

## **ROTATION GOALS: CONSULTS PGY2**

### **SUPERVISION:**

Humeyra Karacal, MD

### **GOALS AND OBJECTIVES:**

Over the course of the rotation, the resident is expected to gain proficiency in the evaluation and management of urgent and emergent eye disease in the inpatient and emergency room settings. She/he will gain expertise in the indications for and execution of minor procedures (tarsorrhaphy, foreign body removal, lid laceration repair, lateral cantholysis). The resident on this service has primary responsibility for in-hospital and emergency room consultations for Barnes-Jewish Hospital. The resident will respond to all consultation requests in a timely manner, and perform history, ophthalmologic examination, and generation of a differential diagnosis and treatment plan. Coding experience will be gained by attaching a sample diagnosis to each consult sheet. Consult sheets and coding will be reviewed with both the PGY4 UES resident and the chief resident attending. The resident will also spend ½ day per week in the UES continuity of care clinic. The resident on this service will also serve as first surgical assistant to the PGY4 UES resident for intraocular and extraocular surgery, and will gain expertise in retrobulbar and peribulbar anesthesia techniques, aseptic surgical technique, the names and uses of ophthalmic surgical instruments and devices, and routine pre-operative, operative, and post-operative care. Surgical responsibilities will increase during the rotation, culminating in the resident performing his or her first extracapsular cataract extraction at the conclusion of the rotation. The resident on this rotation will become familiar with the surgical wet lab and will spend a significant portion of his/her non-clinic hours in the lab. Instruction in surgical technique will be taught by the PGY4 UES resident and the chief resident attending. Prior to scheduling his/her extracapsular cataract case in the O.R., the resident must demonstrate proficiency in the component parts of the case including but not limited to creation of wound, capsulotomy, hydrodissection, nucleus expression, and wound closure. If proficiency is not achieved by the conclusion of the rotation, remedial practice sessions will be arranged with volunteer attending faculty (including the chief resident) until the resident becomes competent in these techniques. At that time he/she may schedule the extracapsular cataract surgery. Competency in this rotation is assessed by the chief.

**ROTATION GOALS:  
All Level Resident's CONTINUITY OF CARE (COC)  
and  
CLINIC PGY2**

**SUPERVISION:**

<b>Day of Week</b>	<b>Attending</b>	<b>Day of Week</b>	<b>Attending</b>
Monday AM	K. Greuloch	Monday PM	H. Knopf
Tuesday AM	H. Karacal	Tuesday PM	H. Knopf
Wednesday AM	H. Karacal	Wednesday PM	R. Schadlu B. Smith J. Davies D. Fintak
Thursday AM	H. Kararcal	Thursday PM	S. Mangers/H. Knopf
Friday AM	K. Greuloch	Friday PM	K Greuloch/H. Knopf

**GOALS AND OBJECTIVES:**

The focus of this rotation is on primary ophthalmologic care. The primary goals of this rotation are for the resident to gain facility with the ophthalmologic examination, to generate a differential diagnosis, and to generate an appropriate treatment plan for each patient. Proficiency with the following will be assessed: History taking, visual acuity testing, retinoscopy, manifest refraction, cycloplegic refraction (if necessary), pupillary exam, motility exam, external exam, slit lamp exam, gonioscopy, dilated indirect and direct fundus exam. The resident will also become familiar with the indications for and interpretation of ancillary tests (i.e., visual fields, fundus photos, fluorescein angiography, etc.). The resident will see assigned and walk-in clinic patients in the University Eye Service Clinic (UES) from 8:30 am until clinic closing. All new patients should have a complete exam. Returning patients should receive an appropriately focused examination. The resident on the service has primary responsibility for generating a differential diagnosis and treatment plan for each patient he or she sees in the clinic. This plan is reviewed with the attending physician in the clinic for that half-day. Patients seen by the resident become part of that resident's continuity of care clinic, and will be preferentially seen by that same resident for the duration of the rotation and the residency. Minor procedures (foreign body removal, suture removal, chalazion excision, punctal occlusion, etc.) may be performed by the resident on this service with appropriate attending supervision. Residents will also have at least two CEX observed exams by attending physicians and patient questionnaires completed. Competency in this rotation is evaluated by the Drs. Karacal, Knopf and Grueloch.

**Specific to the CLINIC PGY2 rotation:**

**Refractive Surgery**

<b>Day of Week</b>	<b>Attending</b>
Every Monday AM	S. Wexler

**Contact Lens****Day of Week**

Every Monday PM

**Attending**

M. Lachtrup

**Low Vision****Day of Week**1<sup>st</sup> Tuesday AM2<sup>nd</sup> Tuesday AM3<sup>rd</sup> Tuesday AM4<sup>th</sup> Tuesday AM5<sup>th</sup> Tuesday AM**Location**

Society for the Blind

11188 Tesson Ferry

Delta Gamma

/ School for the Blind

11188 Tesson Ferry

UES

**Attending/Contact**

D. Ekin, ASCW.LCSW

C. Gaines

D. Naucke, Executive Director

J. Sucharski, Superintendent

C. Gaines

C. Gaines

**Surgery Lab****Day of Week**1<sup>st</sup> Wednesday AM3<sup>rd</sup> & 5<sup>th</sup> Wednesday PM4<sup>th</sup> Thursday AM**Attending**

S. Jick

G. Berdy

S. Shields

**Lasers****Day of Week**4<sup>th</sup> Friday AM**Attending**

K. Greuloch

The resident will have the opportunity to observe and participate in excimer laser refractive surgery with Dr. Wexler. The resident is expected to learn the pre-operative selection, operative procedures, and post-operative care of refractive surgery patients. The residents will spend 1/2 day per week in the contact lens clinic with Drs. Lachtrup and Hartstein. During this rotation the residents will examine current and prospective lens wearers. They will learn how to fit spherical rigid, soft lenses and soft toric lenses, treat/diagnose contact lens related complications, and become familiar with fitting procedures/outcomes for keratoconus, post penetrating keratoplasty and post trauma cases. Competency is based on personal interaction in contact lens fitting. The resident will spend 1/2 day per week in low-vision clinics (see above schedule). During this rotation the resident will learn the definition of low vision, epidemiology, symptomatology, etiology and the level of problem. Examination of low vision patients will take place the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday. Optics of devices (magnification, equivalent power, near low vision aids and daily living aids), appropriate usage in conjunction with patient's ability to function, and the next level when vision deteriorates will be discussed. Pre-school issues such as behavior, sleep, toys (lighted, sound) and the referral admission process of school-age children will be learned through observation. Low vision optics is also included in the curriculum. The residents will spend 1/2 day per week in the surgery lab (see above schedule). During this time, residents will be introduced to surgical techniques as outlined in the syllabus and will be expected to perform certain tasks with ease before they are allowed to schedule their first extracapsular cataract case as primary surgeon. The resident will spend 1/2 day per month in the laser lab (see above schedule). During this time, the resident will learn laser safety, laser physics, and operation of

specific laser units (Argon, YAG, Diode). The resident will also spend ½ day per week in the UES continuity of care clinic. Competency in low vision is based on personal interaction by Dr. Gaines and resident knowledge. To demonstrate competency in the wet-lab, the Attendings will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. Competency for the laser lab will be assessed by an oral quiz given by Dr. Greuloch.

**ROTATION GOALS: PEDS R1  
PGY2 Children's Hospital**

**SUPERVISION:**

Lawrence Tychsen, MD	Gregg Lueder, MD	Susan Culican, MD, PhD
Mark Rallo, OD	James Hoekel, OD	Nicholas Silvestros, OD
Jamie Ikeda, MD		

**Surgery Lab**

**Day of Week**

1<sup>st</sup> Monday PM (4:30-6:30 pm)

**Attending**

A. Blatt

**GOALS AND OBJECTIVES:**

For the Children's Hospital rotation, the resident is expected to gain a fundamental knowledge of eye disease unique to the pediatric population. Residents will also be expected to learn how to perform a full eye examination, with special attention to visual acuity (using age-appropriate measurements), motility, strabismus and sensory testing, pupillary testing, anterior segment, and posterior segment examination. By the conclusion of the rotation, the resident should be able to obtain reproducible visual acuity and strabismus measurements, generate a complete differential diagnosis for the patients' complaints, and implement appropriate therapy. The PGY2 resident will learn the fundamentals of pre-operative, operative, and post-operative care in children, and take an increasing role in the performance of these procedures as the rotation progresses. The resident is primarily responsible for seeing all in-house consultations arriving during his or her Children's Hospital assigned time. This includes consults from the Emergency Department. Assistance is always available from the attending physician, PGY4 Children's' resident, pediatric ophthalmology fellow, and clinic orthoptists and optometrists. The resident will gain experience in coding from this rotation. The residents will attach a sample diagnosis to each consult sheet to be reviewed with the attending. The resident is expected to support the various clinics that are in progress during the day. Initially the resident should shadow support personnel including the orthoptists and optometrists to observe. As the rotation progresses they should become proficient at the exam themselves. Residents should begin their exams under supervision by the PGY4 resident, the fellow, an orthoptist or optometrist. Once their exam is proficient, the resident will be encouraged to see patients independently prior to presenting the case to the attending physician in each clinic. The resident will also serve as first surgical assistant to the attending physicians for cases selected by the fellow and the senior resident. These cases will generally include examinations under anesthesia, naso-lacrimal duct probing, and horizontal muscle strabismus surgery. The resident on this rotation also participates in the Wednesday morning didactic rounds conducted by the attending physicians and staff. He or she is expected to answer questions from the syllabus. The resident will spend 1/2 day per month in the practice lab with Dr. Andy Blatt, a pediatric ophthalmologist. During this time, residents focus will be on pediatric surgical techniques. To demonstrate competency, the attendings will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to

the next step. Competency in this rotation is assessed by the attending physicians, and includes a written final examination.

## **ROTATION GOALS: RESEARCH PGY2**

### **SUPERVISION:**

Research Faculty Members:

Usha Andley, PhD	Steven Bassnett, PhD	David Beebe, PhD
Shiming Chen, PhD	Thomas Ferguson, PhD	Mae Gordon, PhD
M. Rosario Hernandez, DDS	Tammy Keadle, PhD	Steven Kymes, PhD
David Leib, PhD	Peter Lukasiwicz, PhD	Arthur Neufeld, PhD
J. Mark Petrash, PhD	Alan Shiels, PhD	Patrick Stuart, PhD
Russell Van Gelder, MD, PhD	Edward Barnett, MD	Raj Apte, MD, PhD
Milam Brantley, MD, PhD	Nancy Holekamp, MD	Susan Culican, MD, PhD
J. William Harbour, MD	Gregg Lueder, MD	Daniel Joseph, MD, PhD
Michael Kass, MD	Lawrence Tychsen, MD	Nathan Ravi, MD, PhD

### **Surgery Lab**

#### **Day of Week**

Every Friday PM

#### **Attending**

Kumar Rao

### **Pathology Lab**

#### **Day of Week**

Every Thursday AM

#### **Attending**

M. Smith

### **GOALS AND OBJECTIVES:**

The purpose of this rotation is to introduce the resident to the methods, techniques, and importance of current ophthalmologic research. The resident should gain an increased understanding of the importance of medical research to the clinical practice of ophthalmology, as well as an increased ability to critically review medical research in the literature. It is hoped that the resident will initiate a project that may be continued throughout a portion or all of the residency. Six weeks prior to the rotation, the resident should discuss potential mentors with either Dr. Van Gelder or Dr. Culican. Based on the resident's interests and previous research training, an appropriate match will be selected, and the resident will contact that individual. The resident will then generate an appropriate research project for the ten week rotation. The project chosen should be limited enough that significant progress may be made in a ten-week period, but also broad enough that it may lead to presentation or publication. The resident should submit an abstract to Drs. Culican and Van Gelder. In turn, they will approve the resident's research plan prior to initiation. A \$1000 fund will be allocated to the research mentor to cover costs associated with the resident's research project. The research mentor is responsible for the day-to-day supervision of the individual's research progress. At the conclusion of the PGY2 year, the resident is expected to make a short presentation on his/her work at a designated research seminar. The research mentor should be present at this session, as well. If the resident's research is accepted for presentation at ARVO or AAO meetings, he or she may attend these meetings to present, with \$1000 of costs covered by the department. All cases in the pathology resident teaching file must be

reviewed by the resident in preparation for the “oral” exam session with Dr. Smith at the multi-head microscope. The resident is expected to know the key histopathologic features and relevant clinic-pathologic correlates of: uveal melanoma, ocular diabetes, retinitis, retinoblastoma, glaucoma, conjunctival nevi and melanoma, papilloma, CIN, chalazion, sebaceous gland carcinoma, basal cell carcinoma, amyloid, Fuchs’ dystrophy, pseudophakic bullous keratopathy, herpes simplex keratitis, graft failure, infectious ulcerative keratitis, epithelial downgrowth, endophthalmitis, lymphoma, lacrimal gland neoplasms, vascular tumor of the orbit, rhabdomyosarcoma of the orbit, metastatic carcinoma to the eye/and or orbit, idiopathic orbit inflammation, choristomas, CRVO, meningioma, optic nerve glioma, phakomatoses, sympathetic ophthalmia, lens induced inflammation sarcoidosis and angle recession. The resident must attend all pathology sign-out session of weekly specimens every Thursday morning in the Surgical Pathology Lab. The resident will spend 1/2 day per week in the practice lab with Dr. Rao focusing on retinal surgical techniques. To demonstrate competency, the attending will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. Competency in this rotation is assessed by the research advisor.

**ROTATION GOALS: JCVAMC**  
**John Cochran Veteran's Administration Medical Center Rotation**  
**PGY2**

**SUPERVISION:**

William	Becker	Consultant	2 <sup>nd</sup> Friday AM - Clinic
Anjali M.	Bhorade	Staff	Monday AM - Clinic
Sean	Breit	Consultant	
Susan	Culican	Consultant	5 <sup>th</sup> Wednesday - OR
Phil	Custer	Consultant	
John	Davies	Staff	Monday PM - Clinic
Sean	Edelstein	Staff	
Robert	Feibel	Consultant	3 <sup>rd</sup> and 5 <sup>th</sup> Thursday - OR
David	Fintak	Staff	Monday PM - Clinic
George	Harocopos	Staff	Tuesday PM - Clinic Wednesday AM - Clinic Thursday PM - Clinic
Michael	Kass	Consultant	
Michael	Korenfeld	Consultant	3 <sup>rd</sup> Wed. AM - OR
Robert	Lamberg	Consultant	4 <sup>th</sup> Monday AM - Clinic
Shayna	Mangers	Staff	Friday AM/PM - Clinic/OR
Yasaman	Mohadjer	Staff	Thursday PM - Clinic/OR
Anjali K.	Pathak	Consultant	1 <sup>st</sup> , 4 <sup>th</sup> Wednesday PM - OR
Ranjan	Malhotra	Consultant	4 <sup>th</sup> Wednesday PM - OR
Nathan	Ravi	Staff	Tuesday AM/PM - Clinic 4 <sup>th</sup> Wednesday AM - OR Wednesday PM - Clinic 5 <sup>th</sup> Thursday AM - OR
Mark	Rothstein	Consultant	2 <sup>nd</sup> Wed. AM - OR
Ramin	Schadlu	Staff	Monday PM - Clinic
J. Banks	Shepherd	Staff	Tuesday AM/PM - Clinic Wednesday AM -Clinic Friday AM/PM - Clinic/OR
Howard	Short	Consultant	2 <sup>nd</sup> Thursday PM - Laser
Bradley	Smith	Staff	Monday PM - Clinic
Mark	Spurrier	Consultant	1 <sup>st</sup> Thurs. AM - OR
Linda	Tsai	Consultant	2 <sup>nd</sup> Thurs. AM - OR
Stephen	Waltman	Consultant	2 <sup>nd</sup> and 3 <sup>rd</sup> Monday AM - Clinic
Mitchel	Wolf	Staff	Mon. AM - Clinic Wednesday PM - Clinic Thurs. AM - OR Friday AM -Clinic/OR

**GOALS AND OBJECTIVES:**

The focus of this rotation is on primary ophthalmologic care in an active outpatient setting. The primary goals of the 1<sup>st</sup> year VA rotation are 1. gaining facility with the ophthalmologic examination and refraction, 2. improving diagnostic and therapeutic skills for general ophthalmology patients, and 3. introduction to minor ophthalmic

surgical procedures. The VA resident will see scheduled and walk-in patients as well as in-house consults from 8:30 am until clinic closing each day. All new patients will receive a thorough ophthalmologic examination including: History, visual acuity testing, manifest refraction, cycloplegic refraction (if necessary), pupillary exam, motility exam, external exam, slit lamp exam, gonioscopy, dilated indirect and direct fundus exam. Returning patients should receive an appropriately full examination. The resident on the service should generate a differential diagnosis and treatment plan for each patient before reviewing the patient with an attending physician. The resident should recommend appropriate ancillary testing (i.e., visual fields, fundus photos, fluorescein angiography, etc.) if indicated. Minor procedures (foreign body removal, suture removal, chalazion excision, punctal occlusion, etc. – see resident notebook) will also be performed with appropriate supervision. Competency is assessed by Drs. George Harocopos, and J. Banks Shepherd, chief of ophthalmology at the VA.

**ROTATION GOALS: NEURO (Neuro-Ophthalmology)  
PGY3**

**SUPERVISION:**

William Hart, MD, PhD  
J. Banks Shepherd, MD

**Surgery**

**Day of Week**

2<sup>nd</sup> Friday PM (3-5PM)

**Attending**

K. Greuloch

**Surgery Lab**

**Day of Week**

1<sup>st</sup> Monday PM (4:30-6:30 PM)

**Attending**

A. Blatt

**GOALS AND OBJECTIVES:**

The resident's primary goal will be the evaluation, diagnosis, and management of common neuro-ophthalmic conditions such as visual loss, amaurosis, double vision, optic neuropathies, cranial nerve palsies, multiple sclerosis, thyroid eye disease, and migraines. The resident is expected to gain proficiency in complete neuro-ophthalmic examinations, including directed history taking, neuro-imaging review, visual field interpretation, functional visual testing, pupillary examination, motility and strabismus assessment, anterior segment inspection, and fundus/optic nerve examination. The resident will also have ample opportunity to review neuroimaging studies on neuro-ophthalmic patients, and will gain increasing facility with the interpretation of CT and MRI scans for neuroophthalmologic disease, with emphasis on localization of disease along the neuro-axis, particularly within the visual and oculomotor pathways. The resident on this service will spend four days per week seeing neuro-ophthalmology patients with Drs. William Hart and Banks Shepherd. His/her responsibilities include history-taking, examination, formulation of a differential diagnosis, and treatment plan on each patient, which will be reviewed with Drs. Hart/Shepherd. The resident will also have the opportunity to participate in adult strabismus surgery on alternate Thursdays. On Tuesdays, the resident will spend one-half day seeing patients at the VA with Dr. Shepherd and one-half day attending his/her continuity of care clinic at UES. When appropriate patients can be identified, the resident may serve as primary surgeon for cases arising from these clinics. The resident will spend 1/2 day per month Friday afternoon in the OR with Dr. Greuloch on surgical cases generated from the resident's COC clinic. The resident will spend 1/2 day per month in the surgery lab. Strabismus surgery will be addressed in the second year surgical curriculum but may only be attempted once all six of the syllabus stages are completed. To demonstrate competency, the attending will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. At the conclusion of the rotation, the resident will take a written final examination to test his or her knowledge base.

**ROTATION GOALS: CORNEA  
PGY3**

**SUPERVISION:**

Anthony Lubniewski, MD  
Stephen Wexler, MD

J. Banks Shepherd, MD  
Sean Edelstein, MD

**Surgery Lab**

**Day of Week**

4<sup>th</sup> Tuesday PM

**Attending**

M. Qazi

**GOALS AND OBJECTIVES:**

The resident will be exposed to a wide range of corneal and external disease patients. He/she is expected to learn the signs and symptoms of corneal and external disease, and to be able to generate differential diagnoses and treatment plans for these patients. The resident will also serve as first surgical assistant on a variety of corneal and external disease cases, including conjunctival surgery, cataract surgery, IOL exchanges, trans-scleral sutured IOLs, and penetrating keratoplasty. The resident will be given increasing surgical responsibility, including performance of retrobulbar anesthetic block, and performing selected portions of appropriate surgical cases. The resident has the opportunity to serve as primary surgeon for anterior segment cases generated from the cornea clinic at JCVAMC, with direct attending supervision. The resident on this rotation is primarily responsible for the work-up, differential diagnosis, and development of a treatment plan for patients with corneal and external disease at the Washington University Eye Center and JCVAMC. All patients examined at the Washington University Eye Center during the 1/2 day per week in COC and cornea clinic will also be seen by the attending physician, and the diagnosis and treatment plan will be reviewed by the attending. The resident will spend 4 days per week working with Dr. Lubniewski in the clinic and in the operating room. He or she will spend one-half day per week seeing cornea and external disease patients and performing surgery at the JCVAMC. The resident will spend 1/2 day per month in the surgery lab. Phaco, ECCE, and PKP skills will be addressed in the second year surgical curriculum but may only be attempted once all six of the syllabus stages are completed. To demonstrate competency, the attending will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. A final written examination will be given at the conclusion of the rotation to assess the resident's knowledge base in cornea and external disease.

**ROTATION GOALS: GLAUCOMA  
PGY3**

**SUPERVISION:**

Michael Kass, MD	Edward Barnett, MD
Carla Siegfried, MD	Anjali Bhorade, MD
Shayna Mangers, MD	

**Surgery**

<b>Day of Week</b>	<b>Attending</b>
1 <sup>st</sup> Friday PM (3-5 pm)	K. Greuloch

**Surgery Lab**

<b>Day of Week</b>	<b>Attending</b>
2 <sup>nd</sup> Tuesday AM (1-3 pm)	P. Tesser

**GOALS AND OBJECTIVES:**

The resident on this rotation will become familiar with specific nuances in history taking and exam skills (including examination of the angle and optic nerve) pertinent to the glaucoma patient, and will become proficient in the interpretation of relevant ancillary testing (including visual fields, HRT and pachymetry). The resident will also gain improved understanding of the medical treatment of glaucoma patients, and the indications for surgical treatment. The resident on the glaucoma rotation has responsibility for the examination, formulation of a differential diagnosis, and formulation of a treatment plan for glaucoma patients seen at the Washington University Eye Center, University Eye Service and JCVAMC. The resident will review all findings on patients examined at the Washington University Eye Center with the full time faculty, and treatment plans will be decided with the faculty. The resident will also assist the full-time faculty in glaucoma surgery. The resident will gain understanding of trabeculectomy, glaucoma drainage device, and cyclodestructive procedures. The resident will assume increasing role in the surgical management of these patients as the rotation progresses. The resident will also have the opportunity to see glaucoma patients at the University Eye Service and JCVAMC for 1/2 day each per week, and perform anterior segment laser procedures for these patients (ALT, LPI). The resident will spend 1/2 day per month in the surgery lab learning flap technique, releasable suture, valve implantation - glaucoma techniques. Note that this may be attempted once all six of the syllabus stages are completed. To demonstrate competency, the attending will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. The resident will spend 1/2 day per month on Friday afternoon in the OR with Dr. Greuloch on surgical cases generated from the resident's COC clinic. At the conclusion of the rotation, a final written examination will be given to gauge the resident's knowledge base of glaucoma.

**ROTATION GOALS: PLASTICS (Oculoplastic)  
PGY3**

**SUPERVISION:**

Philip Custer, MD

Yasaman (Jasmine) Mohadjer, MD

**Surgery**

**Day of Week**

1<sup>st</sup> Friday PM (12:30-2:30PM)

**Attending**

K. Greuloch

**Surgery Lab**

**Day of Week**

2<sup>nd</sup> Tuesday AM

**Attending**

P. Custer/Y. Mohadjer

**GOALS AND OBJECTIVES:**

At the conclusion of the rotation, the resident should be able recognize, diagnose, and formulate a treatment plan for oculoplastic disorders. The resident is expected to learn the pertinent history-taking and examination skills for patients with diseases of the orbits and adnexa, including evaluation of orbital masses and inflammation, thyroid ophthalmopathy, lid disease (ptosis, entropion, ectropion, lagophthalmos), lacrimal gland disease, and lacrimal drainage disorders. The resident will have gained an understanding of oculoplastic surgical procedures and techniques, and will be able to perform the basic oculoplastic procedures. The resident on this service will see oculoplastic patients and participate in oculoplastic surgery for four days per week, under the direct supervision of Dr. Custer. The resident is expected to perform the initial examination on many new patients and selected returning patients in Dr. Custer's office. The resident will have the opportunity to participate in the full range of oculoplastic surgical procedures as first surgical assistant to Dr. Custer, and will be given graded responsibility during the rotation selected aspects of each case. The resident will spend one-half day every week at the JCVAMC, seeing oculoplastic patients with the Fellow. Surgical cases arising from this clinic are generally performed by the resident and Fellow. The resident will spend 1/2 day per month in the surgery lab learning basic oculoplastic procedures. Note that this may be attempted once all six of the syllabus stages are completed. To demonstrate competency, the attending will complete the Practice Lab Evaluation form and sign the syllabus before the resident may advance to the next step. The resident will spend 1/2 day per month on Friday afternoon in the OR with Dr. Greuloch on surgical cases generated from the resident's COC clinic. A written and oral examination is given by Dr. Custer at the conclusion of the rotation to assess the resident's accumulated knowledge base.

**ROTATION GOALS: RETINA  
PGY3**

**SUPERVISION:**

Milam Brantley, MD, PhD  
J. William Harbour, MD  
Raj Apte, MD, PhD  
Russell Van Gelder, MD  
P. Kumar Rao, MD

Ramin Schadlu, MD  
Bradley Smith, MD  
John Davies, MD  
David Fintak, MD

**Part-Time Faculty:**

Kevin Blinder, MD  
Nicholas Engelbrecht, MD  
Daniel Joseph, MD, PhD

M. Gilbert Grand, MD  
Gaurav Shah, MD

Nancy Holekamp, MD  
Matthew Thomas, MD

**Surgery**

**Day of Week**  
4<sup>th</sup> Friday PM

**Attending**  
K. Rao

**GOALS AND OBJECTIVES:**

By the conclusion of the rotation, the resident should be able to diagnose a wide range of vitreoretinal disorders. He or she should be comfortable with the diagnosis and management of the common vitreoretinal disorders including non-proliferative and proliferative diabetic retinopathy, macular degeneration, and retinal tears and detachments. The resident will gain facility with the use of the indirect ophthalmoscope (including scleral depression), and will learn the indications for laser and intraocular surgery for vitreoretinal disease. He or she should also have developed facility in the reading and interpretation of fluorescein angiography, optical coherence tomography, and basic ocular electrophysiology. The resident on this rotation will be exposed to the full variety of vitreoretinal, uveitis, inherited retinal diseases, and ocular oncology practices of the full-time faculty. Additionally, the resident will have significant patient care responsibilities for the vitreoretinal patients of the University Eye Service (UES) clinic and the John Cochran VA Medical Center. The resident is given a syllabus for the rotation at its inception, and completes each unit with one faculty member during the rotation. During the mornings, the resident will rotate with the full-time and part-time vitreoretinal faculty, performing patient work-ups, formulating differential diagnoses and treatment plans, and assisting with vitreoretinal surgery under direct supervision of the faculty. During the afternoons, the resident will assume direct patient care responsibility. On Monday afternoons, he or she will see patients in the JCVAMC retina clinic, performing direct and indirect fundus examinations. The resident will also meet his or her pre-operative laser patients for Tuesday and Thursday afternoons. On Wednesday afternoons, the resident will see patients in the UES retina clinic, concentrating on developing the same skills as in the JCVAMC retina clinic. The resident will have primary responsibility for performing focal and pan retinal laser photocoagulation two half days per week (Tu/Th at the JCVAMC), under direct supervision of the attending physician (usually the retina fellow). On Wednesday mornings, the resident on the

rotation is responsible for organizing fluorescein angiography conference along with one of the first-year retina fellows. A list of faculty attendings responsible for overseeing each fluorescein conference will be available in advance, and the resident should consult with the attending prior to case selection. The resident will spend 1/2 day per month on Friday afternoon in the OR with Dr. Greuloch on surgical cases generated from the resident's COC clinic. A final written examination will be given at the conclusion of the rotation to assess the resident's knowledge base in vitreoretinal disease.

**ROTATION GOALS: CONNECTCARE  
PGY4**

**SUPERVISORS:**

Navin Amin, MD  
Shilpa Thornton, MD

**GOALS AND OBJECTIVES:**

Residents on this rotation gain graded responsibility for the primary management of routine and emergent ophthalmologic problems, in an environment where they have primary decision-making responsibility, but may request consultative help at any time. The patients in this clinic frequently have advanced and significant pathology, which allows the resident to improve his or her skills in managing challenging clinical patients in an environment that is meant to foster increasing independence and self-reliance without compromising quality of patient care. The resident on this rotation has primary responsibility for ophthalmologic care for the ConnectCare patients seen at the former St. Louis Regional Hospital. The resident sees all patients in this clinic for four days per week, and is responsible for history, examination, and formulation of a differential diagnosis and treatment plan. These are reviewed on an as-needed basis with one of the ConnectCare attendings (Dr. Amin or Thornton). The resident also performs laser surgery on these patients and has responsibility for obtaining necessary ancillary testing (i.e., fluorescein angiography, HVF, GDX). Procedures performed include argon laser trabeculoplasty, laser peripheral iridotomy, YAG posterior capsulotomy, pan-retinal photocoagulation, and focal laser photocoagulation. Drs. Amin and Thornton are available for direct supervision, at the resident's discretion. The resident performs intraocular surgery on this rotation with Drs. Amin and Thornton, at the Barnes-Jewish Hospital. The resident is responsible for pre-operative, intraoperative, and post-operative care. Competency in this rotation is assessed by Dr. Amin (chief of ophthalmology at the ConnectCare clinic).

**ROTATION GOALS: PEDS (Pediatric Ophthalmology)  
PGY4**

**SUPERVISION:**

Lawrence Tychsen, MD	Gregg Lueder, MD	Susan Culican, MD, PhD
Mark Rallo, OD	James Hoekel, OD	Nicholas Silvestros, OD
Jamie Ikeda, MD		

**GOALS AND OBJECTIVES:**

The resident will gain increasing confidence in his or her examination and assessment of pediatric patients. By the conclusion of the rotation the resident should be able to identify and formulate a treatment plan for the majority of common pediatric ophthalmologic diseases, including pediatric strabismus, amblyopia, retinal (including ROP) and anterior segment disease. The resident will have an increased responsibility in the care of surgical patients, including the pre-operative, operative, and post-operative care. By the conclusion of the rotation, the resident is expected to be able to perform horizontal and selected vertical muscle strabismus surgery, as well as nasolacrimal duct probing and examination under anesthesia. The PGY4 resident on this rotation spends 4 ½ days per week at Childrens' Hospital, and is responsible for the medical and surgical care of all patients seen in both the private and resident clinics. The resident has primary responsibility for patients seen in the resident clinic, but support is always available from the attending physicians, orthoptists, optometrist, and fellow. He or she also operates with the attending physicians for a total of approximately 1½ days per week. The PGY4 also serves as first surgical assistant or primary surgeon on most cases performed at Childrens' hospital, including horizontal and vertical muscle surgery, pediatric cataracts, and pediatric glaucoma cases. On most bilateral surgical procedures, the resident will perform one eye, and the attending will perform the other. The PGY4 resident has ultimate responsibility for all in-house and emergent consultations, and shares call responsibility with the fellow. This resident serves in the supervisory capacity to the PGY2 resident who sees consults during his or her time at Childrens; however, these need to be staffed with the PGY4 resident, who follows these patients serially. The resident on this rotation also participates in the Wednesday morning didactic rounds conducted by the attending physicians and staff. He or she is expected to answer questions from the syllabus. Competency in this rotation is assessed by the attending physicians, and includes a written final examination.

**ROTATION GOALS: UES (University Eye Service Rotation)  
PGY4**

**SUPERVISION:**

Humeyra Karacal, MD

**Surgery Observation**

**Day of Week**

2<sup>nd</sup> Monday AM

3<sup>rd</sup> Thursday AM

4<sup>th</sup> Wednesday, AM

**Attending**

S. Yang

J. Bobrow

B. Cohen

**Surgery**

**Day of Week**

2<sup>nd</sup> & 4<sup>th</sup> Monday PM

**Attending**

D. Joseph

**Laser Surgery**

**Day of Week**

2<sup>nd</sup> & 4<sup>th</sup> Tuesday PM

**Attending**

H. Karacal

**GOALS AND OBJECTIVES:**

The goal of this rotation is for the resident to gain increasing expertise in the pre-operative, intraoperative, and postoperative care of both general and subspecialty ophthalmology patients. By the conclusion of the rotation, the resident is expected to be competent at the evaluation and management of in-house and emergent patients, as well as the medical and surgical management of cataract, glaucoma, trauma and corneal disease. The resident on this service serves as the senior resident for the University Eye Service, as well as principle surgeon for these patients. Responsibilities include staffing the PGY2 resident on in-house and emergent consultative cases, seeing subspecialty patients on the university eye service, and serving as primary surgeon for both laser and intraocular surgery on these patients. The PGY4 resident serves as first surgeon for most cataract, glaucoma, and cornea cases arising from the UES service. It is anticipated that the resident will have the opportunity to perform over 30 surgical procedures on this rotation, including cataract, complicated cataract, trabeculectomy, and enucleation surgeries. The resident will spend approximately 1/2 day per week in the OR observing cataract surgery techniques and assisting in retina surgery (see schedule). The resident lasers will be held 1/2 day every 2<sup>nd</sup> & 4<sup>th</sup> Tuesday PM on opposite weeks consults will be scheduled. During the rotation, the resident will gain experience in coding for this rotation that will be reviewed with the attending. The resident's competency and proficiency are judged by the Chief resident, who serves as the attending physician of this rotation. Residents are required to write a case report.

**ROTATION GOALS: VA**  
**John Cochran VA Medical Center rotation**  
**PGY4**

**SUPERVISION:**

William	Becker	Consultant	2 <sup>nd</sup> Friday AM - Clinic
Anjali M.	Bhorade	Staff	Monday AM - Clinic
Sean	Breit	Consultant	
Susan	Culican	Consultant	5 <sup>th</sup> Wednesday - OR
Phil	Custer	Consultant	
John	Davies	Staff	Monday PM - Clinic
Sean	Edelstein	Staff	
Robert	Feibel	Consultant	3 <sup>rd</sup> and 5 <sup>th</sup> Thursday - OR
David	Fintak	Staff	Monday PM - Clinic
George	Harocopos	Staff	Tuesday PM - Clinic Wednesday AM - Clinic Thursday PM - Clinic
Michael	Kass	Consultant	
Michael	Korenfeld	Consultant	3 <sup>rd</sup> Wed. AM - OR
Robert	Lamberg	Consultant	4 <sup>th</sup> Monday AM - Clinic
Shayna	Mangers	Staff	Friday AM/PM - Clinic/OR
Yasaman	Mohadjer	Staff	Thursday PM - Clinic/OR
Anjali K.	Pathak	Consultant	1 <sup>st</sup> , 4 <sup>th</sup> Wednesday PM - OR
Ranjan	Malhotra	Consultant	1 <sup>st</sup> Wednesday AM - OR
Nathan	Ravi	Staff	Tuesday AM/PM - Clinic 4 <sup>th</sup> Wednesday AM - OR Wednesday PM - Clinic 5 <sup>th</sup> Thursday AM - OR
Mark	Rothstein	Consultant	2 <sup>nd</sup> Wed. AM - OR
Ramin	Schadlu	Staff	Monday PM - Clinic
J. Banks	Shepherd	Staff	Tuesday AM/PM - Clinic Wednesday AM - Clinic Friday AM/PM - Clinic/OR
Howard	Short	Consultant	2 <sup>nd</sup> Thursday PM - Laser
Bradley	Smith	Staff	Monday PM - Clinic
Mark	Spurrier	Consultant	1 <sup>st</sup> Thurs. AM - OR
Linda	Tsai	Consultant	2 <sup>nd</sup> Thurs. AM - OR
Stephen	Waltman	Consultant	2 <sup>nd</sup> and 3 <sup>rd</sup> Monday AM - Clinic
Mitchel	Wolf	Staff	Mon. AM - Clinic Wednesday PM - Clinic Thurs. AM - OR Friday AM - Clinic/OR

**GOALS AND OBJECTIVES:**

There are two 10-week blocks of this rotation (referred to as “A” and “B” rotations). The residents assigned to this service function as chief residents of the VA eye clinic, and are responsible for delivery of medical and surgical care to all patients in this clinic. The goals of these two blocks are the same. They are as follows: 1. Improving efficiency with the ophthalmologic examination 2. increasing independence in the routine evaluation and

management of ophthalmic patients, and 3. increasing exposure to intraocular surgical procedures. Each resident spends approximately 4 days per week seeing patients in the eye clinic, and another 1 day per week operating. Surgical cases for the A resident are primarily cataract while the B resident's cases include glaucoma surgery as well as cataract. Other cases (including subspecialty cases) may be performed with the appropriate attending surgeons. The residents are expected to take primary responsibility for all surgical cases, including pre-operative evaluation, surgical scheduling, perioperative management, and post-operative care. The senior VA residents are expected to gain facility with techniques of phacoemulsification, anterior vitrectomy, anterior and posterior intraocular lens placement, trabeculectomy, as well as management and reporting of intra- and post-operative complications. All surgeries are performed under direct attending supervision. Both PGY4 VA residents are responsible for the evaluation and management of all general and subspecialty ophthalmology patients presenting to the VA, triaging of eye consults, and serve as consultants for PGY2 and PGY3 residents who are rotating there. By the conclusion of the rotation, these residents should be competent in the management of most routine and emergent ophthalmologic patients. Competency is assessed by Drs. George Harocopos, and Banks Shepherd, chief of ophthalmology at the VA.