



LSU/Ochsner Ophthalmology Residency Training Program

Handbook

Program Director

Marie D. Acierno, M.D.

E-mail: macier@lsuhsc.edu

Phone: (504) 390-6089

Education Coordinator

Gale Marie Abbass

E-mail: gabbas@lsuhsc.edu

Phone: (504) 568-2242

FAX: (504) 568-2385

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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 carryout 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 designed to expose all residents to an equivalent, well-rounded graduate experience in all aspects of ophthalmology. 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 four 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 core to 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 - UMC, CMC, EKL, OCF Triage, VANO

Year 2 - EKL, LK, CMC, BOG, VANO, UMC

Year 3 - LK, UMC, EKL, CMC, BOG

Oculoplastics:

Year 3 - Ochsner

Years 1, 2, and 3 – CMC

Glaucoma:

Year 1 - Ochsner

Years 1, 2, and 3 – CMC, EKL

Cornea and external disease:

Years 2 and 3 – LK, CMC

Pediatric ophthalmology:

Year 2 – Ochsner, Children's

Retina:

Year 1 – Ochsner

Years 1, 2, and 3 – EKL

Neuro-ophthalmology:
Year 1 – Ochsner triage
Year 1 and 2 – EKL
Year 2 – Children's

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 material pathology 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.

Rotational 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 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.

Staff

Dr. Acierno, LSU, EKL	Dr. Morgan, EKL
Dr. Bergsma, LSU, Bogalusa	Dr. Hoth, EKL
Dr. Barron, LSU, LK	Dr. P Azar, UMC
Dr. Fuller, LSU, EKL	Dr. S Azar, UMC
Dr. Boulogny, LSU	Dr. J Azar, UMC
Dr. Nussdorf, OchsnerChabert	Dr. F Hall, UMC
Dr. Guillmette, Ochsner	Dr. L Estrada, VANO
Dr. Lofffield, Ochsner	
Dr. Young, Ochsner	
Dr. Medof, Chabert	

General Ophthalmic History and Physical Exam

General appearance	Extra ocular movements
Basic neurologic status	Pupillary responses
Degree of alertness & orientation	External lid examination
Visual acuity	Slit lamp examination
Lensometry	Applanation & tonopen tonometry
Refraction	Spectacle prescription

Clinical Skills -

IOL calculation/biometry	Keratometry
Use of auto refraction	Soft contact lens fitting
Use of cycloplegic agents	Rigid contact lens fitting

Surgical Skills -

ECCE	Peribulbar anesthesia
Phacoemulsification	Retrobulbar anesthesia
Continuous tear capsulotomy	Chalazion excision
Clear corneal cataract incision	Biopsy lid lesions
Scleral tunnel cataract incision	Repair lid laceration
YAG capsulotomy	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 include 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 and 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. Bergsma, LSU, Bog
Dr. Kaufman, LSU

Dr. Guillmette, Ochsner
Dr. Metzinger, Ochsner

Clinical Skills -

Slit lamp exam
Keratometry

Tear evaluation
Pachymetry

Corneal sensitivity testing
Interpretation of corneal topography
Interpretation of specular photography

Surgical Skills -

Corneal scraping
Corneal biopsy
Pterygium excision
Penetrating keratoplasty
PRK
LASIK
Removal of corneal foreign body

CK
Punctal occlusion
Tarsorrhaphy
Conjunctival biopsy
Amniotic membrane grafting
Amniotic membrane grafting

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 find the incidence of glaucoma in various population groups. Aqueous humor dynamics and optic 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 in glaucoma 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 complications are likewise important.

Staff

Dr. Lofffield, Ochsner

Dr. Nussdorf, Ochsner, Chabert

Dr. Boulogny, LSU

Clinical Skills –

Goldmann tonometry

Gonioscopy

Tonopen tonometry

OCT and HRT

Optic nerve head assessment

Assessment of visual field tests

Surgical Skills –

Laser iridotomy & Gonioplasty

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 include 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 retinitis of prematurity (ROP), retinal infectious disorders and neuro-ophthalmic abnormalities should be mastered.

Staff

Dr. Eustis, Ochsner, Children's

Dr. Ellis, Children's

Dr. Vives, Children's

Clinical Skills –

Stereo testing

Vertical Maddox rod

Krimsky's testing

P & C measure

Color vision testing

Infant vision testing

Sensory testing

Eye movement assessment

Interpretation of ERG

Torsion measurement

Retinoscopy in children

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 the understanding of the disease process of 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. Rubio, Ochsner

Clinical Skills -

Direct ophthalmoscopy

Indirect ophthalmoscopy

Scleral depression

Slit lamp biomicroscopy of retina

Interpretation of IVFA

Amsler grid testing

ROP examination

Surgical Skills -

Vitreous tap

Anterior vitrectomy

Posterior vitrectomy

Scleral buckle

PRP

A & B scan ultrasonography of retina

Focal laser

Pneumatic retinopexy

Retinal cryotherapy

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 retrochiasmal 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, LSU, EKL

Dr. Joel Sacks, Ochsner

Clinical Skills -

Neuro-ophthalmic history

Motility and Alignment Exam

Confrontational vision field testing

Color vision testing

Pupil testing

Tension testing

Amsler Grid

Brightness Sense Testing

Tests of Stereopsis

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: J Nussdorf, R Medof, J Rubio, J Groetsch

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 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 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.

Earl K. Long Medical Center

Staff: M Acierno, I Butler Fuller, J Hoth, M Morgan

Location: Earl K. Long Medical Center (EKL);

LSU Mid-City Ophthalmology Clinic

Clinic Days: M, T, W, Th, F

Surgery Days: M, F

Research Day: None

Call: First beeper call, every fourth day;
Second beeper every fourth day

Specialty Clinic: Retina, T-F
Neuro-ophthalmology, Th

Residents: Years 1, 2, and 3

Address: EKL- 5825 Airline Highway
Baton Rouge, LA 70802
(225) 987-9099
Mid-City Clinic
1401 N. Foster Drive
Baton Rouge, LA
(225) 987-9099

General Description:

Residents will rotate through the Earl K. Long Medial Center, a 157 bed hospital in Baton Rouge Louisiana with affiliated ambulatory ophthalmology clinics located at the LSU Mid City Facility on N. Foster Boulevard. 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 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. 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.

Ochsner Triage and Neuro-ophthalmology

Staff: C Young, J Sacks
Location: Ochsner Medical Center, New Orleans
Clinic Days: M – F
Surgery Days: M PM if clinic volume allows
Research Days: None
Call: First beeper every third day
Specialty Clinic: Neuro-ophthalmology, Wed PM
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.

The second component of this rotation is neuro-ophthalmology exposure with Dr. Joel Sacks. Residents will be responsible for evaluation and presentation of the neuro-ophthalmology consults to Dr. Sacks. Residents are expected to be comfortable with the neuro-ophthalmology assessment and be familiar with the common and unusual neuro-ophthalmology diagnoses.

With completion of this rotation the resident is expected to demonstrate a sense of comfort in handling ophthalmologic emergencies and be familiar with the common neuro-ophthalmology disorders.

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 to introduce the subspecialty of glaucoma. 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. On completion of this rotation, the resident should be comfortable in the clinical evaluation, diagnoses and management of routine glaucoma cases.

Ochsner Retina

Staff: L Arend, J Rubio
Location: Ochsner Medical Center, New Orleans
Clinic Days: M, W, Th, F
Surgery Days: T
Research Days: None
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:

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.

Ochsner Pediatric Ophthalmology

Staff: Eustis
Location: Ochsner Medical Center, Children's Hospital
Clinic Days: M (Children's), T and Th (Ochsner)
Surgery Days: M PM (Children's), W(Ochsner)
Research Day: F

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.

Children's Pediatric Ophthalmology

Staff: G Ellis, T Vives
Location: Children's Hospital
Clinic Days: M, T, W, Th
Surgery Days: Variable T am (Vives), F Ellis
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. Resident will be responsible for all inpatient consults and 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.

VAMC-NO General Ophthalmology

Staff: L Estrada, L Smith
Location: VAMC-New Orleans
Clinic Days: M - F
Surgery Days: None
Research Days: None
Call: None
Subspecialty Clinic: None
Residents: Year 1, Year 2
Address: 1601 Perdido Street
New Orleans, LA 70112
504-568-0811, ext. 5553

General Description:

The VA Medical Center in New Orleans has recently opened and at the present time, only serves as an outpatient medical treatment center. The general ophthalmology rotation here provides the residents with experience at a federal government medical center which is progressively administered under the rule book of managed care. Provides access to a patient population with a high degree of systemic disease and high in sense of glaucoma. Soon to open will be an operating room that is well staffed, well equipped and with a relaxed atmosphere. There is significant medical and surgical experience in both general ophthalmology and retina that is provided here. This rotation provides the residents with a multitude of varied surgical opportunities.

Lallie Kemp General Ophthalmology

Staff: D. Bergsma
Location: Lallie Kemp Regional Medical Center,
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 General Ophthalmology

Staff: I B Fuller, D Bergsma
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.

University Medical Center

Staff: 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 1, 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 here 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.

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.

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

July: Glaucoma

August: Plastics

September: Uveitis

October: Strabismus/Pediatric Ophthalmology

November: Cataract

December – January: Cornea and External Disease

February – March: Retina

March: Optics and Refraction

April – May: Neuro-ophthalmology

Specialty Lecture Series

Fluorescein Conference

Cornea Conference

Strabismus Cases

Morbidity Conferences

Journal Club

Grand Rounds

Ochsner and Children's : First Wednesday

LSU/EKL/VA: Second Wednesday

UMC/Bogalusa: Third Wednesday

Chabert/Lallie Kemp: Fourth Wednesday

*Video Broadcast

The conference calendar is issued the middle of each month for the coming month. Residents should check the calendar for exceptions. Absences must be excused/reported to the Program Director.

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 thru 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, and effective for the treatment of health problems and 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	Clinics Research project	Staff evaluation, Research

	technology		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. <u>Practice-based learning and improvement</u> that involves investigation and evaluation of their own patient care, appraisal, assimilation of scientific evidence, improvements in	3a) investigation and evaluation of their own patient care	Clinics Grand rounds	Resident & Staff evaluations

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	5a) commitment to professional responsibilities	Clinics	Staff & Resident evaluations

professional responsibilities, adherence to ethical principals, and sensitivity to diverse patient population			
	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 of 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

The residency Research Director is Herbert Kaufman, M.D. Each resident must complete one basic science or clinical research project during the three year residency. Upon completion of the project, the resident must give the faculty a scientific presentation of the project at the next annual Residency Day. Prior to initiation, every resident must obtain Dr. Kaufman's approval of the proposed project. Every clinical research project (even chart reviews) must have LSUHSC Institutional Review Board (IRB) approval. Every research project using animals must have LSUHSC Institutional Animal Care and Use Committee (IACUC) approval.

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 and Assistant 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 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. Kaufman, 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.

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.

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

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 the duty site.

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

Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 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.

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 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The Program Director and the faculty 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, accept under unusual circumstances.

Other Grievance Procedures: Grievances other than those or Program actions described above or discrimination should be directed to the Program Director for review, investigation and/or possible resolution. Complaints alleging violations of the LSUHSC EEO policy or Sexual Harassment policy should be directed to the appropriate supervisor, Program Director, Director of Human Resource Management and EEO/AA Programs, or Ms. Flora McCoy, Labor Relations Manager at 504-568-8742.

Ombudsman: Dr. Thomas Alchediak of MCLNO will serve as an impartial, third-party for House Officer who feels their concerns cannot be addressed directly to their program or institution. Dr. Alchediak will work to resolve issues while protecting resident confidentiality. He can be reached through the MCLNO operator at 504-903-3000 or through the Tulane operator at 504-988-5263.

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 the Assistant Director for all Ochsner Rotations, Chabert Medical Center and Children's or 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, Chief Residents and Department Heads from LSU and Ochsner.

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 LSU 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 really 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.

Guidelines for Women

Dress standards

Professional Attire: White lab coat, dresses, suits, skirts and blouses or slacks and blouses. Skirts and suit shorts should come at least two inches above the knee or longer. Slacks should be tailored, full-length dress slacks. Loose leggings may be worn with a below the hip tunic or sweater.

Shoes should be pumps, flats, oxfords or other (closed) styles or simple sandals. Hosiery or socks must be worn, especially with sandals. Hosiery without pattern is recommended. Jewelry, makeup, and hairstyles should be appropriate for daytime and for work.

Inappropriate dress

Sheer or clingy fabrics, tank tops, backless or low cut dresses or blouses, sweats, jogging or other work out attire, mini skirts, spandex shirts, jeans, shorts, capri-length pants, tight leggings, tights, spandex pants/bike shorts, strappy or beach sandals/clogs/thongs, athletic shoes, novelty shoes, and evening shoes.

Guidelines for Men

Dress standards

Professional attire: White lab coat, shirt and tie, tailored straight leg trousers, suits and sport coats where appropriate. Shirt and tie should also be worn under sweaters.

Dress or business shoes. Socks should coordinate with slacks and be worn at all times. Jewelry, nails and hairstyles should be conservative.

Inappropriate dress

Tee shirts, polo shirts, tank tops, sweats, jogging or other work out attire, jeans, shorts, sandals/thongs, athletic or hiking shoes, and athletic socks.

Hurricane/Disaster Protocols

Lallie Kemp LSU Eye Clinic, UMC Lafayette LSU Eye Clinic, Bogalusa Medical Center LSU Eye Clinic, and Chabert Medical Center LSU/Ochsner 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, Baton Rouge and Elmwood Trauma Center, New Orleans (until University Hospital, New Orleans is re-opened) are designated sites for ophthalmic services during such times of natural crisis. 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.

Ochsner Medical Center, Main Campus

In the event a severe weather plan is enacted at Ochsner, an emergency team consisting of the staff physician and senior resident on call will be responsible to remain on campus. If either is unable to perform their duties, a substitute must be identified. Communication between staff physician and resident to confirm and coordinate this responsibility is necessary. Residents will be instructed to assimilate essential personal items for a five-day period and report to the Brent House Lobby. The disaster information line to call for updated Ochsner Clinic and Hospital Information is 504-842-9999 or 800-961-6247.

MCLNO

RESPONDING TO EMERGENCY AND/OR DISASTER SITUATIONS

I. POLICY STATEMENT

It is the policy of the Medical Center of Louisiana (MCL) to provide procedures for various internal and external emergency and/or disaster scenarios via the MCL Emergency Management Manual and the Emergency Management Quick Reference Guide. Each department and/or clinical area should have an MCL Emergency Management Manual and an Emergency Management Quick Reference Guide available for review by staff within their area. To obtain an MCL Emergency Management Manual and/or an Emergency Management Quick Reference Guide, contact the Administrative Chair of the Emergency Management Sub-Committee at 903-3047.

II. GENERAL GUIDELINES

A. The Emergency Management Sub-Committee is a branch of the Environment of Care Committee Charged by the Chief Executive Officer (CEO), the Administrative Chair of the Emergency Management Sub-Committee is responsible for:

- ensuring that the Medical Center of Louisiana is prepared to meet internal and external emergency conditions that may arise
- the development, maintenance and distribution of the MCL Emergency Management Manual and the Emergency Management Procedures Quick Reference Guide
- conducting a hazard vulnerability analysis to identify potential emergencies that could affect the need for services or the ability to provide services
- updating the Incident Command call tree as needed to facilitate quick contact of pertinent personnel.

B. Each division of MCL shall have representation on the MCL Emergency Management Sub-Committee. The CEO shall appoint administrative and clinical chairs to the MCL Emergency Management Sub-Committee. Administrative Council members shall appoint sub-committee members to represent their division.

C. Administrative Council members and department directors shall ensure that all MCL staff participate in emergency and/or disaster drills to ensure MCL's readiness and ability to respond to actual emergency and/or disaster situations.

D. MCL's emergency and/or disaster codes include:

Code Red – Fire

Code Green – Obstetric Delivery Outside of Labor and Delivery

Code Pink – Infant/Child Abduction

Code Yellow – External Disaster

Code Grey – Severe Weather

Code White – Bomb Threat

Code Brown – Internal Disaster

Code Orange – Radiation Emergency

Code Purple – Violence/Volatile Situation

Code Blue – Cardiopulmonary Arrest.

PLEASE NOTE: Detailed procedures for all emergency and/or disaster codes except Code Red and Code Blue can be found in the MCL Emergency Management Manual. Code Red procedures are included within the Environment of Care Manual. Code Blue procedures can be found within MCL Policy 5026 – Resuscitation Management.

E. Department directors and/or departmental Safety Coordinators shall schedule periodic review sessions with staff to review individual

responsibilities of the procedures outlined within the MCL Emergency Management Manual and the Environment of Care Manual for each emergency and/or disaster code.

F. Upon announcement of an emergency and/or disaster code, department directors shall activate a procedure to notify affected staff members under their supervision of the event announcement and their responsibilities through out the duration of the disaster. It is the responsibility of each Administrative Council member or department director to develop and maintain call trees to facilitate quick contact of pertinent personnel.

G. Employees shall respond immediately upon notification of an emergency and/or disaster code and shall follow the procedures outlined within the Emergency Management Quick Reference Guide until the details of the specific procedures included within the Emergency Management Manual can be initiated. Employees who do not report for duty as requested or who do not follow the procedures outlined within the Emergency Management Manual may be subject to disciplinary action.

H. For information detailing responsibilities during specific emergency and/or disaster codes, refer to the Emergency Management Manual and the Emergency Management Quick Reference Guide.

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.

Residents requesting to moonlight must submit the Moonlighting Request Form found on the Intranet at Our Residents' Place.

Moonlighting shifts must be recorded by submitting the moonlighting hours to the Education Coordinator. It is understood that the weekly duty hours including clinic and moonlighting hours must not exceed 80 hours per week.

Also, see institutional moonlighting policy in House Officer Manual.

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

Vacation Leave: House Officers are permitted 21 days (three 7 day weeks) of non-cumulative paid vacation leave in the first year, and 28 days (four 7 day weeks) per year thereafter, subject to Departmental policy. 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 calendar 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 21 or 28 days depending on the House Officer level) 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 5 (five) 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. Two of the five days may be used for attending a review course.

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

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 at in the 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 4 weeks of their vacation time. The Year 3 residents must list two weeks of vacation and can 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 and to the Education Coordinator.
4. The Year 1 residents will select all three 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 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 approved as long as affected staff concurs and all clinic and call responsibilities are accommodated.5. When scheduled for a shorter rotation block (ie 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 2 weeks for that entire rotation block.

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

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

8. 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.

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

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

11. 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 spring and submitted simultaneously with the vacation leave requests.

12. 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.

13. It is imperative that proper procedures are followed when canceling vacation. If resident cancels vacation, the resident must obtain email cancellation approval from the local site director and forward that to the Education Coordinator prior to the dates of vacation to have vacation reinstated. If a resident is required to work during a day of vacation, 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.

14. Education Leave should be scheduled in the spring 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 avoiding time conflicts, undue burden to junior residents, and shortage of residents at clinic sites.

15. 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.

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 can not be accrued from year to year.

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

Travel/Meetings

The Program encourages resident attendance at educational meetings. Likewise presentation of paper 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 both 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, care 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.

Staff

Name

Beeper or Phone

Gale Abbass, Education Coordinator	(504) 568-2242
Marie D. Acierno, M.D. –Program Director, Neuro-ophthalmology	(504) 390-6089
Lawrence W. Arend, M.D. – Retina & Vitreous Surgery 2386	(504) 833-2337 ext
John Azar, M.D	(337) 234-8900
Paul Azar, M.D.	(337) 235-7791
Susan Azar, M.D.	(337) 235-7791
Bruce A. Barron, M.D. – Cornea, Cataract & Refractive Surgery	(504) 679-8327
Donald R. Bergsma, M.D. – Chairman, General Ophthalmology	(504) 679-8322
Randy Bouligny, M.D. – Glaucoma	(504) 891-1116
J. Curtis Creed, M.D. – Retina & Vitreous	(225) 346-7039
Kathy Cunningham– Residency Secretary	(504) 842-3917
James W. Donovan, M.D. – General Ophthalmology	(504) 501-0411
Leslie Estrada, VANO	(504) 568-0811
H. Sprague Eustis, Jr., M.D. – Section Chief, Pediatric Ophthal	(504) 538-7225
Ira Butler Fuller, M.D. – Director, Retina & Vitreous Service	(225) 987-9099
Steven Gill, O.D. – Optometry, Contact Lens Clinic	(504) 412-1243
Jeffrey A. Guilmette, M.D. – Gen Ophthalmics & Cataract Surgery	(504) 550-9637
Frederick Hall, M.D.	(337) 256-8395
Richard J. Hesse, M.D. – General Ophthalmology	(504) 551-2178
James Hoth, M.D.	(225) 768-7777
Herbert E. Kaufman– Director, Res. Research/Cornea Service	(504) 412-1348
Katherine M. Lofffield, M.D. – Section Chief, Glaucoma	(504) 576-1505
Michael G. Morgan, M.D. – Cataracts & Glaucoma	(225) 339-8162
Jonathan D. Nussdorf, M.D. – Glaucoma	(504) 550-5834
Juan E. Rubio, M.D. – Retina & Vitreous	(504) 538-1230
Joel G. Sacks, M.D. – Neuro-ophthalmology	(504) 538-8155
Charles Young, M.D. – General Ophthalmology	(504) 538-0915

Rotation Sites/Directions

Program Administrative Offices

2020 Gravier Street, 3rd Floor
New Orleans, LA 70112
(504) 412-1200

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.

Medical Center of Louisiana at New Orleans (MCLNO)

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

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 TAKING HOUMA/BOUTTE RAMP.

Merge onto I-310 South which crosses the bridge.

Continue until you merge into highway US-90 West this will get to the Houma Exit which is Exit 3198. Houma, route 182 - At this exit go to stop sign and turn left this will be highway 90 West to Houma. At first traffic signal this will be highway 3087 take left. Continue on this highway you will cross over two bridges keep going until you come to end of this highway. You will see Rally's on right and Burger King on left Take a left at this traffic light onto Grand Caillou Road. Pass thru two (2) traffic lights, at third traffic light turn right onto Industrial Blvd., Hospital is on left.

(985) 873-1265. Maddy Pitre – Medical Director's Office

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.

Earl K. Long Medical Center (EKL)

5825 Airline Highway

Baton Rouge, LA 70805

(225) 358-3907

EKL/Mid City Clinic

1401 N Foster Drive

Baton Rouge, LA 70806-1818

(225) 987-9099

Directions: From Ochsner New Orleans to Mid City Clinic

Take I-10 W toward Baton Rouge; Take the College Dr exit- EXIT 158

Turn slight right onto College Dr.

Turn slight left onto S Foster Dr.

End at 1401 N Foster Dr Baton Rouge, LA 70806-1818

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.