

LSU/Ochsner Ophthalmology Residency Training Program

Handbook

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Table of Contents

Introduction	4
Program Goals and Objectives	5
Goals and Objectives by Subspecialty.....	7
General Ophthalmology.....	7
Cornea and External Disease	9
Glaucoma	10
Pediatric Ophthalmology and Strabismus	11
Oculoplastics	12
Retina/Vitreous	13
Neuro-Ophthalmology	13
Description of Individual Rotations.....	15
Chabert Medical Center.....	15
Earl K. Long Medical Center	19
Ochsner Glaucoma/Triage	32
Ochsner Retina.....	34
Ochsner Pediatric Ophthalmology....	Error! Bookmark not defined.
Children’s Pediatric Ophthalmology	38
VAMC General Ophthalmology	40
LSU Systems General Ophthalmology.....	42
LSU-University Medical Center	61
Conference Schedule.....	65
Didactic Lecture Series distributed via email	65
Specialty Lecture Series.....	65
Grand Rounds	66
Grand Rounds Presentations Log	67
Educational Experiences and the Core Competencies	68
A. Definitions of Core Competencies	68
B. Scholarship	72
C. Research Curriculum	73
Resident Evaluations	73
Assessments	76
Guidelines for Promotion	77
Program Policies and Procedures	81
Resident Eligibility and Selection	81
Working Environment	81
Duty Hours.....	81
Residents are required to track their duty hours over the course of a four-week period at least twice each academic year.	81
On-Call Activities:.....	82
Policy/Due Process and Chain of Command	83

Resident Supervision/Line of Responsibilities and Chain of Command for Clinical Activity.....	88
Call Schedule and Chain of Command	88
Chief Residency	91
Dress Code.....	91
Hurricane/Disaster Protocols.....	92
Lallie Kemp Eye Clinic, UMC, Lafayette Eye Clinic, Bogalusa Medical Center Eye Clinic, and Chabert Medical Center Eye Clinic	92
Ochsner Medical Center, Main Campus.....	93
LSUIH- see Appendix A.....	93
Moonlighting	93
Absences.....	93
Types of Leave	94
Vacation and Leave Policies.....	95
Extended Leave Policy	97
Travel/Meetings	97
Staff.....	99
Listings are available on the LSU and Ochsner websites.....	99
Rotation Sites/Directions.....	99
Program Administrative Offices	99
Ochsner Clinic Foundation (Ochsner, OCF).....	99
LSU Interim Hospital.....	99
Children’s Hospital New Orleans	100
L.J. Chabert Medical Center (Chabert, CMC)	100
Earl K. Long Medical Center (EKL).....	100
Veterans Affairs Medical Center (VANO)	101
Baton Rouge LA 70809	Error! Bookmark not defined.
University Medical Center/LSU Eye Clinic (UMC)	101
Lallie Kemp Regional Medical Center (LK).....	101
Bogalusa Medical Center, (BOG)	101
Bogalusa/LSU Eye Clinic.....	101

Introduction

The LSU/Ochsner residency program (The Program) is a result of a merger of two longstanding programs in 1998. After years of study, it was mutually agreed that a combination of the two institutions with their multiple educational opportunities would markedly improve residency education in Louisiana.

The LSU Eye Center of Excellence was created by Dr. Allen Copping, then the Chancellor of the LSU Medical Center and later President of the LSU system, in 1978 when he recruited Herbert E. Kaufman, M.D. to Head the Department of Ophthalmology and to develop a premier center for research, education and patient care. Dr. Kaufman's mandate was to create not only a Department of Ophthalmology, but also a comprehensive center for vision care and research, with interdisciplinary cooperation among basic scientists and clinical scientists to advance the prevention and treatment of blinding eye disease.

Over the years, the LSU Eye Center has provided the focus for this interdisciplinary faculty in the fields of immunology, pharmacology, physiology, anatomy, biochemistry, biomedical materials science, and polymer chemistry, to apply their diverse areas of expertise to the problems of preventing blindness. The integration of this outstanding faculty and their ability to both understand basic mechanisms and develop practical applications is the source of the LSU Eye Center's strength and the basis for its national and international recognition. The LSU Eye Center is one of the top centers in research funding by the National Eye Institute.

The Ochsner Clinic was founded by five surgeons and named after one of them - Dr. Alton Ochsner. Since its simple origins, Ochsner Clinic has expanded and grown to become one of the premier medical centers in the Gulf South. It serves as tertiary referral center for southeastern Louisiana and the surrounding states. The Alton Ochsner Medical Foundation was established by partners of the Ochsner Clinic in 1944 and chartered to carry out medical education and clinical research. The Foundation presently conducts one of the largest non-university graduate medical education programs in the nation, with residents rotating through a number of primary care and subspecialty programs.

Program Goals and Objectives

The Louisiana State University/Alton Ochsner Medical Foundation Residency Program (LSU-Ochsner) is a 3-year experience that aims to:

- expose all residents to an equivalent, well-rounded graduate experience in all aspects of ophthalmology.
- be a stable, well-coordinated, and progressive educational experience in the entire spectrum of ophthalmic diseases and ocular surgery.
- produce residents who have developed diagnostic, therapeutic, and manual skills, as well as sound judgment in the application of such skills.
- provide each resident with major technical and patient care responsibilities in order to provide an adequate base for a comprehensive ophthalmic practice.
- provide a base that includes optics, visual physiology, and corrections of refractive errors; retina, vitreous, and uvea; neuro-ophthalmology; pediatric ophthalmology and strabismus; external disease and cornea; glaucoma, cataract, and anterior segment; oculoplastic surgery and orbital diseases; and ophthalmic pathology.

The program is structured to expose residents to a wide variety of clinical and surgical situations in which they will be responsible for the patient care of a diverse population. The residents have a graduate experience in general ophthalmology and all ophthalmic subspecialties. Depending upon the particular subject matter, more experience is devoted to certain subspecialties. The curriculum is designed to build upon previous experience such that at the completion of three years the resident has mastered the subject matter. The emphasis is on a direct experience in increased responsibility for patient care.

In addition to the clinical and surgical exposures, the resident is exposed to certain other educational opportunities to provide a well-rounded experience. A didactic lecture series provides clinical and basic science knowledge to prepare them for the in-service examination and for their clinical experiences. Each month a

particular topic in ophthalmology is covered with lectures, group discussions, and slide shows. Augmenting this experience is the home study course in which the residents will be responsible for assimilating the knowledge found in the American Academy of Ophthalmology home study book series. As with the didactic lecture series, the home study course is organized over a 1-year period, cycling three times during a resident's experience at LSU-Ochsner.

In addition to the lectures mentioned above, a core lecture series is offered at both LSU and Ochsner covering further aspects of professional life. These monthly lectures present a variety of social, ethical and professional issues important to a well-rounded education. Residents are notified of these general lectures at both institutions as they are announced.

Monthly journal clubs and work performed on research projects will round out the resident's educational experience. Residents are expected to read, critically review, and discuss selected articles in ophthalmology, as determined by the faculty host and grand rounds case presentations. A discussion on ethics, as outlined by the ethics manual of the American Academy of Ophthalmology, is the core of this exercise. A section of this manual is discussed at the end of each Journal Club. A research project is an important aspect of an LSU-Ochsner resident's experience. The resident is responsible for selecting a mentor who will assist the resident in defining and organizing a research project. The resident is responsible for presentation to the LSU-Ochsner research committee, obtaining approval from the IRB and/or IACUC committees, and institution and completion of the project. The research project is presented at the annual Residents' Day and the resident is encouraged to proceed with publication in a peer-reviewed journal.

The residents' curriculum is broken down into seven sub-specialty areas: general ophthalmology, oculoplastics-oncology, glaucoma, cornea and external disease, pediatric ophthalmology and strabismus, retina and posterior segment disease, and neuro-ophthalmology.

All residents must rotate through Chabert Medical Center and Earl K. Long Medical Center at least once during their Y2 and Y3 years of training.

The general ophthalmology residency experience is as follows:
Year 1 - CMC, EKL, OCF Triage, LSUIH, VANO/BR

Year 2 - EKL, CMC, LK/BOG, UMC
Year 3 – LK/BOG, UMC, EKL, CMC

Oculoplastics:

Year 3 - Ochsner
Years 1, 2, and 3 – CMC

Glaucoma:

Year 1 - Ochsner
Years 1, 2, and 3 – CMC, EKL, LSUIH

Cornea and external disease:

Years 2 and 3 – UMC, Ochsner, LSUIH

Pediatric ophthalmology:

Year 2 – Ochsner, Children's

Retina:

Year 1 – Ochsner, EKL
Years, 2, and 3 – EKL, LK/BOG, LSUIH

Neuro-ophthalmology:

Year 1 – Ochsner triage
Year 1 and 2 – EKL

The experience in ocular pathology consists of 20 videoconferenced lectures from the University of Illinois conducted by Dr. Robert Folberg, over the course of a twelve-month cycle. As a result residents have multiple exposures to this pathology material during their three-year program. These sessions consist of review of harvested specimens, projected slides, and associated discussion. Residents are expected to review all pathology specimens harvested from their patients with the reading pathologist and discuss findings with attending physicians and faculty.

Goals and Objectives by Subspecialty

General Ophthalmology

General ophthalmology clinics expose the residents to a cross section of ophthalmic disease. As such, the resident is expected to understand the basic science and physiological concepts of each

disease encountered. The resident should be able to evaluate and provide a differential diagnosis for all signs and symptoms complexes. All residents should learn which ancillary diagnostic studies are indicated for the appropriate situation. Indications for referral to the proper subspecialty clinics will be elucidated.

Of prime importance is the understanding and care of the cataract patient. Knowledge of the predisposing factors in cataract formation and the functional impact on daily activities will be learned. Biometry related to intraocular lenses and the various formulas for calculating lens powers, and various advantages and disadvantages will be ascertained. Intraocular lens designs and the advantages and disadvantages for particular patients are also covered. Residents should be cognizant of cataract surgery complications and the potential treatment thereof.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

Staff

Dr. Acierno, LSU, EKL

Dr. Weiss, LSU

Dr. Wood EKL

Dr. Ngo, LSU

Dr. Ellis Children's

Dr. Fuller, EKL

Dr. Rao, EKL

Dr. S. Azar, UMC

Dr. Groetsch, CMC

Dr. Hall, UMC

Dr. J Azar, UMC

Dr. Carriere VANO

Dr. Metzinger, VANO

Dr. Nussdorf, Ochsner, Chabert

Dr. Arend, Ochsner

Dr. Erlich, EKL

Dr. Morgan, EKL

Dr. Hoth, EKL

Dr. Diamond, VANO

Dr. Barron, LSU

Dr. P Azar, UMC

Dr. O'Sullivan LSU

Dr. Reinoso, LSU

Dr. Connolly BOG

Dr. Bergsma, Bogalusa

Dr. Guilmette, Ochsner

Dr. Estrada, VANO

Dr. Shah, Ochsner, UMC

Dr. Lofffield, Ochsner

Dr. Mazzulla, Ochsner, CMC

Dr. Eustis Ochsner, Children's

General Ophthalmic History and Physical Exam

General appearance

Degree of alertness & orientation

Basic neurologic status

Visual acuity

Lensometry
Refraction
Extra ocular movements
Pupillary responses
External lid examination

Slit lamp examination
Applanation & tonopen tonometry
Spectacle prescription

Clinical Skills -

IOL calculation/biometry
Use of auto refraction
Use of cycloplegic agents

Keratometry
Soft contact lens fitting
Rigid contact lens fitting

Surgical Skills -

ECCE
Phacoemulsification
Continuous tear capsulotomy
Clear corneal cataract incision
Scleral tunnel cataract incision
YAG capsulotomy

Peribulbar anesthesia
Retrobulbar anesthesia
Chalazion excision
Biosy lid lesions
Repair lid laceration
Repair ruptured globes

Cornea and External Disease

Residents rotating on the cornea service will develop a progressive increase in their knowledge base with each particular rotation. The basic science knowledge which residents are expected to assimilate includes normal corneal anatomy, physiology, biochemistry of the cornea and conjunctiva, lid margins, and skin. A thorough understanding of the physiology and biochemistry of tears is important. Concepts of external infections, secondary inflammatory responses, and corneal healing need to be understood and mastered. Clinical knowledge based in cornea is enormous. The classification, natural history, and treatment of the following diseases should be assimilated. This will include various forms of infectious keratitis, dry eyes, and acute and chronic conjunctival infections and inflammations. Use of appropriate pharmacological agents including antibiotics, steroids, and diagnostic agents should be mastered. Corneal dystrophies, edema, and degenerations need to be completely understood. Inflammatory disorders such as scleritis, episcleritis and anterior uveitic syndromes are likewise important. A preoperative evaluation of the cornea for cataract surgery and other anterior segment procedures is to be mastered, as well as the post surgical management of complications of these procedures.

Staff

Dr. Pulin Shah, Ochsner, UMC Dr. Bergsma, Bog
Dr. Paul Azar UMC Dr. Bruce Barron, LSU
Dr. Metzinger, VANO Dr. Jayne S. Weiss, LSU
Dr. Maria Bernal, LSU

Clinical Skills -

Slit-lamp exam	Tear evaluation
Keratometry	Pachymetry
Corneal sensitivity testing	
Interpretation of corneal topography	
Interpretation of specular photography	

Surgical Skills -

Corneal scraping	CK
Corneal biopsy	Punctal occlusion
Pterygium excision	Tarsorrhaphy
Penetrating keratoplasty	Conjunctival biopsy
PRK	Amniotic membrane grafting
LASIK	
Removal of corneal foreign body	

Glaucoma

The following knowledge base is expected of all residents rotating through the various glaucoma services. Basic science knowledge of importance is the epidemiology and pathophysiology of glaucoma. Residents should be able to identify appropriate risk factors and be knowledgeable regarding the incidence of glaucoma in various population groups. Aqueous humor dynamics, optic nerve head, nerve fiber layer changes, and recognition of characteristic patterns of visual field loss in glaucoma should be learned and mastered. Residents should be well versed with the differential diagnosis of glaucoma and be able to discuss the signs, symptoms, and treatment strategies of primary open angle, angle closure glaucoma, and secondary glaucomas. Pharmacology is extremely important in the subject of glaucoma and, therefore, the residents should be well versed in the pharmacology, mechanisms of action, indications, and side effects for all anti-glaucomatous agents. The residents should learn a logical management approach to the glaucomas, considering appropriate diagnosis, associated ocular problems, and medical conditions and visual needs of the patients. Indications and rationales for surgery and ability to discuss the appropriate management of complications are likewise important.

Staff

Dr. Lofffield, Ochsner
Dr. Nussdorf, Ochsner, Chabert
Dr. Ngo, LSU

Clinical Skills –

Goldmann tonometry	Gonioscopy
Tonopen tonometry	OCT and HRT
Optic nerve head assessment	
Assessment of visual field tests	

Surgical Skills –

Laser iridotomy & goniotomy
Seton valves (e.g. Ahmed/Baerveldt)
Laser trabeculoplasty
Cyclo-destructive procedures
Trabeculectomy
Combined cataract and filtering surgery

Pediatric Ophthalmology and Strabismus

The basic science knowledge necessary to properly manage pediatric patients and adults with strabismus includes the following: embryology of the eye and orbit, anatomy and changing nature of the infant eye, anatomy and physiology of the ocular motor system, physiology of accommodation and optics in a growing child, and normal and abnormal visual development in children. The clinical knowledge to be mastered includes the diagnosis and management of pediatric refractive errors, motility disorders, amblyopia, neonatal and infantile infections including orbital cellulitis, and tearing disorders in children. A full understanding of anterior segment disease in children, including cataracts and glaucoma, and corneal disorders should be mastered. Posterior segment disease such as retinopathy of prematurity (ROP), retinal infectious disorders, and neuro-ophthalmic abnormalities should be mastered.

Staff

Dr. Eustis, Ochsner, Children's
Dr. Ellis, Children's
Dr. Leon, Children's

Clinical Skills –

Stereo testing	P & C measure
Vertical Maddox rod	Color vision testing
Krimsky's testing	Infant vision testing

Sensory testing
Interpretation of ERG
Torsion measurement
Retinoscopy in children
Eye movement assessment

Fundus exam in children
ROP screening
Diplopia visual field
Interpretation of V E P

Surgical Skills –

Chalazion excision
Post fixation suture surgery
Vertical rectus muscle surgery
Congenital glaucoma surgery
Horizontal rectus muscle surgery
Oblique muscle surgery
Probing

Adjustable suture surgery
Insertion of Crawford tubes
Levator resection
Frontalis suspension
Cryotherapy/laser for ROP
Re-operation techniques
Congenital cataract surgery

Oculoplastics

Residents are expected to become familiar with the basic science and clinical management of patients with eyelid, orbital, and neoplastic disorders of the eye. As such, residents are expected to be well versed in the mechanism of various eyelid disorders including entropion, ectropion, ptosis, eyelid infections, and lacrimal drainage disorders. Residents should be able to select the appropriate medical or surgical correction and recognize the appropriate complications. Residents are expected to be able to properly assess and understand orbital disease and recognize indications for appropriate treatment. The resident should have a comprehensive understanding of Graves' ophthalmopathy, its pathophysiology, spectrum of presentation, and treatment options. The resident should have a clear understanding of orbital fractures, associated findings (risk for intraocular damage, evaluate for co-existing facial fractures and intracranial processes). The recognition of external, extraocular, intraocular, and orbital neoplasms is important. Treatment indications and possible complications must be understood.

Staff

Dr. Hesse, Ochsner

Clinical Skills -

B scan ultrasonography of orbit
Ptosis evaluation
Hertel's exophthalmometer
Evaluate CT scan and MRI

Surgical Skills -

Punctal plug placement
Excision of lid lesion
Entropion repair
Blepharoplasty

Eyelid reconstruction
Lateral canthotomy
Ectropion repair
Ptosis repair

Retina/Vitreous

Residents are responsible for understanding the multitude of disease processes in the area of retina. This will include the pathophysiology, differential diagnosis, disease classification, and possible treatments for all major diseases. The areas of consideration are vitreous disease, retinal vascular disease, and retinal detachments - including rhegmatogenous, tractional, and serous. Also, the thorough understanding of uveal disorders including uveitis and infectious choroiditis and retinitis must be mastered.

Staff

Dr. Fuller, LSU, EKL
Dr. Arend, Ochsner
Dr. Mazzulla Ochsner
Dr. Rao, EKL

Dr. O'Sullivan, LSU, UMC
Dr. Reinoso, LSU

Clinical Skills -

Direct ophthalmoscopy
Indirect ophthalmoscopy
Scleral depression
Slit-lamp biomicroscopy of retina

Interpretation of IVFA
Amsler grid testing
ROP examination
OCT interpretation

Surgical Skills -

Vitreous tap
Anterior vitrectomy
Posterior vitrectomy
Scleral buckle
PRP
Retinal cryotherapy

A & B scan
ultrasonography of retina
Focal laser
Pneumatic retinopexy
Intravitreal injection

Neuro-Ophthalmology

Residents will learn to evaluate patients from the neurologic, ophthalmologic, and medical standpoints to diagnose and treat a wide variety of problems. They will learn to evaluate visual problems that are related to the nervous system. The resident will learn that the art

and science of obtaining a meaningful history is the keystone of neuro-ophthalmology. Residents will be exposed to disorders of the sensory and motor visual system to include: optic nerve disorders, disorders of the chiasm and retrochiasm visual pathways, unexplained visual loss, infranuclear motility disorders of the extraocular muscles, neuromuscular junction, and cranial nerve palsies, supranuclear visual motor system disorders and nystagmus, as well as the pupil, the facial nerve, and migraine. The resident will acquire skills in properly ordering and reading neuro-imaging studies.

Staff

Dr. Marie D. Acierno, EKL

Clinical Skills -

Neuro-ophthalmic history	Tension testing
Motility and alignment exam	Amsler grid
Confrontational vision field testing	Brightness sense testing
Color vision testing	Tests of stereopsis
Pupil testing	
Ophthalmoscopic exam of the optic nerve	
Interpretation of neuro-imaging studies	
Interpretation of Humphrey and Goldman visual fields.	

Surgical Decision Making

The resident will learn to assess patients and make decisions pertaining to when to perform or to refer patients for definitive surgical procedures such as:

- Temporal artery biopsies for patients at risk for giant cell arteritis
- Optic nerve sheath fenestration for visual loss associated with pseudotumor cerebri and/or other causes of raised intracranial pressure
- Orbital decompression for compressive optic neuropathy and/or marked exposure from thyroid eye disease

Surgical Skills

Temporal artery biopsy
Assist optic nerve sheath fenestration

Description of Individual Rotations

Chabert Medical Center

Staff:	G. Groetsch, J. Nussdorf, R. Medof, J. Rubio
Location:	Chabert Medical Center (CMC)
Clinic Days:	M-F
Surgery Days:	T, F, every other W
Research Days:	None
Call:	First beeper every third night
Specialty Clinic:	Retina, M, F Glaucoma, Th Cornea, 1st W Plastics, 3rd W
Residents:	Years 1, 2, and 3
Address:	1978 Industrial Boulevard Houma, LA 70363 (985) 873-2494

General Description:

The purpose of this rotation is to improve the resident's general ophthalmologic clinical and surgical skills, and to develop a sense of autonomy in situations where supervision is readily available. The resident will be responsible for patient management in a large general ophthalmology clinic. Subspecialty clinics in retina, glaucoma, cornea and plastics will augment the resident's experience. The residents will perform surgical procedures necessary with the assistance of staff ophthalmologist on this patient population and supervise the junior level residents in their development period. At the completion of this rotation the resident's surgical skills will be markedly improved.

Year 1– LSU-CMC Goals and Objectives

General Ophthalmology

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia and YAG capsulotomy.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements, suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 2 LSU-CMC Goals and Objectives

General Ophthalmology

The purpose of this rotation is to improve the resident's general ophthalmologic clinical and surgical skills, and to develop a sense of autonomy in situations where supervision is readily available. The resident will be responsible for patient management in a large general ophthalmology clinic. Subspecialty clinics in retina, glaucoma, cornea and plastics will augment the resident's experience. The residents will perform surgical procedures necessary with the assistance of staff ophthalmologist on this patient population and supervise the junior level residents in their development period. At the completion of this rotation the resident's surgical skills will be markedly improved.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

Patient Care:

Clinical skills to be mastered include lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills to be mastered include ECCE, continuous care capsulotomy, clear cornea cataract incision, scleral tunnel cataract incision, YAG capsulotomy, near capsulotomy.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 3 LSU-CMC Goals and Objectives

The purpose of this rotation is to improve the resident's general ophthalmologic clinical and surgical skills, and to develop a sense of autonomy in situations where supervision is readily available. The resident will be responsible for patient management in a large general ophthalmology clinic. Subspecialty clinics in retina, glaucoma, cornea, and plastics will augment the resident's experience. The residents will perform surgical procedures necessary with the assistance of staff ophthalmologist on this patient population and supervise the junior level residents in their development period. At the completion of this rotation, the resident's surgical skills will be markedly improved.

Patient Care:

- 1) As a PGY – 4 residents at Chabert Medical Center will have total mastery of the clinical exam and assist and supervise the junior residents in clinic.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Earl K. Long Medical Center

Staff: M. Acierno, I. Butler Fuller, A. Rao, J. Hoth, M. Morgan, P. Ehrlich, P. Williams, J. Wood
Location: Earl K. Long Medical Center (EKL);
LSU Surgical Facility (Ophthalmology Clinic)
Clinic Days: See below
Address: EKL-
5825 Airline Highway
Baton Rouge, LA 70802
(225) 358-1000

LSUSF
9032 Perkins Road
Baton Rouge, LA
(225) 768-5700/5816

General Description:

Residents will rotate through the Earl K. Long Medical Center, a 157-bed hospital in Baton Rouge, Louisiana with affiliated ambulatory ophthalmology clinics located at the LSUSF on Perkins Road. The ophthalmology service consists of a very busy general ophthalmology clinic with subspecialty experience in retina and neuro-ophthalmology. The purpose of the rotation is to provide a graduated experience for the three levels of residents. The Year 1 rotation provides a general ophthalmology experience and exposure to the subspecialty services where immediate supervision is available. The resident will encounter a spectrum of anterior and posterior segment eye disease typical of that found in general ophthalmology service. The residents will also manage ophthalmic emergencies while on trauma call for the Earl K. Long Medical Center. The resident will perform minor surgical procedures, begin hands-on experience with ophthalmic lasers, and assist upper level residents in surgery.

The purpose of the Year 2 rotation is to increase the resident's exposure to general ophthalmology and subspecialty services. The resident is responsible for evaluation and treatment of a wide variety of ophthalmic disorders. In this setting, the resident is given graduated autonomy to make decisions and to develop a sense of referral needs. This rotation introduces intraocular surgery to the resident. As such, the resident will perform minor ophthalmic procedures and certain parts of intraocular surgery with the assistance of the upper level resident and staff ophthalmologist.

The Year 3 resident is expected to perform and perfect phacoemulsification skills. The attending staff includes both LSU faculty and private practitioners from the community, which provides the residents with insights to different approaches to cataract surgical care. In addition, this referral-only service significantly increases the intensity of the pathology encountered. The resident is expected to develop a clinical practice style that enables management of large volumes of difficult patients with a high degree of autonomy. At the completion of this rotation, the resident should be quite proficient at phacoemulsification.

LSUSF Clinic/Surgery Rotation Schedule.

Year 1 – LSU-EKL Goals and Objectives

General Ophthalmology

Residents will rotate through the Earl K. Long Medical Center, a 157-bed hospital in Baton Rouge Louisiana with affiliated ambulatory ophthalmology clinics located at the LSUSF on Perkins Road. The ophthalmology service consists of a very busy general ophthalmology clinic with subspecialty experience in retina and neuro-ophthalmology. The purpose of the rotation is to provide a graduated experience for the three levels of residents. The Year 1 rotation provides a general ophthalmology experience and exposure to the subspecialty services where immediate supervision is available. The resident will encounter a spectrum of anterior and posterior segment eye disease typical of that found in general ophthalmology service. The residents will also manage ophthalmic emergencies while on trauma call for the Earl K. Long Medical Center. The resident will perform minor surgical procedures, begin hands-on experience with ophthalmic lasers, and assist upper level residents in surgery.

The purpose of the Year 1 rotation is to increase the resident's exposure to general ophthalmology and subspecialty services. The resident is responsible for evaluation and treatment of a wide variety of ophthalmic disorders. In this setting, the resident is given graduated autonomy to make decisions and to develop a sense of referral needs. This rotation introduces intraocular surgery to the resident. As such, the resident will perform minor ophthalmic procedures and certain parts of intraocular surgery with the assistance of the upper level resident and staff ophthalmologist.

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit-lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia and YAG capsulotomy

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 2 – LSU-EKL Goals and Objectives

General Ophthalmology

The Year 2 resident is expected to perform and perfect phacoemulsification skills. The attending staff includes both LSU faculty and private practitioners from the community, which provides the residents with insights to different approaches to cataract surgical care. In addition, this referral-only service significantly increases the intensity of the pathology encountered. The resident is expected to develop a clinical practice style that enables management of large volumes of difficult patients with a high degree of autonomy. At the completion of this rotation, the resident should be quite proficient at phacoemulsification.

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit-lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia and YAG capsulotomy

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 3 LSU-EKL Goals and Objectives

Residents are expected to become familiar with the basic science and clinical management of patients with eyelid, orbital, and neoplastic disorders of the eye. As such, residents are expected to be well versed in the mechanism of various eyelid disorders including entropion, ectropion, ptosis, eyelid infections, and lacrimal drainage disorders. Residents should be able to select the appropriate medical or surgical correction and recognize the appropriate complications. Residents are expected to be able to properly assess and understand orbital disease and recognize indications for appropriate treatment. The resident should have a comprehensive understanding of Graves' ophthalmopathy, its pathophysiology, spectrum of presentation and treatment options. The resident should have a clear understanding of orbital fractures, associated findings (risk for intraocular damage, evaluate for co-existing facial fractures and intracranial processes). The recognition of external, extraocular, intraocular and orbital neoplasms is important. Treatment indications and possible complications must be understood.

Patient Care:

- 1) Y3 residents at Earl K. Long will have total mastery of the clinical exam and assist and supervise the junior residents in clinic.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**

- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

MORNING CLINIC SESSIONS BEGIN PROMPTLY AT 8:00am.

Please arrive by 7:45 am so that pertinent business can be addressed before the clinic session. Thursday begins at 8am for teaching session with Dr. Acierno.

AFTERNOON CLINIC SESSIONS BEGIN approximately at 1:00pm
(depends on morning clinic volume)

MONDAY	General Clinic AM & PM	
	PGY4	Surgery LSU Surgical Facility 9032 Perkins Road, BR
	PGY3	Surgery LSU Surgical Facility 9032 Perkins Road, BR
	PGY2	Clinic (EKL 1)
	PGY2	Clinic (EKL 2)

The 1st year residents should attend the 1st OR case each Monday.
2nd Tuesday AM is Neuro-Ophthalmology Clinic

TUESDAY	General Clinic AM & PM	
	PGY4	Clinic AM & PM
	PGY3	Clinic AM & PM
	PGY2	Clinic (EKL 2) AM & PM
	PGY2	*LSUBR Eye Center (EKL 1)

7:45 AM (Neuro-ophth-Dr
Acierno)
225-767-2029
Clinic (EKL1) PM

PGY2

WEDNESDAY Retina Clinic/IVFA/Laser Clinic

PGY4 Clinic AM
PGY3 Clinic AM
PGY2 Clinic (EKL 1) AM
PGY2 Neuro-Ophth Clinic AM
Fellow Assist residents in AM
Fellows Retinal Clinic 1-4PM

PM All Residents Didactic Lecture/GR 2-6pm
*MANDATORY – All residents are required to leave clinic at
1:15pm; any remaining patients and/or procedures will be
completed by the retina fellows*

THURSDAY AM All residents Neuro-Ophthalmology
Clinic

(practical session at 8am LSUSF
conference room)

PM All residents General Clinic 1st & 3rd
PM All residents Retina Clinic 2nd & 4th

FRIDAY General Clinic 1st & 2nd AM Each PM
Glaucoma Clinic 3rd Friday AM
Pediatric Clinic 4th Friday AM
Minor Surgery as needed each PM

PGY4 Clinic/Retina Surgery AM/PM
PGY3 Clinic/Retina Surgery AM/PM
PGY2 Clinic (EKL 1) AM/PM
PGY2 Clinic (EKL 2) AM/PM

SATURDAY Residents on call/Fellow Clinic 8 AM
See retina post-ops and necessary f/u patients
New patients **MUST NOT** be scheduled in this clinic

CALL

PGY4, PGY3, PGY2, PGY2

EKL Hospital ED and Consults

Call Schedule is made by the PGY4 resident. Call should be distributed fairly and obey the duty hours guidelines.

Monthly Call Schedule must be submitted to Vickie Bayham (EKL Administration) one week prior to the beginning of the next month. The Call Schedule must be legible and clearly list the 1st and 2nd resident on call (full name and beeper #). All retina fellows must be listed at the bottom of the call schedule with their designated weeks for call coverage and their contact phone number. Each call schedule should also list Drs Acierno and Fuller as supervising faculty and list their cellular phone numbers.

Residents are expected to follow the chain of command while performing call duties. Back-up residents and faculty are available to the PGY2 resident upon request. It is MANDATORY that the back-up resident examine ALL patients seen by the PGY2 for the 1st rotation block. All after hours phone calls from patients, physicians or outside hospitals MUST be directed and managed by the back-up call resident or faculty/fellow when necessary. Thereafter, the PGY2 must discuss EACH patient seen on call with their back-up resident. **Faculty/fellow on-call are to be notified and consulted about ALL ER patients who require admission. Faculty/fellow on-call must be notified of all cases that require surgery so that they may examine the patient to verify the diagnosis. Please adhere strictly to the protocol for urgent ophthalmic surgery patients (attached).** The 1st call resident must be available to respond to urgent ophthalmic patients in a timely fashion. Please plan accordingly. Refer to EKL ER hospital guidelines attached.

DR ACIERNO IS TO BE INFORMED IN A TIMELY MANNER OF ALL ADMISSIONS TO THE HOSPITAL AND AFTER HOURS SURGERY CASES

Residents are to round on in-house patients and consults BEFORE or AFTER clinic hours and **NOT DURING CLINIC** until otherwise directed by Drs Fuller and Acierno. The resident of record should follow an admitted patient to maintain continuity of care and gain maximal education benefit.

NOTE:

Pediatric cases ARE NOT accepted since we cannot admit them to the hospital. There have been exceptions. CONTACT DR ACIERNO. **Prisoners** may be seen at the LSUSF Eye Clinic at 9032 Perkins Road on select clinic days. Please notify Carla Cadle so that they may be appropriately scheduled.

Emergency Room

If an inpatient requires examination by use of the slit lamp, please notify the ER head nurse at least one hour in advance that you will be bringing a patient to the emergency department and will need to have availability of a room with the slit lamp. A slit lamp for full-time use by Ophthalmology is housed in the Central Supply office.

Transfers

All phone calls regarding patient issues and from outside hospitals must be directed to the PGY3 or PGY4 resident on call. We must accept all transfers from an outside hospital/ER to our eye service when the outside facility lacks ophthalmology support at their institution. You may check with your supervising fellow and/or faculty to make sure that all equipment and services are available at that particular time before the final acceptance is made. **All transfers and/or refusals to accept a transfer must be logged in with the EKL nursing supervisor.** THIS IS EXTREMELY IMPORTANT! IF YOU HAVE ANY QUESTIONS, DO NOT HESITATE TO CALL YOUR SUPERVISING FELLOW OR DR ACIERNO/FULLER AT ANYTIME OF THE DAY OR NIGHT. THIS MUST BE FOLLOWED PROPERLY IN ORDER TO AVOID AN EMTLA VIOLATION TO THE HOSPITAL AND DIRECTLY TO YOU, THE PHYSICIAN.

SURGERY

Senior residents are responsible for all necessary tasks (booking, medical clearance, reminders to pts etc.) to maintain their surgical volume. The support staff will assist yet it is in your best interest to keep track of potential surgical patients. There is an anterior segment surgery book where cases to be booked are listed and where patients awaiting surgery (pending cases) are listed.

There is also a book to log in patients with glaucoma who will need to be seen in clinic with Dr Ehrlich and who may require filtering surgery. **PLEASE KEEP THESE BOOKS UPDATED AND ORGANIZED**

Must have two cases or more on Drs Ehrlich, Hoth, Wood and Morgan surgery days----PLEASE DISCUSS THE SCHEDULING OF THESE

CASES DIRECTLY WITH DR ACIERNO. You must contact the supervising attending of record at least 2 days prior to surgery to discuss the cases.

Equipment

All equipment is to be treated with proper care and respect. Please return all equipment to its proper storage area when done. There is a B-scan, indirect ophthalmoscope, tonopen, and portable slit lamp available for your use at all times at EKL Medical Center, Central Supply Office (1st floor near elevators). A table-mounted slit lamp is in central supply for ophthalmology's use only. You can write or give a verbal order that the equipment be brought to your patient's bedside or you can sign it out from Central Supply on your way to the hospital or ED when asked to examine a patient. **Please return the equipment to Central Supply.**

Absences

Please notify Dr Acierno of all absences in advance when possible. If illness or other urgent personal matters arise and you cannot be in clinic, please notify Dr Acierno as soon as possible.

Dress Code

Casual professional attire is expected in the clinic area. **NO SCRUBS** unless returning from the surgical suites to the clinical area.

Housing

The LSU administration is in the process of bidding for safe, convenient, and comfortable housing for its house officers and medical students.

If you choose to live at Kirby Smith, contact Vickie Bayham at 225-358-1082.

Dr Acierno has secured 2 hospital rooms at the LSUSF on Perkins Road for afterhours use which are clean and available for your use. Please notify Dr Acierno if you would like to use them.

DR ACIERNO AND DR FULLER PREFER TO BE MADE AWARE OF CLINICAL/SURGICAL SITUATIONS IMMEDIATELY. We are available upon request.

Revised June 2009

Protocol for Urgent Ophthalmic Surgery Patients

The following protocol should be adhered to when the ophthalmology resident is evaluating a patient who requires surgical intervention:

1. The ophthalmology resident is to follow the usual chain of command for emergency coverage. Primary, or first call, is more heavily weighted toward the junior residents to increase their experience in managing the urgent ophthalmologic problems and in beginning to deal with continuity of care issues. As the resident experience accumulates, there is progression to back-up call to allow the residents to focus on specific problems suitable for their level of training and to benefit from the supervision of the more junior residents. Faculty supervision is available for daytime, weekend, and after-hours call. Designated faculty/fellows are available at all times to supervise on site at the request of the resident. The supervising on-call faculty/fellow and Dr Acierno must be notified of all hospital admissions to the ophthalmology service. The on-call faculty/fellow must be notified of all cases that require surgery so that they may verify the diagnosis. (NOTE: The fellows are credentialed as junior faculty and should be documented as such only for after hours surgical cases and admissions). Dr Acierno, chief of the EKL/LSUSF ophthalmology service and Dr Fuller, chief of the vitreoretinal service, must be made aware of all after hours surgical cases that occur, type of admission, and hospital plan for the patient. The resident on call is instructed to know the appropriate procedures and hierarchy of supervisory command to follow. Thus, the program follows a chain of command concept in which first call residents are expected to call senior backup and fellows/faculty whenever there is a question of diagnosis or treatment.

2. The patient should be taken to the operating room as soon as they are medically stable and the supervising staff/fellow approves the surgical case and the operating room time. You may ask the nursing supervisor about the availability of O.R. time but **do not** have the operating team or anesthesia called until the case is approved by the faculty/fellow.

3. Ophthalmic patients who require surgical intervention after hours should be added to the OR schedule by contacting the hospital nursing supervisor. If the case is deemed urgent then, it should be scheduled as such. If the patient is being seen in the middle of the night and the ophthalmology service has dedicated operating room time the following day then, the attending/fellow may decide that the case will be performed during regular OR hours. This should occur **ONLY** if it will not cause detriment to the patient and that the attending/fellow involved in the scheduled eye cases is notified so

that they may approve of the change in their OR schedule. Even then, the case must be added as an urgent case (1st case) and therefore must precede all other routine scheduled eye cases for the day. Otherwise, if the case is added at the end of the scheduled ophthalmology cases, the hospital will no longer consider this patient as an urgent case. Any other emergencies (from any service) can potentially "bump" your added case, which is now deemed as routine.

4. A case that is deemed urgent may **NOT** be added as a first case of the OR day if it causes another service's surgery case(s) to be cancelled. The only exception is if doctor-to-doctor communication between the services has occurred and the non-eye service has agreed to give up their OR time.

5. Failure to follow this protocol will result in an explanation to the medical director and the risk of loss of ophthalmology operating room time.

ALL After hours SURGICAL CASES MUST HAVE FACULTY/FELLOW SUPERVISION

Revised June 2009
(initial date of memorandum 9/24/07)

EKL ER Consult Policy

EARK K. LONG MEDICAL CENTER		POLICIES AND PROCEDURES	
SUBJECT: Consultation of Patients in the Emergency Department		DEPARTMENT: Emergency Department	
		POLICY NUMBER:	
EFFECTIVE DATE: 12/93	REVISION DATE: 06/09	ORIGIN DATE: 1/87	
REFERENCE		Page 30 of 2	
APPROVED:			

PURPOSE

To provide timely care and admission to patients in the Emergency Department that need to be medically treated as an inpatient or any patient requiring close follow-up.

POLICY

- A. Consultants will be called as soon as it is evident that a patient will need consultation. Appropriate work up will be initiated by the Emergency Department and a pink consultation sheet is generated.
- B. All consultations are to be written on pink consultation sheets. If the patient is admitted, the pink consultation sheet is not necessary.
- C. If the consultant has not come to see the patient within one (1) hour of being paged, the doctor on 2nd call will be consulted.
- D. If the Emergency Department physician wants an immediate answer to consult (emergency situation, he/she should page the resident on call STAT to the Emergency Department.
- E. There will be special cases when a consultant cannot see the patient within the above specified period of time. The Emergency Department physician must decide how urgently the consult should be answered before proceeding up the ladder. (Clinics, staff rounds, ward rounds, etc. do not constitute special cases).
- F. All Surgery consults are to be directed specifically to the 3rd year surgery resident or above.
- G. Once a specific service has been consulted by the emergency physician, it is the responsibility of the service consulted to complete management of the patient. If the patient is to be discharged, the consultant will write and sign the emergency department discharge sheet, schedule appropriate follow-up for the patient and write the necessary prescriptions. If another service or further work-up is required, the consultant will be responsible for implementing the required care.
- H. Charts (Hospital charts, Emergency Department records, lab results, and consult sheets) will be held for all patients discharged by

the medicine service. These charts will be presented to the Medicine staff on the next working day.

I. Any disagreement between services as to who will admit the patient should be directed to the senior resident on call. If an agreement cannot be reached within a reasonable period of time (less than 30 minutes), the staff physicians of the involved services should be contacted by the respective consultants. If the issue is not resolved at this level, then the Medical Director of the hospital shall be called to render a decision.

J. The Emergency Department staff physician(s) are to be personally informed of the planned disposition by the consultant. Disagreements of disposition decisions will be referred first to the next higher resident on duty. If there is still disagreement, then the staff physician on call for the service will be contacted. If a problem still exists, the Medical Director will be called to render a decision.

Ochsner Glaucoma

Staff:	K Lofffield, J Nussdorf
Location:	Ochsner Medical Center, New Orleans
Clinic Days:	T - F
Surgery Days:	M
Research Days:	If any open day
Call:	First beeper every third day
Specialty Clinic:	None
Residents:	Year 1
Address:	1514 Jefferson Highway New Orleans, LA 70121 504-842-3995

General Description:

The purpose of this rotation is two fold. First, the Year 1 resident will be exposed to ophthalmic emergencies encountered in an outpatient clinic or emergency room setting. The resident will evaluate patients, treat all walk-in emergencies, and handle all patient hospital consults. This experience will expose the residents to both the common and rare and unusual diagnoses.

Second, the purpose of this rotation is to introduce the subspecialty of glaucoma and triage. On the glaucoma service, the resident will perform the initial work-ups of all glaucoma patients and become familiar with examination techniques and decision-making processes. The resident will first assist on glaucoma procedures and cataract extractions in the glaucoma patient.

With completion of this rotation the resident is expected to demonstrate a sense of comfort in handling ophthalmologic emergencies and be comfortable in the clinical evaluation, diagnoses and management of routine glaucoma cases.

Year 1 – OCF Glaucoma Goals and Objectives:

The following knowledge base is expected of all residents rotating through the various glaucoma services. Basic science knowledge of importance is the epidemiology and pathophysiology of glaucoma. Residents should be able to identify appropriate risk factors and to be knowledgeable regarding the incidence of glaucoma in various population groups. Aqueous humor dynamics and optic nerve head, nerve fiber layer changes, and recognition of characteristic patterns of visual field loss in glaucoma should be learned and mastered. Residents should be well versed with the differential diagnosis of glaucoma and be able to discuss the signs, symptoms and treatment strategies of primary open angle, angle closure glaucoma and secondary glaucomas. Pharmacology is extremely important in the subject of glaucoma and, therefore, the residents should be well versed in the pharmacology, mechanisms of action and indications and side effects for all anti-glaucomatous agents. The residents should learn a logical management approach to the glaucomas, considering appropriate diagnosis, associated ocular problems, and medical conditions and visual needs of the patients. Indications and rationales for surgery and ability to discuss the appropriate management of complications are likewise important.

Patient Care:

Clinical skills to be mastered: Goldmann tonometry, tonopen tonometry, optic nerve head assessment, interpretation of visual fields, gonioscopy, OCT, and HRT. Surgical skills: The residents are expected to be exposed to a variety of surgical procedures, yet mastery of these is not expected.

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 2 OCF-Oculoplastics Goals and Objectives

Ochsner Retina

Staff:	L. Arend, A. Mazzulla
Location:	Ochsner Medical Center, New Orleans
Clinic Days:	M, T, W, Th, F
Surgery Days:	T, W, every other F
Research Days:	None
Call:	First beeper every third day
Specialty Clinic:	None
Residents:	Year 1
Address:	1514 Jefferson Highway New Orleans, LA 70121

General Description:

This rotation introduces the residents to the diagnostic skills of retinal disease. The resident will be exposed to tertiary referral retina practice working closely with two retina specialists and a retina fellow. The resident is responsible for the initial workups of these patients and will be involved in the evaluation and decision making in medical and surgical care. The resident will first assist on all surgical retina cases and perform medical retina laser procedures under the supervision of the attendings and fellows. By the completion of this rotation, the resident should be adept at the workup of retina patients and have a good understanding of most retinal disorders.

Year 1 – OCF Retina Goals and Objectives

Knowledge:

During this rotation, the residents should develop an understanding of disease processes in the area of retina. This will include pathophysiology, differential diagnosis, disease classification and possible treatments for all major diseases. The areas of consideration are vitreous disease, retinal vascular disease, and retinal detachments, including rhegmatogenous, tractional and serous detachments. Also, a thorough understanding of uveal disorders including uveitis, infectious choroiditis, and retinitis should be mastered.

Patient Care:

The following clinical skills should be mastered: direct ophthalmoscopy, indirect ophthalmoscopy with scleral depression, slit lamp biomicroscopy of the retina, interpretation of fluorescein angiograms, Amsler grid testing and A and B scan ultrasonography of the retina. Surgical skills: It is expected that the resident will become familiar with retinal surgery, yet not develop any mastery of these techniques.

Interpersonal Communication Skills:

History taking pertinent to retinal disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Practice-Based Learning and Improvements:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Ochsner Pediatric Ophthalmology

Staff:	Dr. S. Eustis
Location:	Ochsner Medical Center, Children's Hospital
Clinic Days: (Children's)	M (Children's), T and Th (Ochsner), F
Surgery Days:	M PM (Children's), W (Ochsner)
Research Day:	None
Call:	Second beeper; every 3rd night at OCF and shared call at Children's
Specialty Clinic:	None
Residents:	Year 2
Address:	Ochsner Medical Center 1514 Jefferson Highway New Orleans, LA 70121 504-842-3995
Address:	Children's Hospital 200 Henry Clay Avenue New Orleans, LA 70118 504-896-9426

General Description:

This rotation exposes the resident to a wide variety of pediatric ophthalmology and strabismus disorders. The resident will be responsible for the initial diagnostic workup of all pediatric patients seen in clinic and be expected to have a thorough understanding and knowledge of the disorders encountered. The resident will be actively involved in the surgical care of these patients performing a great number of strabismus and pediatric ophthalmology procedures. At the completion of this rotation, the resident should have mastered the pediatric ophthalmology and strabismus examination and be familiar with and able to perform common strabismus and pediatric ophthalmology procedures.

Year 2 OCF Peds Goals and Objectives**Knowledge:**

During this rotation, the residents should develop an understanding of disease processes in the area of pediatric ophthalmology and strabismus. This will include pathophysiology, differential diagnosis, disease classification, and possible treatments for all major diseases.

Patient Care:

Clinical skills to be mastered are, sensory testing, strabismus testing, infant vision testing, eye movement assessment, retinoscopy in children, fundus examination in children, ROP screening, and interpretation of ERG and VEP. Surgical skills: The following procedures that should be mastered are horizontal rectus muscle surgery, oblique muscle surgery, lacrimal duct probing, chalazion excision and adjustable suture surgery.

Procedures which the residents should be exposed to yet not mastered include: Ptosis repair with levator resection and frontalis suspension, cryotherapy and laser for retinopathy of prematurity, congenital cataract surgery and congenital glaucoma surgery.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually

6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Children's Pediatric Ophthalmology

Staff:	Dr. G. Ellis, Dr. A. Leon
Location:	Children's Hospital
Clinic Days:	M, T, W, Th, F
Surgery Days:	M, W, F AM Ellis and Leon
Research Day:	None
Call:	First beeper, every second night
Specialty Clinic:	None
Residents:	Year 2
Address:	200 Henry Clay Avenue New Orleans, LA 70118 504-896-9426

General Description:

On this pediatric ophthalmology rotation, the resident will work with fellowship-trained pediatric ophthalmologists in a busy outpatient clinic and assist at all surgeries. Residents will be responsible for all inpatient consults and answer 1st call from the ER; they will be exposed to a wide variety of diseases in pediatric ophthalmology and strabismus. On completion of this rotation, the resident should be

comfortable with all aspects of patient evaluation and surgical care in this population.

Year 2 Children's Hospital Goals and Objectives

Knowledge:

During this rotation, the residents should develop an understanding of disease processes in the area of pediatric ophthalmology and strabismus. This will include pathophysiology, differential diagnosis, disease classification and possible treatments for all major diseases.

Patient Care:

Clinical skills to be mastered include sensory testing, strabismus testing, infant vision testing, eye movement assessment, retinoscopy in children, fundus examination in children, ROP screening, and interpretation of ERG and PET. Surgical skills that should be mastered are horizontal rectus muscle surgery, inferior oblique muscle surgery, lacrimal duct probing and chalazion excision.

Procedures which the residents should be exposed to yet not mastered include: Ptosis repair with levator resection and frontalis suspension, cryotherapy and laser for retinopathy of prematurity, congenital cataract surgery and congenital glaucoma surgery, vertical muscle surgery, superior oblique muscle surgery.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to pediatric eye disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

VAMC General Ophthalmology

Staff: R. Metzinger, Chief Cornea); L. Estrada, Asst. Chief (Gen); V. Carriere (Gen); J. Diamond (Retina); Jaramillo (Retina)

Location: VAMC

Clinic and Surgery Days:

Monday General Clinic/Laser clinic
Monday Retina
Tuesday AM Retina/PM
Tuesday PM General Clinic
Wednesday Surgery/Gen Clinic
Wednesday PM Cornea Clinic
Thursday Gen Clinic
Friday Gen Clinic

Research Days: None

Call: None

Subspecialty Clinic: None

Residents: Year 1, Year 2

Address: 2237 Poydras
New Orleans, LA 70112
504-568-0811, ext. 5553

General Description:

The VAMC clinics are high volume clinics with opportunity for introduction of lasers to first-year residents and to work with comprehensive ophthalmologists. In addition, one resident will participate in subspecialty clinics on Tuesday with a retina specialist in the morning and glaucoma specialist in the afternoons. Also every

other week, each resident will attend surgery performed at Tulane hospital with a senior resident and VA faculty.

Year 1– VA Goals and Objectives

General Ophthalmology

The purpose of this rotation is to improve the resident's general ophthalmologic clinical and surgical skills, and to develop a sense of autonomy in situations where supervision is readily available. The resident will be responsible for patient management in a large general ophthalmology clinic. Subspecialty clinics and retina, glaucoma, cornea and plastics will augment the resident's experience. The residents will perform surgical procedures necessary with the assistance of staff ophthalmologist on this patient population. At the completion of this rotation, the resident's surgical skills will be markedly improved.

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia and YAG capsulotomy

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to ocular disease, managing the first call schedule with other residents, coordination of vacation dates with

other residents, developing or maintaining a cordial and professional relationship with nurses and staff

Systems-Based Practice:

- 4) Understanding and mastery of the electronic medical record
- 5) Coordination of patient care with appropriate referrals within the healthcare system
- 6) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

LSU Interim Hospital Department of Ophthalmology

The following are guidelines for use during your rotation in the Ophthalmology Department at Interim LSU Public Hospital. Although I compiled this handbook, it has not been officially approved by Interim LSU Public Hospital. As with most handbooks, information contained in this handbook continually changes, and it is your responsibility to keep abreast of current regulations and policies.

*Bruce Barron, MD
Medical Director of Ophthalmology
Interim LSU Public Hospital*

Ophthalmology Outpatient Clinic Location

The ophthalmology outpatient clinic is located on the third floor of the old Lord and Taylor department store at 1400 Poydras Street, New Orleans, LA 70112. The proper name of the clinic is "Interim LSU Public Hospital Ophthalmology Outpatient Clinic." Reference to the clinic as "Lord and Taylor Eye Clinic" is inappropriate, as Lord and Taylor is not in the business of providing health care. The phone number of the clinic is 903-1919; the fax number is 903-1932.

Parking

Parking is available at New Orleans Centre. Passes for parking are usually passed from resident to resident as their rotations change. Parking for Interim LSU Public Hospital is available for two residents in the Doctors' Parking Lot ("Purple" Lot). After hours, additional parking is available in the UMOB parking lot at 2025 Gravier Street. If desired,

an escort is available to and from the parking lots by calling the hospital police at 903-6337.

Ophthalmology Outpatient Clinic Facilities

The Interim LSU Public Hospital Ophthalmology Outpatient Clinic consists of eight fully-equipped examination rooms (numbered 1 through 8), two special testing rooms (one with a Humphrey Visual Field Analyzer, GDx, and Zeiss Atlas Corneal Topography System; the other with a Cirrus HD-OCT (Spectral Domain Technology) and Zeiss digital fundus camera), a laser room with argon and YAG lasers, and a storage room. Room 1 also contains a specular microscope; room 4 also contains a keratometer and A-scan/B-scan ultrasound equipment.

Computer screens and keyboards are located in each examination room and in the laser room.

Medical Records is located on the second floor.
Pharmacy is located on the first floor.

Ophthalmology Outpatient Clinic Schedule

General ophthalmology outpatient clinic is on Tuesday, Wednesday, and every other (call) Friday. One of the Friday clinics of each month is designated for Lions' patients. The clinic starts at 8:00 a.m.; residents are expected to be there at that time. The clinic continues until all patients are seen, and all residents are expected to stay until the last patient has been seen, unless excused by staff. Wednesday clinic is scheduled such that it should be completed in time for lectures.

There are two subspecialty clinics:

Glaucoma Clinic is the first Wednesday of each month.

Retina Clinic is the second and fourth Wednesday of each month.

The Bogalusa/Lallie Kemp residents are assigned to these subspecialty clinics; they are assigned to the general clinic on the third Wednesday of each month.

Staffing

The ophthalmology outpatient clinic is staffed by three technicians (Robin Cooper, Christine Romero, and Jean Corley) and by the following staff physicians: Bruce Barron (general/cornea); Randy Bouligny (glaucoma); Sean O'Sullivan and Maria Reinoso (retina).

Staff physicians must see every patient.

Ophthalmology Outpatient Clinic Resident Responsibilities

The third-year resident is responsible for overseeing all resident activities at Interim LSU Public Hospital.

Dress code

Appropriate dress are pants, a buttoned shirt, and tie for men; a dress, skirt and blouse, or pants and blouse for women. Alternatively, clean scrubs may be worn. A clean white physician coat is to be worn at all times. On occasion, the temperature in the clinic may become too high for such a coat to be worn comfortably, in which case, the staff physician may give the okay to remove it.

Hygiene

Any person who has contact with a patient must wash their hands with soap and water prior to the beginning of the examination and at the end of the examination. This should be done in front of the patient. Alternatively, gloves may be worn and changed between each patient. The slit lamp paper should be changed and the occluder, phoropter, and forehead rest of the slit lamp should be cleaned with an alcohol pad between each patient. Residents are expected to keep the examination rooms clean and orderly.

Interim LSU Public Hospital has a policy that a bottle of diagnostic eye drops (e.g., phenylephrine, tropicamide, proparacaine, fluorescein/proparacaine) can be used for only one patient. Therefore, these eye drops must be ordered for each patient for whom they are needed.

History, Physical Examination, Assessment, and Plan

All patients are to be seen and evaluated by residents, with appropriate documentation in the medical record.

Because of the small size of the examination rooms, family members and/or friends should not accompany patients to these rooms unless they are needed for patient assistance or interpretation. For those patients who do not speak English, interpretation can be done via an interpretation telephone system.

All patients should be asked about their chief complaint, history of present illness, and review of systems. Medications and allergies should be noted. Usually, a list of the patient's medications can be found in CLIQ.

All new patients should have a complete eye examination, including refraction for distance and near vision and dilated funduscopic examination, unless there is a contraindication. It is imperative that visual acuity, confrontation visual fields, and pupillary reaction be checked prior to dilation of the pupils.

Return patients should have an eye examination appropriate to their condition.

An assessment and plan, including a plan for follow up, should be made prior to presentation of a patient to the staff physician. (Patients who are to return to the clinic in 3 weeks or less must see the nurse for discharge; those who are to return to the clinic in more than 3 weeks can leave the clinic without seeing the nurse.) Follow up visits for the subspecialty clinics should specify the follow up clinic as well as the follow up time (e.g., "return in 3 months to retinal clinic).

Documentation of the history, physical examination, assessment, and plan is made in the medical record on Form NCP 032 (R 7/09). Each box must be checked separately. A vertical line drawn through a column of boxes is not acceptable. Documentation also includes resident identification (i.e., stamp), resident signature, date, and time.

Residents are responsible for the total care of patients, including referral requests, laboratory requests, and special testing requests. (Referral forms can be found in the clinic or can be accessed using the "MCL Referral Forms" tab located in the left hand column on the Patient Search page in CLIQ.) This care includes ordering tests and checking on results.

The ophthalmology outpatient clinic is a busy clinic; therefore, efficiency is of the utmost importance.

Prescriptions

Patient care includes asking a patient about spectacles and medication refills. Prescriptions for spectacles are hand written; prescriptions for medications are written via CLIQ, and are printed in the laser room. Any time a medication is prescribed to a woman of child-bearing potential, she should be questioned about pregnancy.

The following ophthalmic medications are on the Outpatient Pharmacy Bulk Formulary, and should be prescribed, if possible, to patients who qualify for free care:

- Azopt 1%
- Bromonidine 0.2%
- Ciloxan ointment 0.3%
- Econopred Plus 1%
- Timoptic 0.5%
- Tobradex ointment 0.3%
- Travatan Z 0.004%
- Vexol 1%
- Vigamox 0.5%
- Xalatan 0.005%

In addition, for patients who qualify for free care, a 3-bottle supply of the above medications usually costs the same as a 1-bottle supply, which should be taken into consideration when prescribing these medications to patients who qualify for free care and will be using more than 1 bottle (e.g., glaucoma patients).

Medications other than those listed above may be prescribed, but are not available in the Outpatient Pharmacy.

A patient's medication list can be found in CLIQ. Any time a medication or dose of medication is changed, the patient's medication list should be reconciled via CLIQ.

Billing and Coding

Part of resident education is to learn proper ophthalmic coding. Therefore, residents are responsible for completing the billing sheet with the proper ICD-9 code (International Classification of Diseases code) and CPT code (Current Procedural Terminology code). In addition, residents should indicate the location and date of service,

and sign the billing sheet and include their ID number at the top of the sheet. The billing sheet should be completed prior to presentation of a patient to a staff physician. Two resources that are helpful with coding are *2011 ICD-9 Ophthalmology Book* and *2011 Ophthalmic Coding Coach Book*, both of which are available through the American Academy of Ophthalmology.

Note should be made that certain ophthalmic procedures have “global periods,” which means that there is a time period after surgery during which visits are considered postoperative follow-up visits. These visits are bundled with the surgical fee, and are not billable as office visits. (They are coded with the CPT code 99024.) Most major ophthalmic procedures, such as phacoemulsification with intraocular lens implantation, have a global period of 90 days. Other procedures have either no global period or a global period of 10 days. At the present time, code 99024 is not included on the billing sheet, and must be hand written.

Code 92015 is “determination of refractive state,” and has been a separate identifiable billable procedure since 1992. Refraction is excluded from Medicare coverage. It is a non-covered benefit for which the patient may be billed, but it is not subject to the waiver of liability provision, so an ABN (Advanced Beneficiary Notice of Noncoverage) is never required. Most physicians typically consider refraction included in follow-up care for cataract extraction, and do not bill for it during the global period. At the present time, code 92015 is not included on the billing sheet, and must be hand written.

Dictation and Medical Records

All patient encounters are to be dictated on the day a patient is seen. The appropriate staff physician should be identified by first and last name for each dictation. These dictations are not electronic medical records per se, and do not replace paper medical records. They are summaries of patient care intended for easy retrieval. Therefore, these dictations should be concise and contain only pertinent information. When medical records switch to electronic medical records in July, 2012, patients’ paper medical records will no longer be available. Therefore, dictations should contain sufficient information for follow up visits after the switch to electronic medical records. (These dictations will be accessible via CLIQ.).

At the beginning of the rotation, each resident should go to Medical Records for a five-minute training session (with Dorothy Jones, Terrie Collins, or Elvira Brown) regarding chart dictations. This training will allow charts to be signed via an electronic signature. However, if dates and times are not provided on chart notes, then these notes must be taken care of by going to Medical Records, regardless of training. Incomplete and delinquent medical records must be addressed in a timely fashion.

HIPAA

All patient-related activities must be HIPAA compliant.

Non-LSU Clinic Days

If a patient needs to be seen on a non-LSU clinic day, the patient should be scheduled to return to the clinic at a time when it does not interfere with Tulane's clinic. This is usually early in the morning.

After-hours and Weekends

The ophthalmology outpatient clinic is not open after hours or on weekends. Therefore, if a patient needs to be seen during those times, they should go to the emergency room.

The most efficient way to meet a patient after-hours and on weekends is to have the patient ask that you be paged as soon as they are registered in the emergency room. Under no circumstances should a patient be seen until they are registered. No clandestine meetings are allowed.

Secured Patients (i.e., Prisoners)

The "Offender Collaborative Care Communication Form, Summary of Care and Recommendations" should be completed at every inmate visit. The form is usually with a prisoner's paperwork, but can be accessed by use of the "Inmate Follow-up" tab located in the left hand column on the Patient Search page in CLIQ.

The "Summary of Care and Recommendations" form is designed to convey information back to the correctional facilities, and is for their use when requesting follow up. It also serves to remind Interim LSU Public Hospital providers that many of the prisons have their own

medical providers and that they can provide routine follow up and then ask for assistance if needed.

Prisoners should not be directly informed of appointment or surgery dates.

Procedures Performed in the Ophthalmology Outpatient Clinic

The most frequent procedures performed in the ophthalmology outpatient clinic are laser procedures, intraocular injections, and incision and curettage of a chalazion. Preoperative consent must be obtained for any procedure done in the ophthalmology outpatient clinic (see below for the standards for consents). In addition, a Universal Protocol (time-out) sheet must be completed, and post-procedure vital signs must be obtained. For laser procedures, the Laser Record must also be completed and kept in the laser room. Time-out must occur immediately prior to starting the procedure, inducing anesthesia, and making the incision. All team members must agree on the correct patient identity, correct site, and correct procedure to be done.

Surgery

Currently, LSU has block time at interim LSU Public Hospital on Mondays and Thursdays. Surgery should be scheduled on Mondays, if possible. If the schedule becomes heavy, then Thursdays of LSU weeks can be used. Surgery starts at 8:30 a.m. on Mondays, and at 7:30 a.m. on Thursdays. However, surgery usually starts before these times, particularly on Mondays.

Ophthalmology procedures are performed in OR 7. Residents should be in the operating room no later than 1 hour prior to start times in order to make sure that everything is taken care of. No surgery can be started without the presence of a staff physician. Cases should be scheduled such that different staff physicians are not required on the same day, if possible. If different staff physicians are required, the cases should be coordinated, after discussion with the involved staff physicians.

The EAC (Elective Admission Clinic) requires at least 3 working days to process a patient for elective surgery.

Residents are responsible for the total care of surgery patients, including making sure that all proper evaluation is done preoperatively,

and that all preoperative paperwork, including consent(s), is completed.

Preoperative evaluation includes assessment of a patient's health (particularly with regard to diabetes and hypertension), and whether a referral for preoperative medical clearance is necessary. It also includes the recognition that certain medications, such as blood thinners and alpha-adrenergic blockers (e.g., Flomax) may increase the risk of surgery. In general, blood thinners (i.e., warfarin, aspirin, nonsteroidal anti-inflammatory drugs, and other anti-platelet drugs, such as Plavix) should be stopped for the appropriate time preoperatively, with the permission of the physician who prescribed them. Also, attention should be given to specific surgical requirements, such as an intraocular lens with an unusual power or design (e.g., plano convex) and tissue (e.g., corneal tissue, amniotic membrane, etc.). All abnormal lab results need to be addressed before the day of surgery.

Paperwork

The following paperwork needs to be completed when scheduling a patient for surgery:

Operating Room Schedule Sheet
History and Physical Examination

On the day of surgery, this needs to be updated.

Elective Pre-surgical/Procedural Order

Preoperative orders must be specific with regard to preoperative dilating drops. The medication, strength, dosage, eye, and frequency must be specified (i.e., "phenylephrine 2.5% 1 drop OD Q10 minutes X 3 doses starting when the patient arrives in one-day stay"). TetraVisc Forte is usually ordered and applied by the resident in the preoperative area.

EAC Pre-admit Checklist
Consent
Intraocular Lens Order Form (if applicable)

Because the time this paperwork takes to complete may interfere with the flow of patients in the clinic, surgery patients are usually asked to

make an appointment for a preoperative evaluation (usually at 7:30 a.m. on a Wednesday).

Once the preoperative paperwork is completed, the nursing team in the clinic makes the EAC appointment and sends the preoperative packet to the EAC; sends the patient to the outpatient lab/radiology department for ordered testing; and schedules any medical consults that have been ordered. The EAC nursing staff interviews and assesses the patient, reviews all test results, sends the patient for financial clearance, and confirms the surgery date. Anesthesia also evaluates the patient and reviews test results. If an abnormality is identified, additional consults may be ordered, which the EAC facilitates. The primary team responsible for the surgery and the physician who scheduled it are contacted if there are any preoperative concerns that must be addressed by them, or that may cause a potential delay in surgery.

If a referral for medical clearance or any other concern is indicated at the time of the visit for the ophthalmologic preoperative evaluation, then referral for this should be instituted at that time (via the “Pre-OP Evaluation: Referral for Medical Clearance” form or other appropriate form that can be found in CLIQ) rather than waiting for the EAC to initiate the referral. Patients who require a preoperative referral should not be scheduled for surgery until the referral and all necessary preoperative recommendations from that referral are completed.

Consents

Written informed consent must be obtained for all procedures.

In 1990 the Louisiana legislature created the Medical Disclosure Panel, whose task was to define what risks (i.e., “material risks”) must be disclosed for any given procedure.

Consent forms for the following specific ophthalmology procedures have been developed by Interim LSU Public Hospital, and are available in the ophthalmology clinic or can be accessed by use of the “Consents” tab located in the left hand column on the Patient Search page in CLIQ.

- Avastin Injection
- Blepharoplasty
- Cataract Surgery with or without Implantation of Intraocular Lens

- Chalazia Incision and/or Excision
- Corneal Surgery: Corneal Transplant, Pterygium, or Other
- Cryotherapy
- Enucleation or Evisceration (removal of eye or its contents)
- Eye Muscle Surgery
- Glaucoma Surgery
- Laser Capsulotomy (creation of opening in lens membrane)
- Laser Treatment of Eye (glaucoma or retina problems)
- Panretinal Photocoagulation with Retrobulbar Anesthesia
- Radial Keratotomy (reshape cornea by multiple cuts)
- Retina (nerve layer of eye)/Vitreous (central gel-like substance in eye) Surgery
- Intravenous Injection of Radiopaque Contrast Media (Both ionic and nonionic)

For a procedure not listed above, the **Blank Master Consent Form** is to be used. Note that some procedures require two consent forms. (For example, cataract surgery combined with glaucoma surgery.)

Although these consent forms list the material risks for any given procedure, as developed by the Medical Disclosure Panel, other risks may and, in some instances, should be added. For example, the Avastin injection consent form does not list decreased vision, loss of vision, loss of eye, increased intraocular pressure, and infection as risks.

In general a properly executed consent form should include:
 Name of the facility where the procedure will occur;
 Name of the specific procedure(s) being consented;
 Name of the healthcare practitioner(s) performing the procedure(s) (the box under 6e on the consent should be completed);
 Signature of the patient or their legal representative;
Date and time the consent was signed (in the patient's handwriting);
 Date, time, and signature of the witness to consent (this must be a person not involved with the procedure, and is most commonly a technician or technologist in the clinic or a nurse in the hospital);
 Name of the healthcare provider who obtained the consent;
 List of the material risks that were discussed (these are included on the preprinted consent forms).

In addition to the above, a consent form must be legible and written without abbreviations and in a way that a lay person can understand it. (For example, "2° ACIOL OD" is unacceptable and should be written

as “Anterior chamber intraocular lens implantation in the right eye [placement of an artificial lens in the front part of the right eye].”)

A signed consent form is valid for 90 days.

In addition to obtaining informed consent, a note should be written in the medical record that the procedure, alternatives, risks, and benefits were discussed with the patient, and the patient’s questions were answered.

Dictations

Surgical procedures must be dictated on that same day as the procedure. The first and last name of the appropriate staff physician must be included in the dictation, as well as a statement regarding his or her participation in the procedure (e.g., “Dr. Bruce Barron was the staff physician and was scrubbed for the entire procedure,” or “Dr. Bruce Barron was the staff physician and was scrubbed for the key portions of the procedure,” etc.)

Inpatients

Patients who require hospitalization are admitted to Interim LSU Public Hospital, and the appropriate staff physician must be notified immediately. The paperwork need for admission includes the Admitting Order Form and the Case History Form.

Inpatient Consultations

Routine inpatient consultations should be seen and presented to the appropriate staff physician within 24 hours of notification of the consultation. Emergency inpatient consultations should be seen and presented to the appropriate staff physician as soon as possible. The above consultations may be performed in the eye room located in the Emergency Room.

In order for the consultation to be billable, the order for the consultation and the physician ordering the consultation must be in the medical record.

Emergency Room

Consultations from the Emergency Room are seen and presented to the appropriate upper level residents and staff physician as soon as possible. Any time an emergency room physician requests a consultation, the patient should be seen ASAP, no questions asked, so to speak. (All patients for whom a request for a consultation is made should be seen, whether or not the request appears to be medically indicated.)

Evaluation of emergency room patients should follow the guidelines for the evaluation of outpatients outlined above. It is imperative that a complete history and physical examination be performed, and an assessment and plan be formulated and instituted.

It is the residents' responsibility to keep the Emergency Room eye room in an orderly fashion, and to make sure that any equipment removed from that room (e.g., B scan ultrasound equipment) is promptly returned after its use.

Call

LSU and Tulane alternate call, from Monday 7 a.m. to the following Monday at 7 a.m. Call schedules for Interim LSU Public Hospital are to be created by the third-year resident at Interim LSU Public Hospital, and should be given to Gale Abbass by the 15th of each month that precedes the call month (i.e., the call schedule for December should be completed and distributed by November 15th, etc.). Once a call schedule is distributed, it cannot be changed without the permission of Dr. Barron. During the day, a third-year resident and a second-year resident must be on call during LSU call (i.e., residents who are at rotations out of town cannot take call during the day). All emergency room and inpatient consultations must be answered during this time. The time of notification, not when the patient arrived in the emergency room or was admitted, and not whether the patient has an "L" or "T" number, determines which service is responsible for these consultations. For example, if a patient arrived in the emergency department at 2 a.m. on a Sunday, and an ophthalmology consultation is requested at 8 a.m. on Monday, the service that is on call at 8 a.m. on Monday is responsible for the consultation.

When taking call, a resident must promptly answer their page or phone.

Out-of-hospital call is allowed as long as the patient is seen in a timely manner. However, if this arrangement interferes with a timely response to a request for a consultation, then call will be taken in the hospital. Occasionally a resident must leave clinic to see a patient.

In addition to the regular call schedule, LSU is responsible for Code Grey (hurricane) call from June 1, 2013 through November 30, 2013. The chief residents are responsible for creating this call schedule among the third-year residents.

Acceptance of Referrals

Under no circumstances can a resident accept a referred patient without getting approval of the appropriate staff physician. A direct patient transfer from another emergency room cannot be accepted by residents; a transfer from another emergency room must be done ER-physician to ER-physician.

Routine outpatient referrals are triaged by Dr. Barron.

Vacations/Interviews

Interim LSU Public Hospital requires at least 30 days notice to reduce or cancel clinics. Therefore, vacation requests and requests for fellowship/job interviews must be received at least 30 days prior to the planned absence. Requests should be co-ordinated through the chief resident(s) and Gale Abbass, and must be approved by Dr. Barron. The third-year resident and the second-year resident at Interim LSU Public Hospital cannot be absent at the same time. The third-year resident at Interim LSU Public Hospital and the third-year resident at Bogalusa/Lallie Kemp cannot be absent at the same time. The residents at Interim LSU Public Hospital cannot be absent during LSU call, and except for extenuating circumstances, requests for such will not be approved.

LSU Systems

General Ophthalmology

Lallie Kemp:

Staff: Dr. D. Bergsma, Dr. I. B. Fuller
Location: Lallie Kemp Regional MC, Independence, LA
Clinic Days: W, F
Surgery Days: M, Th
Research Days: None
Call: None
Subspecialty Clinic: Retina, T; Cornea, M
Residents: Year 2, Year 3
Address: 52579 Highway 51 South
Independence, LA 70443
(985) 878-9421;
(985) 873-1301 Eye Clinic

General Description:

The Lallie Kemp Hospital, located in Independence, LA was opened in October of 2005. This provides a general ophthalmology clinical experience for both the Year 2 and Year 3 level resident. Additionally, subspecialty experience in retina and cornea is available. The well equipped and efficient operating room will allow the residents time to improve their phacoemulsification surgical skills under the supervision of a corneal specialist. At the completion of this rotation, the resident's surgical skills should be much improved.

Bogalusa:

Staff: D Bergsma, C. Connolly
Location: Bogalusa Medical Center,
Bogalusa Eye Clinic
Clinic Days: T - F
Surgery Days: M AM
Research Days: None
Call: None
Subspecialty Clinic: Retina, M PM
Residents: Year 2, Year 3
Address: Bogalusa Eye Clinic
712 Willis Avenue
Bogalusa, LA 70427
(985) 730-2145

General Description:

The Bogalusa Eye Clinic was established in November of 2005 to serve the ophthalmology needs of northern Washington Parish. The residents are responsible for the management of general ophthalmology clinic at this community hospital with subspecialty exposure in retina. The purpose of the rotation is to allow the resident to expand their surgical skills under the supervision of the Department Head.

LSU Interim Hospital

For the residents rotating at LSU Interim Hospital:

1. When Dr Barron is not present, he has asked that you report to the St. Charles Avenue Clinic.
2. Whenever you do not have responsibilities at LSUIH, you are to report to St. Charles Avenue clinic (for example: Mondays after surgical obligations have been fulfilled).
3. Patient care issues are the ultimate responsibility of the most senior resident and emergency cases are to be addressed by the most senior resident.

Year 2 LSU Systems Goals and Objectives**General Ophthalmology**

General ophthalmology clinics expose the residents to a cross section of ophthalmic disease. As such, the resident is expected to understand the basic science and physiological concepts of each disease encountered. The resident should be able to evaluate and provide a differential diagnosis for all signs and symptoms complexes. All residents should learn which ancillary diagnostic studies are indicated for the appropriate situation. Indications for referral to the proper subspecialty clinics will be elucidated.

Of prime importance is the understanding and care of the cataract patient. Knowledge of the predisposing factors in cataract formation and the functional impact on daily activities will be learned. Biometry related to intraocular lenses and the various formulas for calculation lens powers, and various advantages and disadvantages will be ascertained. Intraocular lens designs and the advantages and disadvantages for particular patients are also covered. Residents should be cognizant of cataract surgery complications and the potential treatment thereof.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

Patient Care:

Clinical skills to be mastered include lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills to be mastered include ECCE, continuous care capsulotomy, clear cornea cataract incision, scleral tunnel cataract incision, YAG capsulotomy, near capsulotomy.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to ocular disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 3 LSU Systems Goals and Objectives

Residents are expected to become familiar with the basic science and clinical management of patients with eyelid, orbital, and neoplastic disorders of the eye. As such, residents are expected to be well versed in the mechanism of various eyelid disorders including entropion, ectropion, ptosis, eyelid infections, and lacrimal drainage disorders. Residents should be able to select the appropriate medical or surgical correction and recognize the appropriate complications. Residents are expected to be able to properly assess and understand orbital disease and recognize indications for appropriate treatment. The resident should have a comprehensive understanding of Graves' ophthalmopathy, its pathophysiology, spectrum of presentation and treatment options. The resident should have a clear understanding of orbital fractures, associated findings (risk for intraocular damage, evaluate for co-existing facial fractures and intracranial processes). The recognition of external, extraocular, intraocular and orbital neoplasms is important. Treatment indications and possible complications must be understood.

Patient Care:

- 1) Y3 residents will have total mastery of the clinical exam and assist and supervise the junior residents in clinic.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds Presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to glaucoma disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 2 – LSU Eye Center/LSUIH Clinic Goals and Objectives

General Ophthalmology

General ophthalmology clinics expose the residents to a cross section of ophthalmic disease. As such, the resident is expected to understand the basic science and physiological concepts of each disease encountered. The resident should be able to evaluate and provide a differential diagnosis for all signs and symptoms complexes. All residents should learn which ancillary diagnostic studies are indicated for the appropriate situation. Indications for referral to the proper subspecialty clinics will be elucidated.

Of prime importance is the understanding and care of the cataract patient. Knowledge of the predisposing factors in cataract formation and the functional impact on daily activities will be learned. Biometry related to intraocular lenses and the various formulas for calculation lens powers, and various advantages and disadvantages will be ascertained. Intraocular lens designs and the advantages and disadvantages for particular patients are also covered. Residents should be cognizant of cataract surgery complications and the potential treatment thereof.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia, and YAG capsulotomy

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to ocular disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

LSU-University Medical Center

Staff:	Drs. P. Azar, S. Azar, J. Azar, F. Hall
Location:	University Medical Center, UMC
Clinic Days:	M – F
Surgery Days:	One W variable
Research Day:	None
Call:	First beeper every third day
Subspecialty Clinic:	Retina M PM
Residents:	Year 2, Year 3
Housing	2 apartments
Address:	2390 W Congress Lafayette, LA 70506

(337) 262-2500

General Description:

The UMC Eye Clinic in Lafayette, LA had its origin in October 2005. The three residents rotating there manage the general ophthalmology care for patients in Lafayette, LA and the surrounding communities. Residents are responsible for the evaluation and treatment of all patients seen in the clinic with available faculty supervision. The surgical care is delivered by the upper level residents with a gradual increase in autonomy as proficiency is demonstrated. The purpose of this rotation is to expand the resident's patient base and improve their surgical skills under the supervision of several general ophthalmologists.

Year 2 LSU-UMC Goals and Objectives

General Ophthalmology

General ophthalmology clinics expose the residents to a cross section of ophthalmic disease. As such, the resident is expected to understand the basic science and physiological concepts of each disease encountered. The resident should be able to evaluate and provide a differential diagnosis for all signs and symptoms complexes. All residents should learn which ancillary diagnostic studies are indicated for the appropriate situation. Indications for referral to the proper subspecialty clinics will be elucidated.

Of prime importance is the understanding and care of the cataract patient. Knowledge of the predisposing factors in cataract formation and the functional impact on daily activities will be learned. Biometry related to intraocular lenses and the various formulas for calculation lens powers, and various advantages and disadvantages will be ascertained. Intraocular lens designs and the advantages and disadvantages for particular patients are also covered. Residents should be cognizant of cataract surgery complications and the potential treatment thereof.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

Patient Care:

Clinical skills to be mastered: Lensometry, refraction, pupillary exam, external lid exam, slit lamp exam, spectacle prescription, IOL calculations-biometry, auto-refraction, keratometry, soft and rigid contact lens fitting. Surgical skills which should be mastered are chalazion excision, lid biopsies, lid lacerations, peribulbar and retrobulbar anesthesia, and YAG capsulotomy

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to ocular disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Understanding and mastery of the electronic medical record
- 2) Coordination of patient care with appropriate referrals within the healthcare system
- 3) Understanding the need and indication for referral to a social worker when dictated by the clinical situation

Year 3 LSU-UMC Goals and Objectives

Residents are expected to become familiar with the basic science and clinical management of patients with eyelid, orbital, and neoplastic disorders of the eye. As such, residents are expected to be well versed in the mechanism of various eyelid disorders including entropion, ectropion, ptosis, eyelid infections, and lacrimal drainage

disorders. Residents should be able to select the appropriate medical or surgical correction and recognize the appropriate complications. Residents are expected to be able to properly assess and understand orbital disease and recognize indications for appropriate treatment. The resident should have a comprehensive understanding of Graves' ophthalmopathy, its pathophysiology, spectrum of presentation and treatment options. The resident should have a clear understanding of orbital fractures, associated findings (risk for intraocular damage, evaluate for co-existing facial fractures and intracranial processes). The recognition of external, extraocular, intraocular and orbital neoplasms is important. Treatment indications and possible complications must be understood.

Patient Care:

- 1) As a PGY – 4 residents at Lafayette will have total mastery of the clinical exam and assist and supervise the junior residents in clinic.

Practice-Based Learning and Improvement:

- 1) Participation in home study course: Discussions with program mentor with implementation of improvements and suggestions.
- 2) Maintenance of the surgical portfolio
- 3) Grand Rounds presentations
- 4) Maintenance of clinical score card
- 5) Attendance and participation at Resident's Day annually
- 6) Discussion of career training with the Program Director

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

History taking pertinent to ocular disease, managing the first call schedule with other residents, coordination of vacation dates with other residents, developing or maintaining a cordial and professional relationship with nurses and staff.

Systems-Based Practice:

- 1) Participation in the diabetic screening program. The residents are responsible to review the diabetic screening examination

performed by the ophthalmic technician and to interpret the non-mydratic fundus photographs. From this information, the resident will determine the proper follow-up management, which would include coordination with other health care professionals.

Conference Schedule

Completion of the educational requirements requires attendance at the didactic conferences offered throughout the residency program. Listed below are the conferences, lectures, grand rounds, journal clubs and other study sessions at which attendance is required. Lecture attendance for all residents will be monitored and recorded to ensure a consistent and appropriate level of lecture attendance.

Residents should check the calendar for exceptions. It is the resident's responsibility to address absences to the Program Director.

ADD SOMETHING ABOUT TIME EXCUSED, 100% ATTENDANCE REQUIRED, UNEXCUSED ABSENSE CHARGED AS VACATION OR LWOP

Grand Rounds occur on a weekly basis and is teleconferenced to all sites. It is required that all residents attend and that those residents making presentations keep a log of those cases presented during their residency. For convenience a grand rounds log page is provided for this use. (See Next Page)

Didactic Lecture Series distributed via email

Specialty Lecture Series

Fluorescein Conference
Cornea Conference
Strabismus Cases
Neuro-Ophthalmology cases
Morbidity Conferences
Journal Club

Grand Rounds

Case Presentations with a faculty mentor

See guidelines for grand rounds attached to Lecture series schedule

*Video Broadcast from LSUSF BR, CMC, LSU Rosenthal Education Center, Ochsner, UMC

Grand Rounds Presentations Log

Resident Name _____ Level _____

Date of Presentation _____

Location _____

Subject Covered _____

Presented _____

Notes

Date of Presentation _____

Location _____

Subject Covered _____

Presented _____

Notes

Date of Presentation _____

Location _____

Subject Covered _____

Presented _____

Notes

Educational Experiences and the Core Competencies

The ACGME expects all residency programs to teach and assess six core competencies. As such, it is expected that residents will have an understanding of these core competencies, participate fully in the educational requirements and fulfill the assessments as requested.

The mastery of core competencies will occur through exposure and experience in the following areas:

Outpatient clinics and ward rounds.
 Didactic lecture series.
 Home study course.
 Institutional core lectures.

Identification and completion of research project.
 Journal Club
 Weekly Grand Rounds

A. Definitions of Core Competencies

GENERAL COMPETENCY REQUIREMENTS	SPECIFIC EDUCATIONAL EXPERIENCE/SKILLS TOPICS	TRAINING LOCATION	ASSESSMENT
1. <u>Patient care</u> that is compassionate, appropriate, & effective for the treatment of health problems & the promotion of health.	1a) data acquisition of essential and accurate information about their patients.	Clinics Surgery	Evaluations By: Staff, Resident
	1b) diagnosis and management of surgical eye disease.	Clinics Didactic lectures Home study	OKAP's, Evaluation by: Staff & Resident
	1c) patient and family counseling; properly interacts and counsels	Clinics Core lectures	Evaluation By: Staff

	1d) effective utilization of information technology	Clinics Research project	Staff evaluation, Research committee
	1e) sensitivity to sociocultural circumstances	Clinics Core lectures	
2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and socio-behavioral) sciences and the application of this knowledge to patient care.	2a) understanding of and ability to apply established and evolving biomedical, clinical, and cognate sciences.	Didactic lectures, Home study course, Clinics, & EBM Studies	OKAP's, Resident & Staff evaluations
	2b) data base acquisition	Grand rounds Didactic lectures Home study course Clinics EBM Studies	OKAP's, Resident & Staff evaluations
	2c) critical evaluation of new information	Research project Journal club Grand rounds EBM Studies	Research committee Assessment, Staff evaluation
3. Practice-based learning and improvement that involves investigation and evaluation of their	3a) investigation and evaluation of their own patient care	Clinics Grand rounds	Resident & Staff evaluations

own patient care, appraisal, assimilation of scientific evidence, improvements in patient care.			
	3b) appraisal and assimilation of scientific evidence and improvements in patient care	Grand rounds Journal club Clinics Didactic lectures	Staff evaluation, OKAP's
	3c) participation in continuous self-improvement through self-analysis, peer-review, and continuing education	Home study Didactic lectures	OKAP's, Staff & Resident evaluations
4. <u>Interpersonal and communications skills</u> that result in effective information exchange and teaming with patients, their families, and other health care professionals.	4a) effective and sensitive information exchange with patients, families, and other health professionals.	Clinics Core lectures	Evaluations by: Staff & Resident
	4b) proper documentation of medical records	Clinics	Staff evaluation Resident evaluation
	4c) interaction with referring professionals	Clinics	Staff evaluation
	4d) teamwork skills with patients, colleagues, and other professionals	Clinics Core lectures	Evaluations by: Staff & Resident

5. <u>Professionalism</u> , as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient population	5a) commitment to professional responsibilities	Clinics	Staff & Resident evaluations
	5b) consistent demonstration of high standards of ethical behavior	Clinics Core lectures	Evaluations by Staff & Resident
	5c) sensitivity to a diverse patient population	Clinics Core lectures	Evaluations by: Staff
	5d) respect for the physician-patient relationship	Clinics Core lectures	Evaluations by: Staff
6. <u>Systems-based practice</u> , as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare	6a) awareness and responsiveness to the larger context and system of healthcare	Clinics	Staff evaluation
	6b) ability to call on system resources to provide care that is of optimal value		Resident evaluation

	6c) patient advocacy		Evaluation by: Staff & Resident
	6d) ability to work in a variety of healthcare settings	Clinics	Staff evaluation
	6e) maintaining awareness of cost effectiveness and risk benefit	Clinics Journal Club	
	6f) promotion of healthcare and disease prevention		
	6g) efficiency in time management reflected in quality patient care	Clinics	

B. Scholarship

The entire training environment must be pervaded by a spirit of inquiry and scholarship involving both faculty and residents. While difficult to quantify, it is evidenced by one or more of the following activities:

- 1.The pursuit of discovery as evidenced by peer-reviewed funding or publication of original research in peer- reviewed journals.
- 2.The dissemination of information and knowledge as evidenced by review articles or chapters in text books.
- 3.Application of knowledge as evidenced by publication or presentation at local, regional, or national scientific society meetings, for example, case reports or clinical series.
- 4.Participation in clinical discussion rounds, journal clubs, research conferences, etc in a spirit of inquiry and learning as evidenced by attendance and participation.
- 5.Mentorship or mentoring in research design, statistical analysis and provision of support for resident participation in scholarly activities and projects.

These efforts are to be documented through evaluations and in the resident's folders.

C. Research Curriculum

Residency research requirements

A clinical case series or research project must be completed every year and presented at the annual Research Day in May.

Year 1 Residents:

A clinical case series of two or more patients which has been performed under the guidance of a faculty mentor is to be presented in a one slide/3 minute oral format.

Year 2 Residents:

A Clinical or Basic Science research project which has been performed under the guidance of a faculty mentor is to be presented in poster format.

Year 3 Residents:

A Clinical or Basic Science research project, performed under the guidance of a faculty mentor, must be completed and presented in a 10 minute oral format.

All Research Day presentations will be graded on validity of the study, quality of scientific analysis, completeness of presentation material, and verbal knowledge.

Residency Research Projects

Acceptable Year 2 & 3 Project Types:

- a. Clinical retrospective of greater than 150 patients.
- b. Clinical prospective of at least 10 patients.
- c. Basic science project (drug delivery, cell culture, animal, etc.)

Faculty Member Mentorship:

A full-time LSU or Ochsner faculty member must be the sponsoring mentor on any clinical case series or research project. Contact the LSU/Ochsner Residency Research Director for help with finding an appropriate project and mentor.

First slide must indicate IRB approval # or state that the project was exempt.

IRB approval

IRB/IACUC/IBC approvals needed; research or data collection should not be started until after all approvals are in place. Contact the LSU/Ochsner Residency Research Director for assistance with gaining the appropriate approvals.

Required for all projects chart reviews, patient examination or questionnaire, animal studies, etc.

Must be obtained prior to beginning a study. Approval process can take months. Important to begin early.

LSU IRB Office: <http://www.lsuhs.edu/no/administration/rs/>
Office of Research Services
433 Bolivar Street, Room 206, New Orleans, LA 70112
Phone: 504-568-4970
Fax: 504-568-8808

Ochsner IRB
1514 Jefferson Highway
New Orleans, LA 70121
Phone: 504-842-3563
Fax: 504-842-3899

Deadlines:

Failure to meet any deadline may result in being denied the opportunity to present at Research Day.

Year 1 Residents:

January 2 Topic and project outline must be submitted to the LSU/Ochsner Residency Research Director for approval.

March 15 A 250 word abstract on your project must be submitted to the LSU/Ochsner Residency Research Director.

April 1 Presentation must be submitted to faculty mentor for review.

April 25 Deadline to obtain final faculty mentor approval.

April 30 Presentation must be submitted to LSU/Ochsner Residency Research Director. Presentation cannot be changed after submission.

Year 2 Residents:

January 2 Topic and project outline must be submitted to the LSU/Ochsner Residency Research Director for approval.

March 15 A 250 word abstract on your project must be submitted to the LSU/Ochsner Residency Research Director.

April 1 Presentation must be submitted to faculty mentor for review.

April 25 Deadline to obtain final faculty mentor approval.

April 30 Presentation must be submitted to LSU/Ochsner Residency Research Director. Presentation cannot be changed after submission.

Year 3 Residents:

October 31 Topic and project outline must be submitted to the LSU/Ochsner Residency Research Director for approval.

March 15 A 250 word abstract must be submitted to the LSU/Ochsner Residency Research Director.

April 15 Finalized project presentation must be submitted to faculty mentor for review.

May One week prior to Research Day – The final project presentation, approved by the mentor, must be submitted to the LSU/Ochsner Residency Research Director. Presentation cannot be changed after submission.

LSU/ochsner residency research director

Contact Dr. Jacob, the LSU/Ochsner Residency Research Director, with any questions regarding the research curriculum.

Jean T. Jacob, PhD

Director of Research Development, LSU School of Medicine

Director of Research, LSU Eye Center

LSU/Ochsner Residency Research Director

Professor of Ophthalmology and Neuroscience
2020 Gravier St Suite B
New Orleans, LA 70112
Phone: (504) 568-2326
Fax: (504) 568-2385
Email: jjacob@lsuhsc.edu

Resident Evaluations

Assessments

Residents will be evaluated periodically to determine their assimilation of information in the areas of knowledge base, clinical skills, surgical skills, and progress and development of core competencies.

The residents on a bi-annual basis will review their evaluation profiles with the Program Director. Areas of weakness will be identified and further study consisting of reading material, viewing of taped lectures, or attendance at courses may be recommended. The Program Director will review the program's performance as a whole to determine a need for curriculum change for the program.

Assessment Tools

Each of these assessments tools will be tracked for each resident and reviewed on a semi-annual basis.

Staff evaluation

At the completion of each rotation, attending staff are required to complete a detailed, electronic evaluation. Residents are required to discuss their progress in clinical and surgical skills development and have the staff check off on their clinic performance scorecard the appropriate skills that have been mastered. Residents are required to log their surgical cases into the ACGME web site and also keep a patient log in their resident handbook (it is advised that the residents affix a patient identification sticker to their sheet which is kept in the resident manual as a surgery log backup).

Peer Evaluations

Once per year each resident the program will be asked to assess the others' abilities and skills in an electronic evaluation.

Research Committee Assessment

The research committee, under the direction of Dr. Jacob, will assess each resident's attitudes and abilities in defining and completing their research project. This material will be compiled electronically.

OKAP Scores

Residents will be required to participate in the annual OKAP examination. These scores will be reviewed with the residents in an effort to determine areas of weakness and need for further study. Individual OKAP scores will be distributed to the teaching program faculty for intended educational purposes.

Guidelines for Promotion

Promotional Guidelines Y1 to Y2

Knowledge:

- 1) Completion of OKAP testing with a score greater than 10 percent
- 2) Favorable assessment by physicians on completion of rotations
- 3) Attendance at didactic lectures of greater than 70 percent
- 4) Completion of assigned reading list as provided by mentor or on rotations
- 5) Participation in weekly home study course

Patient Care:

- 1) Mastery of clinical skills and surgical skills as defined in the program handbook and documented by the clinical score card
- 2) Sufficient time in utilization of the simulator
- 3) Participation in cataract surgical wet labs

Interpersonal Communication Skills:

- 1) Demonstration of the ability to interact amicably with staff, fellow residents, and patients on all rotations
- 2) Coordination of call and vacation time with fellow residents and Chief Resident
- 3) Demonstrates proficiency in patient interviews across a broad range of cultural and socioeconomic background
- 4) Complete and accurate logging of surgical cases online

Practice-Based Learning and Improvement:

- 1) Completion of the clinical scorecard upon the conclusion of each rotation
- 2) Grand Round presentations consisting of concise clinical data and discussion, which includes a literature review
- 3) Attendance and participation at the Annual Resident's Day

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Systems-Based Practice

- 1) Mastery of the electronic medical records at all participating sites

Promotional Guidelines Y2 to Y3

Knowledge:

- 1) Completion of OKAP testing with a score greater than 10 percent
- 2) Favorable assessment by physicians on completion of rotations
- 3) Attendance at Didactic lectures of greater than 70 percent
- 4) Completion of assigned reading list as provided by mentor or on rotations
- 5) Participation in weekly home study course

Patient Care:

- 1) Clinical skills to be mastered appropriate for this level of training and outlined in the Resident Handbook.
- 2) Surgical skills to be mastered are extracapsular cataract extraction, continuous tear capsulotomy, clear cornea cataract incision, scleral tunnel cataract incision, YAG capsulotomy, retinal photocoagulation, strabismus surgery including recession of horizontal rectus and oblique muscle, adjustable muscle surgeries, lacrimal duct probing, chalazion excision, pterygium excision, punctal occlusion, removal of corneal foreign body, amniotic membrane grafting, corneal biopsy, and conjunctival biopsies
- 3) Participation in cataract surgical wet labs

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Interpersonal Communication Skills:

- 1) Demonstration of the ability to interact amicably with staff, fellow residents, and patients on all rotations
- 2) Coordination of call and vacation time with fellow residents and Chief Resident
- 3) Demonstration of proficiency in patient interviews across a broad range of cultural and socioeconomic background
- 4) Complete and accurate logging of surgical cases online

Practice-Based Learning and Improvement:

- 1) Completion of the clinical scorecard upon the conclusion of each rotation
- 2) Grand Round presentations consisting of concise clinical data and discussion, which includes a literature review
- 3) Attendance and participation at the Annual Resident's Day

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Systems-based Practice

- 1) Systems-based practice at this level should be participation in the diabetic screening program at the University Medical Center in Lafayette. The residents should become familiar with diabetic screening room exams and manage the appropriate follow up for the patient to other health care professionals in the hospital system

Promotional Guidelines Y2 to graduate

Knowledge:

- 1) Completion of OKAP testing with a score greater than 10 percent
- 2) Favorable assessment by physicians on completion of rotations

- 3) Attendance at Didactic lectures of greater than 70 percent
- 4) Completion of assigned reading list as provided by mentor or on rotations
- 5) Participation in weekly home study course

Patient Care:

- 1) Complete mastery of all clinical skills.
- 2) Surgical skills to be mastered include phacoemulsification, IOL exchange, anterior vitrectomy, open globe repair, glaucoma laser surgery, trabeculectomy, combined cataract surgery and filtering procedures, penetrating keratoplasties, excision of lid lesions, entropion and ectropion repair, ptosis repair, and blepharoplasty.

Interpersonal Communication Skills:

- 1) Demonstration of the ability to interact amicably with staff, fellow residents, and patients on all rotations
- 2) Coordination of call and vacation time with fellow residents and Chief Resident
- 3) Demonstration of proficiency in patient interviews across a broad range of cultural and socioeconomic background
- 4) Complete and accurate logging of surgical cases online

Practice-Based Learning:

- 1) Completion of clinical scorecard
- 2) Presentation of two Morbidity Conferences at Grand Rounds at which time the residents will address difficult clinical situations and lead discussions as to alternative treatment options; highlighting the pertinent ethical dilemmas in an important part of this exercise

Professionalism:

- 1) Attend and participate in the Morbidity Conference
- 2) Read and discuss **The Ethical Ophthalmologist**
- 3) Discussions with program mentor
- 4) Emulate style of attending physician

Systems-Based Practice

- 1) Systems-based practice at this level should be participation in the diabetic screening program at the University Medical Center in Lafayette. The residents should become familiar with diabetic screening room exams and manage the appropriate follow up for the patient to other health care professionals in the hospital system.

Program Policies and Procedures

Residents are provided with this handbook and an institutional House Officer Manual. Both are also available on the Internet. Residents are expected to review the policies and procedures independently.

Resident Eligibility and Selection

The Program follows the LSU Institutional Residency Selection Policy as found in the LSU House Officer Manual.

Residents are required to pass USMLE Step 3 within 18 months of starting the Program.

Working Environment

It is Program policy that all residents work in an educational environment that promotes patient safety, quality, academic growth, and resident well-being. As such, we will monitor specific rotations for compliance with the ACGME duty hours and working environment requirements as listed below:

Duty Hours

The Program adopts ACGME requirements in total.

Residents are required to track their duty hours over the course of a four-week period at least twice each academic year.

Residents are required to log all duty hours in the resident management system. Residents who fail to log duty hours or log erroneous duty hours are subject to disciplinary action by the program.

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

Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week

period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call and must consist of an 8-hour time period between duty periods.

On-Call Activities:

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night, averaged over a four-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

At-home call (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. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-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 will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Moonlighting: Because residency education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

Oversight: The LSU/Ochsner ophthalmology program will, on an annual basis, survey the residents to determine compliance with duty hours. Rotations on which the weekly workload exceeds 60 hours will be monitored on more frequent intervals.

Policy/Due Process and Chain of Command

Initial inquiries about policy may be directed to the Education Coordinator or to the local site directors who may contact the Program Director for further guidance or interpretation. If the Program Director is unable to resolve the issue, the LSU Department Head may be contacted.

Dismissals, non-reappointments, or other adverse actions which could significantly jeopardize a House Officer's intended career development:

These actions are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, or other adverse action which could significantly threaten a House Officer's intended career development shall be made by the Program Director in the form of a Request for Adverse Action. The request for Adverse Action shall be in writing and shall include a written statement of deficiencies

and/or changes registered against the House Officer, a list of all known documentary evidence, a list of all known witnesses and a brief statement of the nature of testimony expected to be given by each witness.

The Request for Adverse Action shall be delivered in person to the Department Head. If the Department Head finds that the charges registered against the House Officer appear to be supportable on their face, the Department Head shall give Notice to the House Officer in writing of the intent to initiate proceedings which might result in the dismissal, non-reappointment, summary suspension, or other adverse action. The Notice shall include the Request for Adverse Action and shall be sent by certified mail to the address appearing in the records of Human Resource Management or may be hand delivered to the House Officer.

Upon receipt of Notice, the House Officer shall have five (5) working days to meet with the Department Head and present evidence in support of the House Officer's challenge to the Request for Adverse Action. Following the meeting, the Department Head shall determine whether the proposed adverse action is warranted. The Department Head shall render a decision within five (5) working days of the conclusion of the meeting. The decision shall be sent by certified mail to the address appearing in the records of Human Resource Management or hand delivered to the House Officer and copied to the Program Director and Academic Dean.

If the House Officer is dissatisfied with the decision reached by the Department Head, the House Officer shall have an opportunity to prepare and present a defense to the deficiencies and/or charges set forth in the Request for Adverse Action at a hearing before an impartial Ad Hoc Committee, which shall be advisory to the Academic Dean. The House Officer shall have five (5) working days after receipt of the Department Head's decision to notify the Academic Dean in writing whether the House Officer would challenge the Request for Adverse Action and desires an Ad Hoc Committee be formed. If the House Officer contends that the proposed adverse action is based, in whole or in part on race, sex (including sexual harassment), religion, national origin, age, Veteran status, and/or disability discrimination, the House Officer shall inform the Academic Dean of the contention. The Academic Dean shall then invoke the proceedings set out in the section entitled Sexual Harassment Policy of the institutional House Officer Manual. The hearing for adverse action shall not proceed until

an investigation has been conducted pursuant to the Section of the institutional House Officer Manual entitled Sexual Harassment Policy. The Ad Hoc Committee shall consist of three (3) full-time clinical faculty members who shall be selected in the following manner:

The House Officer shall notify the Academic Dean of the House Officer's recommended appointees to the Ad Hoc Committee within five (5) working days after the receipt of the decision reached by the Department Head. The Academic Dean shall then notify the Department Head of the House Officer's choice of Committee member. The Department Head shall then have five (5) working days after notification by the Academic Dean to notify the Academic Dean of the recommended appointee to the to the Committee. The two (2) Committee members selected by the House Officer and the Department Head shall be notified by the Academic Dean to select the third Committee member within five (5) working days of receipt of such notice; thereby the Committee is formed. Once the Committee is formed, the Academic Dean shall forward to the Committee the Notice and shall notify the Committee members that they must select a Committee Chairman and set a hearing date to be held within ten (10) working days of formation of the committee. A member of the Ad Hoc Committee shall not discuss the pending adverse action with the House Officer or Department Head prior to the hearing. The Academic Dean shall advise each Committee member that he/she does not represent any party to the hearing and that each Committee member shall perform the duties of a Committee member without impartiality or favoritism.

The Chairman of the Committee shall establish a hearing date. The House Officer and Department Head shall be given at least five (5) working days notice of the date, time, and place of hearing. The Notice may be sent by certified mail to the address appearing in the records of the Human Resource Management or may be hand delivered to the House Officer, Department Head, and Academic Dean. Each party shall provide the Committee Chairman and the other party a witness list, a brief summary of the testimony expected to be given by each witness, and a copy of all documents to be introduced at the hearing at least three (3) working days prior to the hearing.

The hearing shall be conducted as follows:

The Chairman of the Committee shall conduct the hearing. Each party shall have the right to appear, to present a reasonable number of

witnesses, to present documentary evidence, and to cross-examine witnesses. The parties may be excluded when the Committee meets in executive session. The House Officer may be accompanied by an attorney as a non-participating advisor. Should the House Officer elect to have an attorney present, the Department Head may also be accompanied by an attorney. The attorneys for the parties may confer and advise their clients upon adjournment of the proceedings at reasonable intervals to be determined by the Chairman, but may not question witnesses, introduce evidence, make objections, or present argument during the hearing. However, the right to have an attorney present can be denied, discontinued, altered or modified if the Committee finds that such is necessary to ensure its ability to properly conduct the hearing. Rules of evidence and procedure are not applied strictly, but the Chairman shall exclude irrelevant or unduly repetitious testimony. The Chairman shall rule on all matters related to the conduct of the hearing and may be assisted by university counsel.

The hearing shall be recorded. At the request of the Dean, Academic Dean, or Committee Chairman the recording of the hearing shall be transcribed in which case the House Officer may receive, upon a written request at his or her cost, a copy of the transcript.

Following the hearing the Committee shall meet in executive session. During its executive session, the Committee shall determine whether or not the House Officer shall be terminated, or otherwise have adverse actions imposed, along with reasons for its findings; summary of the testimony presented; and any dissenting opinions. In any hearing in which the House Officer has alleged discrimination, the report shall include a description of the evidence presented with regard to this allegation and the conclusion of the committee regarding the allegations of discrimination. The Academic Dean shall review the Committee's report and may accept, reject, or modify the Committee's findings. The Academic Dean shall render a decision within five (5) working days from receipt of the Committee's report. The decision shall be in writing and sent by certified mail to the House Officer, and a copy shall be sent to the Department Head and Dean.

If the Academic Dean's final decision is to terminate or impose adverse measures and the House Officer is dissatisfied with the decision reached by the Academic Dean, the House Officer may appeal to the Dean, with such appeal limited to alleged violation of procedural due process only. The House Officer shall deliver Notice of appeal to the Dean within five (5) working days after the receipt of

the Academic Dean's decision. The Notice of appeal shall specify the alleged procedural defects on which the appeal is based. The Dean's review shall be limited to whether the House Officer received procedural due process. The Dean shall then accept, reject or modify the Academic Dean's decision. The decision of the Dean shall be final.

A House Officer who at any stage of the process fails to file a request for action by the deadline indicates acceptance of the determination at the previous stage.

Any time limit set forth in this procedure may be extended by mutual written agreement of the parties and, when applicable to the consent of the Chairperson and the Ad Hoc Committee.

Summary Suspension: The House Officer Program Director, or designee, or the Department Head or designee shall have the authority to summarily suspend, without prior notice all or any portion of the House Officer appointment and/or privileges granted by University or any other House Officer training facility, whenever it is in good faith determined that the continued appointment of the House Officer places the safety of University or other training facility patients or personnel in jeopardy or to prevent imminent or further disruption of University or other House Officer training facility operations.

Within two (2) working days of the imposition of the summary suspension, written reason(s) for the House Officer's summary suspension shall be delivered to the House Officer and the Academic Dean. The House Officer will have five (5) working days upon receipt of the written reasons to present written evidence to the Academic Dean in support of the House Officer's challenge to the summary suspension. A House Officer who fails to submit a written response to the Academic Dean within the five (5) day deadline, waives his/her right to appeal the suspension. The Academic Dean shall accept or reject the summary suspension or impose other adverse action. Should the Academic Dean impose adverse action that could significantly threaten a House Officer's intended career, the House Office may utilize the due process delineated above.

The Department may retain the services of the House Officer or suspend the House Officer with pay during the appeal process. Suspension with or without pay cannot exceed ninety (90) days, except under unusual circumstances.

Other Grievance Procedures: Please see section in GME House Officer Manual for information and for contact information.

Ombudsman: This person will serve as an impartial, third-party for House Officers who feels their concerns cannot be addressed directly to their program or institution and will work to resolve issues while protecting resident confidentiality. Contact information is available in the GME House Officer Manual.

Resident Supervision/Line of Responsibilities and Chain of Command for Clinical Activity

In all clinical circumstances, residents will be supervised by qualified faculty members. It is the resident's responsibility when seeing patients to recognize their own indecision or lack of knowledge. They are requested to consult more senior residents and subsequently supervising faculty. If problems cannot be resolved among residents under the local supervising faculty, the circumstances should be presented to the Assistant Director for all Ochsner Rotations, Chabert Medical Center and Children's and to the Program Director for all other rotations. Major issues that cannot be resolved at this level will be discussed at a panel meeting consisting of the Program Director, Assistant Director, Department Heads from LSU and Ochsner and, as needed, chief residents.

Surgery will be performed by the residents based on their level of competence. In all situations residents will be supervised by either more senior residents, fellows, or staff physicians. The ultimate decision of resident competency will be determined by the appropriate staff responsible for the case. It is expected that residents will have performed the necessary literature review and practiced surgery prior to an anticipated procedure.

Call Schedule and Chain of Command

A monthly call schedule will be required for each participating institution. Senior residents at each location will be responsible for coordinating the call schedule with the other residents involved. It is required that the call schedule be completed in a timely manner, and once completed remain intact without change unless overriding issues arise.

All residents are expected to be in beeper range and ready and able to attend a patient within one-half hour of notice when on call. First call residents are expected to call their senior backup whenever there is a question of diagnosis or treatment. Staff should be notified whenever there is a need for hospitalization, surgical care, or concern about the proper course of action by the senior resident.

General Call Schedule Policies for the LSU Eye Clinics (New Orleans, Bogalusa, UMC, LK, EKL) and VAMC are as follows:

Emergency coverage and call assignments are based on the needs of the individual rotation to which the resident is assigned and are applicable for the time period of the rotation. Residents take call from home and must be immediately available by beeper or phone. The resident on call must upon request go to the site for patient care within 30 minutes of being notified. The call schedule assignment is also based on the level of training for the resident. Primary, or first call, is more heavily weighted toward the junior residents to increase their experience in managing the urgent ophthalmologic problems and in beginning to deal with continuity of care issues. As the resident experience accumulates, there is progression to back-up call to allow the residents to focus on specific problems suitable for their level of training and to benefit from the supervision of the more junior residents. Faculty supervision is available for daytime, weekend, and after-hours call. Designated faculty is available at all times to supervise on site at the request of the resident. The resident on call is instructed to know the appropriate procedures and hierarchy of supervisory command to follow. Thus, the program follows a chain of command concept in which first call residents are expected to call senior backup and specialty fellows whenever there is a question of diagnosis or treatment. Faculty is available at all times upon request of the resident. The resident is instructed to communicate patient care management issues with the supervising faculty for the rotation. A specific faculty member is designated for each call site and is expected to keep the resident informed regarding a reliable means of immediate contact. As a back-up, the Program Director, chairperson or other faculty, provide coverage, arranged in advance, for any faculty absence. Finally, the sponsoring institution, LSU/Ochsner, provides a final layer of coverage to ensure faculty supervision at all times.

The residents, fellows, and faculty are interconnected through the pager system and use of cellular phones for ready availability to

consults and urgent trauma patients. A monthly call schedule is distributed to each department member involved in the call schedule assignments and to all participating institutions. The schedule describes all assigned call personnel including residents, fellows, and faculty with specialty service coverage noted. Telephone contact numbers and/or pager numbers are included for each individual. In addition, contact numbers are provided for each institution and site that on-call personnel may require. Each participating institution generates a separate call roster for the residents at that site.

When taking call at Ochsner, the following guidelines must be followed:

- If the emergency room physician calls you concerning a particular patient, this patient must be seen in person. We have contacted the emergency room doctors to let them know of this guideline to try to eliminate any unnecessary phone calls or consults.
- All patients that are seen after hours must have their history examination documented on a clinic sheet. If follow-up is anticipated, the sheet should be forwarded to the appropriate clinic personnel to whom the patient is being referred. The next morning the on-call resident should contact this physician to discuss the case.
- When any questions arise specifically if admission or potential treatment is required, the on-call staff should be notified early in the process. Let it be the judgment of the on-call staff as to whether he personally examines the patient.
- See each patient on whom you are consulted. If your knowledge base at this point is insufficient to make some value judgments about which problems are minor and which are potentially vision threatening, ask for help from the senior resident on call.
- Should the referring physician ask about a patient referral, your responsibility is to independently determine whether a more immediate evaluation is required. Sometimes the referring physician does not appreciate the potential severity of the problem, and that responsibility falls to you. Contact or examine the patient with the senior back-up resident to confirm the diagnosis and the appropriate treatment. In any potentially serious case or if there is any question about the best treatment, call the staff physician on-call. The exception to this would be subspecialty cases, such as a retinal detachment that should be referred directly to the retina service and the retina doctor on-call.
- If you are contacted about an inpatient on any ophthalmology service with a medical problem, you are required to go and see the patient immediately. If it sounds life threatening, request that the nursing staff place a stat medicine consult while you are on the way. Do NOT refer

these problems to the fellow on-call for that service (for example, retina) as too much time can elapse with disastrous consequences.

- Post-op patients should be seen immediately in most instances, and not put off until the next day. The threat of infection and hemorrhage are foremost here, and these patients require fairly immediate evaluation, even if the end result is a routine problem.

- Narcotics - Periodically, we are besieged by fairly clever scams to obtain narcotics. Sometimes very clever. Please follow the routine therefore if requested for a narcotics prescription after hours: Obtain the patient's name and clinic number and try to retrieve the chart or the diagnosis from OCW to confirm the diagnosis. Then have the patient or the patient's representative pick up the prescription at the ER. Do not meet them off campus or send or phone the prescription directly to a pharmacy. Do not be fooled by elaborate details or by threats. Narcotics prescriptions are very rare on the ophthalmology service, regardless of how convincing the story might be.

- It is impossible to make "rules" to cover all situations encountered in an on-call setting. As such, this requires good judgment, a quality necessary of a good physician. Please note that if the above guidelines are not adhered to, changes in the on-call situation at Ochsner will occur. In-house call for the resident who persistently deviates from the above recommendations is the next step. Please help in caring for our patients in an appropriate manner by following the guidelines.

Chief Residency

All issues and concerns over clinical rotations should initially be addressed to the chief residents. Should the chief residents be unable to resolve the matter, the site directors will become involved. If still no resolution is obtained, the Program Director and Assistant Director will be notified.

Dress Code

All employees should wear appropriate business attire during business hours. Clothing should be the appropriate size. Clothing should be clean, pressed and in good repair. Shoes should be polished and in good repair. Good personal hygiene is a must. Surgical scrubs are not to be worn outside of the operating suite without a white lab coat over the scrubs. Surgical scrubs are not appropriate and should not be worn in the eye clinics unless returning to the operating room during the clinical session.

Hurricane/Disaster Protocols

Lallie Kemp Eye Clinic, UMC, Lafayette Eye Clinic, Bogalusa Medical Center Eye Clinic, and Chabert Medical Center Eye Clinic

The goal of this plan is to ensure the safety of LSU students, residents, fellows, and faculty.

In the event that a hurricane or other natural disaster is expected to reach landfall in the immediate or surrounding vicinity of the clinic/hospital, then the following plan is to be executed. In cases where a voluntary or a mandatory evacuation is ordered by an authorized state, city, or university official then, within 48 hours of the expected natural disaster to enter the area, LSU ophthalmology clinic and services will be closed. The ophthalmology residents, fellows, students, and faculty will be dismissed from the facility and asked to report to the designated LSU sites where ophthalmic care will be continued during the crisis. Earl K. Long Medical Center/LSU Surgical Facility, Baton Rouge is the designated site for ophthalmic services during such times of natural crisis. LSUIH will continue coverage from home for urgent ophthalmic patients during code gray. If and when a mandatory evacuation is called for the greater New Orleans area then, such services will shift to Baton Rouge. Any existing patients within the clinical area not requiring on-going ophthalmic care will be sent home. Any patient requiring immediate ophthalmic services throughout the time period of the voluntary or mandatory evacuation and thereafter, will require transfer to a more safe and secure hospital medical complex, as designated above, where ophthalmic care will be continued. Any and all other patients with ophthalmology emergencies that enter the hospital system after closure of ophthalmology services will require transfer to the other designated sites for ophthalmic services.

Once the decision is made, the medical director at each site will be made aware immediately of the closure of ophthalmology.

Please sign up for text messaging alerts with the emergency notification system by using e2 Campus Text Messaging Alert System. To begin the registration process go to

<http://www.lsuhs.edu/alerts/>

Please also refer to the LSU Health Science Center code gray policy

Back-up coverage for residents at EKL/LSUSF Baton Rouge will be provided during the time of the natural disaster. The chief residents are responsible for submitting this back-up coverage schedule and the resident coverage for the LSUIH code gray period by June 2012.

Ochsner Medical Center, Main Campus

In the event a severe weather plan is enacted at Ochsner, an emergency team will be designated by Dr Jonathan Nussdorf and will be responsible to remain on campus. This emergency team will consist of staff physicians and resident/fellows as determined by the chairman. The disaster information line to call for updated Ochsner Clinic and Hospital Information is 504-842-9999 or 800-961-6247.

LSUIH- see Appendix A

Moonlighting

The Program allows residents to moonlight only in those institutions approved by the Office of Graduate Medical Education. Any moonlighting shifts should not interfere with the performance of clinical duties. Only residents scoring better than 50% on their in-service examination will be allowed to moonlight.

All internal and external moonlighting must be counted in 80 hour maximum weekly hour limit and documented in Duty Hours tracking of the Resident Management system. Residents must not schedule moonlighting that will cause the 80 maximum. Residents who schedule moonlighting resulting in violation of the 80 hour rule will be subject to disciplinary action including but not limited to loss of moonlighting privileges.

Residents requesting to moonlight must submit the Moonlighting Request Form found on the Intranet at Our Residents' Place. This form must be on file in the Program office and the GME office prior to beginning any moonlighting duties.

Absences

Leave of Absence: Leave of absence may be granted, subject to Program Director approval and as may be required by applicable law, for illness extending beyond available sick leave, academic remediation, licensing difficulties, family or personal emergencies. To

the extent that a leave of absence exceeds available vacation and/or sick leave, it will be leave without pay. Make up of missed training due to leave of absence is to be arranged with the Program Director in accordance with the requirements of the Board of the affected specialty. The Department and University reserve the right to determine what is necessary for each House Officer for make-up including repeating any part of House Officer Program previously completed.

The Office of Graduate Medical Education must be notified of any sick leave extending beyond two weeks. Weekends are included in all leave days. Each type of leave is monitored and leave beyond permitted days will be without pay. Makeup of training time after extended leave is at the discretion of the Department Head and/or Program Director and governed by applicable law.

Types of Leave

Annual Leave: House Officers are permitted 28 days (four 7-day weeks) per year. All vacation must be used in the year earned and may not be carried forward. All vacation leave not used at the end of the year is forfeited.

Sick Leave: House Officers are permitted 14 days (two 7-day weeks) of non-cumulative paid sick leave per year. Extended sick leave without pay is allowable, at the discretion of the Department and in accordance with applicable law. When sick, the resident is responsible for alerting the appropriate staff for that service as soon as possible. Once the resident has returned to work, the Education Coordinator should be notified of the total number of days missed.

Maternity/Paternity Leave: To receive paid maternity leave, House Officers must utilize available vacation leave (up to 28 days plus available sick leave (14 days), for a total of up to 42 days. Department Heads and/or Program Directors may grant maternity leave as appropriate and in accordance with applicable law. **Paternity Leave:** To receive paid paternity leave, House Officers must utilize available vacation leave and may qualify for unpaid leave under applicable law. Under special circumstances, extended leave may be granted at the discretion of the Department Head and/or Program Director and in accordance with applicable law.

Educational Leave: House Officers are permitted five (5) total days of educational leave to attend meetings directly related to their ophthalmic training or to present at medical meetings. The agenda for the meeting must be submitted to the review committee for approval. The five days also may be used for attending a review course.

Military Leave: House Officers are entitled to a total of fifteen (15) days of paid military leave for active duty. All military leave, whether paid or unpaid, will be granted in accordance with applicable law.

House Officers are granted administrative leave for board orientation provided that they supply proof of attendance within two business days of the orientation. If proof is not supplied within that time, leave is charged to vacation.

Vacation and Leave Policies

It is imperative that you read these guidelines and follow them correctly. Failure to follow directions may result in the forfeiture of the leave time involved. Do NOT make travel arrangements before approval of the leave time. The protocol for obtaining leave is as follows:

1. Residents in Years 2 and 3 must select their vacation times simultaneously when choosing their rotation block schedules in the late spring. The residents will need to discuss with their fellow classmates time off and choose rotation blocks accordingly so that time conflicts are avoided.
2. The Year 2 residents must select all four weeks of their vacation time. The Year 3 residents must list two weeks of vacation and may hold the other two weeks in reserve for fellowship and job interviews.
3. These leave requests will be submitted to the Chief Resident(s) who will verify that there are no conflicts and then submit them to the Program Director, to the Assistant Program Director, and to the Education Coordinator.
4. The Year 1 residents will select all four weeks of their vacation leave during their orientation program in June and submit them to the chief resident(s) who will verify if there are any conflicts with the Year 2 or Year 3 residents' requested vacation leave. If there is a conflict, then seniority for more upper level residents will prevail unless there are extenuating circumstances. After all conflicts are resolved, the Chief Resident(s) will submit the Year 1 schedule to the Program

Director, Assistant Program Director, and to the Education Coordinator.

5. In choosing vacation time, there MAY NOT be more than one resident off per rotation. The only exception applies to Ochsner where vacation/leave may be approved as long as affected staff concurs and all clinic and call responsibilities are accommodated.

6. All vacation leave for Ochsner and Children's Hospital rotations will require approval by the Assistant Program Director

6. When scheduled for a shorter rotation block (i.e. 6-8 weeks), the resident may only take one week of vacation leave during that rotation. Residents assigned to a site for a longer rotation block (>2months) may take one week of vacation per month scheduled at that site but, NOT TO EXCEED more than two weeks for that entire rotation block.

7. Residents who know that they will need time off for holidays, spring break, Mardi Gras, etc. must schedule these requests with their vacation leave.

8. Vacation must be taken in seven-day blocks (i.e., one week), except for extenuating circumstances which must be approved by the Program Director. Liberty is provided during Year 3 when two weeks of leave may be taken in less than seven-day blocks, but only for the purpose of job searches or fellowship interviews.

9. Each block of vacation must be separated by no less than one working week.

10. There will be no additional leave granted to residents interviewing for fellowships or for job searches. Time needed off work for these activities must be classified as vacation and will be deducted from the normal allotment of vacation time.

11. There is no vacation leave for any residents during the last two weeks of June or the month of July.

12. If a holiday falls within a requested block of vacation time, that day will be counted as a vacation day.

13. Up to five days of Educational Leave is allowed to attend or present at medical meetings and conferences. Two of the five days per year may be used for attending review courses. Education Leave should be scheduled in the late spring, when possible, and submitted simultaneously with the vacation leave requests.

14. If these guidelines are not followed correctly, the resident will be required to return to duties during the time requested and forfeit the leave time.

15. It is imperative that proper procedures are followed when canceling leave. If resident cancels leave, the resident must obtain email cancellation approval from the local site director and forward that to the Education Coordinator prior to the dates of leave to have

leave reinstated. If a resident is required to work during a day of leave, a resident is allowed ten (10) days to obtain an email from the local site director stating that the resident was required to work and forward this to the Education Coordinator.

16. Education Leave should be scheduled in the late spring, when possible, and submitted simultaneously with the vacation leave requests. It is strongly recommended that the residents plan in advance their attendance at local meetings, national meetings, ophthalmology professional meetings and review courses during their 36 months of training. Each resident should try to coordinate with fellow classmates in their year level of training so that each may have the opportunity to attend these professional activities since it is NOT possible for each senior resident to schedule time off for these meetings in their last year of training without causing time conflicts, undue burden to junior residents, and shortage of residents at clinic sites.

17. The official interpretation of these rules is made by the Program Director and Assistant Director. The Program Director is the final authority to resolve leave policy discrepancies including situations not anticipated or spelled out herein.

19. Leave changes are permitted only under extenuating circumstances. They must be approved by the Program and requested no less than 95 days prior to any change.

Extended Leave Policy

A resident is not to exceed 12 weeks (60 working days) of absence to include vacation, leaves of absence, and sick time during the entire 36-month training program. Absences exceeding this time will result in extending the resident's training. Leave time assigned to each year of training cannot be accrued from year to year.

If, upon review by a committee of faculty members headed by the Program Director and Chairman, a resident is deemed to be academically performing at a satisfactorily level, the committee will have complete discretion to make final accommodations.

Travel/Meetings

The Program encourages resident attendance at educational meetings. Likewise presentation of papers and posters at national meetings will be treated as educational leave and in some instances be funded by the Office of Graduate Medical Education.

Reimbursement for travel and entertainment is strictly controlled by University, Program, and Department rules, which are available in the administrative area. Travel rules and forms are available on the website: <http://state.la.us/osp/travel/traveloffice.htm>

No reimbursement for travel is allowed without prior approval in writing and signed by the Department Head. No reimbursements can be made without original receipts. The Department of Administration requires that travel arrangements (plane reservations hotels, car rentals) be made with the one travel agent that has the state contract. Check with the administrative area or the website to determine which agency is allowed.

Tickets purchased by credit card must be purchased with a corporate Louisiana American Express. Tickets purchased through an airline or other travel agent or with a personal credit card will not be reimbursed. Prior approval for international travel takes more than a month to process, so submit your forms well in advance of your travel.

Please notify the Program Director and Local Site Director well in advance of travel plans.

Addressing issues, concerns, problems:

The Program strives to provide an environment conducive to learning and education, but realizes that inevitably, problems will occur and strives to address them in the best possible way.

It is important to remember that unless an issue is brought to the Program's attention, it cannot otherwise be addressed. The Program takes input from residents seriously and uses that information to make Program improvements.

In general, all issues and concerns should initially be addressed to the parties immediately involved (attending, co-residents, staff) or chief residents or coordinator. Should the chief residents or coordinator be unable to resolve the matter, the site directors will become involved. If still no resolution is obtained, the Program Director and Assistant Director will be notified. If the issue continues, it may escalate to the Department Heads.

The Program has also created a Gmail account for use by all residents to provide a process to deal confidentially with problems or concerns

residents might have and to provide another environment where residents can raise problems or concerns without fear of intimidation or fear of retaliation.

The Gmail address is lsuochsnerresidents@gmail.com.
The password is lsuochsner

Duty Hour Violations:

Although these may be reported anonymously LSUHSC GME office, the Program hopes that concerns will be addressed with the Chief residents, site director, and PD initially, so that these can be addressed.

Staff

Listings are available on the LSU and Ochsner websites

Rotation Sites/Directions

Program Administrative Offices

533 Bolivar St. 3rd Floor (CSRB)
New Orleans, LA 70112
(504) 568-2242

Ochsner Clinic Foundation (Ochsner, OCF)

1514 Jefferson Hwy., Clinic 10th Floor
New Orleans, LA 70121
(504) 842-3917

Directions: From I-10 East or West, take Causeway Blvd. exit South, continue down Causeway to Jefferson Highway, take a left, Ochsner Clinic and Hospital will be on your right.

LSU Interim Hospital

1532 Tulane Avenue
New Orleans, LA 70112
(504) 568-3928

LSUIH Ophthalmology Clinics

1450 Poydras St. 3rd Floor,
New Orleans, LA 70112

Children's Hospital New Orleans

200 Henry Clay Avenue
New Orleans, LA 70118
(504) 896-9426; (504) 896-9312 fax
Directions: From Ochsner

Go East on Jefferson Highway to Broadway St. and
take a right, turn left onto St. Charles Ave, turn right
onto Henry Clay Ave.

L.J. Chabert Medical Center (Chabert, CMC)

1978 Industrial Boulevard
Houma, LA 70363
(985) 873-2160

Directions: From New Orleans to Houma, LA
Start out going West on Airline Hwy/US-61 by turning right.
Take the I-310 ramp towards BOUTTE/BATON ROUGE.
KEEP LEFT AT THE FORK IN THE RAMP TAKE HOUMA/BOUTTE
RAMP.

Merge onto I-310 South which crosses the bridge.
Continue until you merge into highway US-90 West to the Houma Exit
3198. Houma, route 182 - At this exit go to stop sign and turn left onto
highway 90 West. At first traffic signal take a left onto highway 3087.
You will cross over two bridges keep, going until you come to end of
this highway. (Rally's on right and Burger King on left) Take a left at
this traffic light onto Grand Caillou Road. Pass thru two traffic lights, at
third traffic light turn right onto Industrial Blvd., Hospital is on left.
(985) 873-1265.

Maddy Pitre – Medical Director's Office

Earl K. Long Medical Center (EKL)

5825 Airline Highway
Baton Rouge, LA 70805
(225) 358-3907

LSU Surgical Facility
9032 Perkins Road
Baton Rouge, LA 70810
225-768-5700/5816
225-768-5835 fax

Veterans Affairs Medical Center (VANO)

1601 Perdido Street

New Orleans, LA 70112

(504) 568-0811, ext. 5553

Directions: From Ochsner

Take Jefferson Highway to Claiborne, go towards downtown, take Tulane exit, right on Lasalle, right on Perdido

University Medical Center/LSU Eye Clinic (UMC)

105 St. Joseph Street

Lafayette, LA 70506

(337) 262-2500; (337) 262-2506 fax

Directions: Take I 10 west toward Lafayette

Take exit 101 toward Lafayette

Left onto University Avenue for 2.3 miles

Right onto St. Landry Street, right on St. Joseph Street

The LSU Eye Clinic is just across the street from the Azar Eye Clinic.

Lallie Kemp Regional Medical Center (LK)

52579 Highway 51 South

Independence, LA 70443

(985) 878-9421; (985) 873-1301 Eye Clinic

Directions to LK:

I-10 west to I-55 north. Continue north on I-55

and go under I-12 and continue north to the TICKFAW exit and then exit right, turn right onto road to TICKFAW and go about 1-1.5 mi to HWY 51. Turn left (north) on 51 and go about 4-5 mi. Lallie Kemp is on the left. Enter hospital and ask for directions to the Eye Clinic.

Bogalusa Medical Center, (BOG)

433 Plaza Street

Bogalusa, LA 70427

(985) 730-6700

Bogalusa/LSU Eye Clinic

712 Willis Street

Bogalusa, LA 70427

(985) 730-2145; (985) 730-2142 fax

Directions to Eye Clinic:

Take Lake Pontchartrain Causeway Bridge to Northshore

stay straight to go onto US-190 W, turn slight right onto LA-21
turn left onto LA-21 N, turn left onto St. Louis St., turn right
onto S. Columbia St/LA-3124, turn left onto Willis Ave.