



Ophthalmology Resident Handbook  
University of New Mexico  
Updated September 4, 2014

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## Contents

1. Prior to Arriving	4
Paperwork	4
Call Schedule	4
Vacation	4
2. Rotation Schedule and contact information	4
Pittsburgh Residents	4
Tufts Residents	5
Important Numbers	5
3. Orientation	6
4. Practical Information	7
Apartments	7
Directions	8
5. Clinical Information	8
UNM schedule	9
Resident Clinic	9
Consults	10
Trauma	10
Operating Rooms	10
Dictation	11
Corneal Cultures	11
Lasers	12
Anti-VEGF injections	12
6. Conference and Lecture Schedules	12
Resident lectures	12
Journal club	12
Grand Rounds	12
7. New Mexico Eye Associates/Dr. Weinstein visit schedule	12
Directions to NMEA	12
Schedule	13

8. PowerChart Instructions	13
Setting default note types	13
Writing consults and operative reports	14
Making/using note templates and auto text	14
Booking an OR for emergency cases (after hours)	14
Accessing electronic resources from home	15
9. Goals of the Rotation	15
Educational Rationale	15
Specific Goals and Objectives	15
Obtaining core competencies	16
10. Call Schedule	18

## **1. Prior to Arriving**

### Paperwork:

- Contact Graduate Medical Education—Kymbra Williams—at 505-272-6225 (or e-mail [KDWilliams@salud.unm.edu](mailto:KDWilliams@salud.unm.edu)) to make sure all your paperwork is in order.
- UNM needs at least 2 months to process your paperwork and get you a temporary NM license and VA credentials. The VA then takes extra time to get you into their system.
- You will need to submit fingerprints and have licensing paperwork certified by a notary public. You also need to have your immunization records and physical forms filled out and signed by a physician.
- Online items: NPI, Novell Account, Powerchart training, PACS account, HIPAA training.

### Call Schedule:

- We recommend that you and your co-resident(s) work out any changes in the call schedule well in advance of arriving in NM and submit them to Terry Walton ([twalton@salud.unm.edu](mailto:twalton@salud.unm.edu)).
- Call should be equitable, with consideration of holiday and weekend coverage.
- No one resident can take more than seven consecutive nights of call under any circumstances.

### Vacation:

- Pittsburgh: 2-3 days off.
- Email Dr. Davis with your vacation request at least 45 days in advance. Vacation requests made with less than 30 days of notice may not be approved due to clinic guidelines.
- Email your co-resident to switch call (and cover consults if during the UNM rotation) while you are away.
- Email Terry Walton with final changes to the call schedule
- Please do not take an entire week of vacation while at UNM because this leaves your co-resident to cover consults and call while at the VA.
- Notify the UNM clinic so they can block off the resident schedule as appropriate

## **2. Rotation Schedule and contact information**

### Pittsburgh Residents

Salwa Abdel-Aziz	<a href="mailto:abdelazizs@upmc.edu">abdelazizs@upmc.edu</a> (801) 703-1179	6/16/14 through 8/17/14
Ahmara Ross	<a href="mailto:gibbonsav@upmc.edu">gibbonsav@upmc.edu</a> (215) 872-5318	8/18/14 through 10/19/14
Carrie Happ	<a href="mailto:happcs@upmc.edu">happcs@upmc.edu</a> (412) 607-3508	10/20/14 through 12/14/14
Amanda Way	<a href="mailto:wayal@upmc.edu">wayal@upmc.edu</a> (301) 523-8066	12/15/14 through 2/22/15
Nisreen Mesiwala	<a href="mailto:mesiwalan@upmc.edu">mesiwalan@upmc.edu</a> (248) 760-9236	2/23/15 through 4/19/15
Akshar Abbott	<a href="mailto:abbottab@upmc.edu">abbottab@upmc.edu</a> (304) 692-9207	4/20/15 through 6/14/15

## Tufts Residents

Gregory Lee	<a href="mailto:gregdlee@gmail.com">gregdlee@gmail.com</a> (609) 204-4376	7/1/14 through 9/28/14
Kirsten Tawse	<a href="mailto:ktawse@gmail.com">ktawse@gmail.com</a> (814) 883-8387	9/29/14 through 12/28/14
Nora Muakkassa	<a href="mailto:nora.muakkassa@gmail.com">nora.muakkassa@gmail.com</a> (315) 729-7380	12/29/14 through 3/29/15
Joseph Ho	<a href="mailto:joecalboy@gmail.com">joecalboy@gmail.com</a> (510) 387-2399	3/30/15 through 6/30/15

## Important Numbers

Tufts pager	505-951-1079	
Tufts apt	505-821-9584	
Pittsburgh pager	505-951-0641	
Pittsburgh apt	505-797-4181	
UNM Clinic	505-272-2553	Main number (voice prompts: appt, etc.)
	505-272-3856	Back line
	505-272-0960	Back MD line

Terry Walton 505-272-6120 Office  
505-272-6125 Fax  
[twalton@salud.unm.edu](mailto:twalton@salud.unm.edu)

UNM operator 505-272-0190

UNM main OR 505-272-2626

UNM Dictation 505-272-9007

VA operator 505-265-1711 (Dial 1 and then extension)

VA eye clinic x 4185

Mark Schluter pager 951-0637 [mschluter@salud.unm.edu](mailto:mschluter@salud.unm.edu)  
cell 269-6195

Philip Watkins pager 251-1973 [Philip.Watkins@med.va.gov](mailto:Philip.Watkins@med.va.gov)  
home 294-6251  
NOTE: Dr. Watkins turns pager off after 10. Call him at home!

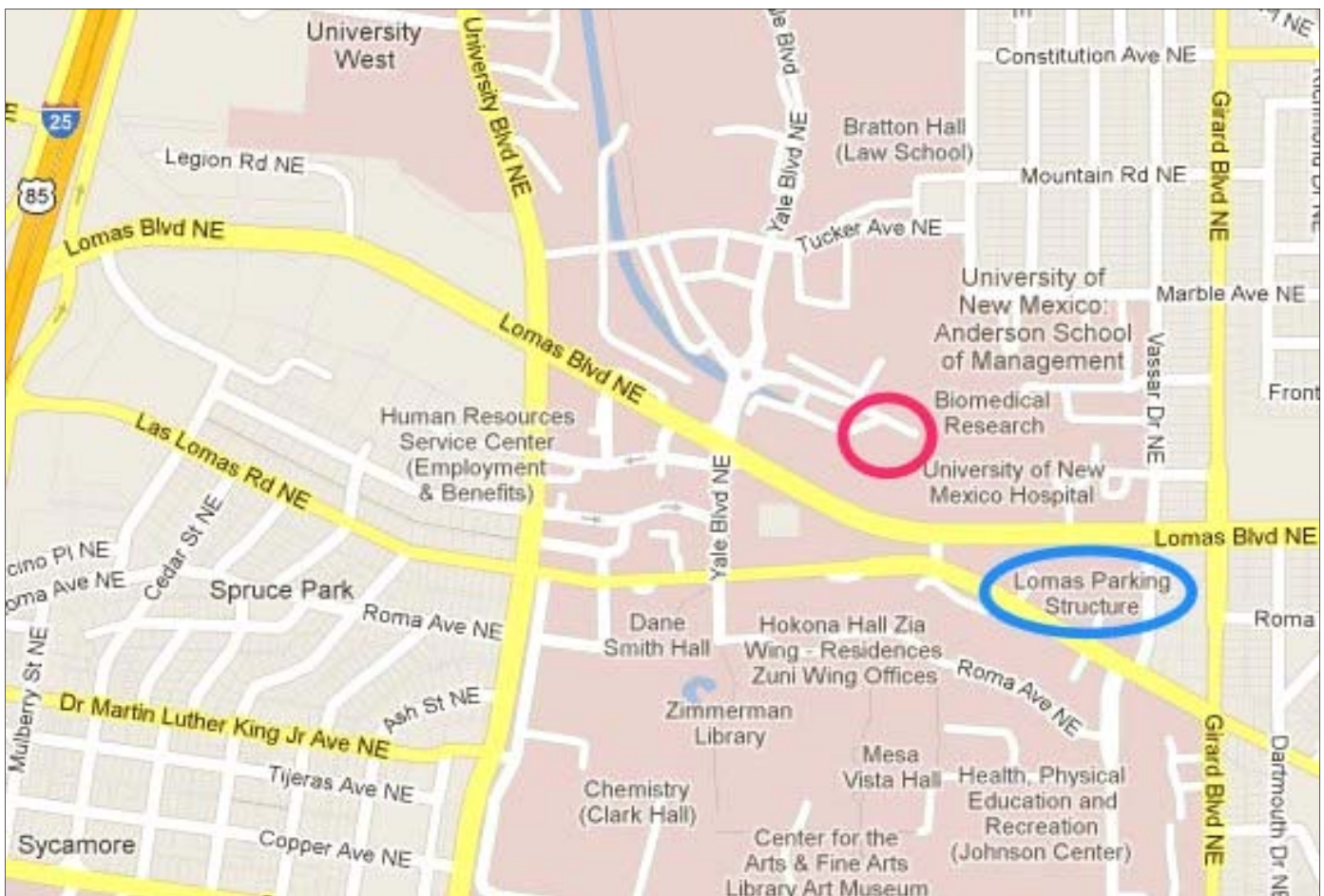
Arup Das pager 951-0636 [adas@salud.unm.edu](mailto:adas@salud.unm.edu)  
home 292-0320

Bob Avery pager 951-0639 [bavery@salud.unm.edu](mailto:bavery@salud.unm.edu)  
home 292-7157

Linda Rose	pager 951-0296 mobile 215-805-7673	<a href="mailto:lirose@salud.unm.edu">lirose@salud.unm.edu</a>
Amar Joshi	mobile 443-622-3968 pager 951-1982	<a href="mailto:ajoshi@salud.unm.edu">ajoshi@salud.unm.edu</a>
Shelly Lee	pager 951-1808 mobile 951-313-0106	<a href="mailto:shlee@salud.unm.edu">shlee@salud.unm.edu</a>
Tim Winter	mobile 918-504-7009 pager 951-1079	<a href="mailto:twwinter@salud.unm.edu">twwinter@salud.unm.edu</a>
Rachel Davis	mobile 412-651-5471	<a href="mailto:radavis@salud.unm.edu">radavis@salud.unm.edu</a>

### 3. Orientation

- Start at UNM:
  - Park at patient parking located off of Lomas (red circle below - go north on Yale and turn right at the roundabout; you will see the parking structure on the right). After you receive your badge, you will park at the Lomas parking structure directly across from the hospital (blue circle below). You must only park on the levels where the pillars read "SOM" and make sure your parking placard is on your car dash.



- At 9am, go to the second floor of the ACC wing of the UNM Hospital (Surgery Department). Terry Walton in Ophthalmology will take you to obtain prescription privileges and then to the GME office to get a security badge. She will also set up PowerPoint training if you have not already done this online and assist you with access codes.
- Drive to the VA
  - The VA main hospital has 4 wings (A,B,C,D, shaped like an 'H')
  - Park in patient/visitor parking for your first day. Go to the Personnel Office (Building #4, 2nd floor, room 218), "Processing and Records Section," and ask for the person who can assist you in getting your appointment letter. You need this letter to get your badge, parking, access codes, etc. They'll fingerprint you and sign your appointment letter.
  - Next, go to the main hospital (building 41), floor 3, Room 3B-105 (near the PACU) and ask for Gerald Casteel. If he is not there, go to the surgical secretary office at 3B-112 and they will page him. Gerald's phone extension is x4946. He will help set up your computer access code, long distance phone code, and dictation code. This may take up to two days to process. Gerry will call or page you when your codes are ready. If he is not in, ask for Pauline.
  - Next, go to Pharmacy Administration (room 1D-116, 1st floor main hospital next to outpatient pharmacy) to provide your prescription signature and obtain your prescribing privileges. You will need to take your UNM DEA # (blue card from UNM) with you.
  - You'll also need to get your parking permit and ID badge. This is done at the VA police station (1B-150), which is located next to the ER on the first floor of the main building. Bring your car's registration number and insurance card.
  - For VA dictation instructions, go to the VA main webpage and in the "Clinic Corner," click on "dictation instructions."
  - You are required to complete Fire Safety at the VA. The process has changed so please ask on of the technicians to assist you with this.
  - You need a special badge to get in and out of the OR at the VA; this has to be requested by each resident at the surgical offices (3B-112, ask for Pam Tucker).
  - See Joyce in the Eye Clinic to get the codes to the locker room and locker for the OR at the VA
  - See Edith in the OR, 3C-133 to get a scrub code set up for the OR.
  - In 1-2 days, go to BC-101 (basement of Main hospital) to get your computer password. They will give you both your network and EMR credentials.
  - If you start at the VA, go to the Eye Clinic and introduce yourself.
- Go back to UNM
  - Finish any remaining orientation tasks and then meet with Dr. Davis for a clinical orientation
  - If you start at UNM, you will need to be in the Eye Clinic at about 3:00 to start seeing patients.

You are done with orientation.

## **4. Practical Information**

### Apartments

- La Paloma Apartment Complex – 6001 Moon St. NE, Albuquerque, NM 87111
  - Tufts: Apt. 3624 – (505) 821-9584
  - Pittsburgh: Apt. 1824 – (505) 797-4181
- Your home institutions rent the apartments. Please contact them with any concerns regarding the maintenance or condition of the apartment and/or furnishings.

- A cleaning service is scheduled by your home institution to clean the apartment the Friday prior to your arrival. Please contact your program if this is not done
  - Please request periodic carpet cleanings with your home institution.

### Directions

- To UNM hospital/clinics: From Moon, go left (away from the mountains) on Academy and then right onto San Mateo. Move to far left lane and take 25-South. Exit at Lomas and turn left. At the hospital turn right on Stanford and then left on Campus. The entrance to the garage is on your left. (red route on map)
  - Alternate Route: Left on Academy, left on Wyoming, right on Lomas after I-40 overpass
- To OSIS: From Moon, go left (away from the mountains) on Academy and then right onto San Mateo. Move to far left lane and take 25-South. Exit at Lomas and turn left. Turn left at University Blvd. OSIS will be on your left—turn into the staff parking lot on the far side of the building.
- To VA: From Moon, go left (away from the mountains) on Academy and then left onto San Mateo. Stay on San Mateo until it ends at the entrance to the VA campus. Follow the main VA drive around until you see the staff parking lot on your left. If your section of the staff lot is full, there is an overflow lot behind the hospital (behind the Air Force lot) (blue route on map)
- VA to UNM: From the main VA entrance, turn left onto Gibson. Turn right onto Girard and then follow it past Central. Turn left on Campus and the Lomas parking structure will be on your right





## 5. Clinical Information

### UNM schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM (until ~2 PM)	Rose OR or Das OR	Avery OR	Rose OR	Davis OR	Academic time (until noon)
PM	Clinic/ consults	Clinic/ consults	Clinic/ consults	Clinic/ consults	Clinic/Consults (with VA resident)
Other	Lecture at 5 PM				

- Dr. Lee operates on Wednesday mornings, Dr. Joshi operates on Friday mornings, and Dr. Winter operates on Tuesday mornings. Residents are not expected to be present for these sessions, but can attend at their (and their attendings') discretion.

### VA Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Davis OR	Joshi OR	Watkins OR	Das OR	Academic Time
PM	Davis OR	Joshi OR	Watkins OR	Das OR	UNM clinic with NM resident
Other	lecture at 5pm				

### Resident Clinic

- Resident clinic is largely for acute care patients. Please follow patients for acute illnesses, and then refer them to the appropriate providers (MD or OD) for long-term care.
- Lasers and minor procedures should be done at the end of clinic so as not to disrupt the rest of the clinic flow. The attending in clinic should be notified of any procedure requiring consent. Indicate the start and stop time of the procedure in the chart for billing purposes.
- If you schedule a patient or call an inpatient down to clinic, please let the front desk know.
- Visual fields and fluorescein angiograms should be scheduled: for emergent cases we can make exceptions.
- Imaging studies and labs can be ordered in PowerChart
  - For imaging studies, go to the "Chart" menu and select "Ad Hoc Charting." Select Radiology and fill out the form as appropriate. Hit the check mark button on the upper left to complete the request.
  - For labs, use the Power Orders section.
- When OR is canceled, we may call you to see walk-in patients and emergent cases.
- If patients are seen on weekends, please leave a copy of the clinic log, chart or name and medical record number for the clerks. This will help the staff when a patient arrives for follow-up.
- Please clean up after yourself after hours; turn off lights and equipment
- Medication in the clinic is not for dispensing to patients. If a patient needs a medication, write a prescription. The clinic has a minimal budget and it cannot support this practice. It is also a violation of the University Hospital pharmacy policy.
- There is a Resident's box in the file room with charts that requires your attention on a daily basis

## Consults

- Consults will be posted on the Resident's board. Please call to check on them. Inpatient consults should be done before or after regular clinic hours unless it is an emergency.
- A call bag/resident kit is available in the clinic.
- If you take equipment from the clinic, put it back when you are done or place it in the dirty instruments tray in the procedure room. Do not leave equipment in the call bag.
- All consults must be seen within 12 hours. Urgent consults should be seen immediately.
- When you are in the OR (at the VA or UNM), please leave your pager on the table so that staff can answer any pages while you are operating.
  - If you are on call, you may rarely have to leave the OR to go see an urgent consult—this takes precedence.
- If you have any questions about management, please contact the attending on call. Serious eye injuries or patients who will need long term follow-up should be discussed with the attending on call (ex: Stevens-Johnson patients, neovascular glaucoma, and traumatic optic neuropathy).
- Enter all consults in Powerchart (see instructions in section 11). Please notify the consulting service of your findings.
- All non-accidental trauma cases MUST be staffed by the attending physician on call within 24 hours, positive or negative. Please call the attending physician when you receive notice of the consult (prior to examining the patient). Do NOT document any findings in PowerChart until the attending has completed their exam.
- Notify the attending of all admissions to Ophthalmology. Admission H&Ps (work type 99, include outpatient medicines) and operative reports (work type 03) must be dictated. Discharge summaries (work type 01) should be dictated on the day of discharge.
- For all visual field consults, please make sure the patient is appropriate to come to clinic (i.e. not bedridden, in isolation, or attached to a million lines) and realistically able to take the test (appropriate level of consciousness and able to sit in the machine) before the patient is sent down to the clinic. All visual fields require an interpretation (can be done as a consult note).

## Trauma

- Fill out the New Mexico Eye Injury Registry form on all serious traumas, whether seen in the ER, inpatient consult, or clinic. Please fill out a form on any patient that requires surgery, a procedure, or admission to the hospital because of eye trauma. Place the form in the box in the clinic or give it to Terry.
- Unless otherwise instructed by your attending, patients you take to the OR after-hours for trauma (ruptured globes, canalicular lacs, etc.) should follow up in the resident clinic until they are stable.

## Operating Rooms

- OSIS (Outpatient Surgical and Imaging Center), both main and satellite, is located at 1213 University Blvd (see directions above). With the exception of emergency or inpatient surgeries, most eye surgery is done here. Most cataract/anterior segment surgery is done at OSIS satellite (a.k.a. the cancer center). Retina cases are performed at OSIS main.
  - Cases start at 7:30, so arrive by 7:15
- The Main OR is on the 2nd floor of the hospital
- Scrubs are in a Pyxis machine in both locations. Talk to Josie at OSIS for a code.

- For emergency surgeries after hours, you are responsible for submitting the OR request form (previously called the blue card). Instructions are in the PowerChart instructions section of this manual.
  - During regular hours, Jessica in the clinic can help you with this process.

## Dictation

Dictate all cases for which you were primary surgeon within 24 hours of surgery (preferably immediately after the case):

1. Dial 2-9007
2. Enter your 6-digit dictation code
3. Enter work type:
 

Op Report	03
Discharge summary	01
Letter	28 (78 for outside MD)
H&P	99
4. Enter FIN Number (not MRN)
5. Dictate (make sure to include the patient's name, DOB, MRN, FIN, and date of surgery)
6. Press 5 to dictate another case, or if you're done just hang up.

Please make sure to put an attending attestation at the end of any dictation you do (e.g. "Dr. \_\_\_ was present for the entire procedure" or "Dr. \_\_\_ was present for the key and critical portions of the procedure and was immediately available").

For ruptured globes, please include characteristics of the wound, including location, shape, size, and where you explored, in your dictation.

## Corneal Cultures

- We used to keep culture plates in the clinic, but they would often expire. Sometimes there are still plates in the refrigerator in the medicine room, but be sure to check the expiration date before using. If there are not plates in clinic, you can either ask a tech to get some from the lab if it's during clinic hours or go up to the lab yourself (on the 2<sup>nd</sup> floor of the main hospital) after hours.
- Obtain a full set of plates (chocolate, blood, sabouraud's, and thioglycolate broth) and also send slides (although in our lab they are notoriously false neg). If HSV is suspected, add a viral media tube as well. You can use calgi swabs to scrape the cornea (located in the med room near the punctal plug box), or use a blade/forceps.
- Make sure to label every sample with a patient sticker, even if they are in the same bag.
- Make sure to place an order for the cultures in PowerChart ("c-eye" orders a gram stain and culture, "c-fun" orders the fungal stain and culture, and "c-vir" orders the viral culture)
- Specimens are submitted in a biohazard bag to the lab on the 2<sup>nd</sup> floor of the main hospital.
- If you are ordering fortified antibiotics, make sure to order 10ml bottles at least (5 ml bottles run out too quickly with a q1h regimen) and always order 10 refills (assuming prolonged therapy may be needed). Dr. Rose prefers tobramycin 15 mg/ml and vancomycin 25 mg/ml.

## Lasers

To be added

## Anti-VEGF injections

To be added

## **6. Conference and Lecture Schedules**

### Resident lectures

Resident lectures are held every Monday afternoon at 5 PM in the Cibola Room (3600 BBRP). The lecturer may contact you to schedule an alternate time/place for a lecture. In general, the attending on call will be giving the lecture. The following exceptions are listed below:

- TBA

Please make sure to show up on time for these lectures. Contact the lecturer if you are unable to attend for any reason.

### Journal Club

A journal club is held quarterly on Mondays at 5:30 PM. Residents are responsible for presenting a synopsis of a given journal article. Dr. Davis will e-mail you with dates and article assignments well in advance of a journal club.

Tentative Dates: June 30, 2014, October 27, 2014

### Grand Rounds

Grand rounds, both at UNM and as part of the New Mexico Ophthalmology Society, are held a few times a year. Usually, grand rounds are held Mondays at 6 PM.

Tentative Dates: August 25, 2014, December 15, 2014.

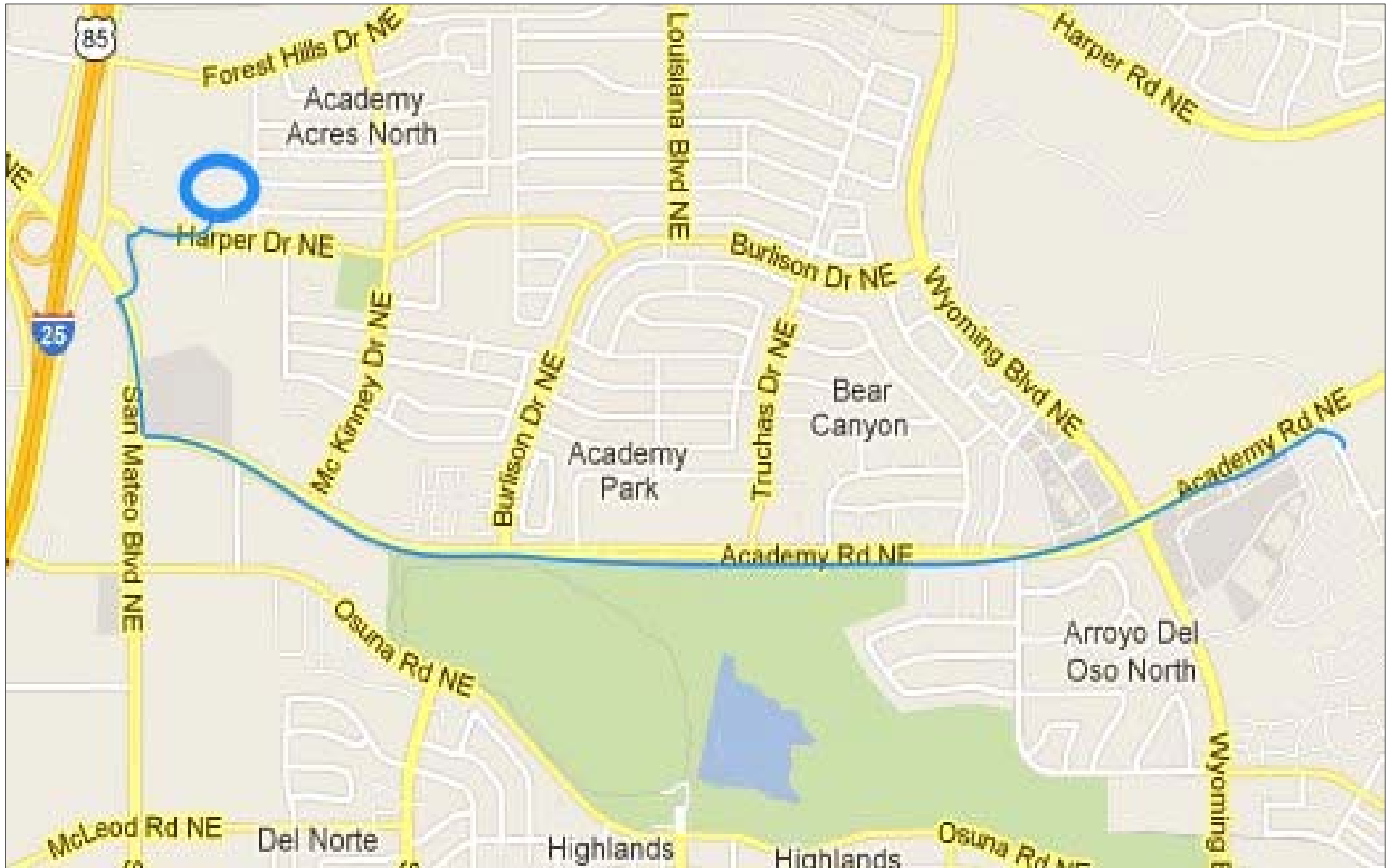
## **7. New Mexico Eye Associates/Dr. Weinstein visit schedule**

All of our residents spend at least one day at New Mexico Eye Associates (NMEA)—a large private multi-specialty eye practice—observing Dr. Art Weinstein during one of his OR days. This provides residents with exposure to the surgical techniques and OR protocols involved in high-volume private-practice cataract surgery. The length of time you spend with Dr. Weinstein will depend on your interest as well as Dr. Das' OR schedule. Please check Dr. Das' OR schedule for the Monday of your visit to Dr. Weinstein the week before your visit.

### Directions to NMEA

From Moon, go left (away from the mountains) on Academy and then right onto San Mateo. Turn right at the next light (by Starbucks) and then right again at Harper St. Turn left into the first entrance. The surgery center

(AAESC) is in north side of the Presbyterian complex, just east of the NMEA office building. Park anywhere and enter on the east side of the Presbyterian building. Follow signs to the eye surgery waiting area.



When you arrive, introduce yourself to the receptionist, Gloria, and ask her to direct you to Anne Dwyer. Ms. Dwyer will take care of you from there. NMEA has a limited supply of extra scrubs, so it is easiest to wear your own. If you have any issues, you can contact Ms. Dwyer at (505) 681-7714 (mobile) or [adwyer@eyenm.com](mailto:adwyer@eyenm.com).

### Schedule

TBD

## **8. PowerChart Instructions**

Detailed instructions on using PowerChart can be found online (you will receive this information during your orientation). What follows are practical tips related to this rotation.

### Setting default note types

- Select a patient and click on the Clinical Notes section of their chart.
- At the top of the page, click on the Documents menu and select Options
- Select the note type you want in the left box and hit the right arrow to transfer it to the right box.
- Click OK.
- You should select the following note types:
  - Consult Note Ophthalmology
  - Operative Report

- Brief Operative Note
- History and Physical
- History and Physical Update

### Writing consults and operative reports

- Open the patient's chart and go the Clinical Notes section
- Click on the Add icon (piece of paper with a yellow asterix)
- Select your note type in the first drop-down menu (you should already have set up your default note types)
  - If you have not yet set up your defaults, right click on the drop-down menu and select Complete from the Document Type List menu
- Make sure to forward your consult notes to your attendings as necessary
- Make sure to add an attending attestation at the end of any operative report (e.g. "Dr. \_\_\_ was present for the entire procedure" or "Dr. \_\_\_ was present for the key and critical portions of the procedure and was immediately available").

### Making/using note templates and auto text

- PowerChart allows you to use templates for your notes as well as to save snippets of text to insert using key phrases.
- For consults, create a new note of the type Consult Note Ophthalmology
  - Click on the Templates icon (rubber stamp) and then select Ophthalmology consult. Hit Insert.
  - Fill in the note and insert the templates for medications, PMH, and allergies in the appropriate sections.
- You can use Auto Text to quickly complete operative reports without dictating.
- To make a new Auto Text, create a new note and select a segment of text (original or pasted in from somewhere else). Right click and select Save as Auto Text. Make a name for your text in the Abbreviation box (cataractAVERY, cataractBAGGA, strabismus, ROP...you get the idea). Precede the name with an "=" sign. Hit Close.
- To use the Auto Text in a note, hit "=" and then the name of your text.

### Booking an OR for emergency cases (after hours)

- For after-hours emergency surgeries, you need to contact the Main OR and book the surgery using the electronic scheduling system
- From the CernerWorks – Applications webpage (from where you normally launch PowerChart), select Appt Book in the Scheduling folder.
- Log in with your usual PowerChart credentials
- Next to the calendar, you will see a window labeled Bookshelf. Hit the Appointment tab in this window.
- Hit the "... " button next to Appointment Location and select UH Main
  - If you do not have this as an option, your account may not be set up correctly. You may need to request help from your attending or the OR scheduling desk.
- Hit the "... " button next to Appointment Type and select the appropriate type (usually SN Emergency Surgery)
- Complete the Person Name and Primary Surgeon fields
- Enter a description of the surgery in Private Surgical Comments

- Hit the button labeled “Move >”
- In the window that pops up, find the applicable procedure using the search box and double click it (e.g. ruptured globe).
- Fill in as much of the information in the right-hand section as possible and then hit OK.
- Hit Request to submit the booking.
- Contact the main OR to make sure the booking has come through.

#### Accessing electronic resources from home

- You can access iSite (PACS) and PowerChart from home by going to <http://hospitals.unm.edu/employees/>
  - Click on “Cerner Millennium Applications” on the left column
  - iSite is available in the PACS folder.

## **9. Goals of the Rotation**

### Educational Rationale

The New Mexico Rotation provides an intensive surgical and clinical experience in a broad range of diseases. The rotation consolidates a resident’s ability to provide primary ophthalmic care and emphasizes blinding conditions in a population of patients distinctly different from those encountered in their home programs. These diseases include ocular trauma, severe diabetic eye disease, advanced cataracts, pterygium, and subacute glaucomas. The rotation involves a significant amount of indigent care. In addition, Hispanic, Native American, and rural patients provide unique cultural issues and medical problems.

### Specific Goals and Objectives

- Appreciate the unique features of patients and health care delivery in New Mexico.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Understand how medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Coordinate with health-care professionals, including those from other disciplines, to provide patient-focused care.
- Facilitate the learning of students and other health-care professionals
- Diagnose and manage traumatic and toxic injuries to the eye and ocular adnexa (e.g.: alkali burn, lid laceration, orbital fracture, etc.).
- Recognize and treat hyphema and microhyphema, including complications of increased intraocular pressure and rebleeding.
- Perform surgical repair of simple and complex ocular adnexal injuries, including lacerations of the lacrimal drainage apparatus.
- Perform sampling for viral, bacterial, fungal, and protozoal ocular infections (e.g.: corneal scraping and appropriate culture technique).
- Describe the indications for pterygium excision and perform pterygium excision, including conjunctival or amniotic membrane grafting when indicated.
- Perform routine and advanced cataract surgery and IOL placement.
- Implant different types of intraocular lenses, including Toric lenses.
- Diagnose and manage intra-operative and post-operative complications of cataract and anterior segment surgery.

- Describe the instruments and techniques of cataract extraction, including extracapsular surgery and phacoemulsification (e.g.: altering parameters, machine trouble-shooting, etc.).
- Describe the types, indications, and techniques of anesthesia for cataract surgery.
- Describe the principles, indications for, mechanics of, and performance of A-scan ultrasonography, keratometry, and calculation of IOL power.
- Perform basic non-laser refractive surgery techniques (e.g.: relaxing keratotomy).
- Recognize, evaluate, and treat neovascular glaucoma.
- Recognize, evaluate, and treat trauma-related glaucoma
- Diagnose and manage posterior-segment trauma, including commotio retinae, traumatic choroidal rupture, and Purtscher's retinopathy.
- Describe the indications for and perform basic laser treatment for diabetic retinopathy.
- Describe the indications for and interpret retinal imaging technology (e.g.: fluorescein angiography, ocular coherence tomography) and apply it to complex retinal or choroidal pathology.
- Perform scleral buckling.
- Describe the indications, techniques, and complications of pars plana vitrectomy and assist in retinal surgery or perform parts of the procedure under supervision.
- Diagnose and treat traumatic optic neuropathy

## **Obtaining core competencies**

### **Patient care:**

Residents obtain competence in patient care in a wide variety of settings. These include their own Resident Clinic, specialty clinics run by attendings (ex: Retina, Cornea), and inpatient and outpatient operating rooms. In addition, the resident assumes first-call responsibility for inpatient consults and after-hours emergencies. The Resident Clinic allows them to develop their own practice styles and patterns with faculty input just one or two doors away. The clinic allows them the opportunity to provide continuing care to patients they initially see in urgent care, inpatient, and emergency room settings. Interesting or challenging patients are reviewed with attendings.

As this is a third-year rotation, residents are expected to arrive having mastered history-taking and examination skills. Emphasis is placed on differential diagnosis, formation and implementation of treatment plans, and developing techniques for counseling and educating patients.

### **Surgery:**

A resident's surgical experience here includes a spectrum of procedures that are performed by both comprehensive and sub-specialty Ophthalmologists. Residents are the primary surgeons for most surgeries that they are present for, including cataract surgeries, trabeculectomies, glaucoma drainage devices, eyelid procedures, lacrimal procedures, scleral buckles, ruptured globes, traumatic eyelid and lacrimal repairs, enucleations, and eviscerations. They participate heavily (sometimes as the primary surgeon) in complex anterior segment and eyelid reconstructions, orbital procedures, and core vitrectomies. Prior to any surgery, the attending reviews the pre-operative data and plan with the resident. An attending supervises all surgical cases. At the end of each surgery, the case is reviewed and the resident is given specific feedback. Weekly tutorials focus on surgery for ocular trauma, advanced cataract surgery techniques, and pterygium excision. Residents also gain proficiency in a wide range of in-office procedures. There is attending supervision to confirm necessity and monitor appropriate technique. Common procedures include focal and pan-retinal laser



photocoagulation, argon laser trabeculoplasty, peripheral iridotomy, excisional and incisional peri-ocular biopsy, repair of simple and marginal eyelid lacerations, tarsorrhaphy, and suture removal.

#### Medical knowledge:

Interaction between residents and attendings in clinic and the operating room provides continual opportunities to advance medical knowledge and address deficiencies. Residents are regularly consulted for input on challenging cases in clinic and to observe unusual conditions that present to other clinic providers. Residents are asked to identify areas of incomplete knowledge, which are subsequently addressed in these weekly sessions. A monthly Journal Club is presented by the residents. Emphasis is placed on common and serious eye diseases prevalent in this setting, as well as landmark papers that are likely to impact clinical practice.

#### Practice based learning and improvement:

Residents are expected to follow their own patients for the duration of their rotation, facilitating continuity. Residents are encouraged to utilize the adjacent medical school library and electronic databases provided by UNM. As patients are shared with attendings, there is continual dialogue between residents and the attending familiar with a particular patient.

Residents participate in teaching medical students in lecture, practical sessions, and clinic. Often, other services (such as the ER or ENT) ask residents to lecture on eye-related topics. Residents present scientific papers in a quarterly Journal Club and may present at Grand Rounds.

#### Interpersonal and communication skills:

Resident interpersonal and communication skills are observed with feedback in all settings, including clinic, surgery, and on-call. A positive and fair working relationship with between the Pittsburgh and Tufts residents is essential. Another valuable component of this rotation is the need to establish new working relationships with clinic and operating room staff in multiple settings. This is important preparation as residents near completion of their residency. As the first-line for the inpatient consultation service, residents learn to communicate with the full gamut of health care providers. Residents participate in teaching medical students in lecture, practical sessions, and clinic. Often, other services (such as the ER or ENT) ask residents to lecture on eye-related topics. Residents present scientific papers in quarterly Journal Clubs and may present at Grand Rounds.

#### Professionalism:

A high degree of professionalism is expected and necessary in this rotation. Residents assume significant responsibility and autonomy in all patient-care settings. They learn to effectively balance these overlapping responsibilities. Supervision assures that residents recognize and adhere to ethical principles, which are crucial in this environment. In addition, sensitivity to patient backgrounds is enhanced by the unique diversity of the New Mexican population: native New Mexicans, Hispanics, and Native Americans.

#### Systems-Based Practice:

The rotation in New Mexico provides insight into a very different health-care delivery system than that experienced in Pennsylvania or Massachusetts. Relatively few patients carry private insurance and most have severely limited resources for health care. In addition, there are a large percentage of rural patients as well as

other barriers, including language, transportation, and lack of social/family support. Residents must optimize medical care in an environment with limited patient and institutional resources. Experiencing these realities first-hand provides a deeper understanding of what it means to be a doctor.

## **10. Call Schedule**

The UNM and VA call schedules for residents and providers from all services are managed through AMION. The schedule can be accessed at [www.amion.com](http://www.amion.com) (password: unm). You can also download a free app for iOS or Android devices. For the unofficial schedule, please see the “2014-2015 Call Schedule” Excel file. Please make sure the AMION schedule reflects any call switches, as that is the official schedule used throughout the system.