

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

DEPARTMENT OF OPHTHALMOLOGY

SUPERVISION OF RESIDENTS POLICY

Applies to: All Ophthalmology Residents, including those in ACGME- and non-ACGME-accredited specialty and subspecialty programs.

The purpose of this document is to outline principles for supervision for postgraduate trainees in the Department of Ophthalmology at The NYU School of Medicine. The Department of Ophthalmology must provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents and the relevant program requirements.

Postgraduate medical education is the process by which clinical and didactic experiences are provided to residents to enable them to acquire those skills, knowledge and attitudes which are important in the care of patients. The purpose of Graduate Medical Education (GME) is to provide an organized and integrated educational program which provides guidance and supervision of the resident, facilitates the resident's professional and personal development, and ensures safe and appropriate care for patients. GME programs focus on the development of clinical skills, attitudes, professional competencies and an acquisition of detailed factual knowledge in a clinical specialty.

Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) state that "residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience." This process is the underlying educational principal for all graduate medical education, regardless of specialty or discipline. Clinician educators involved in this process must understand the implications of this principle and its impact on the patient and the resident.

All patient care must be supervised by qualified faculty. It is the responsibility of the Residency Program Director to ensure, direct and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervisory faculty. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

The Program Letters of Agreement identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision and formal evaluation of resident performance at the affiliated sites.

The Program Director is responsible for the quality of the overall education and training program and for ensuring that the program is in compliance with the policies of the respective accrediting and/or certifying bodies.

Resident Clinical Responsibilities

Over the course of the three year Ophthalmology Residency Training Program, a resident is expected to be able to perform an increasing level of clinical function and responsibility.

By the end of the First Year (end of PGY-2), the resident should be proficient at the following examination skills:

1. A complete understanding of the principles and practices of physiological optics and refraction, and perform routine refractions
2. Diagnose and treat acute and chronic anterior, intermediate and posterior uveitis
3. Identify common lid lesions
4. Examine the retina and vitreous using direct and indirect ophthalmoscopy (including scleral depression) and slit lamp biomicroscopy, understand the basic principles of fluorescein angiography, and ultrasonography. Be able to recognize the normal study from a pathological one.
5. Possess a basic understanding of the neuroanatomy pertaining to the field of Neuro-Ophthalmology and be familiar with the common Neuro-Ophthalmologic Diseases.
6. Know the basic principles of extraocular muscle physiology and be able to perform a complete motility examination.
7. Be familiar with corneal physiology, slit lamp examination of the cornea and the common diseases of the cornea.
8. Have an understanding of aqueous physiology in healthy and diseased states.
9. Perform a complete Glaucoma examination including: tonometry, stereoscopic biomicroscopic examination and evaluation of the angle, optic nerve, cup and nerve fiber layer; examination and evaluation of visual field perimetry; and the therapeutics and pharmacology of anti-glaucoma therapy.
10. Examination and evaluation of the lens.
11. Evaluation of the orbit, including exophthalmometry, tear function testing, and orbital anatomy, including interpretation of radiologic imaging.
12. Basic concepts of visual diagnostic testing including electrophysiological testing.

By the end of the Second Year (end of PGY-3), the resident should be proficient at the following examination skills:

1. Fit cosmetic and therapeutic contact lenses for routine and complex patients.

2. The evaluation, testing and dispensing of low vision aids for the low vision patient.
3. Diagnosis and treatment of posterior uveitis, treating difficult patients with alternative methods, including an understanding of systemic uveitis therapy.
4. Identification of all tumors of the eye with an emphasis on diagnosis so as to differentiate benign from malignant lesions.
5. Use varied diagnostic modalities to diagnose retinal vascular disease, hereditary retinal disease, chorioretinal inflammations, macular diseases, retinal manifestations of systemic disease, Retinopathy of Prematurity, peripheral retinal disease, including retinal detachments and proliferative vitreoretinal disease.
6. Diagnose and treat optic nerve disorders, tumors and trauma of the central nervous, as well as inflammatory, vascular, degenerative, hereditary and systemic disease which affect the Neuro-Ophthalmologic system.
7. Examine comitant and incomitant strabismus, acquired motility disorders; evaluate nasolacrimal disease and congenital lid lesions in the Pediatric patient population.
8. Diagnose corneal diseases (degenerations, dystrophies, trauma, inflammations, infections, hereditary, manifestations of systemic disease), and use bandage and therapeutic contact lenses.
9. Diagnose and treat primary open angle glaucoma, chronic angle closure glaucoma, acute angle closure glaucoma and secondary glaucoma.
10. Identify cataracts and determine potential visual outcome of cataract surgery.
11. Incisional and excisional biopsy of superficial lesions of the ocular adnexa and read pathology specimens.
12. Understand the abnormal visual function tests and how they illuminate the diagnosis of diseases.

By the end of the Third Year (end of PGY-4), the resident should be proficient at the following examination skills:

1. Difficult refractions including keratoconus, and irregular astigmatism. Understand the fundamentals of refractive surgery.
2. Preoperative and postoperative evaluation of patients undergoing the full range of surgical procedures that Third year residents will perform, including:
 - a. Anterior chamber paracentesis, diagnostic and therapeutic vitrectomy, surgical biopsies and enucleation
 - b. Vitreoretinal surgery, laser and cryotherapy, and retinal detachment surgery
 - c. Orbital exploration and biopsy
 - d. Laser and surgery for Retinopathy of Prematurity
 - e. Penetrating and Lamellar Keratoplasty
 - f. Trabeculectomy and shunt procedures

- g. Intracapsular and extracapsular cataract surgery, ultrasound phacoemulsification, insertion of intraocular lenses, combined cataract surgery and glaucoma filtration surgery and combined cataract surgery and Penetrating and Lamellar Keratoplasty.
- h. Dacryocystorhinostomy, ptosis repair, orbital floor repair, lid grafts and orbitotomy.

Resident Surgical Responsibilities

Over the course of the three year Ophthalmology Residency Training Program, a resident is expected to be able to perform an increasing level complexity of surgical procedures.

By the end of the First Year (end of PGY-2), the resident should be proficient at the following surgical procedures:

- 1. Simple eyelid laceration repair (not involving the canalicular system)
- 2. Tarsorrhaphy
- 3. Corneal and conjunctival foreign body removal
- 4. Chalazion and minor lid lesion excision and repair

By the end of the Second Year (end of PGY-3), the resident should be proficient at the following surgical procedures:

- 1. Strabismus surgery
- 2. Non-phacoemulsification extracapsular cataract extraction
- 3. YAG laser capsulotomy
- 4. Pterygium excision (with and without conjunctival graft)
- 5. Temporal artery biopsy
- 6. Retinal laser photocoagulation
- 7. Laser trabeculoplasty
- 8. Laser iridotomy
- 9. Cyclodestructive procedures

By the end of the Third Year (end of PGY-4), the resident should be proficient at the following surgical procedures:

- 1. Ultrasound phacoemulsification
- 2. Non-phacoemulsification extracapsular cataract extraction
- 3. Intraocular lens implantation and explantation
- 4. Anterior vitrectomy
- 5. Penetrating and Lamellar Keratoplasty
- 6. Vitreous tap/injection
- 7. Enucleation and implant
- 8. Lacrimal surgery
- 9. Other orbital surgery
- 10. Complex eyelid laceration/canalicular repair
- 11. Ptosis repair
- 12. Entropion/ectropion repair

13. Blepharoplasty/eyelid reconstruction
14. Corneoscleral laceration and ruptured globe repair
15. Intraocular foreign body removal
16. Glaucoma filtering procedures
17. Glaucoma shunting procedures
18. Rhegmatogenous retinal detachment repair
19. Posterior vitrectomy

Additional Resident Responsibilities

As residents progress through the residency program, they will also take on additional administrative responsibilities:

All levels of residents will be responsible for the teaching of medical students. This teaching will occur in the medical school classrooms as well as in the Ophthalmology clinics. As second year residents, during the resident's rotation as Clinic Chief at each teaching institution (Bellevue, VAMC and MEETH), the Clinic Chief is responsible for overseeing the instruction of the medical students doing their Ophthalmology elective. The Clinic Chiefs will be supervised in this role by the Assistant Program Director and the Program Director.

All levels of residents will take part in assessing the attending physician's discharge of supervisory responsibilities. This will include written evaluations by the residents as well as discussions of issues regarding the faculty with the Residency Program Director.

The two Chief Residents will represent all of the residents on the Faculty Executive Committee, thus insuring that residents are provided with the opportunity to contribute to discussions in this committee where decisions are made which may affect their activities. The two Chief Residents also function as representative of the residents with regard to any grievances that the residents have with any members of the attending staff. These discussions take place at the Quarterly Executive Faculty Committee meetings, and additionally, can be discussed directly with the Assistant Residency Program Director, Residency Program Director and/or the Chairman of the Department. Any resident is always encouraged to engage the Assistant Residency Program Director, Residency Program Director and/or the Chairman of the Department in individual discussions about grievances or any topic regarding the residency program.

As residents progress through the program, they will be allowed increasing autonomy with regard to clinical activities they may perform independently. All surgical procedures which occur in the operating room must be supervised by and Attending Physician at all times. As residents progress through the program, they will be allowed to perform minor surgical procedures in the minor procedure room with increasing autonomy at the discretion of the Site Director at each site, in consultation with the Residency Program Director.

The term "Attending Physician" refers to licensed, independent physicians who have been formally credentialed and privileged at the training site, in accordance with applicable requirements.

Supervision Policy

Assignment and Availability of Attending Physicians

Within the scope of the Ophthalmology Residency Training Program, all residents, without exception, will function under the supervision of attending physicians. A responsible attending physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (within 30 minutes of contact), if needed.

Graduated Levels of Responsibility

As residents progress through the residency program, they are encouraged to assume increasing levels of responsibility with regard to patient care, commensurate with their individual progress in experience, skill, knowledge and judgment. This includes the supervision of more junior residents and medical students. Members of the attending staff are always available for consultation in these settings. An example of this would be giving residents in the clinic and emergency room setting increased autonomy in selecting which patients need to be presented to the attending physician for input regarding management and treatment of these patients. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the supervising attending physician.

Supervision of Procedures

Diagnostic or therapeutic procedures require a high level of expertise in their performance and interpretation. Although gaining experience in performing such procedures is an integral part of the education of residents, such procedures may be performed only by residents with the required knowledge/skill, and judgment and under an appropriate level of supervision by attending physicians.

Emergency Situations

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to the health of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and notified of the situation as soon as possible. The resident will document the nature of that discussion in the patient's record.

SUMMARY

Residents, subspecialty residents and fellows treat patients at all of the affiliated hospitals under the supervision of staff attending physicians who are independently licensed and duly credentialed by each institution. All inpatients and outpatients will be assigned an attending physician of record who is responsible for his/her care and for determining and implementing the appropriate level of supervision of the trainee along with the Program Director.

- Patients shall be notified of the name of the attending staff physician responsible for their care and that residents and fellows participating in their care are supervised by such staff physician(s).
- In providing clinical supervision to residents and fellows, supervisors should provide advice and support and should encourage trainees to freely seek their input.
- Residents and fellows are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.
- The supervising physician's involvement in a patient's case shall be documented in the medical record.
- The DIO shall present annually, a report to the Council of Chairs at the NYU School of Medicine. This report will also be sent to the governing bodies of all of the major participating institutions and will report on the activities of the graduate medical education and training programs at the NYU School of Medicine.