iii. West Virginia University Ophthalmology Residency Specific Events

1. At least one Grand Rounds yearly is dedicated to physician well-being. This may be conducted by faculty, a visiting professor or a leader in the field. Attendance by fellow and faculty is mandatory.

iv. OPRS Fellow Interventions

1. Utilization of FSAP

a. Use of the FSAP is encouraged and promoted at the beginning of each academic year at orientation, reviewed at each semi-annual review and promoted for fellow at risk who may benefit.

2. Well-Being Assessment at Semi-Annual and Annual Reviews

a. Fellow well-being will be discussed and assessed at each semi-annual review and document upon the fellow summary. Action will be taken where deemed necessary.

3. Fellow Surveys

a. Fellow will be assessed once yearly for burnout using the annual ACMGE Well-Being Survey and other instruments

v. The Fellow in Crisis

1. Fellow in obvious crisis will be removed from clinical duties immediately.

2. A mandatory FSAP evaluation will be scheduled within 48 hours.

a. The fellow will not return to work un FSAP has deemed it appropriate.

3. A drug and/or alcohol screen will be considered based upon the situation. This can be completed by Employee Health the same day.

4. If there is concern for fellow safety, the Program Director (or designee) will take the fellow to the Emergency Department for immediate evaluation.

c. Social Support and Engagement

i. Team Building During Orientation

ii. Retreat

iii. Social Events

iv. Other (determined by fellow/residents)

Evaluations and Final Exit Summary

Semi-Annual Evaluation

Twice each year, you will meet with Dr. Nguyen and go over your progress so far that year and review of the following:

- Duty Hours
- Surgery Logs
- Research & Quality Improvement projects
- Evaluations from faculty
- Self-evaluation

You will also be asked to complete evaluations on our plastics faculty, the fellowship program, and the fellowship program director.

Annual Evaluation

Every June you will meet with Dr. Nguyen and go over your progress for the entire year and go over the following:

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

Because there is only one fellow every two years, the fellow's evaluations are reviewed by the GME office who will alert the program director of potential needs for improvement. The faculty evaluations are discussed with each faculty member during their annual meeting with the department chairman. The faculty will also complete an evaluation on the fellowship program at this time. A sample of the semi-annual and annual evaluation sheet is provided in the appendix.

Upon completion of fellowship training a final exit summary is completed by the program director. A sample of this summary is provided in the appendix.

Evaluations

Fellows are evaluated twice a year by the faculty through the E-value system. Once a year a 360º evaluation is performed which includes other clinic staff, patients, and residents.

The fellow is required to evaluate each faculty member and the program once per year. The fellow also does a self-evaluation. This is done in the E-Value system.

The Clinical Competency Committee (CCC) evaluates the fellow twice a year using the ACGME Milestones as listed in the Goals and Objectives.

The program director meets with the fellow to discuss his/her evaluations twice a year. The chairman meets with each faculty member once a year to discuss their evaluations. The

annual program evaluations are discussed at education committee and departmental faculty meetings.

Annual Program Evaluation (APE) and Review

The program director, full faculty, and the current fellow meet annually to review the program. This is done according to the GME office guidelines. Minutes are recorded on the GME Annual Evaluation Form. A sample of this form is provided in the appendix.

Patient Care Polices

- Internet, Electronic Networking, Photography, and other Media Policies
- On Call and Consult Duties
- Moonlighting
- Call Schedule
- Emergency Department Patient Evaluation
- Admission and Pre-operative History and Physical Examinations
- Transition of Care
- Patient Discharge
- Proper Hygiene Techniques
- Dispensing Drugs from the Eye Institute
- Seeing Relatives in Clinic
- Patient Safety

Internet, Electronic Networking and Other Media

Social and business networking Web sites or on-line communities are being used increasingly by faculty, students, residents, and staff to communicate with each other, and to post events and profiles to reach external audiences. As part of the sponsoring institution's commitment to building a community in which all persons can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation, the fellow is expected to act with honesty, integrity, and respect for the rights, privileges, privacy, sensibilities, and property of others.

The capacity to record, store and transmit information in electronic format brings responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our participating hospitals, institutions, and practice sites. Significant educational benefits can be derived from this technology, but physicians need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institution. Guidance for the fellow in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The sponsoring institution is committed to maintaining respect for patient privacy. Compliance with these guidelines help our residents obtain skills with the ACGME competencies of Interpersonal Communication Skills (ICS), Professionalism (P), and Systems Based Practice (SBP).

Photography Policies

Photography is a critical component of your training and the care of your patients and the communication thereof. It is imperative that you recognize the sensitivity of this information and that it be treated with the same level of security as a medical record.

Outlined below are steps that you must follow with regard to patient photos:

1. Cameras/photo taking devices must be kept secure at all times.
2. Do not use your camera/photo device storage medium as your photographic repository.
3. You must use an encrypted or secure University repository for the storage of your patient images.

The ophthalmology departmental image server is the primary location for your photographic use. All images should be downloaded and filed. Downloads should be done daily to minimize the exposure risk.

On Call and Consult Duties

All ophthalmology and oculoplastic call is from home. Because all call is from home, fellows are required to live within 9 miles of the WVU Eye Institute. The fellow is permitted to take call in the ophthalmology faculty schedule to increase salary. This is considered internal

moonlighting. This call is one week at a time, four times per year. The fellow is also permitted to take surgical back-up call for medical ophthalmology faculty also four times per year.

Call is one week at a time starting Friday morning. The faculty/fellow must be available to the resident by pager at all times. The residents also have the faculty/fellow members' phone numbers. There are no times when there is not a faculty member on call and available by phone or pager. Should a faculty/fellow need to switch call after the schedule has been printed, it is the responsibility of that faculty member to make arrangements with another member of the faculty.

The on-call attending physician rounds with the consult resident every week-day and with the on-call resident every day of the weekend. All inpatient consults are to be staffed with an attending physician within 24 hours of the consult. If a trip to the operating room is required on any of these patients, an attending physician is always present.

Faculty or fellows take 1st call during the annual OKAP exam. When all residents are taking the OKAP exam, the attending will cover 1st call from 10 p.m. the Friday before the OKAP exam until 1 p.m. following the OKAP exam on Saturday. The resident on call that Saturday will contact the faculty member when the OKAP exam is completed to arrange transfer of call duties back to the resident.

Emergency consultation at the VA during working hours is directed to the residents and faculty at the VA. Off-hour VA emergency consultation is directed to the West Virginia University/Ruby Hospital emergency room and is covered by the on-call team.

Call Schedule

The call schedule is made by the administrative staff. A tentative schedule is sent out for approval prior to the schedule being set. Once the call schedule is set, it is the fellow's responsibility to find coverage if a change is needed.

Moonlighting

The only moonlighting permitted during fellowship is internal moonlighting. This is referred to in the surgical log section. The fellow must have permission for internal moonlighting from the program director, which is documented in the fellow's file. All internal moonlighting hours must be documented on time sheets every two weeks and turned in to the program manager. (See appendix)

This internal moonlighting occurs in 3 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 does not count in the ACGME view of training. 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 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.

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 4:30pm. 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.

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.

The fellow or resident of the oculoplastic service performs examinations for patients being admitted to the hospital.

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.

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 ophthalmic plastic and reconstructive surgery fellowship: A patient develops a non-oculoplastic illness and requires transfer to another service for care; and the fellow is going to be away (vacation, illness, etc.) and therefore unable to follow oculoplastic 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, medical record number, age, and location of the patient. The fellow will outline the nature of the illness for which the patient is being transferred, studies that are in progress or need attention, and will explain the nature of their oculoplastic illness or need for surgery as well as the patient's code status, next of kin, or power of attorney if applicable. 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 oculoplastic physician.

The fellow is to communicate with the attending oculoplastic physician daily on oculoplastic 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 oculoplastic physician who will continue to care for the patient. This also applies to when the fellow graduates.

With respect to call and duty free time, the Fellow is to notify all OPRS faculty and the program manager when duty free time is to be altered from preset dates. All changes are subject to approval by the Program Director and must not interfere with call duties or duty hour regulations.

Formal training in transition of care is done through a power point presentation and then an observed transition by the faculty using the evaluation from developed by the WVU GME office. The fellow is also evaluated on transition of care in the twice-yearly E-value system. It is part of patient care.

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.

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.

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.

For those patients or caregivers that have a known LATEX allergy, latex free gloves can be found in all sections of the clinic.

Dispensing Drugs from the Eye Institute

The Eye Institute does not furnish any samples of medications.

The non-sample drugs in the work areas are to be used while treating patients in the Eye Institute. Medications that are to be used for chronic care, such as antibiotics for a full 10-day course, should be prescribed and the patient should obtain those drugs from a pharmacy. It is illegal for us to dispense these drugs because 1) we do not have a dispensing license 2) they must be packaged in childproof containers 3) they must be properly labeled with instructions for their use.

If medications are used for treatment rather than diagnostic purposes, the medication used should be documented in the electronic record. Examples are BOTOX injections, triamcinolone injections and Diamox. The medication, with its serial and lot number, and the dosage given must be recorded on the patient's chart.

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.

Patient Safety

The Department of Ophthalmology takes patient safety seriously and works to ensure multiple layers of patient safety. The beginning of the year orientation includes patient safety activity given by the ACGME and includes the main types of patient safety threats as well as how to avoid them. The Patient Safety Net (PSN) is explained, including methods of access and reporting. Furthermore, all residents, in accordance with GME policy, complete the self-directed modules regarding patient safety from IHI. The PSN is also outlined in our resident handbook.

Handoffs continue to be supervised by the fellow and ophthalmology resident. They are assessed by the PD at least every 6 months. Patient safety continues to be addressed and assessed throughout the academic year. The fellow is encouraged to work to improve patient care through a variety of mechanisms. Adverse events and near misses are reported. The PD provide feedback to the fellow involved in patient safety events. The fellow and faculty participate in interprofessional, interdisciplinary, systems-based improvement efforts including patient safety event reviews and analyses which include departmental M and M and multi-departmental M and M (orbit rounds) when appropriate Patient safety is included in the ophthalmic plastic & reconstructive surgery milestones and is assessed at mid- and end-of-year evaluations for every fellow.

Patient Safety Net

The PSN is utilized to report patient safety events and near misses.

1. Access CONNECThttp://connect.wvuhealthcare.com/
2. On the left-hand menu, choose “SafetyReports”
3. Chose Patient Safety Net (PSN)
4. Choose “This web-based reporting tool” link

Administrative Policies

- Institutional Policies
- Medical License, Required Equipment, and Reimbursements
- Lines of Authority
- Time Away from Duties
- Dress Code
- Pharmaceutical Representatives

Institutional Policies

RESIDENT/FELLOW CONTRACT

A copy of the resident/fellow contract is located in the appendix and can be found at https://medicine.hsc.wvu.edu/gme/gme-policies/.

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 an ophthalmic plastic and reconstructive 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, https://medicine.hsc.wvu.edu/gme/gme-policies/.

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. (https://medicine.hsc.wvu.edu/gme/gme-policies/)

DISMISSAL PROCEDURES

The Department of Ophthalmology has established the following policy for the Ophthalmic Plastic and Reconstructive Surgery Training 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 maybe 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 house officer 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 resident'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

Ophthalmic Plastic 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 GME Bylaws https://medicine.hsc.wvu.edu/gme/gme-policies/. Forms and procedures are available from the WVU Human Resources Department located on the Ground Floor of the Health Sciences Center.

INTENT NOT TO RENEW CONTRACT

In the event that the Department of Ophthalmology elects not to reappoint a fellow to the program and the agreement is not renewed, the department shall provide the fellow with a four (4) month advance written notice of its determination of non-reappointment unless the termination is "for cause".

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. https://medicine.hsc.wvu.edu/media/367468/gmebylawsrevised-1-15-16-oct2017-21318-2-repaired-fix.pdf.

RESIDENT PROGRAM CLOSURE/REDUCTION

If the 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. https://medicine.hsc.wvu.edu/media/2598/gmebylawsrevised1-15-16.pdf

INSTITUTIONAL DISASTER POLICY

In the event of a disaster or the declaration of extraordinary circumstances by the ACGME (i.e. abrupt hospital closing, natural disasters, catastrophic loss of funding) impacting the graduate medical education programs sponsored by the West Virginia University School of Medicine, the GMEC establishes this policy to protect the well-being, safety and educational experience of residents enrolled in our training programs.

The definition of a disaster/extraordinary circumstances will be determined by the ACGME as defined in their published policies and procedures. Following declaration of a disaster/extraordinary circumstances, the GMEC working with the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

In the event of a disaster or the declaration of extraordinary circumstances, please see the GME policy: https://medicine.hsc.wvu.edu/media/363585/disasterresponsepolicy2017logo.pdf

Medical License, Required Equipment, and Reimbursements

WEST VIRGINIA MEDICAL LICENSE POLICY
CALIFORNIA MEDICAL LICENSE POLICY

The fellow must obtain their West Virginia license to practice medicine (or osteopathic equivalent) and their California license to practice medicine before beginning fellowship training. This license must be kept current. If the fellow does not possess these licenses 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 licenses.

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 & 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 ASOPRS/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 Tammy Miller 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 state rate, currently .405 cents/mi.
- 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 2-3 weeks.

Lines of Supervision & Faculty Involvement

Levels of supervision are defined in 4 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 oculoplastic attending physicians. The fellow spends 65% of his time with the Program director.

At the VA Hospital, faculty members are also assigned to supervise every clinic and every surgical case. The faculty supervisor is physically present in the eye clinic and OR at the VA during patient hours.

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 oculoplastic surgery, then he 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 or department chairman.

FELLOWSHIP PROGRAM COORDINATOR

The program coordinator 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 coordinators. The fellowship program coordinator reports to the program director and department administrator.

FELLOWSHIP PROGRAM DIRECTOR

The program director has the responsibility for ensuring optimal training for the fellow under the guidelines set by the ACGME. The fellowship program director is responsible for ensuring that each fellow that graduates is competent to practice ophthalmic plastic and reconstructive surgery 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.

PROGRAM EDUCATION COMMITTEE and CLINICAL COMPETENCY COMMITTEE

The Education Committee and Clinical Competency Committee consists of the OPRS Faculty. The current fellow is also a member of the education committee and the program review committee. These committees meet twice a year.

Time away from Duties

West Virginia University School of Medicine (WVUSOM)
Resident/Fellow Leave Policy

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, West Virginia University School of Medicine, ACGME, the regulatory and/or accrediting agencies, and the Residency Committee and are approved by the Resident/Fellowship Program Director, the Chair, and the Graduate Medical Education Committee.

The Program Director will review fellow leave time to assure that Residency Review Committee requirements are met. 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, use of leave may impact on a fellow's ability to complete program requirements. Therefore, a fellow who takes all the allowable annual and sick leave 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 WVUSOM.

In addition to WVU leave policies, the ACGME and the applicable board may have requirements that must be followed in order to obtain your certificate and sit for your boards. Additional training as a resident may be required.

ANNUAL LEAVE

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 Ophthalmic Plastic and Reconstructive Surgery Fellowship program requires that its fellows request no more than 15 days of annual leave per year to ensure that program requirements are met. Requests for leave are due in July. This leave must be taken one week at a time, and these cannot be consecutive. Exceptions to this policy can only occur if approved by the program director.** 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 residency or 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. 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 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 and must fall within the requirements of the ACGME and the applicable Board.

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

In the Ophthalmic Plastic and Reconstructive Surgery Fellowship program, annual leave time may not be used during the following rotations or dates which are considered "blackout" periods:

- Eye Institute Annual Conferences (Spring and Fall conference)
- Fellow Applicant Interviews
- Months of July and June

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 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 an employee without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof. An employee who has been absent from work for an extended period because of illness or injury must obtain medical clearance before returning to work. The University 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.

LEAVES 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 WVUSOM. A maximum of 6 months of LOA may be honored before a fellow may be required to reapply to and be reaccepted 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.

HOLIDAYS

While the University 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 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.

PROCEDURE FOR REQUESTING LEAVE

The Ophthalmic Plastic and Reconstructive Surgery Fellowship Program requires that annual leave requests be submitted in writing in the month of July. ***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 portal.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

Employees 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.

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.

INCLEMENT WEATHER

If a resident/fellow is absent due to inclement weather, an annual leave day must be taken unless the institution is closed. Additional information regarding leave can be found in WVU BOG 24 or at talentandculture.wvu.edu

FACULTY CANCELLED CLINICS

When a faculty member cancels a clinic they will notify the secretary in charge of the faculty absence schedule who 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. In general, the fellow will be expected to use this time to pursue scholarly activity.

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. The program director will approve these requests. Approved requests will not be counted against vacation time.

RESEARCH DAYS

The fellow will have time for research (scholarly activity) when the faculty are out, and on some Friday afternoons. 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 outlined elsewhere in this manual, but in general consist of two papers (or book chapters) per year of training.

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
https://medicine.hsc.wvu.edu/media/365697/vendor-interaction-policy2017logo.pdf

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 Requirements111.B.13
Approved by GMEC 1/12/07

Appendix

- Orientation Schedule
- GRASIS Form
- Sample Evaluation of Fellow
- Sample Evaluation of Faculty
- Sample Evaluation of Program
- Laser Clinic Schedule
- Final Exit Summary
- Annual and Semi Annual Evaluation of Fellow
- Annual Program Review and Improvement Form
- Internal Moonlighting time sheet
