

Curriculum on Ophthalmology Rotation Danbury Hospital Primary Care Residency Program

Faculty Representatives: Bruce Altman MD
Faculty Editor: Dino A. Messina MD PhD
Resident Representatives: Alex Mosteanu MD and Carla Acra MD

June 2011

A. Educational Purpose and Goals

During this rotation, we strive to improve residents' knowledge and clinical skills regarding the evaluation and management of various ophthalmologic conditions. The Primary Care Resident rotates in our private ophthalmology office for two weeks in their PGY-2 year. During this time, the resident works one-on-one with one of the attending ophthalmologists. The resident is exposed to common ophthalmologic diseases in the outpatient practice and on rare occasions in the inpatient service. These skills will allow the residents to determine when a condition is benign and can be treated by an Internist and when it needs referral to an Ophthalmologist. The educational goals are to give the resident the experience to:

1. Review the basic eye exam including both dilated and non-dilated fundoscopic exam
2. Learn to evaluate the red eye
3. Be able to recognize ophthalmologic emergencies
4. Become more familiar with the ophthalmologic manifestations of medical disease
5. Accurately recognize the presence of pathology
6. Recognize and determine the gravity of ocular injuries and initiate treatment
7. Have a detailed understanding of the pharmacology and therapeutic use of ophthalmic drugs.
8. Treat all routine conditions and have a good understanding as when to appropriately refer to a sub-specialist.

B. Teaching Methods.

Supervised direct patient care

Didactics

Independent reading

C. Educational Content

Supplementing the clinical evaluations are the didactic noon conferences for the medical residents that includes Evaluation of the Overview of the Basic Eye Exam, Evaluation of the Red Eye, Cataracts, Ophthalmologic Emergencies, and Fundoscopy. In addition, the resident is required to complete the Ophthalmology module through the Johns Hopkins curriculum. Focused reading is also encouraged as appropriate.

D. Method of Evaluation of Resident and Faculty Competence

At the beginning of each 2 week rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident's progress will also take place. It will be the resident's responsibility to schedule the final review with the MD preceptor

Both faculty and resident will provide a review of the resident's competency based performance electronically on [New Innovations](#). In turn the resident will also be asked to review the rotational experience.

Preceptors will evaluate the Resident's performance using competency based milestones. Formal electronic evaluations will be completed and are incorporated into the semiannual performance reviews for each trainee.

E. Rotation Specific Competency Objectives

1. Patient Care

- Develop a prioritized differential diagnosis, evidenced based diagnostic and therapeutic plans for common ophthalmologic conditions
- Recognize situations with a need for urgent or emergent medical care, including life-threatening conditions
- Make appropriate clinical decisions based on the results of common diagnostic tests
- Acquire accurate and relevant history from the patient in an efficiently customized, prioritized fashion

2. Medical Knowledge

- Understand the relevant pathophysiology and basic science for common ophthalmologic conditions
- Understand indication for and basic interpretation of common diagnostic tests

3. Interpersonal and Communication Skills

- Effectively communicate plan of care to all members of the healthcare team
- Provide effective verbal and written communication skills to create rapport with patients/families
- Request consultative services appropriately
- Deliver succinct and hypothesis-driven oral presentations

4. Professionalism

- Document clinical information truthfully
- Demonstrate empathy and compassion to patients, families and staff

- Treat patients with dignity, civility and respect, regardless of race, culture , gender, ethnicity, age or socioeconomic status
- Preserve patient confidentiality

5. Practice Based Learning

- Apply clinical evidence to individual patients
- Formulate learning and improvement goals
- Deliver care that reflect learning from previous experience

6. Systems Based Practice

- Work effectively as a member within the inter-professional team to ensure safe patient care
- Address common barrier that impact patient care
- Dialogue with care team to prevent errors and improve care

7. Suggested Reading/Resources:

- a. The Physician's Guide to Eye care, 3rd Ed.
Jonathan D. Trobe, MD American Academy of Ophthalmology
- b. Manual of Eye Emergencies Diagnosis and Management,
2nd Ed. Lennox A. Webb Butterworth/Heineman publishers
- c. Rosen's Emergency Medicine Concepts and Clinical
Practice, 6th Ed Elsevier/Mosby publishers