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Ophthalmology & Visual Neurosciences Residency/Fellowship Programs

The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual, in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take precedence http://z.umn.edu/gmeim.
Introduction/Explanation of Manual
Welcome to the University of Minnesota, Department of Ophthalmology & Visual Neurosciences. This information concerning the history, faculty, objectives, research interest, and facilities has been prepared to familiarize you with our department.

The information contained in this Policy Manual pertains to all residents and fellows (cornea, external disease & refractive surgery; pediatric ophthalmology & strabismus; neuro-ophthalmology; medical & surgical vitreoretinal fellowship; and ophthalmic plastic & reconstructive surgery fellow) within the department’s programs except as otherwise identified in the Program Manual. Please refer to service guidelines for additional information on service specific information pertaining to individual rotations and to fellowship requirements. Additional information/requirements for fellows are contained in the specific service guidelines.

Department and Program Mission Statements

Departmental Goals
Mission Statement: We shall provide the highest quality consultative ophthalmology in an environment that promotes excellence in teaching and research. Patient Service: The Ophthalmology & Visual Neurosciences Department is committed to providing the highest quality cost effective tertiary care in all ophthalmic subspecialties using the most advanced knowledge available. Services are provided in both ambulatory and in-patient settings, primarily at the University of Minnesota Medical Center, Fairview location. Education: The department is Minnesota's major resource for the training of future ophthalmologists and vision scientists. It is committed to attracting excellent students and to recruiting and retaining outstanding faculty to provide clinical and didactic training for medical students, resident physicians and post-residency fellows in ophthalmology. The department promotes continuing medical education for practicing ophthalmologists through courses and conferences. It is an active participant in ophthalmic technician training programs and has Minnesota's only orthoptic training program. Research: The department provides leadership in research and actively promotes dissemination of knowledge. The department provides laboratory space, equipment and funding for basic and clinical research activities that will promote national and international prominence. The department's continuing participation in national multi-centered clinical studies remains a priority.

a. To recruit and retain outstanding faculty.

b. To provide clinical and didactic training for residents and post-residency fellows in order to prepare him/her for the clinical practice of ophthalmology.

c. To give lectures and provide an outpatient experience for medical students in ophthalmology.

d. To promote continuing medical education for the practicing ophthalmologist with courses, conferences and visitations within the department.

e. To provide research space and opportunities for research scientists in basic and clinical eye research and to encourage participation in this research by the undergraduate, medical student, resident, fellow and graduate student.
f. *To provide a training experience in didactic lectures for ophthalmic technicians.*

g. *To provide a clinical facility of sufficient size, adequately equipped, and staffed with the highest caliber of clinical and support staff.*

h. *To teach sound principles of socioeconomics combining real patient concerns and sound business principles.*
SECTION 1 - STUDENT SERVICES

PAGERS
Individuals will be assigned pagers at the start of their training program and will keep the same pager for all year(s) of training and will use the University assigned pager when on assignment at the VAMC and HCMC. Each resident/fellow will be required to sign a form making him/her responsible for their pager.

Please consult the Gopher Eye Manual for resident, fellow, and staff page code numbers.

To page someone with a hospital pager, dial the following on a push button telephone:
   “1-9-3” gain entry to the system
   “the four digit number you are paging”
   “the number that you wish the individual to call a reach you”

To page someone with a digital pager (e.g. ophthalmology staff & fellows), use a push button telephone and:
   Enter the “7 digit pager number.”
   After the beeps, enter “the number to reach you”

Batteries for pagers are available from our office receptionist. Recycling of batteries is also done through the University receptionist.

E-MAIL AND INTERNET ACCESS
E-mail accounts are created for all eligible faculty, staff, and students.

Resident and fellow e-mail addresses are not activated until the individual initiates it with a password. To initiate your account, call the Academic & Distributed Computing Services Office at (612) 626-4276, e-mail them at help@tc.umn.edu, or visit their website at https://idp2.shib.umn.edu/idp/umn/getaccount.jsp. All residents and fellows are required by the Medical School to use their University e-mail account. If using another service, you must forward your University account to it. Residents/fellows are responsible for the information sent to them via their University e-mail account.

There are computers available in the Residents/Fellows Room 9-336 PWB.

WEBSITE ADDRESSES
University of Minnesota’s Department of Ophthalmology: www.ophthalmology.umn.edu
University of Minnesota Graduate Medical Education: www.med.umn.edu/gme/

University of Minnesota’s Medical School: www.med.umn.edu/

CAMPUS MAIL
Each resident/fellow is assigned a departmental mailbox located by the reception area in PWB 9-240 for incoming mail. This should be checked periodically as you are responsible for the materials contained within.
The Department has one outgoing mail facility located in PWB-9-226 for campus or U.S. mail. Campus mail envelopes are located there as well. If you need help obtaining a campus address, see the department receptionist. Mail pick-up time is at 4:00 p.m. daily.

The Department of Ophthalmology’s campus mail address is MMC 493.

**Tuition and Fees**
Tuition and fees are being waived at this time. Trainees enrolled in Graduate School do pay tuition and fees.
SECTION 2 - BENEFITS

STIPENDS
Stipends and benefits will be paid directly to the residents/fellows by the University of Minnesota. The stipend will be paid at the current maximum PGY level of the resident/fellow as set forth by the Medical School. The University is currently on a bi-weekly pay schedule; checks are issued every other Wednesday. Direct deposit is encouraged through the University.

The 2017-2018 base stipend rates are as follows:

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BEREAVEMENT LEAVE
See Institutional Policy Manual

PARENTAL LEAVE
See Institutional Policy Manual

MEDICAL LEAVE
See Institutional Policy Manual

FAMILY MEDICAL LEAVE ACT (FMLA)
See Institutional Policy Manual

HOLIDAYS
See Institutional Policy Manual

JURY/WITNESS DUTY
See Institutional Policy Manual

MILITARY LEAVE
See Institutional Policy Manual

PERSONAL LEAVE OF ABSENCE
See Institutional Policy Manual

PROFESSIONAL LEAVE
See Institutional Policy Manual

RESIDENT PTO POLICY
- Residents may take 15 days paid time off (PTO) per year.
- Residents may not take off partial days of PTO.
- In addition to the 15 days of PTO, one trip to attend a non-presentation academic meeting (Please see “Travel to meetings” addendum)
Residents presenting as a first author may attend an academic meeting that does not count against their 15 days of PTO or the one non-presentation meeting referenced above (Please see “Travel to meetings” addendum).

All vacation/time off requests are processed electronically at: https://goo.gl/forms/YwnOeSDl4fWC6UUA2.

All requests must be submitted at least 60 days in advance. Requests submitted with less than 60 day’s notice will be denied unless extenuating circumstances exist (e.g., funeral, interviews, unforeseen emergencies, etc).

Five Interview PTO days (fellowship interviews, etc) will be allowed during residency.

Any days greater than five will result in a lost operating room day from the VA equal to the number of days beyond 5 days. For example, if one was out 7 days for interviews that individual would lose 3 days in the operating room. That is 1 day for day 6 and 2 days for day 7. Any portion of a day out is considered a full day out for calculation purposes.

Once Vacation/time away requests have been made, a resident may only make one change to the request each academic year as long as it is more than 60 days in advance.

Only one resident/fellow may be away on a service/hospital at any given time.

Residents may not take more than five PTO days during any single rotation.

No PTO may be taken on the dates scheduled for OKAPs, Research Day, Visiting Professor days, Spring Vision Research Day. Missing one of these days will be counted as 1 day of PTO (2 days if there is a Friday and Saturday session).

PTO time cannot be carried over to the following academic year.

PTO time is not approved until it appears on the Master Out Schedule (do not make travel arrangements prior to getting your time off approved).

Time away from work beyond 15 PTO days may require make up time at the end of the training period.

FELLOW PTO POLICY

Fellows may take 10 days paid time off (PTO) per year

Up to 7 additional days for meetings and interviews will be allowed.

Fellows presenting as a first author may attend an academic meeting that is financially supported by department. (Please see “Travel to meetings” addendum)

All vacation/time off requests are processed electronically at: http://goo.gl/forms/Q1MCdv7jau.

All requests must be submitted at least 60 days in advance. Requests submitted with less than 60 days notice will be denied unless extenuating circumstances exist (e.g., funeral, interviews, unforeseen emergencies, etc).

Vacation will not be allowed during the first or last week of the academic year

Only one resident/fellow may be away on a service/hospital at any given time.

No PTO may be taken on the dates scheduled for OKAPs, Research Day, Visiting Professor days (within your subspecialty), Spring Vision Research Day

PTO time is not approved until it appears on the Master Out Schedule (do not make travel arrangements prior to getting your time off approved)

Confirm with the preceptor for time off in addition to the electronic request
• Time away from work beyond 10 PTO days may require make up time at the end of the training period.

**PROFESSIONAL AND ACADEMIC LEAVE (INCLUDES CONFERENCES AND CME)**

**RATIONALE:**
The mission of the Department of Ophthalmology is to promote excellence in research, teaching, and patient care. In order to support this mission, educational and research opportunities must be provided. In keeping with this mission, resident and fellow travel may be allowed with the following.

**RESIDENTS MEETING TRAVEL**

- All travel to meetings must be approved in advance. All requests must be submitted at least 60 days in advance. No travel arrangements should be made without approval.
- Residents are allowed one **non-presentation meeting** during training period
  - This does not count against the annual 15 PTO days
  - This can be used at any time during residency.
  - Residents may take up to 4 days of PTO
  - This cannot be divided into more than one trip
  - There is a cap of $800 for meeting registration and $1200 for travel expenses.
- Residents may present papers or posters as a **first** author at a meeting at departmental expense.
  - This does not count against the annual 15 PTO days
  - Residents may attend up to two meetings in any given academic year
  - The “same” work cannot be presented at two different meetings. The work must be substantially different. For example, adding a few patients to a study is not substantial.
  - Travel will constitute one day before the presentation, the day of presentation, the day after the presentation.
  - Any additional days will count against the 15 PTO days and will not be reimbursed (e.g. hotel, meals, taxi, etc).
  - Research **must** be in collaboration with a full-time faculty advisor in the Department of Ophthalmology and Visual Neurosciences at the University of Minnesota. Travel based on research performed with an outside advisor (e.g. adjunct faculty, HCMC, VAMC) must be paid for funds secured by the outside advisor.
  - The faculty advisor and the Program Director must approve the abstract prior to submission.
  - There is a cap of $1350 for registration and travel.
  - Posters will be paid for by the department
- Pre-travel meeting requests are submitted electronically at [https://goo.gl/forms/ycWurrlzh5rlq8h2](https://goo.gl/forms/ycWurrlzh5rlq8h2). A copy of the abstract needs to be attached to request.
- All foreign travel must be registered at: [http://global.umn.edu/travelregistry/](http://global.umn.edu/travelregistry/)
- Funding for travel-associated costs not to exceed $1200. Funding guidelines are through the General Services Administration at: [http://www.gsa.gov/portal/category/21287](http://www.gsa.gov/portal/category/21287).
- Reimbursement will be processed after the resident returns from the meeting.
• Receipts for reimbursement must be submitted within 60 days of return from the meeting

FELLOW TRAVEL TO MEETINGS
• All travel to meetings must be approved in advance. All requests must be submitted at least 60 days in advance. No travel arrangements should be made without approval.
• Fellows may present papers or posters as a first author at a meeting at departmental expense
  o This does not count against the annual 10 PTO days
  o Fellows may attend up to two meetings in any given academic year
  o The same work cannot be presented at two different meetings
  o Travel will constitute one day before the presentation, the day of presentation, the day after the presentation.
  o Any additional days will be considered PTO and will not be reimbursed (e.g. hotel, meals, taxi, etc).
  o Research must be in collaboration with a full-time faculty advisor in the Department of Ophthalmology and Visual Neurosciences at the University of Minnesota. Travel based on research performed with an outside advisor (e.g. adjunct faculty, HCMC, VAMC) must be paid for funds secured by the outside advisor.
  o The faculty advisor and the Director of Research must approve the abstract prior to submission
  o There is a cap of $1350 for registration and travel
  o Posters will be paid for by the department
  o The fellow may take up to 3 days of PTO for one meeting
    ▪ If the fellow attends a second meeting, then travel will constitute one day before the presentation, the day of presentation, the day after the presentation.
• Pre-travel meeting requests are submitted electronically at https://goo.gl/forms/KmkOAM3QnDBX53422.
• All foreign travel must be registered at: http://global.umn.edu/travelregistry/
• Funding is only for travel-associated costs not to exceed $1200. Funding guidelines are through the General Services Administration at: http://www.gsa.gov/portal/category/21287.
• Reimbursement will be processed after the resident returns from the meeting.
• Travel must be in compliance with University travel policies http://travel.umn.edu/
• Reimbursement must be processed within 60 days of meeting

POLICY ON EFFECT OF LEAVE FOR SATISFYING COMPLETION OF PROGRAM
The length of time of residency or fellowship training for a particular resident or fellow may be extended at the discretion of the program director if a resident/fellow is granted personal or an academic leave. If the extension is only six months or less, the program director must notify the Residency Review Committee of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents governed by the ACMGE.
HEALTH AND DENTAL INSURANCE COVERAGE
The Office of Student Health Benefits at the University of Minnesota will administer health benefits and enrollment for Medical School residents and fellows. See Institutional Policy Manual for more details or contact GME Office at 612-625-4618.

DISABILITY INSURANCE—SHORT AND LONG TERM
Guardian Life Insurance Company will provide short and long term disability insurance for residents. Enrollment is at no cost to the residents, as it is paid by the Department of Ophthalmology. See Institutional Policy Manual for more details or contact GME Office at 612-625-4618.

PROFESSIONAL LIABILITY INSURANCE
The Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html contains information on Professional Liability Insurance, which is provided by the Regents of the University of Minnesota and paid for by the Department of Ophthalmology. The professional liability insurance carrier is RUMINCO Limited. Policy number RUM-1005-14

Coverage is in effect only while acting within the scope of your duties as a resident/fellow. Claims arising out of extracurricular professional activities (i.e. internal and external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence. Coverage limits are $1,000,000 each claim/$3,000,000 each occurrence and the form of insurance is claims made. For questions contact the University of Minnesota Risk Management Office, Suite 208, 1300 South 2nd Street, Minneapolis, MN 55454, 612-625-0062. See Institutional Policy Manual for more details or contact GME Office at 612-625-4618.

LIFE INSURANCE
Residents will automatically be enrolled in basic life insurance. Supplement life is optional for resident (and dependents). Medical school residents are automatically enrolled in a standard life insurance policy by Minnesota Life. Enrollment is no cost to the residents, as it is paid by the Department of Ophthalmology. In addition to the standard plan, residents and fellows have the option to purchase voluntary life insurance at low group rates through Minnesota Life. See Institutional Policy Manual for more details or contact GME Office at 612-625-4618.

VOLUNTARY LIFE INSURANCE

INSURANCE COVERAGE CHANGES
If you are considering a change, e.g., a change of beneficiary, addition/deletion of dependents, etc., it is best to inquire about procedures as soon as possible. Any change involves considerable time to comply with various requirements. Forms may be obtained by calling your department. Contact GME Office 612-625-4618.

MEAL TICKETS/FOOD SERVICES
Residents and Fellows who are on-call for a service and are required to remain in the hospital are eligible to receive complimentary evening and morning meals (noon meals on weekends) in the hospital cafeterias, up to an established dollar limit. In addition, residents/fellows may receive complimentary meals when special scheduling requires their presence beyond the normal duty hours, based on the following criteria:

1. The breakfast meal, when called into the hospital after hours and remaining in the hospital overnight.
2. Other exceptional circumstances when a program deems complimentary meals as an integral component of education and practice.
Residents/fellows must have their own meal cards. The meal cards are considered the personal responsibility of the resident/fellow, and cannot be borrowed or loaned. If a resident/fellow forgets their meal card, they must pay cash for that meal. There is no alternative system to pay for meals.

**LAUNDRY SERVICES**
The department will purchase 3 new lab coats at the beginning of your training. The department will also cover the cost of having coats laundered.

1. **Monthly Lab Coat Laundry Schedule**
   Lab coats to be cleaned must be in the pick-up canvas bag (located in room 9-250 Phillips Wangensteen Building-closet) **by the first Monday of each month.**
   **Please see item #2 below if a lab coat is new or being submitted for the first time.**
   Cleaned lab coats will be returned by the Ameripride delivery person one week later (on Tuesday).

2. **Procedure for new lab coats or lab coats that are being sent for the first time:**
   When you first submit lab coats to be cleaned, **DO NOT** put them in the canvas bag with the other lab coats to be cleaned. Instead, put them in a separate plastic bag with a note attached saying “laundry tracking chip needed for Dr. (name of doctor)”.

   Also write “Ophthalmology Account number 01112-03-00”. American Linen will then insert special chips either into the collars of the lab coats under the manufacturer’s label, or in an area near the front placket or pocket of the lab coat. These chips are used for tracking the coats, and they are coded according to the location where they are picked up.

**WORKER’S COMPENSATION PROGRAM SPECIFIC POLICIES AND PROCEDURES**

**PARKING**
While rotating at the University, residents will be issued a free parking card for the Oak Street Parking garage. These parking cards should be returned at the end of your rotation here. Each affiliated hospital will issue you a parking card for your rotation at their facility.

While rotating at an affiliated hospital, residents will be issued a University Parking Card which allows access to the Washington Street Ramp, or any other University ramp, for Friday afternoon conferences and any special events at the University.

The resident/fellow is responsible for their parking card and will be required to sign the card in and out at the start and end of the rotation. Any lost parking cards will be the responsibility of the resident to have replaced and the resident/fellow will be responsible for the costs associated with replacement.

**SENIOR ELECTIVE**
Senior in good standing will be allowed a senior elective while on rotation at the University. Requests should be made at: https://goo.gl/forms/kQZBqOcEYZCHe7M43
Needs to be approved 60 days in advance. During the transition period of four residents per year to five, the following will be in effect.

2017: 5 days total
2018: 10 days
- Resident on rotation with the metro area will be required to cover Continuity Clinic Assignment.
- Residents on rotation released from all University activities during their elective.

**PAYCHECKS**
The University of Minnesota pays employees on a biweekly pay period basis, with each pay period starting on a Monday and ending on a Sunday. Employees are paid every other Wednesday, 10 days after the end of the pay period. Pay statements can be viewed on-line at: [http://www.hrss.umn.edu/](http://www.hrss.umn.edu/). Pay periods and pay days can be found: [http://www1.umn.edu/ohr/pay/statement/paydays/](http://www1.umn.edu/ohr/pay/statement/paydays/)

**SECTION 3 - INSTITUTION RESPONSIBILITIES**

**SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES**

**GRIEVANCE PROCEDURE AND DUE PROCESS**

**SECTION 5 - GENERAL POLICIES AND PROCEDURES**
Please refer to the Institution Policy Manual. The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual, in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take precedence.

**Residency/Fellowship Program Curriculum**

**Goals for Didactics**
- To provide more **consistency/predictability** to the topics covered during didactic learning sessions
- To allow all residents **two opportunities** to attend each lecture **during their three years** of training
- **To measure the knowledge of the residents** in a more systematic manner for each subspecialty throughout their three years of training
- To **formalize OKAP review sessions** and have them start earlier in the year

**Structure**
- 18 mo block system
• Paired subjects for each block (covering BSCS)
• Pathology/Fundamentals distributed to each subject’s block
  o Retina/Uveitis: 27 chapters, 750 pages (3-4 staff)
  o Kids-Strab: 31 chapters, 500 pages (4 staff)
  o Cornea/Refractive Sx/Optics: 35 chapters, 750 pages (3-4 staff)
  o Neuro/Glaucoma: 22 chapters, 600 pages (2-3 staff)
  o Orbit-Plastics/Lens: 24 chapters, 600 pages (3 staff)

Content
• BSCS topics/fundamentals
  o Basic & Clinic Science Course Series Moodle and How to Access. This is an ongoing project and lectures are constantly being added. Check back often. Please let Lori know if you have any questions or need assistance logging in. The following link: https://ay17.moodle.umn.edu/course/view.php?id=616
    • Login with your x.500 and password
• Residents requesting reading assignments in advance
  o Can use other reading assignments at the lecturer’s discretion (e.g. Journal articles, other text chapters, POC, etc).
  o An online version of the current BCSC will be provided to the department and updated every 5 years
  o The lectures do not need to follow the BSCS outline, but should ultimately cover all of the BSCS content
• One lecture per block = journal club-style discussion
• Post-block examination
  o Multiple choice format (50 questions)
  o Residents receiving < 70% correct should be reported to the clinical competency committee
  o At the request of the committee, an oral style make-up exam may be required for residents failing the written exam

Teaching Conferences are held Friday afternoons at the University. Residents are to be released from their clinical responsibilities at the affiliated teaching hospitals as well as the University. Clinical Case Conference will begin promptly at 1:00 p.m. followed by Lectures from 2:00-5:30 p.m.; Residents/Fellows are expected to attend all conferences unless scheduled out. If unable to make Teaching Conferences, it is the responsibility of the resident to contact Dr. Lee or the GME Office. Residents, fellows and faculty need to sign in on the sign-up sheet located on the bulletin board located outside the conference room. The same rules as above apply on these occasions.

As all residents are required to be in attendance on Friday afternoons, it is required that fellows cover call for the residents and will be assigned clinic duties on a rotating basis to cover call. The fellow call schedule/clinic schedule is located on the Friday Teaching Conference Schedule. If for some reason, the fellow assigned that week is unable to cover call, it is that fellow’s responsibility to find a replacement and notify the appropriate parties.
The clinical case conference-resident organizer will be the second year resident. In addition, there is also a first, third year resident or fellow assigned to present a case. It is the responsibility of the second year resident to contact the first, third year residents, and fellow to make sure they have a case prepared. As a requirement of the program, residents will be required to give a copy of their case presentation, as well as the core curriculum presentation to the GME office. A copy of each of your case presentations and core curriculum presentations will become a permanent part of your portfolio kept within the department. If the assigned resident is out on vacation, it is their responsibility to switch with another resident.

1. Two clinical cases presented.

The cases are to be presented by the residents or fellow and discussed by the faculty. All cases presented must have a faculty discussant. Do not present cases for which there is no faculty in town on that Friday. It is the resident organizer’s responsibility to make sure that a faculty discussant will be present. Each week there is an assigned moderator. It is each of the residents assigned to present responsibility to let the moderator know by Wednesday the diagnosis/topic for discussion.

- Residents are responsible for their assigned time. If you are unable to present on your scheduled day, it is your responsibility to find a replacement and to let the GME office know.

Case presentations should be interactive:
- Examples:
  - When you show a photo, try to have the audience discuss what they see rather than pointing out the findings on your own.
  - When it comes to presenting the differential diagnosis, it is nice again to have the audience try to come up with a differential.
  - Prior to reviewing labs/studies, have the audience suggest what studies should be obtained and why.
- It is ok to leave out a key piece of information if it is a “give-away”. For example, if a study would give away the diagnosis one could go over the other studies and then say “is there any other study we should have obtained?”
- It could also be helpful if the pertinent staff is aware of which case is going to be presented. It may be a good idea, if there are more than one staff on the pertinent service, to let all of the appropriate staff know what you will be discussing and that way they can be prepared to discuss the latest information on the given diagnosis. That way everyone can benefit more from the discussion.

See Attachment A for details on the Basic and Clinic Science Written Curriculum. Each subspecialty at the University and each of the affiliated teaching hospitals have their own Service Guidelines.
OTHER LEARNING RESOURCES:

WILL’S EYE KNOWLEDGE PORTAL:  http://www.willseyeonline.org/

EYEGURU PORTAL:  http://eyeguru.org/

PATHOLOGY
Pathology is part of the first year rotation.

PROGRAM GOALS AND OBJECTIVES
Education:  The department is Minnesota’s major resource for the training of future ophthalmologists and vision scientists.  It is committed to attracting excellent students and to recruiting and retaining outstanding faculty to provide clinical and didactic training for medical students, resident physicians, post-residency fellows and graduate students in ophthalmology.  The department promotes continuing medical education for practicing ophthalmologists through courses and conferences.  It is an active participant in ophthalmic technician training programs and has Minnesota’s only orthoptic training program.  http://www.med.umn.edu/ophthalmology/

Services rotation goals and objectives are available on-line through the RMS system and distributed a few days prior to the start of a new rotation.  If you don’t receive, please let Lori know.  Residents will be notified prior to start of rotation through the RMS system with a link to website.

DURATION AND SCOPE OF TRAINING
The University of Minnesota Ophthalmology Residency is a 3-year program, which provides comprehensive ophthalmology training in a variety of clinical settings.  Exposure is provided to the health care of children and adults with substantial experience in the management of diverse pathologic conditions.  Residents receive medical and surgical training in a variety of clinical settings, including adequate exposure to all of the subspecialties within ophthalmology.

GOALS OF THE RESIDENCY PROGRAM
The primary goal of the residency program is to provide an educational experience that prepares the resident to be competent ophthalmologist capable of providing comprehensive and coordinated care to a broad range of ophthalmic patients.  To this end, the University of Minnesota, Ophthalmology Residency Program provides a strong educational environment for the education and training through the following objectives:

1. The resident’s educational experience emphasizes the competencies and skills needed to practice comprehensive ophthalmology of high quality in the community.
2. Residents will receive sufficient exposure to ophthalmology subspecialties to enable them to participate as team members in the care of patients with chronic and complex ophthalmic disorders and to pursue fellowship training if they desire a subspecialty career.
3. Academically, residents will achieve a level of competence within the residency program that enables them to provide excellent care for their patients and prepares them for the written and oral American Board of Ophthalmology examinations.
4. The residency program prides itself in graduating excellent ophthalmic surgeons; graduating residents will be provided a superb surgical skill foundation, allowing for practice of comprehensive ophthalmology, and preparing residents for sub-specialty training, if desired.
5. Opportunity is provided within the residency program for research, graduates will be comfortable with the process of initiating and completing research projects, including the process of submitting research material for publication.

6. Over the 3 years of training, residents will achieve competency in patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement and systems-based practice.

GOALS AND OBJECTIVES FOR TEACHING MEDICAL STUDENTS
See medical school student coordinator for specific policies.

TRAINING/GRADUATION REQUIREMENTS

**Ophthalmology Resident Operative Minimum Requirements**

<table>
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<td>Laser Surgery-Laser Trabeculoplasty (S)</td>
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<td>Keratoplasty</td>
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<td>Keratorefractive Surgery-Total (S+A)</td>
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<td>Intravitreal Injection</td>
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<td>Strabismus-Total (S)</td>
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<td>Glaucoma-Filtering/Shunting Procedures (S)</td>
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</tr>
<tr>
<td>Retinal Vitreous-Total (S+A)</td>
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<td>Oculoplastics and orbit – Total (S)</td>
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<td>Oculoplastic and orbit-Eyelid Laceration (S)</td>
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<td>Oculoplastic and orbit-Chalazia Excision (S)</td>
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<tr>
<td>Oculoplastic and orbit-Ptosis/Belpharooplasty (S)</td>
<td>3</td>
</tr>
<tr>
<td>Globe Trauma-Total (S)</td>
<td>4</td>
</tr>
</tbody>
</table>

*S=Surgeon Procedures Only  
S+A=Surgeon and Assistant Procedures*

Residents are expected to input surgeries on which they are the first assistant as well as cases on which they are the primary surgeon. This is necessary for the program to show a progressive graduated and broad surgical experience.

ACGME COMPETENCIES
By the completion of the residency each resident will be expected to demonstrate competence in the following seven categories:

**Patient Care/Clinical Skills**
General competency: Resident must be able to provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Gathers essential information efficiently. Histories are comprehensive and purposeful.
- Examinations are accurate and complete. Displays mastery of examination skills.
- Formulates thorough differential diagnosis.
- Develops & initiates appropriate management
- Effectively counsels and educates patients and their families.

**Medical Knowledge**
General Competency: Resident must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavior) sciences and the application of this knowledge to patient care.
- Exhibits knowledge that is current and cites literature appropriately.
- Prepared and investigates topics needed for clinical assignments.
- Applies knowledge and applicability toward clinical assignments.
- Clearly demonstrates analytical thinking.

**Practice-Based Learning and Improvement**
General Competency: Resident must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- Identify strengths, deficiencies, and limits in one’s knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Incorporate formative evaluation feedback into daily practice;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- Use information technology to optimize learning; and,
- Participate in the education of patients, families, students, residents and other health professionals.

**Interpersonal & Communication Skills: Relationships with Patients/Colleagues**
General Competency: Resident must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
• Communicate effectively with physicians, other health professionals, and health related agencies;
• Work effectively as a member or leader of a health care team or other professional group;
• Act in a consultative role to other physicians and health professionals; and,
• Maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism
General Competency: Resident must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
• Compassion, integrity, and respect for others;
• Responsiveness to patient needs that supersedes self-interest;
• Respect for patient privacy and autonomy;
• Accountability to patients, society and the profession; and,
• Sensitivity and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-Based Practice
General Competency: Resident must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
Consistently practices cost-effective care.
• Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
• Coordinate patient care within the health care system relevant to their clinical specialty;
• Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
• Advocate for quality patient care and optimal patient care systems;
• Work in interprofessional teams to enhance patient safety and improve patient care quality; and
• Participate in identifying system errors and implementing potential systems solutions.

Surgical Skills
• Excellent preoperative understanding/decision-making for procedures to be performed.
• Excellent presentation to patient of risks, benefits, and alternatives to procedures (informed consent).
• Excellent dexterity/tissue handling.
• Is surgically efficient in operative maneuvers.
• Follows sterile technique
• Fully understands instruments and their names.
• Is fully aware of possible discomforts/risks related to procedure.
• Excellent suturing technique
• Is confident in knowledge of pertinent anatomy.
• Excellent technical surgical competence.
• Provides appropriate postoperative care, including recognition & management of complications.

**CONTINUITY CLINIC**

• For residents to establish rapport with their own patients
• To gain efficiency and responsibility in scheduling and running one’s own clinic.
• To better understand the disease progression/resolution of patients’ disease over time.
• To master safe “hand offs” between colleagues for optimal patient care.
• To generate resident surgical cases in addition to those seen with staff while at the University.

**Guidelines**

• Each University resident will get ½ day per week
• Seniors will have more days per week as the clinic builds
  o This will be where their U surgical cases will be generated primarily
• Responsibility will build as the resident progresses
  • PGY2 July – Nov: 2 patients per half day
  • PGY2 Dec – March: 4 patients per half day
  • PGY2/3 April-Aug: 8 patients per half day
  • PGY3/4 (indefinite): 12 patients per half day
• PGY2s/PGY3s will serve as their own techs
• Continuity surgeries will be staffed by Olson & Maltry
  o If specialized case then staffing to go appropriate service
  o If Olson/Maltry unavailable, able to staff with available appropriate staff

**Staff responsibilities**

• Every continuity clinic must have a scheduled supervising physician assigned to it, whom will confirm the pertinent exam and plan for each resident patient.
• The Comprehensive Clinic has agreed to fulfill this role when a group member is available.
• If no comprehensive physicians are available, a subspecialty physician will be assigned to staff the CC clinic.
  o This subspecialty back-up schedule will be evenly distributed across providers
• When no staff are available for a regularly scheduled CC (i.e. holidays, faculty retreat days, etc), there will be not CC schedule available for that date.

**DUTY HOURS**

• Duty hours are defined as all clinical and academic activities related to the training 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 are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
• Residents are provided with a 1 day in 7 free from all educational and clinical responsibilities, average over a 4-week period, inclusive of call.
• The training program provides adequate time for rest and personal activities, which consists of an 8-10 hour time period provided between all daily duty periods and after in-house call.
All residents are required to log in daily, their duty assignments in the RMS System. These need to be done daily and approved for the previous month in the first seven days of the new month.

**EVALUATION**
The faculty with whom you have worked will complete an on-line performance evaluation in the RMS system following each rotation. You will also be asked to complete on-line evaluations of faculty and facilities.

At the end of each six month rotation, the Semi-Annual Review. These evaluations may be discussed with you personally, prior to your formal meeting with the program director, held each six months. You will be excused from your clinic responsibilities during this time.

See Institution Manual for further instructions.

**RMS (Evaluation System)**

**Login to RMS**

1. User Internet Explorer to login to RMS.
2. Address: www.new-innov.com
3. Institution: MMCGME (use all caps)
4. Enter username and password

**Viewing and Approving**

**Pres-Scheduled Hours**

1. Choose “Duty Hours” from the Main drop down menu.
2. Hover over the My Duty Hours drop-down menu.
3. Click on “Approve My hours”
4. View your schedule.
5. Mark the check box next to those hours worked.
6. Click on the “Approve Selected Entries” button at the bottom of the screen.

**Editing Assignments**

1. If the hours are not correct, click on the “Edit” button to the left of the incorrect row.
2. Change the start time and/or the duration.
3. Click on the “Approve” button.
4. If you did not work an assignment, click the “Did Not Work” button for that assignment.

**Adding an Assignment**

1. Choose “Duty Hours” from the Main drop-down menu.
2. Hover over the My Duty Hours drop-down menu.
3. Hover over “Add Hours.”
4. Select “Graphical” to work in the graphical view
5. Select an assignment from the Choose an Assignment Definition drop-down menu.
6. Click and drag over the times you worked the assignment.
7. When you have completed entering hours for the week you’re viewing, click “save”.
8. Adding assignments after they’ve been worked automatically approves the hours.
9. Adding assignments for the future means you will need to go back in and approve your hours
   after working them.

**Editing Home Call Assignments**

1. Choose “Duty Hours” from the main drop-down menu.
2. Hover over the My Duty Hours drop-down menu.
3. Click on “Approve My Hours.”
4. Click on the “Edit” button to the left of the Home Call assignment row.
5. If you were called and provided support via phone, leave the assignment as home call not
called in.
6. If you were not called in, leave the assignment as home call not called in.
7. If you were called and had to go in:
   a. Edit the Home Call assignment so that it only includes the time period from the start of
      the Home Call until you arrived at your location.
   b. Add your actual activities to the remainder of your schedule using the “Adding an
      Assignment” procedure.

**AT-HOME CALL**

- Time spent in the hospital by residents on at-home call must count towards the 80-hour
  maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-
  night limitation, but must satisfy the requirement for one-day-in-sever free of duty, when
  averaged over four weeks.
- Residents are permitted to return to the hospital while on at-home call to care for new or
  established patients. Each episode of this type of care, while it must be included in the 80-hour
  weekly maximum, will not initiate a new “off-duty period”.

**ON CALL SCHEDULES**

Guidelines for Call Schedule
The second-year resident representative determines call schedules. Call schedules are available through
the Amcom System and/or Google calendar. It is the responsibility of the resident to make sure that any
changes to the schedule are communicated to resident representative and/or program coordinator.

Resident call during the Friday afternoon teaching sessions from 1:00-5:30 p.m. will be triaged by one
of the five fellows in the department on a rotation basis. Patients who need to see someone on the
various subspecialties may be routed to that faculty member on call by the fellow (in other words, the
fellow need not see very patient personally but should assure that the patient sees the appropriate
doctor). Consultations may be recorded and saved for the resident on call as long as the referring doctor
feels that a few hours delay is not a problem.

The fellow’s pager assignments for Friday afternoon coverage are on the Friday Teaching Schedule. If
the fellow is unable to cover the pager for a particular Friday, it is the fellow’s responsibility to find
someone to cover and communicate that to everyone.
CALL FROM OTHER SOURCES

Children’s Hospital Emergency Room, Minneapolis (please let Lori know if you receive a call)
Phone calls from the staff of the Children’s Hospital Emergency Room regarding ophthalmic problems may come to the resident on call. You may answer questions on these patients over the phone; however, if the patient needs to be seen the patient must come here to Fairview University. You may decide whether they should be seen in the emergency room or in our clinic setting. If the patient cannot be transferred to UMMC- Fairview then you are not to go to the Children’s Hospital to see the patient. The Children’s Hospital Emergency room staff estimates that you would only receive a few phone calls per month from them but they have been unhappy with the coverage that they have been receiving from their current physicians.

Phone calls from Dr. Ketchum’s Ophthalmology patients
Dr. Ketchum has requested that patients be instructed to call the University resident on call on two or three weekends per year that they are both out of town. As with the Children’s Hospital emergency room, you may get a few phone calls, most of which will be questions that can be answered on the phone. If the patient needs to be seen, they must come to UMMC-Fairview. You are not expected to see patients in Dr. Ketchum’s office.

Fairview Southdale Call
Fellows and/or faculty throughout the year cover call for Fairview Southdale. This information is reflected on the call schedule through the Google Calendar. It is not the responsibility of the residents to cover FVSD call. If the University Of Minnesota Ophthalmology Department is on call for FVSD Hospital, all effort is made to have that information reflected on the call schedules.

ON CALL ROOMS
See Institution Manual. There is sleeping space available in the Residents/Fellows office located on the 9th floor PWB.

SUPPORT SERVICES
Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with education objectives and patient care.

See Patient Care Supervisor within the Ophthalmology Clinic for any additional information or questions.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES
There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the program. This must include effective laboratory, pathology, and radiologic information systems. For assistance on any of these services, see the Patient Care Supervisor in the ophthalmology clinic.

MEDICAL RECORDS
A medical records system that documents the course of each patient’s illness and care
must be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.

Fairview University currently utilizes an electronic medical record system. Each resident/fellow will receive their electronic sign-in information as well as training as part of their orientation.

Residents must follow medical record and diction completion guidelines set by the hospital at which they are rotating.

EPIC

https://resource.umphysicians.com/default.cfm?PID=1.12.21.12.1

http://intranet.fairview.org/Learning/LearningOpportunities/clinical/Epic/index.htm

  Autocorrect Dictionary
  Epic button
  Go to tools
  Spell Checker
  User Dictionary
  Import
  Type in this link: \epicdata\esysfile\userfiles
  Then select epic dictionary file

DICTATION COMPLETION
Residents must follow medical record and diction completion guidelines set by the hospital at which they are rotating.

CONSULTS
1. All consults must be discussed with staff. Consults where resident or faculty has questions about findings will be seen by faculty either at bedside or in the clinic.
2. Patients whose findings or situations are uncertain will be seen by a faculty either at the bedside or in the clinic.
3. Faculty will sign all consults indicating that they were discussed with the resident or personally seen, as the situation dictates.
4. Patients personally examined by faculty should have appropriate billing forms completed.
5. All cases involving potential child abuse must be staffed by the pediatric ophthalmology service.
HANDLING CALL PATIENTS

1. If you see a patient after hours that needs to be seen the next day in clinic, please remember to notify the front desk. You may do this through the “task” system on Allscripts, but if you do not have easy access to Allscripts, please leave a message with the Clinic Manager at (612) 624-1938.
2. Bring the billing documents to the front desk and place them in the basket provided. The clinic has a 24-48 hour window in which to input information into the system from the DOS.
3. Turn off the lights and pull the doors closed of seeing patient after hours.
4. Any instruments used should go into the soiled utility room sink for processing.

SECURITY/SAFETY
Security concerns at the University of Minnesota should be directed to 273-4445. Please see affiliated hospitals for specific information.

MOONLIGHTING
- Moonlighting requires a prospective, written statement of permission from the program director that will be made part of the residents’ file;
- Residents and Fellows are not required to engage in Moonlighting;
- Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the education program and its faculty;
- The Resident/Fellow’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission; and
- Internal and external moonlighting must be counted toward the 80-hour weekly limit on duty hours.

See Institution Manual for further information on moonlighting.

SUPERVISION
- All patient care will be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents and fellows at all times.
- Residents/Fellows will be provided with rapid, reliable systems for communication with supervising faculty.
- Residents will be supervised by teaching staff in such away that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
- On-call schedules for teaching staff will be structured to ensure that supervision is readily available to residents on duty.
- The teaching staff must determine the level of responsibility given to each resident/fellow.
- Faculty and residents/fellows are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.
TRANSFER OF PATIENT FROM OTHER PHYSICIANS OR FACILITIES.
1. We will accept patients and transfers from other ophthalmologists. You may need to check with the attending of the appropriate service before making arrangements.

2. Calls from emergency rooms. When receiving a call about a potential patient for transport from an outside emergency room, you should ask:
   a. Is your ophthalmologist seeing the patient?
   b. If not, do you have an ophthalmologist on call for the hospital? If so, the ophthalmologist for that hospital should see the patient prior to transfer. If there is no ophthalmologist, accept the patient in transport.

3. If the outside ophthalmologist could not be reached by the ER calling you, or if that ophthalmologist refuses to see the patient, please accept the transfer and notify Dr. Lee or Dr. van Kuijk of the situation the next business day.

GRADED RESPONSIBILITY
All patients at the parent institution are under the direct care and supervision of the faculty. Residents at the parent institution have varying levels of responsibility, depending on their level of training. In general, in the outpatient setting, all new patients are evaluated by the residents first and presented to the faculty. Return patients are seen by the resident in conjunction with the faculty. Residents participate in surgery and may do some of the surgical procedures with faculty assistance. In the various rotations, they actively participate in the service conferences with presentation of material. General medical evaluations on in-patients are provided by first-year residents in consultation with other medical services of the hospital. At the affiliated hospitals, the residents are identified by the patient as their primary physicians because their level of responsibility is greater at the affiliated hospitals even though the residents have direct faculty supervision. This latter situation is necessary for the resident to develop the surgical skills, responsibilities, and clinical decision making that is needed to practice ophthalmology. See specific subspecialty service guidelines for further information.

MONITORING OF RESIDENT WELL-BEING
The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified. If a resident/fellow is especially fatigued or stressed and unable to provide safe patient care, they should contact Dr. Lee immediately.

GUIDELINES FOR PROFESSIONAL DRESS
Residents/fellows are expected to dress according to generally accepted professional standards for their training program. Residents/fellows are expected to be neat, clean, and orderly at all times during the performance of training program activities. Jewelry, clothes, hairstyle and fragrances should be appropriate for the performance of duties in the hospital or clinic. A white coat must be worn over the scrub suit when not in the operating room.
The resident/fellow’s identification badge is to be worn whenever the resident/fellow is involved in clinical or administrative duties.

**Weekend and Off-hours Dress Code**
Residents at the University of Minnesota often have to see patients on weekends and after normal clinic hours. Common sense should dictate what the residents wear. Shorts and tee shirts are not acceptable. Jeans can be worn but should be in good condition (not faded, no holes). Shirts should have a collar. A tie is not mandatory. A white coat is encouraged, but not mandatory.

Scrubs can be worn to see patients. For example, if a resident is out in shorts and gets called in, he or she can stop by the OR on the way to 6B and change in to scrubs to see patients.

**ACLS/BLS/PALS Certification Requirements**

**OKAP Examination**
Each spring, all ophthalmology residents are required to sit for the OKAP examination. Anyone scoring at or below the 30th percentile will not be allowed to do any type of moonlighting and will be referred on to the Director for Learning, Dr. Scott Slattery, Director, Learner Development at the University Of Minnesota. Any resident who scores at or below the 30th percentile will receive an informal academic warning and will be asked to provide a study schedule for the next year, with the resident providing the mentor with monthly updates on material read.

The resident scoring the highest OKAP will be awarded $500. $100 will be awarded for scores about the 75th percentile.


**Unauthorized Leave**
Unauthorized leave will be considered PTO time and subtracted from the resident/fellow’s total allowed PTO for the year.

**Visa Sponsorship**
The J-1 alien physician via sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Ophthalmology & Visual Neurosciences sponsors only J-1 visas. We do not sponsor H-1B visas.

**MAO Policy**
Residents/Fellows are expected to attend at least 50% of the MAO meetings.
SECTION 6 - ADMINISTRATION
The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual, in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take precedence.

DEPARTMENT AND PROGRAM ADMINISTRATIVE CONTACT LISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Office Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni Anderson</td>
<td>Patient Care Supervisor</td>
<td>(612) 625-2651</td>
</tr>
<tr>
<td>Jill S. Anderson, MD</td>
<td>Pediatric Ophthalmology &amp; Strabismus Fellowship Director</td>
<td>(612) 626-5882</td>
</tr>
<tr>
<td>Andrew R. Harrison, MD</td>
<td>Ophthalmic Plastic &amp; Reconstructive Surgery Fellowship Director</td>
<td>(612) 626-5013</td>
</tr>
<tr>
<td>Dara Koozekanani, MD</td>
<td>Medical &amp; Surgical Vitreoretinal Fellowship Director</td>
<td>(612) 625-7131</td>
</tr>
<tr>
<td>Michael Lee, MD</td>
<td>Residency Program Director</td>
<td>(612) 625-3553</td>
</tr>
<tr>
<td>Joshua Olson, MD</td>
<td>Associate Program Director</td>
<td>(612) 625-1661</td>
</tr>
<tr>
<td>Michael Page, MD</td>
<td>Cornea, External Disease &amp; Refractive Surgery Fellowship Director</td>
<td>(612) 624-6925</td>
</tr>
<tr>
<td>Sean Poppof</td>
<td>Administrator</td>
<td>(612) 626-9349</td>
</tr>
<tr>
<td>Deb Stevens</td>
<td>Clinic Manager</td>
<td>(612) 624-1938</td>
</tr>
<tr>
<td>Lori van der Merwe</td>
<td>GME Administrator</td>
<td>(612) 625-4618</td>
</tr>
<tr>
<td>Erik van Kuijk, MD</td>
<td>Chairman</td>
<td></td>
</tr>
</tbody>
</table>