West Virginia University
Retina Fellowship Program Manual

2022-2023

Department of Ophthalmology
WVU Eye Institute
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PROGRAM OVERVIEW

The Eye Institute is a university-based practice that provides comprehensive clinical care for management of complex diseases and access to various clinical trials as a major referral center. The Retina Section treats over 7000 patients each year from the entire state of West Virginia as well as the surrounding three states.

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

During the fellowship, the fellows are trained to perform various office procedures including panretinal photocoagulation, focal/grid laser treatment of the macula, laser retinopexy or cryopexy for retinal tears, pneumatic retinopexy, photodynamic therapy, intravitreal and subtenon injection of pharmaceutical agents. Surgical training emphasizes the importance of decision making as to the timing choice and techniques of surgical procedures. The fellows will spend approximately 2 days per week in the operating room with two faculty surgeons, performing over 500 retinal surgical procedures each year, including scleral buckles repair, small or mixed gauge vitrectomies, insertion of intraocular pharmaceutical implants, and rehabilitation of traumatized globes.

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

The fellows will supervise and teach WVU Ophthalmology residents and medical students in clinics.

Aims of Program

Our program aims to provide excellent clinical and surgical training in order to produce confident and competent graduates. Additionally, we aim to foster academic pursuits and evaluate new research.

DEPARTMENTAL FACULTY

Ghassan R. Ghorayeb, M.D. is the Vice-Chair of Clinical Affairs, Vitreoretinal Fellowship Director, and Assistant Professor at the Department of Ophthalmology and Visual Sciences at West Virginia University. Dr. Ghorayeb completed his surgical vitreoretinal fellowship at the University of Texas Medical Branch, where he also served as Chief Resident and won the Award for Exceptional Achievement. He was a fellow and clinical instructor at M.D. Anderson Cancer Center. Dr. Ghorayeb earned his medical degree with distinction at Boston University School of Medicine and was named Intern of the Year at Cambridge Hospital, a Harvard affiliated institution. He has been a primary investigator on dozens of clinical trials looking at diabetic retinal diseases, age-related macular degeneration, retinal vascular occlusions, retinopathy of prematurity, and retinal detachments amongst others. He serves as the Treasurer & board member of the West Virginia Academy of Eye Physicians and Surgeons. He is a member of the American Medical Academy, the American Academy of Ophthalmology, and the American Society of Retina Specialists where he serves as a mentor and committee member of its Fellowship Directors' Education & Training Committee.

Monique J. Leys, M.D. is a professor and full-time clinical faculty member of the WVU Eye Institute's Retina Service. Her subspecialty is medical retina including inherited retinal disease, diabetic retinopathy, and age-related macular degeneration. Dr. Leys is board-certified in both Europe and the U.S. Dr. Leys earned her medical degree from the Katholieke Universiteit in Leuven, Belgium. She spent two years at the Eye Hospital in Rotterdam, the Netherlands and completed her ophthalmology residency at the Rijksuniversiteit in Gent, Belgium . Dr. Leys has gained international recognition in medical retina and clinical electrophysiology. She has lectured and published on these topics and completed related fellowships in Boston at Tufts University's New England Medical Center, and at Harvard University's Children's Hospital, and the Rijksuniversiteit of Gent Belgium. In 1991 she was accepted for medical internship followed by ophthalmology residency at West Virginia University. Dr. Leys' responsibilities at West Virginia University include teaching, clinical care, and academic research.


Carol Laxson, MD


Nicole Pumariega, MD


Mona Singh, MD

FACILITIES

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 56 examination rooms including 6, 20-foot pediatric lanes, and 6, 20-foot low-vision lanes. There is a minor procedure room. State of the art equipment includes Excimer, 3-tunable dye, YAG and diode lasers, as well as, ultrasound, corneal topography, pachymetry, and perimetry machines.

The institute has an extensive ophthalmic photography department. Capabilities include fluoroscein 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. All chart notes, laboratory results, outside correspondence, and operative reports are entered into this electronic system. Computed tomography and magnetic resonance images are viewed electronically through the PACS system. These images can also be viewed through *Centricity*, the West Virginia University Health Sciences Radiology network based system.

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

Special space is dedicated to fellowship training within this extraordinary facility. The fellow is given his/her own desk in the fellows office. 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.

Hospital Facilities

Ruby Memorial Hospital:

Operating rooms are located on the second and fifth floors of Ruby Memorial Hospital. There are 8 operating rooms on the second floor. Room 207 is dedicated solely to ophthalmic surgery. It is equipped with a Zeiss ophthalmic microscope. The second floor rooms are used in conjunction with the same-day-surgery unit. There are 19 operating rooms on the fifth floor, which is the main OR. In addition to the hospital operating rooms, the Eye Institute has a minor procedure room on the first floor equipped with a Zeiss ophthalmic microscope, and bipolar cautery.

Hospital Examination Room

Ruby:

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 manager so that the problem can be quickly addressed.

Neonatal Intensive Care Unit (NICU):

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

Ophthalmology Call Room

Although all ophthalmology call is from home, a call room is provided to ophthalmology residents, should they need to use it. This room is located on the 6th floor of the new hospital wing.

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.

Office Space

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

WVU Fitness Facility

The WVU Medicine Wellness Center is located on the fourth floor of the WVU Heart and Vascular Institute (southeast tower). The wellness center is open Monday through Friday, 11:00 a.m.-12:30 p.m. and 3:00 p.m.-6:30 a.m. There is 24-hour unlimited access on Saturday and Sunday.

The Wellness Center is available to all employees of WVU Medicine, University Health Associates, and students and employees of the WVU Health Sciences Center. Spouses and dependents of employees may join as well. Dependents must be 16 years of age or older to join and if under 18 must be accompanied by a parent at all times.

To join, fellows need to visit the wellness center in the Health Science Center to complete a brief medical history and waiver form and pay a one-time fee of $10. Employee spouses and dependents pay a one-time fee of $20. Dependents must be 16 years of age or older to join and if under 18 must be accompanied by a parent at all times.

GOALS AND OBJECTIVES BASED ON THE SIX CORE COMPETENCIES

(http://www.hsc.wvu.edu/som/GME/Policies/ACGMECoreCompetencies.aspx)

The goal of the fellowship is to provide an advanced level of training in the diagnosis and management of medical and surgical disorders of the retina and vitreous. Fellows will acquire

the necessary clinical skills for the treatment of patients with vitreoretinal diseases by initial evaluation and long term follow-up of outpatients; pre, intra-, and post-operative care of patients and in-depth reading of subspecialty journals and texts as well as discussions and lectures.

1. Medical Knowledge

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

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

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

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

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

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

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

2. Patient Care including Surgery

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

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

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

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

3. Practice-based Learning and Improvement

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

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

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

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

4. Systems Based Practice

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

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

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

5. Interpersonal and Communication Skills

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care community. In general, you must learn to interact with people appropriately and effectively. You must learn to listen effectively, write logically and legibly, and

use appropriate verbal and nonverbal cues. You must complete and sign all medical records within the set time frame.

People learn communication through their environment. Irrespective of past experiences, you are expected to interact with faculty, staff, and patient population in a respectful, courteous, professional, and effective manner. This will be formally taught in a two day course of *Basic Humanities Training* sponsored by the WVU department of Surgery. You will also learn this by direct observation of the faculty and staff. The 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 using the OCEX form, the semi-annual 360-degree evaluation, and your timely maintenance of medical records.

6. Professionalism

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

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

You will 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.

SPECIFIC GOALS & OBJECTIVES:

Vitreoretinal Surgery Fellowship

The goal of the fellowship is to provide an advanced level of training in the diagnosis and management of medical and surgical disorders of the retina and vitreous. Fellows will acquire the necessary clinical skills for the treatment of patients with vitreoretinal diseases by initial evaluation and long-term follow-up of outpatients; pre, intra-, and post-operative care of patients and in-depth reading of subspecialty journals and texts as well as discussions and lectures. It is the desire to train "end of the line" retinal specialists . . . fellow graduates should be able to handle both medical and surgical problems without the need to refer them to other specialists because they are unprepared to deal with that type of pathology. This includes ocular oncology, uveitis & infectious diseases, posterior segment trauma, hereditary diseases, pediatric retinal conditions, and the evaluation and management of retinopathy of prematurity.

PGY 5:

MEDICAL RETINA FOCUS:

Fellows will be expected to become knowledgeable/proficient in the following medical retinal skills:

1. Clinical Skills

Indirect Ophthalmoscopy
Scleral Depression
Slit Lamp Examination & Biomicroscopy

2. Diagnostic Tools

Optical Coherence Tomography OCT/A
- Digital Fluorescein and ICG
- Dynamic B-Scan Ultrasound & UBM
- Ultra Widefield fundus imaging
- Fundus Autofluorescence
Color vision analysis
- Standard and enhanced depth
ERG - Full field & Multifocal
Electro-oculography (EOG)

3. Diabetic Retinopathy & macular edema

Classification and management
Role of Anti-VEGF therapy
Role of Steroid therapy
Role of Laser therapy
Management of rubeosis and neovascularization

4. Various laser techniques

Standard slit lamp focal and PRP
Pascal pattern laser
Laser indirect ophthalmoscope

5. Age Related Macular Degeneration

Classification and management

Role of Anti-VEGF therapy
Role of Steroid therapy
Role of Laser therapy
Pneumatic blood displacement

5. Retinal Vascular Occlusive Disease

Classification and management
Role of Anti-VEGF therapy
Role of Steroid therapy
Role of Laser therapy
Management of rubeosis and NV

6. Peripheral Retina Disease

Classification and management
Diagnostic Skills
- Indirect Ophthalmoscopy with Scleral Depression
- Contact Lens Evaluation of Peripheral Retina
1. Goldmann 3 Mirror Lens
2. Super Quad 160 Wide Lens
3. 78D and 90D biomicroscopy

Retinal Breaks
- Recognition
- Therapy with cryopexy/laser

Peripheral neovascularization
- Recognition & Differential
- Therapy with cryopexy/laser
- Role of angioscopy
- Therapy with Pneumatic retinopexy

7. Uveitis

Classification and management
Diagnostic blood test work-up
Specialty history assessment
Role of PCR testing
Immune suppression management

8. Pediatric Retina

Retinopathy of Prematurity
- Screening Programs
- Classification
- Management with laser
- Management with Anti-VEGF

Toxocariasis
Persistent Fetal Vasculature
FEVR
Norrie's Disease
Juvenile Retinoschisis

8. Ocular Oncology

Recognition and classification
Role of imaging and ultrasound
Therapy with I125 plaque
Therapy with thermotherapy
Therapy with enucleation
Role of Laser therapy
Role of fine needle biopsy
Understanding systemic workup

9. Hereditary Diseases

Recognition and classification
History taking & Pedigree
Role of electrophysiology
Management & Low Vision Aids

Fellows are exposed to specifics of office management including encounter coding, referral management, reporting, and patient discussions. The economic issues related to anti-VEGF therapy are learned and contrasted.

PGY 6:

SURGICAL RETINA FOCUS:

Fellows will average about 2 scheduled days a week in the OR plus add-on cases when on-call. This equates to an exposure of about 6-8 cases per week. This number slowly increases over the course of the PGY-6 year. As typical nationally, the majority of the cases are vitrectomies with or without combined scleral buckles. Scleral buckling is employed throughout the practice along with pneumatic retinopexy. The fellow is expected to become proficient in all of these techniques.

The performance of the vitrectomy portion begins as a PGY6, with observation of all surface retinal work continuing for the next three months. There is then a graded increase in the attention to the surface retinal work and membrane removal. Complicated procedures such as retinotomies, liquid fluorocarbons, silicone oil, etc., take place in a graded fashion. This philosophy is a guideline and the fellow may progress at a faster or slower rate at the faculty's discretion. All surgery is done under the supervision of a faculty member as it is felt that the fellow should avail himself/ herself of the advice of the faculty member at all times. Fellows never operate solely with other fellows or without an attending. One strong asset of the fellowship is the variety of surgical approaches demonstrated through participation in cases by ten separate surgeons, each using slightly or occasionally markedly varied surgical techniques. The fellow's ability to function as a primary surgeon throughout the year depends purely on the complexity of the case being done and is no way related to the socio-economic or "insurance" status of the patient. There is no such thing within our program as an "indigent patient" that is done by the fellow. Patients without insurance, and VIP executives are fit into this philosophy on surgical training with the exact same status. We feel strongly that this is the most ethical way to determine a fellow's role in a surgical case.

The Fellow is expected to keep a surgical notebook to be used to take notes on surgical procedures and also a surgical (and separate laser) log for documenting case numbers. These numbers need to be documented on ASRS website.

The following is a partial snapshot of the surgical fellowship experience:

1. Retinal Detachment
* Classification: Exudative versus
Tractional versus Rhegmatogenous
* Rhegmatogenous RD
-Localization of Retinal Breaks
-Drawing of Configuration
-Surgical Decision Making
a. Pneumatic Retinopexy
b. Scleral Buckle
c. Vitrectomy
* Surgical Skills
-Pneumatic Retinopexy
a. Intraocular Gases
~ Kinetics
~ Complications
b. Retinopexy
~ Cryopexy
~ Indirect Laser
-Scleral Buckle
a. Options for Elements
b. Encircling versus Radial
c. Drainage vs Non-Drainage
d. Cryopexy
e. Complications
-Vitrectomy
a. 3 Port Pars Plana Vitrectomy
b. Vitreous Base Dissection
c. Scleral Depressed Peripheral
Vitreous Shaving
d. Air Fluid Exchange
e. Endolaser Photocoagulation
f. Scleral Depressed Endolaser
photocoagulation
2. Complicated Retinal Detachment
* Proliferative Vitreoretinopathy
-Membrane Dissection
-Illumination & Wide Field Viewing
-Use of PFO - Silicone Oil - Gas
-Role of retinotomy and buckle
* Diabetic Tractional RD
-Dissection techniques

-Role of anti-VEGF and laser
* Giant Retinal Tear
-Role of gas vs. silicone
-Role of buckle
-Management of fellow eye
3. Macular Surgery
* Macular Hole Surgery
-ILM peeling techniques & stains
-Gas tamponades
* Epiretinal Membrane & VMT
-Peeling techniques & stains
4. Endophthalmitis
* Office based management
* Role of vitrectomy
5. Management of Lens Complications
* Retained Lens Fragments
* Dislocated & Subluxated IOL
6. Vitrectomy Fluidics & Techniques
* 25G+, 27G, 23G and high-speed cutters
* Chandelier Lights
Fellowship
7.Brachytherapy with I-125 plaques and biopsy of suspected uveal melanoma

ACADEMIC REQUIREMENTS

Recruitment Selection & Criteria Policy

Applicants to the West Virginia University Glaucoma 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 can find information about our program at our website medicine.hsc.wvu.edu/eye/.

All applicants can apply for the Retina fellowship through the SF Match system. Applications are reviewed by the retina faculty. Based on this review select applicants are invited for a one day interview. Interviews are conducted in October and November.

After interviews are completed, the applicants that were interviewed are ranked by the faculty. The rank list is submitted to the SF Match.

Fellowship Orientation

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

Billing Orientation

The fellow is required to attend the one hour billing orientation lecture presented by the WVU Eye Institute Ophthalmology Billing Specialist manager. This will be scheduled during the month of July during resident orientation. If this lecture is missed, the fellow can make a one on one appointment with the billing manager.

Didactic Series and Attendance Policy

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

As part of this post-graduate training, the fellow is expected 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 the retina program director.

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

Grand Rounds

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

Outside CME Courses and Meetings

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

American Board of Ophthalmology Written Qualifying Examination Oral Examination

The American Board of Ophthalmology Written Qualifying Examination (WQE) is given to physicians who have completed an accredited residency training program in ophthalmology and who are candidates for board certification. Once the WQE is successfully passed, candidates are scheduled for the American Board of Ophthalmology Oral Examination, 6 months to a year later.

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

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

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

Research Activity

Clinical research activities are encouraged with a requirement to submit one article for publication in a peer-reviewed journal per year. Additionally, we encourage the fellow to present their work at scientific meetings when possible. The fellowship will provide resources to equip

the fellow to assume this responsibility by participating in the development of new knowledge and evaluating research findings. The fellow has access to the laboratory of the Eye Institute and the research faculty staff.

Scholarly Activity Policy

Each fellow is required to participate in scholarly research activity during the fellowship.. There may be opportunities to contribute to other projects, including book chapters. If funds permit, the department will pay up to $1,200, once a year toward travel expenses for the fellow to present a paper or poster at a national meeting for which s/he is the first author. Permission to attend any other meetings will be granted by the program director. If permission is granted, the fellow may be required to use vacation time and pay for all incurred expenses.

Teaching Responsibilities

Fellows are to participate in the education of medical students, ophthalmology residents, residents from other services, and ophthalmic assistant students. Teaching requires depth of knowledge. To aid in the development of teaching ability, all fellows are required to complete the "Residents as Teachers," module electronically (sole.hsc.wvu.edu) during orientation. There are many opportunities for teaching during the fellowship, including while on call, in the clinic, and in the operating room. The fellow also will be encouraged to help with retinal imaging rounds and journal clubs. The fellow is expected to be available to the consult and on-call ophthalmology resident for retina patients.

Fellow Duty Hours in the Learning &Working Environment

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

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

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

Fellows must be provided with 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.
No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the fellow has not previously provided care.

At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 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 manager or program director. If the fellow is too fatigued to participate in clinical duties, he/she will be sent to the call room to rest. If signs of fatigue are detected by the faculty, the fellow will be sent to the call room to rest, and may be sent home to rest if still fatigued.

EVALUATION POLICY

Semi-Annual Evaluation

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

- Duty Hours
- Surgery Logs
- Research projects
- Evaluations from faculty
- Self-evaluation
- Concerns or Grievances

The fellow will also be asked to complete evaluations on the retina faculty, the fellowship program, and the fellowship program director. All evaluations should be completed in a timely manner.

Annual Evaluation

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

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

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

- The retina faculty will evaluate the fellow every three months beginning in September. These evaluations will be aggregated together for a performance overview of the fellow. The fellow will also evaluate the faculty every three months.

- Residents will evaluate the fellow in October and March.

- The fellow will evaluate themselves twice per year, in October and again in March.

- The fellow will evaluate the retina program and the retina program director at the end of each year.

- Patients will be chosen at random to evaluate the fellow in the clinical setting.

- Nurses, technicians, and support staff will evaluate the fellow at the end of each year.

Annual Program Review

The annual program review will be conducted each May / June by the Program Evaluation Committee (PEC).

SURGERY POLICIES &REQUIREMENTS

Currently, retina surgery is scheduled on Monday and Thursday. Patients are booked with our surgical coordinators in the Eye Institute. The schedulers will also arrange for pre-anesthesia testing (PAT).

Surgeries

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

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

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

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

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

Pre-Op Instructions:
You must provide the schedulers with the following information to book the surgery:

- The name of the operation

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

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

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

Post- Op:
You must:

- Complete post-op orders
- Put together discharge instructions
- Fill out the order sheet and face sheet of the chart (resident or fellow)
- Faculty is responsible for filling out billing sheets and dictating the operating note and speaking to family
- The responsibility of care of a retina post-op patient is the responsibility of the fellow, resident on rotation, or the consult rotation resident. The ultimate responsibility of the patient is the responsibility of the fellow.

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

In emergency surgery situations you must:

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

Admission and Pre-operative History and Physical Examinations

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

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

Patient Discharge

Same Day Care Unit (SDCU):

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

For local procedures the patient must:

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

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

Inpatients:

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

Procedural/Case Logs Policy

Fellows are required to maintain a log of their surgical experience via the ASRS online system. Cases are divided into Class I and Class III cases. Class I cases are procedures done primarily (50% of 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. Surgical logs will be reviewed and discussed with each fellow as part of their twice-yearly review with the program director.

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

Moonlighting

The only moonlighting permitted during fellowship is internal moonlighting. The fellow must have permission for internal moonlighting from the program director, which is documented in the fellow's file. All fellows at WVUEI share general call with the remainder of the faculty, and on average would cover 2 to 3 weeks of call per year. Additional Internal moonlighting is an OPTION for the fellow, NOT a requirement.

When internally moonlighting, the fellow may perform surgery or see patients without attending supervision while in the role of a general ophthalmologist.

None of these activities can interfere with the fellow's assigned duties, including adding to fatigue. All internal moonlighting is included in duty hours.

On Call

The fellow will take at home call based on the retina call schedule. Each month the fellow must have at least 1 day in 7 off (this is averaged over the entire month). If the fellow is reaching the end of the month and knows they are close to the limit, they must contact the program director and program manager to discuss a solution.

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

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

Pager

Fellows are loaned pagers at no charge through Ruby Memorial Hospital. These pagers have a range of approximately 10 miles. Fellows can also sign up for SPOK Mobile. This will allow pages to go to your cell phone if you are out of range.

PATIENT SAFETY POLICY

The WVU Department of Ophthalmology requires that residents report all issues that they become aware of, that could affect the quality of care provided to our patients. This includes morbidity, mortality, and near miss incidents, as well as unsafe conditions that could affect patients and visitors. To do this go to: http://connect.wvuhealthcare.com/safety-reports/home, click on the Patient Safety Net link (PSN), and complete all of the necessary information. Once completed, send either an email or a message through EPIC to our Patient Safety Office, Dr. Brian Kellermeyer, outlining the issue that you reported.

LINES OF AUTHORITY

Supervision Policy:

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 corresponding retina attending physicians. The fellow ultimately reports to the PD.

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

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

Fellowship Program Manager:

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

Fellowship Program Director:

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

PROGRAM EVALUATION COMMITTEE (PEC)

The Retina Fellowship program has a PEC that is comprised of the program director, program manager, Retina faculty, and Retina Fellow. The PEC meets at least once each year. This group discusses fellowship program issues and when needed may address specific individual fellow issues.

The PEC is also responsible for approving the APE.

The Retina Fellowship Program Evaluation Committee Policy

1) The Retina Fellowship program director shall appoint the Program Evaluation Committee (PEC).

2) The PEC shall be composed of at least two program faculty members and should include at least one fellow.

3) The overall of functions of the PEC include:

a. The PEC or the program director may carry out the improvement plans
b. The work of the PEC can go beyond meeting minimum standards

4) The Retina Fellowship PEC, working with the Program Director, shall have the following responsibilities

a. Planning, developing, implementing, and evaluating educational activities of the program;
b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives

c. Reviewing the program annually using evaluations of faculty, fellows, and others. The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program
d. Documenting the formal, systematic evaluation of the curriculum at least annually, and rendering a written Annual Program Evaluation (APE). The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. Progress on the previous year's action plan(s) must be documented.
e. Monitoring and tracking each of the following areas:

    1. Fellow performance

    2. Faculty development

    3. Graduate performance, including performance of program graduates on the certification examination;

    4. Program quality. Fellow and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually

CLINICAL COMPETENCY COMMITTEE (CCC) Separate from the PEC.

The Retina Fellowship program also has a CCC that meets at least twice each year, typically each December and May. This group discusses and evaluates fellow performance

Membership:

The Retina Fellowship Clinical Competency Committee (CCC) is appointed by the Program Director. Membership must include at least 4 members and must include core program faculty who will have the opportunity to observe and evaluate residents. The membership may also include the Program Director (who should not serve as the Chair), non-physician faculty and trained educators.

At all times, the procedures and policies of the CCC will comply with those of the Graduate Medical Education Committee as outlined in the Department and Graduate Medical Education Grievance Policy. The CCC will also comply with the procedures included in the Department's Academic Discipline Policy and Reappointment and Promotion Policy. Where circumstances warrant, the membership of the committee may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident/fellow.

Chair of the CCC:

Chair of the CCC will be appointed by the Program Director. The Chair of the CCC must be a core faculty member with fine leadership skills and an in-depth appreciation of the overall evaluation process. The Chair of the CCC should not be the Program Director.

Duties:

The main duties of the CCC include reviewing the performance of every fellow making recommendations to the Program Director concerning the fellow's promotion, and determining a discipline or remedial plan in case of fellow deficiencies. All decisions are determined by the available data and consensus of the Committee members. More details of the duties are provided below:

Performance Reviews

The training program must provide evaluation and assessment information to fellow in a continuous manner throughout the year. In addition, the training program must provide written summary performance reviews to fellow at least semi-annually, in person. Summary performance reviews will be written by the CCC. The fellow will acknowledge receipt of each summary performance review in writing, typically by a signature on a hard copy of the summary performance.

The CCC will monitor the fellow's performance on the milestones and competencies on at least a bi-annual basis by the review of the results of at least ten assessment tools (examples: Rotation evaluations, patient evaluations, nurse evaluations, peer evaluations, self-evaluations, simulations, procedure logs, in-training examination scores, mock board examination scores, practice-based learning and improvement forms, individual learning plans, duty hour compliance, chart reviews, direct observations, transitioning of care performance, didactic attendance and participation, evaluations of QI participation and presentations, portfolios, etc.)

(Note: CCC members will develop assessment tools based on the milestones' narrative and general agreement of their meaning).

Promotion

The CCC will determine fellow promotion. Promotion decisions will require approval by both the Program Director and the CCC. All decisions are linked to milestone and competency performance.

Discipline

The CCC will make appropriate disciplinary decisions and recommendations to the Program Director based upon performance and progression.

The CCC will determine the discipline plan for deficient fellows (examples: consistently low or unsatisfactory evaluation scores or consistent lack of adherence to program requirements). The committee may make the following recommendations: no further action necessary, letter of concerns with specific terms and remediation recommendations, probation with specific terms and remediation recommendations, termination, and delay or denial of promotion.

At each meeting, the Committee will review progress of fellows who are currently on probation, and decide to lift or continue the probation. Additionally, fellows previously on probation may be continually discussed for clinical and program performance.

Meeting Schedule

The CCC, in addition to the Program Manager, must meet a minimum of twice per year and should meet at least quarterly. Special meetings of the CCC will occur if a specific incident arises that may require disciplinary action of a resident, especially if probation or dismissals are a possibility.

Meeting minutes must include attendance records, the review data for the fellow, and the decisions of the committee. The Program Manager will generate meeting minutes, and proceedings of the CCC are kept confidential as part of a peer review process.

PATIENT CARE POLICIES

Emergency Department Patient Evaluation

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

Transition of Care

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

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

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

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

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

Quality Improvement Policy

The WVU Department of Ophthalmology follows the West Virginia University Graduate Medical Education POLICY ON HEALTHCARE QUALITY, which can be found at: http://medicine.hsc.wvu.edu/media/104122/policyonhealthcarequalityapproved11-18-16.pdf.

In addition, our fellows are expected to participate in Quality Improvement processes throughout their training, which will include M&M Conferences, Membership on Committees that have been convened to examine and improve hospital and/or departmental QI issues, and Research that is specific to the identification, measurement, and improvement of processes at our institution. The QI Officer for the WVU Department of Ophthalmology is Dr. Thomas Mauger.

In addition fellows are expected to participate in all quality improvement didactic sessions and teaching modules provided by the quality improvement leader for the department.

One grand rounds presentation will be take place each year about the quality improvement projects: the presentation will occur in the spring to discuss project outcomes, and each resident is expected to participate.

QI Project Requirements
Each fellow will participate in a minimum of 1 QI project per academic year.
Projects may include any aspect of patient care, public health, or medical education.
Documentation of the project includes completion of a PDSA Worksheet [(H:) Departmental Research>QI>QIToolkit_PDSAWorksheet.pdf]

Proper Hygiene Techniques

In general, when examining general ophthalmology patients, the physician should avoid touching the ocular adnexa as much as possible. In order to facilitate examination of the patient's eye without hand-eye contact, the 12-inch non-sterile cotton swabs available in every room may be used to elevate the lid. When the physician must touch the lids in order to flip the lid or perform indirect ophthalmoscopy, routine hand washing between patients is required. When a patient with a possible contagious infection such as a bacterial or viral conjunctivitis is examined, the CDC

recommends hand washing for at least 30 seconds in order to remove residual viral particles from the hands. In addition, the room should be cleaned with a 3:1 solution of household bleach in order to remove any residual viral material. This is VERY IMPORTANT because the spread of extremely contagious viral infections to epidemic proportions may start with the ophthalmologist. In addition, care must be taken when using a tonometer tip on any patient with a known infection. Tonometer tips should be routinely cleaned between patient examinations simply by rubbing the surface with an alcohol pad. These are available in every examination room. If there is reason to suspect that a patient has epidemic keratoconjunctivitis, the tonometer tip should be soaked in a 3:1 solution of bleach following the examination.

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

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

REMEMBER: When in doubt, wear gloves.

Schedule Policies/Record Keeping

Call Schedule:

The fellow is on the Retina Call 7 days a week, every other week. If the fellow is going to be away then coverage arrangements should be made with the other fellow and with faculty. If the resident on general call has a retina problem, he/she will seek advice from the retina fellow on call. The retina fellow, being a temporary staff member, will also be on the general staff call rotation for the entire department in his/her turn.

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

Medical Record:

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

Billing

Faculty, fellows, and residents must be fully familiar with the billing code and rules. The fellow is considered faculty and can bill independently.

Seeing Relatives in Clinic

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

INSTITUTIONAL POLICIES

Common GME Policies

To view all common Graduate Medical Education (GME) policies please visit medicine.hsc.wvu.edu/gme/

Diversity Policy

Background: West Virginia has a population of approximately 1.8 million and is highly rural stat with one of the oldest population sin the country. Geographically, it is the only state that rests entirely within the Appalachian mountain region. Historically, large numbers of its citizens have been employed in the extractive industries-mainly timbering and coal mining. This lack of economic diversity has resulted in a weak economy, poor socioeconomic status, and low education attainment. The stats demographics reflect a small percentage of traditionally underrepresented in medicine.

Policy: the WVU Dept. of Ophthalmology and Visual Sciences is the flagship institution of ophthalmic education, heal care, 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

department endeavors to select a gender-balance, diverse, and tolerant graduate student body, faculty, and staff. Our priority is to recruit key, value–added underrepresented in medicine group that include African- Americans, Hispanics, LGBTQ, and Native Americans/Pacific Islanders. The WVU Department of Ophthalmology and Vision School also aims to recruit residents/fellows who are included in the socioeconomically and educationally disadvantaged rural Appalachian population.

The department endeavors are congruent with the strategic plan of the School of Medicine, the Health Sciences Center, and the University. The department believes the recruitment and accommodation of key value-added groups greatly enriches our educational and research missions; the environment for our students, residents/fellows. Faculty. And staff; and our goals in improving the healthcare of the citizens of West Virginia.

This policy is implemented to ensure there are no quotas or set-asides. Regardless of an applicant's characteristics, they are considered in the same competitive pool using the same application of University policies and procedures. The department will monitor our diversity against goals and national statistics for our program. Furthermore, GME will evaluate recruitment efforts centrally by monitoring the number of offers made of our defined value-added groups, the number of individuals who decline offers, and the number of individuals who choose to be a resident/fellow in out department.

Academic and Learning Environments
The Department of Ophthalmology and Vision Sciences ensures its educational program occurs in a professional, respectful, and intellectually stimulating academic and clinical environments; we recognize the benefits of diversity; and promote resident's/fellow's attainment of competencies required of future ophthalmologist.

Diversity/Pipeline Programs and Partnerships

Our department has effective policies and practices in place and engages in ongoing, systematic, and focuses recruitment and retention activities to achieve mission-appropriate diversity outcomes among its residents/fellows, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of program and/or partnerships aimed at achieving diversity among qualified applicants for residency and the evaluation of program outcomes.

Resident/Fellow Contract

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

Fellow Promotion

The decision whether to promote a fellow from the PGY-5 to PGY-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.

Academic Discipline Policy

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

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

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

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

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

A letter of warning will be issued to a fellow who has not met expectations during the probation period. This letter of warning will state that expectations outlined in the probationary

letter have not been met and that the fellow has a limited, defined amount of time to improve or the fellow will be dismissed from the program. The fellow has the right to appeal under the WVU Graduate Medical Education Policy. (www.hsc/wvu/edu/som/gme)

Dismissal Procedures

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

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

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

If the fellow desires a termination of employment, a letter of resignation should be submitted to the program director stating the reason for departure - an interview with the fellow 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 fellow has the right to request a fair hearing.

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

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

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

Grievance Procedure

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

Practitioner Health Committee

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

Military Leave Policy

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

Resident Program Closure/Reduction

If the school of medicine intends to reduce the size of a residency/fellowship program or to close a residency/fellowship program, the department chair shall inform the fellow/resident(s) as soon as possible of the reduction or closure. In the event of such reduction or closure, the department will make reasonable efforts to allow the fellow already in the program to complete their education or to assist the fellow(s) in enrolling in an ACGME accredited program in which they can continue their education. http://www.hsc.wvu.edu/som/GME/PDFS/Policies/Program-And-Institution-Closure-Reduction-Policy.pdf

Dress Code

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

1. Clothing must be clean and neat, stain and wrinkle free. Clothing must be modest in style, allow comfortable ease of movement and be non-revealing. Underclothing should not be detectable through outer clothing.
2. White coats and ID badges must be worn at all times when in the patient care areas.
3. Hair must be kept neat, clean and of natural shading. Beards and mustaches must be short, clean and well groomed. Nails must be well groomed and manicured.
4. The fellow should use the necessary precautions with regular bathing, deodorants, and good dental hygiene to avoid offending patients and staff with body odor and/or bad breath. Light scented cologne or aftershave is permitted. Avoid strong perfume/cologne.
5. Denim pants of any color, tank/tube tops, shirts that expose the midriff, "advertisement-type" tee shirts, sweatshirts, sweatpants, running or jogging suits, shorts, mini-skirts, skorts and ball caps are not permitted.
6. Exposed tattoos or exposed body piercing are prohibited. Modest ear piercing (maximum three per ear) is acceptable.
7. Open toe footwear and canvas tennis shoes are not acceptable in any clinical patient contact area. Hosiery or socks are required. (Comfortable tennis shoes are permitted in the operating room only.)
8. In unusual circumstances (e.g. post call with no opportunity to change) blue scrubs may be worn with a lab coat in clinic areas. However, this practice is discouraged.

Pharmaceutical Representatives

Graduate Medical Education Committee (GMEC)
Policy on Resident Interactions with Vendor Representatives

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

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

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

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

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

Vendor support of educational conferences involving resident physicians may be used provided that the funds are provided to the institution not directly to the resident. The program director should determine if the funded conference or program has educational merit. The institution must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The meeting or lecture content must be determined by the speaker and not the industrial sponsor. The

lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
All residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry vendors.

Approved by GMEC Taskforce 12/14/06 ACGME Institutional Requirements
Approved by GMEC 1/12/07 111.B.13
Modified by GMEC Taskforce 2/5/09
Modified by GMEC 3/13/09

MEDICAL LICENSE, REQUIRED EQUIPMENT, & REIMBURSEMENTS

West Virginia Medical License Policy

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

Items the Fellow Must Purchase

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

Policy on Academic Meeting Attendance and Request for Reimbursement

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

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

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

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.
- Credit card statements with charges present

Reimbursement will take 2-3 weeks.

Time Away/Vacation/Holiday/Sick Time POLICIES

The fellow leave guidelines of the West Virginia University School of Medicine exist to ensure the safety and general welfare of the fellows and the effectiveness of the training programs. The guidelines are in accordance with the guidelines of West Virginia University and West Virginia University School of Medicine; the guidelines are approved by the Resident/Fellowship Program Director, the Chair, and the Graduate Medical Education Committee.

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

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

Annual Leave (vacation)

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

Annual leave must be accrued prior to using it. Annual leave time caps at 24 accrued days which will appear in the leave system as 180 hours. Once you accrue 24 days, you will stop accruing annual leave. Unused accrued annual leave time carries over from year to year, and at the end of your 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), you will be paid to you in a lump sum. If you are staying on as faculty, unused accrued leave will transfer over to your new position or to another qualifying state agency.

Annual leave will be granted and is determined by the total number of Department providers present during the time period requested. All annual leave must be approved, in advance, by your Program Director and reported to the Fellowship Coordinator at least six (6) weeks in advance (exemptions may be granted, by the PD, based on the circumstances of the fellow). Program Directors have the right to deny annual leave at the requested time. The amount of time that can be missed is limited by the educational goals of the program. No block of time greater than 2 weeks may be granted. Extended annual leave or combining annual leave with meetings is discouraged due to prolonged absence from the program. Such requests require special approval from the Program Director.

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

Sick Leave

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

If you have any question regarding whether sick leave can be used, please contact the Fellowship Coordinator. **Excessive/unexplained absences (even if "excused" may affect your**

competency evaluation and/or your promotion to the next level of training. Sick leave for more than five (5) consecutive work days cannot be granted to a fellow without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof. A fellow who has been absent from work for an extended period because of illness or injury must obtain medical clearance before returning to work. The retina program may require verification of an illness or other causes for which leave may be granted under this policy regardless of the duration of the leave. A copy of all medical documentation must be sent to the medical management unit.

Holidays

While the 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 Program Manager will assist in scheduling and coordination of available holiday time.

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

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

Continuing Medical Education Leave

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

Leave of Absence

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

Generally, LOA will be granted based on the need to attend to personal matters such as perinatal care or serious illness. No academic credit may be provided for non-annual leave. Fellows are advised that LOA may impact his/her ability to complete program requirements. Therefore, a fellow who takes a LOA may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVUSOM. A maximum of 6 months of LOA may be honored before a fellow may be required to reapply to be considered for reacceptance into the program.

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

Procedure for Requesting Leave

The Retina Fellowship Program requires that annual leave requests be submitted in writing for approval 3 months in advance of the requested time off. ***All annual leave must be submitted in the Q'Genda 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.

Grievance, Witness, and Jury Leave

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

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

Faculty Cancelled Clinics

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

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

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

Research Days

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

Inclement Weather

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

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

Fatigue Monitoring

Resident fatigue from duty responsibilities is self reported to the program manager on the day of the occurrence. The program manager maintains the log of reported events. In the event that the manager is not available, the fatigue is to be reported to the next available line of authority (during normal working hours: chief resident followed by program director; during off hours: the next higher level of call). In accordance with institutional requirements, all residents and faculty are to have completed training in sleep deprivation and fatigue. Any faculty member recognizing resident fatigue is expected to report the fatigue to the program manager.

Appropriate intervention will be tailored to the residents' 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 resident and program manager, or the program director.

If a resident is too fatigued to drive, hospital security will drive the resident home if they live within a 10 mile radius of the hospital. If the resident lives farther than the 10 mile radius, they can go to the GME office, in the HSC building, and receive a voucher for cab service home.

Fatigue as it affects the residency program will be monitored by the program director. Should patterns develop (i.e., increased reporting while on call, modification of the call schedule with will be considered. Should frequent fatigue reporting occur which adversely affects regularly scheduled patient care, alteration of the call and clinical rotation schedules will be considered."

Fellow and Faculty Well Being Policy

I. Purpose: The Retina Fellowship Program recognizes that physician trainees are at the increased risk for depression and burnout. In conjunction with our central GME office we are committed prioritizing and fostering resident/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.

II. Definitions:

a. FSAP: Faculty and Staff Assistance Program. A free, confidential, off-site resource for residents, fellows, 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 resident/fellow request it. Pager number is 0590
c. The Wellness Center: A resource offered to residents, fellows, faculty, and their dependents that offers a wide variety of opportunities for promoting wellness.

III. Process:

a. Physical Health
    i. Fellows should establish regular healthcare with a Primary Care Physician. This physician should not be a peer.
    ii. Fellows will not be discouraged from scheduling appointments with physicians, dentists, or other healthcare providers.
        1. Routine appointments should be scheduled during times when patient care and educational activities are least affected.
        2. Appointments for acute issues can be scheduled when needed and the program will provide work coverage.
    iii. The department has a fitness center open 24/7 for the exclusive use of department personnel. The Wellness Venter also offers access to a fitness facility on the 4th floor of the HVI. Residents are encouraged to make use of this resource as well as fitness classes. Discounted membership is also offered at the WVU Rec Center.
    iv. Fellows should not be pressure to work when physically ill.
        1. (See department policy for calling in sick, below.)

b. Emotional Health
    i. GME Orientation
        1. All incoming interns attend lectures related to the practitioner health program, education about burnout, substance abuse, and mental health. Fellows are familiarized with institutional resources to address these issues.
    ii. Fellows are encouraged to utilize The Wellness Center for free classes on burnout mitigation, meditation, mindfulness, etc.
    iii. Fellow meetings to assess for burnout will be held every 6 months or more frequently if needed.
        1. Do you send residents to FSAP?
        2. Do you utilize spiritual care?
        3. Do you have a resource within the department? (i.e. social work, psychologists who meet with residents)
    iv. Fellows in crises

1. Fellows in obvious crises will be removed from clinical duties immediately.
2. Amendatory FSAP appointment will be scheduled within 48 hours.
    a. Fellows should not return to work until FSAP has deemed it appropriate.
3. A drug and/or alcohol screen will be considered based on the situation and will be completed at Employee Health same day.
4. If there is concern for resident/fellow safety, the Program Director or their designee will take fellow to the ED for an immediate evaluation.

c. Social Support and Engagement

i. Team building during orientation and social events and periodically throughout the academic year.

Accessing EMS (Event Management System) and "The Buttons"

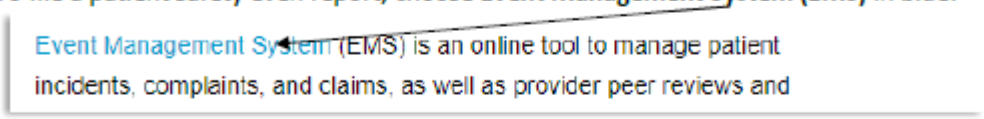
HOW TO REPORT PATIENT SAFETY EVENTS & NEAR MISSES

1. Access **CONNECT** https://connect.wvumedicine.org/

2. On the left-hand menu, choose **Safety Reports**

3. Choose **J.W. Ruby Memorial Hospital**

4. To file a patient safety even report, choose **Event Management System (EMS)** in blue:



5. You can also choose the **EMS Playground** if you want to practice using the system first – but do not use the playground to file a real report:

HOW TO REPORT "MISTREATMENT", A "LACK OF SUPERVISION", OR A SITUATION INVOLVING A "LAPSE IN PROFESSIONALISM", OR "EXEMPLARY PROFESSIONALISM"

1. Access the Office of GME website https://medicine.hsc.wvu.edu/gme/

2. Scroll down to the bottom of the page under **ADDITIONAL RESOURCES**, and you will see:

3. Click on whichever button pertains to the issue you need to report, and complete & submit the form. The report is delivered directly to the GME Office.

4. PLEASE NOTE: The more information you are able to include in your report, the better. *(However, please do not include identifiable patient health information.)* Each report is addressed.