Kuwait ophthalmology residency program Manual:

Residency program committee recommendations

Our training program is just newly revised and new concepts about residency program are implemented following the CanMed. Guidelines. Our training program is intended to produce competent, safe, above Average general ophthalmologists who serve their community and provide all kind of eye care services and understand the importance of continued Medical education and research.

A residency program is challenging from Physical, mental and psychological Points of view. We will advise every resident to follow this manual and Help each other, with our program staff, to overcome any difficulties.

Good luck,, in your studies!

Residency program Director
Department of ophthalmology

Revised December 2014
Part I: Specific Objectives of Training
Comprehensive Ophthalmology (PGY-1) ..................... (3)
Comprehensive Ophthalmology (PGY-1/2) .................... (4)
Comprehensive Ophthalmology (PGY-3) .................... (5)
Surgical Ophthalmology (PGY-3/4) ..................... (5)
Mandatory Rotations and Electives (PGY-5) ............... (6)

Part II: Specific Objectives of the Teaching Program
Adult Ophthalmology ........................................... (6)
Paediatric Ophthalmology ................................... (6)

Part III: Rotation Specific Objectives
Comprehensive Ophthalmology ............................. (14)
Uveitis and Intraocular Tumours .......................... (15)
Vitreoretinal Diseases and Surgery ....................... (18)
Neuro-Ophthalmology ....................................... (20)
Pediatric Ophthalmology .................................. (22)
Cornea and External Disease .............................. (26)
Glaucoma ......................................................... (27)
Cataract Surgery .............................................. (30)
Oculoplastics, Orbit and Anatomy ...................... (31)
Ophthalmic Pathology ....................................... (33)
Research ......................................................... (34)

Part V1 Policies .............................................. (35)

Part V : Evaluation and promotion ....................... (42)

Program Security Policy .................................. (48)

Revised December 2014
PART I: Specific Objectives of Training
COMPREHENSIVE OPHTHALMOLOGY (PGY1-2)
During the first 12 months, as a junior resident, you will be focusing mainly on Medical Ophthalmology.
You will be expected to:
Learn all the different techniques of eye examination and be able to accurately refract patients and prescribe glasses.
You should complete at least half of the American Academy home study course with special emphasis on:
– Anatomy / Pathology
– Histology / Bacteriology
– Optics / Biochemistry
– Refraction / Physiology
Your goals during the first year of core training should be:
Accurately recognize the presence of pathology
Be able to recognize and determine the gravity of ocular injuries and initiate treatment
Have a detailed understanding of the pharmacology and therapeutic use of ophthalmic drugs.
You should have mastered the various techniques of refraction.
You should be able to accurately (and appropriately) prescribe ophthalmic lenses.
You should be able to treat all routine conditions and have a good understanding as when to appropriately refer to a sub-specialist.
You should have mastered the special techniques required to examine the visual System of a child or infant. As well you should be aware of the special situations faced by the pediatric ophthalmologist (e.g. amblyopia, etc.)
Clinical Performance
Recognition of the presence of pathology.
Capacity to recognize and determine the gravity of ocular injuries and initiate treatment.
Pharmacology and therapeutic use of ophthalmic drugs.
Prescription of glasses.
Treatment of routine conditions and knowledge as to when to refer to subspecialist.
Accurately prescribing glasses and understanding basic optics; understand the use of low visions aids
Ophthalmic pathology.

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You should be able to perform the following:

Gonioscopy
Cover test, measurement of strabismus in cardinal positions
Schirmer test
Color vision assessment
Measurement of exophthalmos
Measurement of corneal sensitivity
Measurement of corneal astigmatism - keratometry
Assess fusional status
Visual field examination: tangent screen and Goldman visual field
Conjunctival and corneal scrapings for Gram and Giemsa Staining
Recognition of organisms in smears and plates
Do retinal drawings, scleral depression
You should understand the principles and as well be able to accurately use the following
instruments:
Lensometer
Slit Lamp
Gonioscopy
Tonometry
Ophthalmoscopy
Retinoscopy
Cross cylinders
Prisms
Perimetry
Fundus photography
Ishihara plates
Placido disc pentacam - oct
Keratometer
Exophthalmometer
Distometer
Prism bars
Worth 4 dot
Titmus fly test
Opticokinetic drum
Fluorescein angiography
You should understand the fundamentals of patient preparation for ophthalmic surgery, as well as being aware of the different methods used for ophthalmic anesthesia.

COMPREHENSIVE OPHTHALMOLOGY (PGY3-3)
In addition to refining the aforementioned techniques, in this year you should be performing evaluations that involve:
Low vision aids

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Medical and Neuro-Ophthalmology (consultations)
Oculoplastics
An introduction to Intraocular Surgery
At this point you should have:
Completed all American Academy Home Study Course
A thorough knowledge of all ophthalmic procedures and instruments
Been exposed to most forms of routine Ophthalmology cases in addition to subspecialty
ophthalmic problems and know when to ask for assistance from senior residents or subspecialty staff

SURGICAL OPHTHALMOLOGY (PGY-4/5)
During these two years, you will rotate through the teaching hospitals and will be exposed to intraocular surgery, strabismus surgery, Oculoplastics surgery and laser surgery.
Additional responsibilities include:
- Use of A & B scan
- Use of laser photocoagulator
- Extensive retina and vitreous examination and drawings
- running the word and organizing Grand Rounds
- Assisting in subspecialty surgery
- The fitting of contact lenses
While an expertise with the following procedures is not necessary, a graduating resident should be familiar with the indications and technical aspects of:
Keratoplasty
Vitreous Surgery
Orbital surgery
Retinal detachment

Planning for Fellowships:
Note that arrangements for postgraduate fellowship positions are generally made during your PGY-4/5 years. The Career Committee will meet with each resident in order to guide him/her with respect to career plans and possible pathways to achieve these plans

MANDATORY ROTATIONS AND ELECTIVES (PGY-5)
The final twelve months of your residency training has been given more structure this year. There will be several mandatory rotations with the aim of strengthening the surgical skills of The Final year residents. In addition, there will be a two-month elective rotation to give you opportunity to study in areas of personal interest, possibly as a prelude to undertaking a fellowship after completion of the residency. During this final year, you will still be expected clinics two half days a week. Attendance at teaching sessions, Grand Rounds and Journal your electives, you should consult with the Program Director, the elective supervisor and the hospital Chief where you will be assigned to be sure there are no scheduling conflicts.

Guidelines to organize your final year of training
A resident must have achieved a satisfactory standing in the PGY-1 through PGY-4 years Before being eligible to undertake PGY-5 activities. Approval of the Program Committee is a prerequisite to proceeding with the PGY-5 year.
The purpose of this year is to round off the Resident’s training in all areas. Emphasis is

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Placed On completing the surgical component of the program in the various subspecialties. Any given subspecialty area should be reviewed and approved by the appropriate Director. The final schedule and any changes to the schedule must be discussed with and Subspecialty Receive prior approval by the Program Director.

PART II: Specific Objectives of the Teaching Programs at Adult and pediatric ophthalmology
ADULT SITES
PGY-2 Residents
Ward
Help with admissions:
Make sure complete history in chart
Make sure reason for surgery is well documented
Change dressings and follow post-op course
Write progress notes with seniors’ supervision (document post-op vision)
Draw blood, EKG's
Operating Room

By year end be able to familiar with
Temporal/artery biopsy, chalazion removal, removal corneal foreign body, lacrimal irrigation and probing and minor lid surgery

Clinic:
Learn to examine patients carefully and be able to refract accurately after 4-6 months
Be able to see six to ten patients per clinic by end of first year
First-year residents should not be responsible for volume of patients in clinic
Be able to handle ophthalmologic emergencie Consults
- Attend consultation rounds and do consults if requested by consult resident.
Teaching
- Teach Ophthalmology elective medical students the electives as required. Help them
manage the Red Eye Room.
Rounds
- Make sure patients are available for examination by staff at rounds and explain to the pertinent problems. staff
Be able to present concise case histories for discussion

PGY-3 Residents
Ward
Be familiar with post-op patients
Help senior residents with any ward problems
Help with admissions - make sure complete history in chart

Operating Room:
Must be able to prep, drape and give local anesthesias – rethubau – subtenon - retrobulbar
Must have assisted at 10-20 intraocular procedures before starting intraocular
Sugary Must have worked on cadaver or animal eyes and have been approved by an attending staff before starting intraocular surgery.

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Must have assisted at and seen a procedure before performing it for the first time
Assist and do plastics cases
Do routine strabismus cases

Clinic:
Be able to see 8-12 patients in a half day clinic
Rotate through Plastics, Retina, Neuro-Ophthalmology, Glaucoma, and Cornea and paediatric
Consults

In charge of consultation service
Urgent consults to be seen in Eye Clinic (or on ward if patient is immobile the day of request)
All consults to be reviewed with a staff person
Teaching
- Teach Ophthalmology elective medical students and residents
Rounds
- Be prepared to present cases and participate in discussions

PGY-4 Residents

Ward
Responsible for admissions and discharges (always arrange with staff re: discharge)
Contact staff if any post-op complications
Ensure all residents are at rounds which start at 07:00 am
Make sure complete history, physical and eye exam in chart
Make sure doctors' orders are completed each day
Ensure OR consent signed and properly completed (see “Operating Room”)
Make sure daily progress notes are written on each patient
Arrange and be able to perform A-scans – bscan – oct - vf
Communicate with the Head Nurse to ensure that the ward is running smoothly
Senior resident makes ward rounds on Friday a.m. if they have performed surgery
Thursday Second call resident responsible for all urgent problems seen by first call resident Notifies attending staff on call
Responsible for all emergency surgery

Operating Room
Senior residents in OR every day ideally
Try to equalize number of cases done and number of different procedures by operating residents
Schedule post-op follow-ups when the operator is in clinic
No senior resident will do a case (public) unless he has put a note in chart including justification for surgery and has discussed the case with staffman
Uniocular public cases or any complex case may be done by the staff at their discretion

Clinic
Responsible for post-op follow-ups
Responsible for public pre-op visits

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Contact staff with any clinic problems, i.e. bookings, equipment, requests etc. Participate in any clinical research studies currently in progress

Be able to see 10 - 15 patients in a half day clinic

Teaching

Help teach and supervise first and second-year residents

Stimulate residents to read around cases and O.R.’s being done

Help teach Ophthalmology elective students

In squint and pediatric and squint clinic:

**PGY-1+2 RESIDENTS**

The prime function of the 2nd-year resident is to learn the basic eye examination as it applies to children. Accordingly, his duties are based in the Eye Clinic where he will examine patients.

Special areas that should be emphasized include analysis of vision in the infant and very young child, examination of eye movements and muscle balance in the strabismic patient, refraction techniques as applied to children, and use of the indirect ophthalmoscope for media and retinal assessment.

Any exposure to surgical techniques will be limited.

**PGY-3 RESIDENTS**

In addition to mastering the technique of the pediatric ophthalmologic examination, the PGY-3 resident will partake in the various surgical procedures, with special emphasis on extraocular muscle surgery. He should thoroughly familiarize himself not only with the operative procedure, but also with the preoperative assessment and the ensuing postoperative care. He will be primarily responsible for the indoor consultation service and will work with the attending staff to coordinate weekly grand rounds. In addition, he will be responsible for the day-to-day management of any indoor patients under the guidance of the attending staff.

**PGY – 4/5** in addition to previous they will be responsible for pre-operative assessments, which take place during clinic hours. From time to time, they will be expected to prepare short talks for weekly didactic teaching sessions and to review articles for monthly Journal Club.

**OPHTHALMOLOGY ROTATION PGY-1 ophthalmology (canmeds)**

The resident will acquire the knowledge:

Physical Optics (nature of light, transmission and absorption)

Geometrical Optics (Vergence, dioptres spherical/cylindrical lenses, astigmatism, thin/thick

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lenses, equivalent/vertex power, spherocylindrical notation, Hirschberg and Krimsky reflexes)
Refractive components of the eye,
Ametropia, anisometropia
Accommodation (physiology, cycloplegia, relative rate of onset, duration, potency of various agents, assess appropriateness for cycloplegia, effect of age and presbyopia)
Infection control principles and practice in the Eye Clinic

**The resident will develop clinical skills:**
Be able to take a good ophthalmic and appropriate medical history
Appropriately assess emergency/trauma patients and demonstrate understanding of critical aspects/limitations of the exam in these and in red eye patients
Assessment of visual function (malingers, visual acuity, Snellen), visual fields (confrontation/automated) and colour vision (Ishihara and AO-HRR plates)
Inspection of glasses (evaluation, source of problems, measuring sphere/cylinder/reading add)
Measurement of vertex and pupil distance
Retinoscopy, Exophthalmometry
Basic slit lamp exam, tonometry
Direct and indirect ophthalmoscopy
Safely remove superficial/non-central corneal foreign bodies

**Communicator**
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent when appropriate
Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records Accurate and timely documentation

**Collaborator**
The resident will display good collaborator team skills:
Delegate responsibility effectively

Interact effectively with staff and peers
Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient care

**Health Advocate**
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)

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Acts as a patient advocate
Can identify modifiable risk factors for eye disease (trauma, nutrition, smoking etc.)

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle to sources of medical information
Attend and contribute to learning events (eg. seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

**COMPREHENSIVE OPHTHALMOLOGY PGY1 + 2**
Residents are encouraged to read Reinecke: *Refraction: A programmed text* during their first year of clinical Ophthalmology.
Further study (optional) may include Rubin: *Optics for clinicians*, Rubin and Milder: *The Fine Art of Prescribing Glasses* and Hunter and West: Last Minute Optics. Optics and refraction Video Lecture Series. www.lastminuteoptics.com. These books are very readable and cover refraction well.

**Medical Expert**

The resident will acquire the knowledge to:
Refact including the following:
Physical Optics (nature of light, interference, coherence, polarization, diffraction, scattering, transmission and absorption)
Geometrical Optics (Vergence, diopters, Snell’s law, refraction, reduced vergence, index of refraction, object/image relationships, real/virtual images, multiple lens systems, image position, graphical analysis, cardinal points of a lens, power of a curved surface, spherical/cylindrical lenses, astigmatism, conoid of Sturm, thin/thick lenses, equivalent/vertex power, spherocylindrical notation, transposition, lateral/axial/ angular magnification, lens aberrations including spherical, chromatic, coma, astigmatism of oblique incidence, radial astigmatism, curvature of field and caustic curve, reflection including specular/diffuse, plane/curved surface, critical angle, Purkinje-Samson images, Hirschberg and Krimsky reflexes, photometry, illumination, laser optics)
Prescribe glasses for ametropia and presbyopia including:
Refractive components of the eye
Optics of ametropia (principles of correction for ametropia, consequences of optical corrections,

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spherical errors, simple/mixed/compound astigmatism, meridional magnification, anisometropia)
Accommodation (physiology, cycloplegia, relative rate of onset, duration, potency of various agents, assess appropriateness for cycloplegia, effect of age and presbyopia)
Opticianry (what the optician does and how)
Optics of ophthalmic instruments (lensmeter, placido disc, direct/indirect ophthalmoscope, crosscylinder, retinoscope, pinhole, stenopeic slit, red-green test, Maddox rod, applanation tonometer, gonio/fundus/laser lenses, slit lamp microscope, corneal topographer, OCT, optical biometer, HRT, automated refractor)
Optics of ophthalmic devices (meniscus lens, bifocal lens including flat/round/progressive, object displacement, image jump and induced phorias, antireflective coatings, absorptive lenses)
Assess the visual requirements for driving
Assess transient refractive errors (etiology and prognosis)
Retinal assessment with 78/90D lens
The resident will develop clinical skills:
Assessment of visual function (maligners, visual acuity, Snellen, contrast sensitivity), visual fields (confrontation/automated) and colour vision (Ishihara and HRR plates)
Inspection of glasses (evaluation, source of problems, measuring sphere/cylinder/reading add)
Measurement of vertex and pupil distance
Retinoscopy
Subjective refraction
Basic slit lamp exam, tonometry and gonioscopy
Direct and indirect ophthalmoscopy
Inspection of glasses (evaluation, source of problems, measuring sphere/cylinder/reading add)
Appropriately assess emergency/trauma patients and demonstrate understanding of critical aspects/limitations of the exam in these and in red eye patients
The resident will acquire surgical skills:
Removal of chalazia and small skin lesions

Temporal Artery Biopsy
Laser iridotomy and capsulotomy

Communicator
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records
Accurate and timely documentation

Collaborator
The resident will display good collaborator team skills:
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

Manager
The resident will utilize health care resources effectively:
Manage time and resources effectively

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Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient

**Health Advocate**
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)
Medical student teaching and supervision

**Professional**
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals

Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

**COMPREHENSIVE OPHTHALMOLOGY PGY - 3**

**Medical Expert**
The resident will acquire the knowledge to:
Prescribe glasses with prisms including prismatic optics (deviation/displacement, prism diopter, doubling prisms, Prentice’s rule, Fresnel prisms)
Prescribe low vision aids (magnifiers, telescopes, high plus lenses, stand and video magnifiers, orientation and mobility services)
Prescribe glasses for occupational/safety needs (toxic effects of light, absorption lenses, polycarbonate lenses)
The resident will develop clinical skills:
Assessment and management of strabismus (use of orthoptic/ neutralizing prisms, phorias and tropias, vergence problems, prescribing prisms)
Assessment of low vision and contrast sensitivity (Low vision measurements, design of acuity charts, log MAR, definition of visual handicap and legal blindness)
Assessment of occupational/safety needs
Automated visual field testing
Use of the automated refractor

**Communicator**
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records

Revised December 2014
Accurate and timely documentation

Collaborator
The resident will display good collaborator team skills:
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

Manager
The resident will utilize health care resources effectively:
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient

Health Advocate
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
Acts as a patient advocate

Scholar
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)
Medical student teaching and supervision

Professional
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability & be conscientious eg. punctual and provide appropriate patient follow-up

COMPREHENSIVE OPHTHALMOLOGY PGY - 4

Medical Expert
The resident will acquire the knowledge to:
Determine the correct IOL implant power (IOL formulas, sources of error and relevance)
Manage high anisometropia and aphakia including aniseikonia (limits of tolerance, causes, correction)
Manage monocular diplopia
Prescribe specific glasses parameters (base curves, induced prisms, etc.)
Manage the surgical correction of astigmatism

The resident will develop clinical skills:
Keratometry and pachymetry
A scan examination (contact and immersion)
Assessment of potential acuity pre-op (PAM, OCT, HRT tests)
Assessment of glare (glare testers)
Assessment of aniseikonia
Specular microscope

The resident will acquire surgical skills:

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AC tap, Tap and inject for endophthalmitis
Intravitreal injections

Trauma repair techniques

**Communicator**
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting
and written records
Accurate and timely documentation

**Collaborator**
The resident will display good collaborator team skills:
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
Manage time and resources effectively
Make cost effective use of health care resources and act in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient
Local site scheduling and supervision of junior residents, administration, consultation
screening

**Health Advocate**
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision
and ocularist services)
Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient
followup

**COMPREHENSIVE OPHTHALMOLOGY PGY-5**

**Medical Expert**
The resident will acquire the knowledge to:
Manage PRK and LASIK refractive surgery (indications, consent, complications, success
and complication rates, laser types, machine parameters, keratomes)
Prescribe regular, toric, keratoconus and bifocal contact lenses including patient education
and lens care

The resident will develop clinical skills:
Corneal topography and wave-front analysis (PGY-4 and PGY-5)
Fitting of contact lenses (regular, toric, keratoconus and bifocal)
Assessment of visual disability (AMA scales)
Assessment of functional visual loss

The resident will acquire surgical skills:

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PRK and LASIK surgery

**Communicator**
The resident will display effective doctor-patient communication skills:
- Establish a comfortable and professional rapport with the patient and family
- Provide clear and thorough explanation of diagnosis, investigation and management
- Encourage full participation of the patient and family in decision making and management
- Obtain informed consent
- Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records
- Accurate and timely documentation

**Collaborator**
The resident will display good collaborator team skills:
- Delegate responsibility effectively
- Interact effectively with staff and peers
- Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
- Manage time and resources effectively
- Make cost effective use of health care resources while acting in the best interest of the patient
- Understand the principles of practice management
- Effective use of information technology to optimize patient care

**Health Advocate**
The resident will be a patient advocate when appropriate:
- Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
- Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for selfimprovement:
- Develop and implement a plan for self-directed learning
- Apply the principle of critical appraisal to sources of medical information
- Attend and contribute to learning events (eg. seminars, rounds)
- Medical student teaching and supervision

**Professional**
The resident will carry out duties in a professional manner:
- Show respect toward patients
- Show respect toward other health care professionals
- Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

**UVEITIS AND INTRAOCULAR TUMOURS PGY-2**

**Medical Expert**
The resident will acquire the knowledge to:
- Perform a history and complete eye examination
- Be able measure the visual acuity at near and distance
- Refraction (objectively and subjectively)
- Assess the visual field by confrontation and with Amsler grid
- Intraocular pressure measurement
- Examine the pupils, the cornea, the iris, the lens, vitreous and retina.
- To grade the anterior chamber cells, vitreous cells and keratic precipitates.
- Do an indirect examination of the fundus, a gonioscopy, fundus exam with Goldman contact lens
- The resident should understand the principles behind the usage of anti-inflammatory agents and cycloplegics in the treatment of acute uveitis.
- Basic immunology and radiation knowledge

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Physiology of the uvea
Terminology used in uveitis and intra-ocular tumours
Classification of uveitis and intra-ocular tumours
Personal and familial history
Signs of uveitis and intra-ocular tumours
Goals of management
Laboratory examinations
Non-specific treatment of uveitis

**The resident will acquire clinical skills**
The resident should be able to treat:
A kerato-uveitis
An acute Uveitis
Posterior synechiae
Increase intraocular pressure associated with Uveitis

**Communicator**
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient's problems clearly, concisely and correctly in the clinical setting and written records
Accurate and timely documentation

**Collaborator**
The resident will display good collaborator team skills:
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient care

**Health Advocate**
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (e.g. facilitating access to low vision and ocularist services)
Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medical information
Attend and contribute to learning events (e.g. seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious (e.g. punctual and provide appropriate patient followup)

**UVEITIS AND INTRAOCULAR TUMOURS PGY-3**
**Medical Expert**
The resident will acquire the knowledge and ability to:

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Accurately classify presenting uveitis (location, type, level of activity)

Draw (in colour) the fundus of a patient based on clinical exam.

Measure clinically an inflammatory lesion or tumor of the fundus.

Understand the ultrasonographic characteristics of a serious retinal detachment, choroidal melanoma, metastatic tumor, and vascular tumor.

Perform A and B scan ultrasonography.

Classify and utilize the various immunomodulating therapies.

**The resident will acquire clinical skills to:**

Diagnose and treat the following uveitic clinical entities:

- Anterior Uveitis
- Idiopathic Iridocyclitis
- HLA-B27 + Iridocyclitis
- Juvenile Rheumatoid Arthritis
- Fuch's Iridocyclitis
- Herpes Simplex Keratouveitis
- Ankylosing Spondylitis
- Intraocular lens related uveitis
- Reiter's Syndrome
- Herpes Zoster Keratouveitis
- Syphilis
- Traumatic Iridocyclitis
- Inflammatory Bowel Disease
- Glaucomatocyclitic Crisis
- Tuberculous Iridocyclitis
- Posterior Uveitis
- Toxoplasma Retinochoroiditis
- Retinal Vasculitis
- Idiopathic Posterior Uveitis
- Presumed Ocular Histoplasmosis Syndrome
- Toxocariasis
- Cytomegalovirus Retinitis
- Idiopathic Retinitis
- Serpiginous Choridopathy
- Acute Posterior Multifocal Placoid Pigment Epitheliopathy (APMPPE)
- Acute Retinal Necrosis
- Birdshot Choridopathy
- Leukaemia / Lymphoma
- Large Cell Lymphoma
- Ocular Candidiasis
- Tuberculous Uveitis
- Lupus Retinitis
- Panuveitis
- Idiopathic Panuveitis
- Sarcoidosis
- Vogt-Koyanagi-Harada
- Behcet's Disease
- Phacogenic Uveitis
- Sympathetic Ophthalmia
- Brucellosis

**Communicator**

The resident will display effective doctor-patient communication skills:

- Establish a comfortable and professional rapport with the patient and family
- Provide clear and thorough explanation of diagnosis, investigation and management
- Encourage full participation of the patient and family in decision making and management
- Obtain informed consent

Revised December 2014
Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records

**Accurate and timely documentation**

**Collaborator**
The resident will display good collaborator team skills:
- Delegate responsibility effectively
- Interact effectively with staff and peers
- Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
- Manage time and resources effectively
- Make cost effective use of health care resources while acting in the best interest of the patient
- Understand the principles of practice management
- Effective use of information technology to optimize patient care

**Health Advocate**
The resident will be a patient advocate when appropriate:
- Identifies situations where patient advocacy is required (e.g., facilitating access to low vision and ocularist services)
- Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
- Develop and implement a plan for self-directed learning
- Apply the principle of critical appraisal to sources of medical information
- Attend and contribute to learning events (e.g., seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
- Show respect toward patients
- Show respect toward other health care professionals
- Demonstrate reliability and be conscientious (e.g., punctual and provide appropriate patient followup)

**UVEITIS AND INTRAOCULAR TUMOURS PGY-4**

**Medical Expert**
The resident will acquire the knowledge and ability to:
- Recognize the indications for anterior chamber tap, vitreous and retinal biopsies in cases of chronic Uveitis that do not respond to usual therapies.
- Describe the various ocular tumours (melanoma, retinoblastoma, metastases, etc.) and their diagnostic methods.

The resident will acquire clinical skills to:
- Understand the different methods of treatment of chronic Uveitis, their indications and applications.
- Understand the particularities about ocular surgery in patients with Uveitis.
- Explain radiation treatment of intra-ocular tumours (external beam and plaque application) and the findings of the Collaborative Ocular Melanoma Study (COMS) ongoing clinical trial of choroidal melanoma (COMS study).
- The resident must be able to perform an anterior chamber tap, a vitreous biopsy, injection of medication through the pars plana, and enucleation.

**UVEITIS AND INTRAOCULAR TUMOURS PGY-5**

An elective in this final year of training could be done as a refinement of the resident's knowledge of Uveitis.

**VITREORETINAL DISEASES AND SURGERY PGY1/2**

**Medical Expert**
The resident will acquire the knowledge and ability to:
Interpret fundus photography, fluorescein angiography and optical coherence tomography (OCT)
Interpret visual fields and the Amsler grid
A and B scan ultrasonography

**The resident will acquire clinical skills to perform:**
- Direct ophthalmoscopy
- Indirect ophthalmoscopy and scleral depression
- Fundus drawing
- Slit lamp biomicroscopy of fundus (contact and non contact method)
- Trans-illumination
- Use of indirect ophthalmoscopy in examination of infants

**Communicator**
The resident will display effective doctor-patient communication skills:
- Establish a comfortable and professional rapport with the patient and family
- Provide clear and thorough explanation of diagnosis, investigation and management
- Encourage full participation of the patient and family in decision-making and management
- Obtain informed consent
- Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting
- And written records
- Accurate and timely documentation

**Collaborator**
The resident will display good collaboration with other members of the team:
- Delegate responsibility effectively
- Interact effectively with staff and peers
- Interact effectively with other health care professionals

**Manager**
The resident will utilize health care resources effectively:
- Manage time and resources effectively
- Make cost effective use of health care resources while acting in the best interest of the patient
- Understand the principles of practice management
- Effective use of information technology to optimize patient care

**Health Advocate**
The resident will be a patient advocate when appropriate:
- Identifies situations where patient advocacy is required (eg. facilitating access to low vision
  And ocularist services)
- Act as a patient advocate
- Be involved in advocacy for the community such as the Ophthalmology screening days

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
- Develop and implement a plan for self-directed learning
- Apply the principle of critical appraisal to sources of medial information
- Attend and contribute to learning events (eg. seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
- Show respect toward patients
- Show respect toward other health care professionals
- Demonstrate reliability and conscientious behaviour

**VITREORETINAL DISEASES AND SURGERY PGY-3**

**Medical Expert**
The resident will acquire the knowledge and ability to:
- Demonstrate proficiency in interpretation of fluorescein angiography, OCT and ultrasonography.
- Demonstrate proficiency in interpretation of electrophysiology and psychophysical testing.
- Evaluate age related macular disease and other disciform processes.

Revised December 2014
History and symptoms
Use of Amsler grid
Interpretation of treatable cases
Identification of treatable cases
Counseling of patients for follow-up, including possible involvement of the fellow eye
Understand recommendations of the following studies: Treatment of AMD with Photodynamic Therapy (TAP), Vertiporfin in Photodynamic Therapy (VIP), Anti-VEGF Antibody for the Treatment of Predominantly Classic Choroidal Neovascularization in AMD (ANCHOR), Minimally Classic/Occult Trial of the Anti-VEGF Antibody in the Treatment of Neovascular AMD (MARINA), Comparison of Age Related Macular Degeneration Treatments Trial (CATT)
Evaluate retinal vascular disease - diabetic retinopathy
Recognize background vs. proliferative retinopathy
Understand recommendations of the Diabetic Retinopathy Study (DRS) and the Early Treatment of Diabetic Retinopathy Study (ETDRS)
Indication for vitrectomy and diabetic retinopathy
Indication for and interpretations of ultrasonography
Evaluate retinal detachment
Distinguish rhegmatogenous, tractional and secondary types
Status of macula
Status of vitreous
Fundus drawing - indirect ophthalmoscopy with identification of Retinal landmarks such as the equator, ora serrata, and vitreous base
Scleral depression
Indication for vitrectomy
Indication and contraindications for pneumatic retinopexy
**The resident will acquire clinical skills:**
Continue development of skills in indirect ophthalmoscopy with demonstrated proficiency in scleral depression and identification of peripheral retinal disease.
Vitreous tap and injection eg. Endophthalmitis protocol
Vitreous injection of therapeutic medications
Scleral buckle (primary, uncomplicated cases).
Laser photocoagulation: retinal tears, panretinal laser photocoagulation (PRP) for ischemic retinal disease

**VITREORETINAL DISEASES AND SURGERY PGY-4 AND PGY-5**
The resident will acquire the knowledge to:
Refinement of PGY-2 and PGY-3 knowledge
The resident will acquire clinical skills:
The resident will acquire surgical skills
Anterior vitrectomy - particularly for indications of urgent application, i.e. unexpected difficulty in cataract surgery
Posterior vitrectomy: all residents should participate in preoperative evaluation and postoperative management, as well as assist in surgery
Medical management - for medical retinal diseases, e.g. retinitis of different etiologies
The resident will acquire surgical skills:
Laser photocoagulation
a) Diabetic retinopathy (PRP for proliferative disease. Focal laser for diabetic macular edema)
b) Central retinal vein occlusion, branch retinal vein occlusion, sickle cell disease
c) Age-related macular degeneration: determination of treatable lesions
Cryotherapy
a) Retinal hole/tear
b) Peripheral cryotherapy eg. Coats disease
Pneumatic Retinopexy

Revised December 2014
Identification of tear, treatment of tear, AC tap, injection of intraocular gas

**NEURO-OPHTHALMOLOGY PGY1+2**

**Medical Expert**

**History taking**

The resident will develop the art of taking a detailed, but selective history. The history should be directed towards the particular patient’s visual symptom and how it relates to the relevant medical, neurological and familial background. Once completed, it should be clear if the etiology of a patient’s symptom or referred sign is on a neuro-ophthalmologic basis or not. In order to refine the skill of dealing with complex histories in an efficient manner, residents should assess neuroophthalmology patients on ward consult rounds as well as in subspecialty clinics.

**Clinical skills**

Neuro-ophthalmologic examination, which includes:

- Visual acuity – without correction, multiple pinhole, and best corrected (including near vision)
- Pupillary exam (size, shape, reaction to near and light, and the pharmacology of testing the pupils in the event of anisocoria or tonicity)
- Color vision (Ishihara, HRR and Farnsworth)
- Brightness and colour saturation comparison between the two eyes
- Ocular motility (movements - saccades & pursuit, alignment for near and distance viewing, forced ductions)
- Ocular adnexa assessment- lids, orbit, face, exophthalmometry
- Corneal assessment including sensation
- Fundoscopy - direct ophthalmoscopy, 90D lens, 3 mirror lens
- Gross neurological exam including carotid auscultation
- Developing a multifactorial approach to examine the patient with functional visual loss
- Visual field techniques and interpretation related to the patient’s abilities- confrontation, Goldman and automated perimetry
- Tensilon, fatigue, and ice test
- Electrophysiology - interpretation of ERG and VER
- Neuroradiology - how to order and interpret neuro-imaging of the orbit and brain relevant to the individual patient’s clinical situation

**Communicator**

The resident will display effective doctor-patient communication skills:

- Establish a comfortable and professional rapport with the patient and family
- Provide clear and thorough explanation of diagnosis, investigation and management
- Encourage full participation of the patient and family in decision making and management
- Obtain informed consent
- Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records
- Accurate and timely documentation

**Collaborator**

The resident will display good collaborator team skills:

- Delegate responsibility effectively
- Interact effectively with staff and peers
- Interact effectively with other health care professionals

**Manager**

The resident will utilize health care resources effectively:

- Manage time and resources effectively
- Make cost effective use of health care resources while acting in the best in the best interest of the patient
- Understand the principles of practice management
- Effective use of information technology to optimize patient

Revised December 2014
**Health Advocate**
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
Acts as a patient advocate

**Scholar**
The resident contributes to the knowledge of others and develops a plan for self-improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)

**Professional**
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

**NEURO-OPHTHALMOLOGY PGY-3**

**Medical Expert**
The resident will refine the skills mentioned above. Upon completion of the history and exam, the PGY-3 should be able to formulate the location of the lesion, a differential diagnosis, and a plan of investigation. These skills should be applicable to a spectrum of patients from the ward and ambulatory ophthalmology clinics.
In addition to clinical skills, the PGY-3 will develop competency in lecturing about and teaching neuro-ophtalmology these skills to medical students and non-ophtalmology residents.
The resident should be able to present the history, examination, relevant neuro-radiological data and a review of the literature in reference to a patient to an attending staff and an audience in the format of a Grand Rounds presentation.
The resident will acquire the surgical skills to perform a temporal artery biopsy and manage central retinal artery occlusion according to the current standard of practice.

**NEURO-OPHTHALMOLOGY PGY-4 & PGY-5**

**Medical Expert**
Continued exposure to neuro-ophtalmology patients in both consult rounds and subspecialty clinics is important in order to maintain a familiarity with these diagnoses.
If the PGY-5 candidate is interested, a research project involving electrophysiology or a retrospective/prospective study could be arranged.
An elective in the PGY-5 year is possible if the resident desires.

**PEDIATRIC OPHTHALMOLOGY PGY1+2**

**Medical Expert**
The resident will acquire the knowledge:
- Strabismus of the ocular system
- Embryology of the eye & orbit
- Anatomy of the changing ocular & orbital structures
- Anatomy & physiology of the oculomotor system
- Physiology of accommodation & the changing optics of the child’s eye
- Physiology of normal & abnormal visual development
- Pharmacology of cycloplegics(atropine, cyclopentolate tropacamid, phenylephrine, homatropine), etc. & pediatric dosages
- Basic genetics (RP, LCA, etc.)
Microbiology of neonatal infections(e.g. torch, ophthalmia neonatorum, etc.)

**The resident will acquire clinical skills:**
- Diagnosis & management of pediatric refractive errors including the prescription of optical corrections
- Diagnosis of motility disorders (strabismus, palsies)
- Diagnosis & management of amblyopia
- Management of neonatal ocular infections, periorbital and orbital cellulitis
- Diagnosis & management of tearing disorders in children
- Specific questioning of parents relating to pregnancy, delivery, development, and family history of the child being examined
- Assessment of vision in the preverbal child
- Assessment of eye movements
- Principles of measurement of strabismus deviations
- Refraction in children
- Introduction to the indirect ophthalmoscopic examination of infants

**The resident will acquire surgical skills:**
- Assist at strabismus surgery on occasion (to include familiarity with sterile surgical technique, basic prepping & draping of patient)
- Minor lid procedures (e.g. chalazion removal)
- Assist at some examinations under anaesthesia

**Communicator**

**The resident will display effective doctor-patient communication skills:**
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient's problems clearly, concisely and correctly in the clinical setting and written records
Accurate and timely documentation

**Collaborator**

**The resident will display good collaborator team skills:**
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

**Manager**

**The resident will utilize health care resources effectively:**
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient

**Health Advocate**

**The resident will be a patient advocate when appropriate:**
Identifies situations where patient advocacy is required (e.g. facilitating access to low vision and oculist services)

**Scholar**

**The resident contributes to the knowledge of others and develops a plan for selfimprovement:**
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (e.g. seminars, rounds)

**Professional**

**The resident will carry out duties in a professional manner:**
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

Revised December 2014
PEDIATRIC OPHTHALMOLOGY PGY-3
Medical Expert
The resident will acquire the knowledge:
- Surgical anatomy of the changing ocular & orbital structures
- Pathophysiology of sensorial adaptations & abnormal visual development
- Electrophysiology (including ERG, VER, EOG)
- Pharmacology of certain anaesthetic agents & conditions which relate to pediatric ocular surgery
- Pathology of congenital ocular malformations, pediatric ocular and orbital tumours
- Management of all strabismus & neuro-ophthalmic ocular deviations
- Management of ptosis & related disorders
- Management of pediatric intraocular & orbital tumours
- Management of Uveitis in children
- Diagnosis & management of inherited retinal degenerations
- Diagnosis of pediatric cataracts, glaucoma, and leukocoria
- Understanding the ophthalmic manifestations of pediatric systemic disease
- Identification and understanding of ROP
The resident will acquire clinical skills:
- Expertise in the assessment of vision of the preverbal child
- Expertise in the assessment of eye movements
- Complete facility in the measurement of strabismus deviations and the assessment of any associated sensory adaptation, including orthoptic assessments
- Clinical experience in the assessment of the child who is uncooperative or developmentally delayed
- Expertise with the indirect ophthalmoscopic examination of infants
The resident will acquire practical clinical skills:
- Satisfactory execution of horizontal strabismus surgery & some vertical/oblique surgery
- Syringing & probing of the nasolacrimal duct
- Assist at examinations under anaesthesia & pediatric intraocular surgery
- Some ptosis procedures
- Draw and understand pedigrees (AD, AR and XR inheritance)

PEDIATRIC OPHTHALMOLOGY PGY-4 AND PGY-5
Medical Expert
The resident will acquire the knowledge:
Expertise in pediatric glaucoma, infections and inflammations and tumours
The resident will acquire clinical skills:
Management of intraocular infections
Management of pediatric cataracts & glaucoma
The resident will acquire surgical skills:
Vertical, oblique, and reoperative strabismus procedures
Levator resection for ptosis
Pediatric cataract surgery
Ocular lacerations & surgical lid procedures

CORNEA AND EXTERNAL DISEASE PGY1+2
Medical Expert
The resident will acquire the knowledge:
Normal anatomy, physiology, immunology, pharmacology, biochemistry of:
- Cornea
- Conjunctiva
- Ocular adnexa
- Lid Margins
- Lid Skin
Physiology and biochemistry of tears
Principles of astigmatism
Concepts of inflammation and infection (microbiology basic science)
Pharmacology

Revised December 2014
Corneal Transparency, optics, refractive power
Pathology of cornea and ocular adnexa
Preoperative evaluation of cornea before cataract surgery or other intraocular procedures\(\text{clinical}\) (see tests)
Scleritis/episcleritis
Recognition and management of astigmatism (spectacles, contact lenses) (keratometry/keratoscopy)
Corneal edema (clinical evaluation, ddx, management)
Ocular surface disorders: keratoconjunctivitis sicca, exposure, toxicity (medications, chemical burn)
Anterior Uveitis systematic approach, syndrome identification, management
Lacrimal system disorders (e.g., dacryocystitis, canaliculitis, obstruction in infants)

**The resident will acquire clinical skills:**
Integrate basic and clinical knowledge and diagnostic skills and data to arrive at an appropriate diagnosis and differential diagnosis
Recognize the importance of and be capable of performing, interpreting, and recording:
- Fluorescein/rose bengal evaluation of cornea/conjunctiva
- Tonometry in corneal abnormalities (use of tonopen)
- Measurement of corneal thickness (pachymetry)
- Exam in room light (skin, sclera etc.)
- Bedside exams-infants, ICU, nursing home (use of portable slit lamp)
- Corneal astigmatism measurement: keratometry, keratoscopy, placido disc, topography
- Assess visual potential: refraction, contact lens over-refraction, pinhole, stenopeic slit, PAM/interferometer
- Corneal sensitivity test
- Tear evaluation: Schirmer test, break-up time, dyes, tear meniscus
- Slit lamp exam of cornea layers
- Good history: cornea/external disease, related systemic disease, related eye disease
- Good, careful observer: clinical diagnostic skills (slit lamp, etc.)
- Performs indicated diagnostic procedure/lab: dye stains, cultures, etc.
- Collects all necessary clinical information:
  a) History
  b) Physical exam (eye)
  c) Laboratory
    - Synthesizes information
    - Establishes differential diagnosis
    - Recognizes level of urgency-initiates therapy if necessary
    - Recognizes further need for special lab studies or consultation and proceeds
    - Has good personal database of diagnostic criteria, natural history of diseases, therapeutic options, expected responses
    - Knows where to turn for more information and help, when, and how (literature, consultants, etc.)
    - Establishes most likely diagnosis
    - Initiates therapy
    - Follow-up:
      a) Recognizes improvement
      b) Recognizes failure
      c) Reevaluates; discontinues therapy
      d) Refers as needed
      e) Recognizes limitations

**The resident will acquire surgical skills:**
Conjunctival tumor removal (eg nevus)
Corneal / conjunctival foreign bodies (eg upper lid)
Incision & drainage (hordeolum, chalazion)

Revised December 2014
Communicator
The resident will display effective doctor-patient communication skills:
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient's problems clearly, concisely and correctly in the clinical setting and written records
Accurate and timely documentation

Collaborator
The resident will display good collaborator team skills:
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

Manager
The resident will utilize health care resources effectively:
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient care

Health Advocate
The resident will be a patient advocate when appropriate:
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
Acts as a patient advocate

Scholar
The resident contributes to the knowledge of others and develops a plan for self improvement:
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)

Professional
The resident will carry out duties in a professional manner:
Show respect toward patients
Show respect toward other health care professionals
Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

Cornea And External Disease PGY-3
Medical Expert
The resident will acquire the knowledge:
Know and apply to the diagnosis and understanding of cornea and external eye disease:
Classification, natural history, treatment of cornea/external diseases including:
- Infectious keratitis: bacterial, fungal, viral, acanthamoeba
- Dry eye: etiology & ddx, systematic approach, management
- Trauma anterior segment (hyphema, use of imaging techniques)
- Acute and chronic conjunctival inflammations, infections (adult and neonatal) (allergic, vernal, chlamydia, GC, toxic/medicamentosa, medications)
- Contact lens related complications: toxicity, GPC, infections, neovascularization etc.
- Drug selection and complications (antibiotics, steroids, diagnostics, etc.)
- Lid margin disorders: blepharitis, other infections, tumors
- Cornea/anterior segment findings in systemic disease

Revised December 2014
- Corneal dystrophies: epithelial (e.g., map-dot), stromal (e.g., macular), endothelial (e.g., Fuchs’)
- Neurotrophic keratopathy (dx, ddx, rx)

**The resident will acquire clinical skills:**
Microbiological lab procedures: prepare and read smears, prepare appropriate cultures, knowledge of lab resources
Endothelial evaluation (slit lamp specular reflection, thickness of cornea, evaluate specular photomicrographs)
Selection and management of antibiotics, steroids for infections/inflammation and their preparation
Read cultures, plates
Evaluate donor material for keratoplasty

**The resident will acquire surgical skills:**
Tarsorrhaphy
Pterygium surgery
Punctal occlusion (plugs, cautery)
Tissue glue (tisseel, cyanoacrylate)
Superficial keratectomy (eg band keratopathy)
Conjunctival laceration

**Cornea and External Disease PGY-4 and PGY-5**

**Medical Expert**

**The resident will acquire the knowledge:**
- Anterior segment neoplasms (e.g., conjunctival melanosis etc.)
- Corneal complications of IOL and other surgical procedures
- Corneal/conjunctival degenerations
- Ectatic disorders (eg keratoconus, pellucid, progressive corneal ectasia)
- Muco-cutaneous syndromes: pemphigoid, SJS etc.
- Ocular-dermatological associations (e.g., rosacea, genetics, infections, etc.)
- Post-surgical infections: Dx and Rx-cultures, therapy, antibiotic selections
- Abnormalities of lid closure/blink mechanisms
- Long-term impact of chronic disease on patient/family/society

**The resident will acquire clinical skills:**
Corneal topography (understanding and interpretation)

**The resident will acquire surgical skills:**
Repair of lid, cornea / scleral laceration (and when to refer)
Management of post surgical wound leaks (medical & surgical)
Anterior segment foreign body removal
Iris repair
Excisional biopsy (eg CIN)
Anterior stromal micropuncture for recurrent erosions
Have knowledge of the following procedures: (may or may not perform)
Keratoplasty (eg penetrating, endothelial, lamellar)
DM reattachment with air tamponade
Keratorefractive surgery (eg LASIK, PRK)
Corneal Intacs / Rings
Iridocyclectomy
Corneal / scleral patch grafts
Conjunctival transplant
Limbal stem cell transplant
Amniotic membrane transplant
Collagen crosslinking (eg keratoconus)
Keratoprosthesis (eg Boston K-Pro)

**GLAUCOMA PGY1+2**

**Medical Expert**

**The resident will acquire the knowledge:**
Anatomy, physiology, biochemistry of:

Revised December 2014
a) Drainage system including trabecular and uveoscleral
b) Optic nerve
Mechanism and modalities of intraocular pressure measurement
Clinical classification of glaucoma including the different subtypes of open angle
(pretrabecular, trabecular, posttrabecular) and angle closure (anterior pulling, posterior pushing) glaucoma.
Basic pharmacology of glaucoma medications

**The resident will acquire clinical skills:**
- Ability to diagnose the various glaucomas and specifically acute glaucoma.
- Ability to assess a patient for the various risk factors (age, past medical history, past ocular history, medications, pachymetry, gonioscopy) and manifestations (visual fields, optic nerve imaging) of glaucoma.
- Ability to measure intraocular pressure using multiple modalities (goldmann applanation tonometer, tonopen, Perkins, digital palpation)
- Management of emergency acute glaucoma.
- Develop a notion of the medical management of glaucoma.

**The resident will acquire technical skills:**
- Tonometry: applanation, Schiotz, portable tonometer, tonopen
- Gonioscopy: slit lamp, Koepppe
- Visual Fields: confrontation, Goldman and automated perimetry
- Optic nerve head assessment: direct ophthalmoscope, contact lens exam
- Laser: peripheral iridotomy using YAG laser

**Communicator**

**The resident will display effective doctor-patient communication skills:**
- Establish a comfortable and professional rapport with the patient and family
- Provide clear and thorough explanation of diagnosis, investigation and management
- Encourage full participation of the patient and family in decision making and management
- Obtain informed consent
- Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records
- Accurate and timely documentation

**Collaborator**

**The resident will display good collaborator team skills:**
- Delegate responsibility effectively
- Interact effectively with staff and peers
- Interact effectively with other health care professionals

**Manager**

**The resident will utilize health care resources effectively:**
- Manage time and resources effectively
- Make cost effective use of health care resources while acting in the best in the best interest of the patient
- Understand the principles of practice management
- Effective use of information technology to optimize patient

**Health Advocate**

**The resident will be a patient advocate when appropriate:**
- Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
- Acts as a patient advocate

**Scholar**

**The resident contributes to the knowledge of others and develops a plan for self improvement:**
- Develop and implement a plan for self-directed learning
- Apply the principle of critical appraisal to sources of medial information

Revised December 2014
Attend and contribute to learning events (eg. seminars, rounds)

**Professional**

*The resident will carry out duties in a professional manner:*

- Show respect toward patients
- Show respect toward other health care professionals
- Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup

**GLAUCOMA PGY-3**

**Medical Expert**

*The resident will acquire the knowledge:*

- Epidemiology of glaucoma
- Pharmacology of glaucoma
- Pathology of glaucoma
- Natural history of the glaucoma entities (primary and secondary)
- Indications of treatment:
  a) Medical
  b) Surgical
- Complications and side effects of treatment
- Adequate follow-up of this chronic disease

*The resident will acquire clinical skills:*

- Formulate appropriate management of the glaucoma considering:
  - Diagnosis
  - Associated ocular problems
  - Associated medical problems
  - Visual needs of the patient
  - Explain condition to the patient
  - Implement and follow up of management
- Initiate medical therapy recognizing indications contraindications and complications (ocular and systemic) of various medications.

*The resident will acquire surgical skills:*

Introduction to laser surgical therapy
(peripheral iridotomy using YAG and Argon lasers, Selective Laser Trabeculoplasty +/- pupilloplasty, iridoplasty and cyclophotocoagulation)
Exposure to various glaucoma surgical procedures (needling, trabeculectomy, tube shunt surgery, microinvasive glaucoma surgery, goniosynechialysis)

**GLAUCOMA PGY-4 AND PGY-5**

**Medical Expert**

*The resident will acquire the knowledge:*

Revision of all of the PGY-2 and PGY-3 knowledge

*The resident will acquire clinical skills:*

Revision of all of the PGY-2 and PGY-3 clinical skills
Diagnosis and management of postoperative glaucoma presentations

*The resident will acquire surgical skills:*

- Laser surgical therapy:
  a) Argon and Yag laser iridotomy
  b) Argon Laser Trabeculoplasty
- Management of cataract in glaucoma patients
- Combined cataract extraction and Trabeculectomy
- Needling
- Tube shunt surgery
- Microinvasive glaucoma surgery
- Goniosynechiolysis

**CATARACT PGY-2**

**Medical Expert**

Revised December 2014
The resident will acquire the knowledge:
The anatomy, histology, embryology, biochemistry, physiology, genetics and pharmacology of the lens and zonule. The optics of the phakic, aphakic and pseudophakic eye. The diagnosis and classification of cataracts.

**The resident will acquire clinical skills:**
The measurement of visual acuity in the cataract patient, including an understanding of the differences between various methods of assessing acuity in cataract patients and of the effects of illumination on the acuity of such patients in the examining room and in everyday life. Participation in animal eye wet labs to learn the fundamentals of ocular surgery such as studying the various instruments and their uses, methods of cutting ocular tissues, types of suture materials, suturing techniques, and the advantages and limitations of working through the operating microscope.

**Communicator**
**The resident will display effective doctor-patient communication skills:**
Establish a comfortable and professional rapport with the patient and family. Provide clear and thorough explanation of diagnosis, investigation and management. Encourage full participation of the patient and family in decision making and management. Obtain informed consent. Verbally present the patient’s problems clearly, concisely and correctly in the clinical setting and written records. Accurate and timely documentation.

**Collaborator**
**The resident will display good collaborator team skills:**
Delegate responsibility effectively. Interact effectively with staff and peers. Interact effectively with other health care professionals.

**Manager**
**The resident will utilize health care resources effectively:**
Manage time and resources effectively. Make cost effective use of health care resources while acting in the best interest of the patient. Understand the principles of practice management. Effective use of information technology to optimize patient care.

**Health Advocate**
**The resident will be a patient advocate when appropriate:**
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services). Acts as a patient advocate.

**Scholar**
**The resident contributes to the knowledge of others and develops a plan for selfimprovement:**
Develop and implement a plan for self-directed learning. Apply the principle of critical appraisal to sources of medical information. Attend and contribute to learning events (eg. seminars, rounds).

**Professional**
**The resident will carry out duties in a professional manner:**
Show respect toward patients. Show respect toward other health care professionals. Demonstrate reliability and be conscientious eg. punctual and provide appropriate patient followup.

CATARACT PGY-3

Medical Expert

Revised December 2014
The resident will acquire the knowledge:

Basic Science Knowledge
Biometry relating to intra-ocular lenses, including an understanding of the different types of keratometers and ultrasound instruments and of the various formulae for the calculation of intraocular lens power, their advantages and disadvantages.

Clinical Knowledge
The advantages and disadvantages of the major types of intraocular lenses and of the materials used in their manufacture; the different haptic and optic designs and their relative merits.
The indications and contra-indications for cataract surgery.

The resident will acquire clinical skills:
The various types of local and regional block anesthesia used in eye surgery, the different anaesthetic agents, their pros and cons.

The resident will acquire surgical skills:
The observation of cataract surgery whenever possible, not only to learn the basic steps of cataract surgery but also to learn the general methods of handling delicate ophthalmic instruments, the techniques of rigid asepsis, of the surgical preparation of the orbital area and of regional block and local anesthesia.
Participation in animal eye wet labs.
Individual practice surgery whenever eye bank eyes become available, to gain further expertise and to learn the characteristics of human tissue.
The performance of regional block anesthesia on cataract surgery patients.
Assisting at cataract surgery, including pediatric cataract surgery
Commencement of cataract surgery in a progressive fashion in the latter part of the year.

CATARACT PGY-4

Medical Expert
The resident will acquire the knowledge:

Clinical Knowledge
The identification of high-risk patients and the planning of their management.

The resident will acquire clinical skills:
The diagnosis and management of intra-operative complications of cataract surgery.
The diagnosis and management of early and late post-operative complications of cataract, Sugary including endophthalmitis, uveitis, ocular hypertension, shallowing of the anterior chamber, wound leakage, iris prolapse. Wound dehiscence, haemorrhage, cystoid macular oedema, lens displacement, choroidal effusion, retinal detachment and capsular opacification together with its treatment by neodymium laser capsulotomy and the complications of this therapy.
The acquisition of judgment depends to a large extent on the resident's fundamental intellectual capabilities, including such things as memory and powers of deductive reasoning. However, a given resident can attempt to enhance his judgment by carrying out a preoperative review of every patient with the attending staff concerned as well as with his peers, in the hope of learning from the decision-making processes of others. Equally important is an assessment of the surgery performed, preferably immediately after its completion, with the attending staff. After every case the resident should ask himself what steps in the surgery could have been done better, and try to establish the reasons why they were not. This habit should be carried out throughout his professional career, for once he begins to work on his own a rigorous self-assessment of every operation may be the only means of quality control. Videotaping surgical procedures can help to make this process even more thorough. At the point where post-surgery glasses are finally prescribed, a further review should be carried out taking into account final visual acuity, refraction and complications.
The resident will acquire surgical skills:
The performance and mastering of cataract surgery and lens implantation by techniques including phacoemulsification
Laser capsulotomy

**OCULOPLASTICS, ORBIT AND ANATOMY PGY1+2**

**Medical Expert**

**The resident will acquire the knowledge:**
- Lid Anatomy and Canthal Anatomy
- Lacrimal Anatomy and Physiology
- Radiologic Investigations for Orbital Fractures

**The resident will acquire clinical skills:**
- Examination of Ocular Adnexae
- Evaluation of Skin Tumours
- Examination of the Orbit
- Exophthalmometry
- Nasal Exam

**The resident will acquire surgical skills:**
- Chalazion and Superficial Lid Lesions
- Lacrimal Irrigation
- Tarsorrhaphy
- Temporal Artery Biopsy
- Electrolysis and/or Cryotherapy
- Eyelid and Conjunctival Biopsy

**Communicator**

**The resident will display effective doctor-patient communication skills:**
Establish a comfortable and professional rapport with the patient and family
Provide clear and thorough explanation of diagnosis, investigation and management
Encourage full participation of the patient and family in decision making and management
Obtain informed consent
Verbally present the patient's problems clearly, concisely and correctly in the clinical setting
Written records
Accurate and timely documentation

**Collaborator**

**The resident will display good collaborator team skills:**
Delegate responsibility effectively
Interact effectively with staff and peers
Interact effectively with other health care professionals

**Manager**

**The resident will utilize health care resources effectively:**
Manage time and resources effectively
Make cost effective use of health care resources while acting in the best interest of the patient
Understand the principles of practice management
Effective use of information technology to optimize patient

**Health Advocate**

**The resident will be a patient advocate when appropriate:**
Identifies situations where patient advocacy is required (eg. facilitating access to low vision and ocularist services)
Acts as a patient advocate

**Scholar**

**The resident contributes to the knowledge of others and develops a plan for selfimprovement:**
Develop and implement a plan for self-directed learning
Apply the principle of critical appraisal to sources of medial information
Attend and contribute to learning events (eg. seminars, rounds)

Revised December 2014
Professional
The resident will carry out duties in a professional manner:
- Show respect toward patients
- Show respect toward other health care professionals
- Demonstrate reliability and be conscientious

OCULOPLASTICS, ORBIT AND ANATOMY PGY-3
Medical Expert
The resident will acquire the knowledge:
- Orbital Anatomy
- Orbital C-T Scan and MRI
- Orbital Ultrasound
The resident will acquire clinical skills:
- Forced Duction Tests
- Optic Nerve Evaluation in Orbital Disease
- Orbital Trauma
- Ocular Adnexal Trauma
The resident will acquire surgical skills:
- Punctal Surgery
- Lacrimal Probing in Children
- Lacrimal Intubation
- Full Thickness Eyelid Reconstruction
- Basic suturing of the lids

OCULOPLASTICS, ORBIT AND ANATOMY PGY-4, PGY-5
Medical Expert
The resident will acquire the knowledge:
- Revision of the objectives of the PGY-2 and PGY-3 years
The resident will acquire clinical skills:
- Revision of the objectives of the PGY-2 and PGY-3 years
The resident will acquire surgical skills:
- Procedures Done
  a) Ectropion
  b) Entropion
  c) DCR
  d) Enucleation or Evisceration
  e) Ptosis Repair
  f) Blepharoplasty
- Procedures Assisted or Reviewed
  a) Complex Eyelid Reconstruction
  b) Repair of Eyelid Malpositions in Graves'
  c) Repair of Canalicular Lacerations
  d) Harvesting of Skin Grafts, Cartilage or Fascia Lata
  e) Secondary Orbital Implants including Dermis Fat Grafts
  f) Mucous Membrane Grafts
  g) Orbital Fracture Repair
  h) Orbital Exenteration
  i) Orbital Biopsy
  j) Lateral Orbitotomy
  k) Orbital Decompression

OPHTHALMIC PATHOLOGY PGY-2 TO PGY-4
Medical Expert
The resident will acquire the knowledge:
- Contained in Section 11 of AAO BCSC annually.
- Contained in Yanoff and Fine's Ocular Pathology
- Contained in Ocular Tumors' AFIP Fascicle – McLean, Burnier, Jakobiec, Zimmerman
- Contained in Ophthalmic Pathology – Spencer, Zimmerman

RESEARCH (PGY-2 TO PGY-5)

Revised December 2014
Medical Expert
The resident will acquire the knowledge:
Learn to read scientific literature critically.
Propose at least one research study that will be of high enough quality to be submitted to
the annual conference of the Association for Research in Vision & Ophthalmology (ARVO) or the American Academy of Ophthalmology.
The resident will acquire skills:
Display effective skills as a conference speaker.
be responsive to feedback on abstract writing
be responsive to feedback on oral presentation or poster at Research Day
Develop a working understanding of protocol design and statistical analysis.
The program will:
Evaluate research performance comprehensively with:
feedback & evaluation from supervisor of research project feedback & evaluation by Ophthalmology Research Day committee input from other involved parties in a research study
Residents should be required to do no more that 2 research projects during their training.
One would be sufficient if the protocol would require the resident’s active involvement over a period of at least 2 years. In such a case, the resident would be involved in the following components:
preparation of the research proposal that would be submitted for IRB review
an appreciable amount of the data collection phase
data analysis
preparation for presentation of the study at an international conference AND submission of a journal article for publication
If a study of sufficient scope is not available, two smaller projects would be acceptable.
In all cases, the research presentation should not be equivalent to a talk at grand rounds.

Revised December 2014
KIMS – Policies and Procedures for leaves during Postgraduate Education

Introduction

The policies and procedures for leaves during Postgraduate Education is a detailed manual outlining the position of Kuwait Institute for Medical Specialization regarding resident/ fellow’s leaves during postgraduate education.

The purpose of this policy and procedure manual is to:

1. Provide a guidance to the process of leaves throughout the postgraduate education programs at KIMS
2. Ensure consistent practices among postgraduate education programs at KIMS

The following outline the summary of the policy:

- Each resident/ fellow registered in residency/ fellowship program must follow the leave policy at the KIMS.
- The resident/ fellow must ensure that he/ she meets the minimal training requirement of the training and the eligibility for the examination.
- The resident/ fellow and the Program Director must ensure that resident/ fellow's leaves do not affect goals and objectives of the rotation.
- The resident/ fellow must submit his/her leave request to the Site Coordinator/ Program Director in timely fashion in the designated form.
- The Site Coordinator must ensure that resident / fellow's leaves do not interfere with clinical duties.
- The Program Director must approve all residents/fellow's leaves prior to final processing.
- The Program Director must capture all residents' / fellow's leaves and monitor days of leaves.

ALL LEAVES THAT ARE NOT APPROVED BY THE PROGRAM DIRECTOR AND THE POSTGRADUATE EDUCATION OFFICE MUST BE CONSIDERED VOID.

For further information regarding this policy and procedures please contact:

Kuwait Institute for Medical Specializations
Postgraduate Education Office
9th Floor, Behbahani Building
Tel:
E-mail:

1. **Section One: General Information**

Postgraduate education of the resident/ fellow at KIMS is an observed process to ensure that he/ she achieves targeted objectives of the rotation and overall goals in an allocated timeframe.

First Edition - August 2014
Revision Date - August 2016
KIMS – Policies and Procedures for leaves during Postgraduate Education

Leaves Categories

The following are categories of leaves within the maximum time allowed for the residency and fellowship postgraduate education programs.

2. Annual Leaves: 30 days of annual leaves shall be granted each academic year including the public holidays.

2.1. Annual leave is effective from Oct. 1st to Sept 30 of the following year

2.2. Annual leave must not be transferred

2.3. General Rules in section 2.1 apply

3. Medical (Sick) Leave: Residents/ fellows are allowed a total of 15 days of authorized sick leave each academic year

3.1. Medical leaves exceeding 15 days must not be counted towards effective training period

3.2. Medical leaves exceeding 15 days per year must be approved by the General Medical Council, MOH, Kuwait

3.3. For resident/ fellow granted 30 days continuous medical leaves twice (total of 60 days duration) by the General Medical Council, “leave of absence” rule and regulations shall apply.

3.4. General Rules in section 2.1 apply.

4. Professional Leaves

4.1. Study Leaves: A total of 14 days of study leaves shall be granted during residency/ fellowship program

4.1.1. The last day of the leave shall be the last day of the exam

4.1.2. The study leave shall only be granted for Kuwait Board Examinations and not other examinations

4.1.3. Study leaves shall be taken as:

4.1.3.1. (7 days) for Part 1 examination

First Edition - August 2014
Revision Date - August 2016
1.1.1. In two-months or lesser rotation, leaves must not exceed 5 working days

1.1.2. In two-months to four-months rotation, leaves must not exceed 10 working days

1.1.3. In four months or more rotation, leaves must not exceed 30 days including weekends

1.2. The maximum allowed time for completion of all requirements of five-years Residency is eight years and the maximum allowed time for completion of all requirements of three-years Fellowship is five years inclusive of the approved leaves

1.3. 75% attendance is must for the success of a rotation

1.4. Leaves must not be transferred to the next academic year

1.5. All leaves must be approved by the Program Director / designee

1.6. If the total requested leaves exceed 60 days of leaves then "Leave of Absence" rules and regulations shall apply

1.7. On Call Duties shall not be waived during rotations
KIMS – Policies and Procedures for leaves during Postgraduate Education

**Leaves Categories**

The following are categories of leaves within the maximum time allowed for the residency and fellowship postgraduate education programs.

2. **Annual Leaves**: 30 days of annual leaves shall be granted each academic year including the public holidays.

   2.1. Annual leave is effective from Oct. 1st to Sept 30 of the following year

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   3.1. Medical leaves exceeding 15 days must not be counted towards effective training period

   3.2. Medical leaves exceeding 15 days per year must be approved by the General Medical Council, MOH, Kuwait

   3.3. For resident/ fellow granted 30 days continuous medical leaves twice (total of 60 days duration) by the General Medical Council, "leave of absence" rule and regulations shall apply.

   3.4. General Rules in section 2.1 apply.

4. **Professional Leaves**

   4.1. **Study Leaves**: A total of 14 days of study leaves shall be granted during residency/ fellowship program

      4.1.1. The last day of the leave shall be the last day of the exam

      4.1.2. The study leave shall only be granted for Kuwait Board Examinations and not other examinations

      4.1.3. Study leaves shall be taken as:

          4.1.3.1. (7 days) for Part 1 examination

First Edition - August 2014
Revision Date - August 2016
4.1.3.2. (7 days) for Final examination
4.1.3.3. (14 days) for Part 1 examination
4.1.3.4. (14 days) for Final examination
5. **Conference Leaves**: Each resident/fellow is granted a 5 working days conference leaves each academic year.
   5.1. Evidence of registration to the conference and certificate of attendance is must
   5.2. This shall not grant a financial support or working days

6. **Special Leaves for residents/fellows**

6.1. **Emergency leaves**: Each resident/fellow shall be granted emergency leaves in line with MOH regulations and these must be processed as annual leaves.

6.2. **Grieving Leaves**: A resident/fellow shall be granted 4 days of grieving leave upon death of husband/wife (a widow) or first degree relatives.

6.3. **Maternity Leaves**: A female resident/fellow shall be granted 30 days of maternity leaves twice during residency and once during fellowship.

6.4. **Companion Leaves**: Each resident/fellow shall be allowed a total of 15 days of companion to first degree relative during residency.

   6.4.1. An authorized letter from the treating physician and head of department indicating a day of admission and discharge must be provided.
   6.4.2. In case of travel abroad, companion approved letters from treatment abroad office must be provided.

7. **Special Leaves for Muslim residents/fellows**

7.1. **Hajj Leaves**: A muslim resident/fellow can be granted a 30 days of Hajj Leaves once during residency/fellowship.

   7.1.1. This leave must not have been granted prior to joining the program
   7.1.2. The resident/fellow must be officially registered by pilgrim group, licensed by the Ministry of Awqaf and Islamic Affairs
   7.1.3. Evidence of presence in Kingdom of Saudi Arabia during the period of Hajj as shown in resident/fellow’s passport
   7.1.4. Hajj Official Mission is only allowed once to a resident/fellow and shall not consume the Hajj Leaves

First Edition - August 2014
Revision Date - August 2016
7.2. **Female widow Grieving Leave:** A married muslim female resident is entitled a grieving leave upon her husband death for 4 months and 10 days.  
7.2.1. Official Governmental letter is required.

8. **Leave of Absence:** Resident/ fellow may need to interrupt his/ her training due to various reasons. "Leave of Absence" (LOA) is a voluntary leave for a specific period of time that resident/ fellow may choose to take during residency/ fellowship due to legitimate reasons.

8.1. The leave must be discussed and approved by the Program Director

8.2. The leave must be a minimum of 2 months and maximum of 12 months

8.3. A resident/ fellow is allowed a cumulative of maximum of 12 months of LOA during residency

8.4. It shall be taken as a block of rotation/s and not mid-rotation

8.5. **If under special circumstances,** LOA is approved during the rotation, criteria for maximum allowed leaves during the rotation is applied to credit the successful completion of rotation

8.6. The Program Director must notify the KIMS Office of Postgraduate Education of the details including the first day and last day of the planned LOA.

8.7. The period of leave must not be considered as effective period of postgraduate education.
This document "Evaluation and Promotion in Postgraduate Training Programs" contains the rules and regulations governing the evaluation and promotion of all Residents. It is the personal responsibility of each Resident to read this document and to be familiar with its content.

GENERAL PRINCIPLES

Kims, all require satisfactory final evaluations before a resident is admitted to the certification examinations.

Each training program will have written learning objectives, and the Residents will be provided with these objectives upon entering the program. The evaluation process is based on these training objectives.

The Program Director ensures that Residents are familiar with the rules and regulations governing evaluation and promotion.

All Residents will receive a copy of the document: "Evaluation and Promotion in Postgraduate Training Programs".

The evaluations are confidential documents. Access should be restricted to the Program Director (or delegate), any individual or Committee responsible for making Promotion.

The evaluation at the end of each rotation is written by the Faculty Supervisor responsible for the Resident during that rotation. If more than one faculty member is involved in the supervision of a Resident during a rotation, information from all faculty may be written on the evaluation form, or the information may be summarized by one of the supervisors, but in all cases the global evaluation should represent a consensus opinion.

Ongoing verbal feedback is important for all residents, and is of particular importance to residents experiencing difficulty. Supervisors will make every effort to provide such feedback.

At the completion of each rotation, the Resident should be given feedback and must sign the evaluation. The Resident may indicate that he/she disagrees with the evaluation.

The Resident bears some personal responsibility for ensuring that the evaluations are completed in a timely fashion, and that he/she has received feedback and has signed the evaluation.

Successful completion of a rotation is defined as obtaining a SATISFACTORY global evaluation.

A BORDERLINE evaluation anywhere on the evaluation form indicates that weaknesses have been identified.

A BORDERLINE global evaluation on any evaluation is not considered a passing grade. A Resident with an UNSATISFACTORY or BORDERLINE global evaluation for any rotation, must be notified immediately.

In order to meet pedagogical requirements, a Resident should not miss more than 1/4 of a rotation due to illness, conference leave, vacation, etc. A rotation which includes less than 3/4 of the expected time commitment, may be considered INCOMPLETE.

An INCOMPLETE rotation should be completed, the duration of which is determined by the nature of the experience and the need for continuity.

For any clinical interaction, it is the Faculty Supervisor who determines whether or not the contact with the resident was sufficient for meaningful evaluation.

At least twice during the ACADEMIC YEAR, the Program Director (or designate) will...
meet with each Resident in the Program, and review all the evaluations and the Resident’s progress in the program.

PROMOTION

Specific Promotion Regulations:

. a Promotion of a Resident to the next academic level occurs if all rotation periods during the year have been completed with SATISFACTORY or higher global evaluations.

When it is recognized that a Resident is in academic difficulty, the Program Director (or delegate) will identify the areas of weakness, and will attempt to support and assist the Resident in addressing those weaknesses.

During the academic year, an UNSATISFACTORY in one rotation period, with SATISFACTORY completion of all others, requires the Resident to complete a REPEAT rotation of the same duration.

During the academic year, a BORDERLINE evaluation in one rotation period with SATISFACTORY completion of all others may require a REPEAT rotation. This is left to the discretion of the Program Director, and the decision should be made towards the end of the academic year.

A REPEAT rotation is not to be undertaken until completion of the academic year, and must be completed before promotion to the subsequent academic year.

REPEAT rotations, whenever possible, should be undertaken in a different hospital/setting.

An UNSATISFACTORY or BORDERLINE evaluation in a REPEAT rotation period will require that a Resident be placed on PROBATION.

During the academic year, an UNSATISFACTORY and/or BORDERLINE Global Evaluation in two rotation periods, will require the Resident to be placed on PROBATION.

In some programs, there is an additional requirement for promotion, often related to performance on standardized written exams or clinical exams, usually given annually to all residents in training. These requirements must be identified to the resident at the beginning of the academic year. Failure to successfully comply with these requirements may require the resident to be placed on PROBATION.

Probation:

A resident will be placed on PROBATION for any of the following reasons:

i) UNSATISFACTORY or BORDERLINE in a REPEAT rotation period
ii) UNSATISFACTORY and/or BORDERLINE in two rotation periods in one academic year.

iii) Upon recommendation by the Program Promotions Committee (as per and with appropriate supporting documentation.

iv) Upon recommendation by the Faculty Postgraduate Promotions Committee (as per 4.4.f), and with appropriate supporting documentation.

The PROBATIONARY period should start immediately, once the conditions listed in have been met.

If a resident is appealing an evaluation to an Ad Hoc Departmental Appeal Committee, this process must be completed within 4 weeks from the date of the written request.

The duration of the probationary period will be from 6 to 10 blocks, as determined by the Program Director. Four blocks during the Probationary period will be ‘evaluated’ blocks.

The evaluated blocks of the probationary period should not be interrupted by a leave of absence, vacation, conference or study leave.

In the event a trainee requires a Sick Leave or a Vacation Leave during the

Revised December 2014
REMEDIAL period, this will extend the PROBATION by an equivalent number of blocks.

A trainee may choose to take an unpaid leave of absence prior to starting the probationary period. This request must be made in writing to the Associate Dean for Postgraduate Education and will delay the start of the probationary period. There may be a restriction placed on the duration of the requested leave. The terms of the Probationary Period must be outlined in writing to the Resident, with copies to the Associate Dean for Postgraduate Education.

During the Probationary Period, efforts will be made to assist the Resident in addressing areas of weakness.

Anywhere from 2 to 6 blocks of the probationary period may be considered REMEDIAL rotations, whereby a program is set up to address specific areas of weakness. The duration of REMEDIAL time will be determined by the Program Director at the outset. The Resident is given feedback and evaluated, but the evaluations are not used in a formal manner.

Four periods of the Probationary Period will include clinical experiences that are appropriate for the resident's level of training. These constitute the evaluated component of the Probationary Period, and an evaluation will be provided at the end of each period.

During the Probationary Period, the resident should complete any of the BORDERLINE or UNSATISFACTORY rotations that led to being placed on Probation.

One UNSATISFACTORY or BORDERLINE global evaluation during the evaluated component of the Probationary Period will require the Resident to withdraw from the Program.

A Resident will be placed on PROBATION on only one occasion during postgraduate training. If, at any time, a Resident meets the criteria for PROBATION a second time, the Resident must withdraw from the program. This regulation applies even when a Resident changes from one program to another. Successful completion of a Probationary Period requires SATISFACTORY global evaluations on all evaluated rotations. Under usual circumstances, the Resident will not receive academic credit for a successful Probationary Period but will continue in the program out of phase. Under exceptional circumstances, a Program Promotions Committee might recommend that credit be given for the Probationary Period but this must be approved by the Faculty Postgraduate Promotions Committee.

After successful completion of a Probationary Period, for the purposes of promotion regulations, the remainder of that academic year and the subsequent academic year are considered as one.

A resident may be placed on CONDUCT PROBATION by a Program Promotions Committee or by the Faculty Postgraduate Promotions Committee in cases where the trainee exhibited unprofessional or unethical behaviour. CONDUCT PROBATION may occur in conjunction with a standard Probationary Period, or CONDUCT PROBATION may be applied to reflect unprofessional behaviour when the academic performance is otherwise satisfactory.

Program Promotions Committee:

Within each training program, there must exist a Program Promotions Committee which monitors the evaluation and promotion of Residents in the program. This committee must be set-up separately from the Residency Training Committee, with promotion as its specific objective. There must not be a resident on the Program Promotions Committee.

Revised December 2014
The membership of the Program Promotions Committee should include the Program Director [may chair the committee or designate a chair], the Chair of the department [or designate] and 1 or 2 Faculty involved in Resident education. There must not be a resident on this committee. The principle of confidentiality must be strictly respected. Discussions held and decisions taken with respect to the evaluation and promotion of residents are confidential and should never be shared with other faculty or residents. The Program Promotions Committee should meet at least twice yearly (December and June), to review the progress of the Residents in the Program. The entire record of a Resident who has received a BORDERLINE or UNSATISFACTORY global evaluation during any rotation must be reviewed by the Committee. The Associate Dean for Postgraduate Education must be informed in writing immediately of any Resident who is in academic or non-academic difficulty. The overall performance of any Resident can be reviewed by the Program Promotions Committee, at the discretion of the Program Director. This may occur even in the absence of BORDERLINE or UNSATISFACTORY global evaluations. The Program Director can recommend the suspension or withdrawal of a resident from a training program for academic or non-academic reasons, pending subsequent approval by the Program Promotions Committee. The Program Promotions Committee can recommend the withdrawal of a resident from a training program for academic or non-academic reasons.

The Faculty Postgraduate Promotions Committee will monitor the overall process of evaluation and promotion to ensure that the standards are being maintained. The Faculty Postgraduate Promotions Committee ensures that the regulations and guidelines have been adhered to, and that the resident has been treated fairly. All promotion and probation decisions must be approved by the Faculty Postgraduate Promotions Committee. No promotion decision is considered final until it has been approved by the Faculty Postgraduate Promotions Committee. The Faculty Postgraduate Promotions Committee can review the entire record of any Resident who is in academic or non-academic difficulty. This Committee can place a resident on Probation. The Faculty Postgraduate Promotions Committee can require the withdrawal of a Resident from a training program for academic reasons including inappropriate physician/patient interactions, unethical behaviour, or unprofessional behaviour. The Faculty Postgraduate Promotions Committee can require the withdrawal of a Resident from a training Program for non-academic reasons, such as: drug or substance abuse, criminal activity.

A resident has the right to appear before the Faculty Postgraduate Promotions Committee if one of the options is to require withdrawal from the Program. A resident who appears before the Faculty Postgraduate Promotions Committee will have access to all relevant written evaluations/correspondence in his/her record. Medical Records and Patient Records are not admissible in these proceedings.

Revised December 2014
RECONSIDERATION OF A ROTATION EVALUATION
A resident who is not in agreement with a rotation evaluation should first discuss that evaluation with the Faculty Supervisor who wrote it. The resident might provide additional information or suggest other supervisors who could speak positively on his/her behalf. They are only to discuss the rotation in question and they must not discuss the promotion implications of the evaluation. The supervisor then has two options;

The supervisor may revise the evaluation and the 'revised' evaluation becomes the official one, or
The original evaluation is not revised

If a resident wishes to formally contest a rotation evaluation, this request must be submitted in writing to the Program Director within 28 days of receiving the evaluation

The Ad Hoc Departmental Appeal Committee;
The Chair of the Department [or delegate] will appoint the Chair of the committee.
There will be 3 or 4 committee members who ideally should not have been involved in the evaluation of the resident in the past. The membership may include faculty members from another department and this is often helpful for small departments.

Whether or not to include a Resident as a member of this committee should be a decision made by the resident contesting the evaluation. He/she cannot choose a particular resident, but will decide whether or not to have a resident as a committee member. In small programs, the resident member should be from another training program. The Resident selected should have had no previous contact or link with the resident requesting the appeal.
The resident must have access to any written evaluations/correspondence on his/her performance during that rotation. Medical Records and Patient Records are not admissible in these proceedings.
The resident must ensure that any relevant and admissible correspondence or documentation they wish to present is made available to the Chair of the committee at least 5 working days prior to the meeting.
Both the faculty supervisor and the resident may be accompanied by an advisor
The faculty supervisor may bring additional supervisors from that rotation who contributed to the resident’s evaluation.
The faculty supervisor and the resident appear before the committee and withdraw simultaneously. The meeting is informal and non-confrontational.
The mandate of this committee is to review only the specific rotation being contested and the other evaluations in the resident’s dossier should not be discussed. It is not the mandate of this committee to discuss the 'promotion implications' of the given evaluation. The future status of the resident in the training program as a result of the negative evaluation should not be discussed. Any attempt on the part of the resident to discuss promotion issues must be curtailed.
The committee determines that the evaluation given was accurate and fair based on the following guidelines.
A BORDERLINE Global Evaluation means that the supervisor[s] identified weaknesses in the resident’s performance. In comparison to other residents at the same level of training, the supervisor believes that this resident is weak;

Revised December 2014
An UNSATISFACTORY global evaluation means that the overall performance of the resident or some aspect of that performance was below the minimal standard accepted for a resident at that level.
The supervisor was aware of the training level of the resident;
In the supervisor’s opinion, there was adequate time and exposure to evaluate performance;
The evaluator had input from other sources if appropriate.
The Ad Hoc Departmental Appeal Committee has several options:
The evaluation can remain unchanged;
An Unsatisfactory Global Evaluation can be changed to Borderline or to Satisfactory;
A Borderline Global Evaluation can be changed to Satisfactory or Unsatisfactory.
Minutes should be kept of the meeting. The minutes and all written communication should be sent to the Associate Dean for Postgraduate Medical Education.
The parties are informed verbally by the Chair or delegate as soon as the decision has been made, and in writing, as soon as possible.

**APPEAL OF A REQUIREMENT TO WITHDRAW**
If a resident is required by the Faculty Postgraduate Promotions Committee to withdraw from a program and wishes to appeal that decision, he/she must make the request in writing within 14 working days to the Dean of the Faculty who will then appoint an Ad witnesses and advisors at least five (5) working days prior to the hearing.
Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.

6.1.i The Chair of the Faculty Postgraduate Promotions Committee will present the Faculty Postgraduate Promotions Committee position, and the Resident will then have the opportunity to present his/her position. The Committee members may ask questions of each party. The parties may also question each other in order to clarify points.
The Secretary to the Faculty (or delegate) acts as a technical advisor and secretary to the Committee.
All members of the Committee including the Chair, have a vote.
The parties are informed verbally by the Secretary as soon as the decision has been made, and in writing, as soon as possible.
Grounds for overturning the decision of the Faculty Postgraduate Promotions Committee should be limited to the following:
Faculty regulations and procedures were not followed or
All relevant evidence was not taken into consideration when a decision affecting the resident was taken.
The Ad Hoc Promotions Review Committee may refuse to give formal hearing to an appeal, after considering the written submissions of the resident, if by unanimous consent of the members present, there is no basis for the appeal.
Within the Faculty of Medicine, decisions of the Ad Hoc Promotions Review Committee are final.

Revised December 2014
Program Security Policy

PREAMBLE

Resident education must occur in a physically safe environment.

PURPOSE

To demonstrate the commitment to safety and protection of its postgraduate medical trainees.

To minimize the risk of injury and promote a safe and healthy environment to help report hazardous or unsafe training conditions and injury along and a mechanism to take corrective action.

KEY RESPONSIBILITIES

For Residents

- To provide information and communicate safety concerns to the Residency program committee and to comply with safety policies.

For the Ophthalmology Residency Training Committee.

- To act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment.

PHYSICAL SAFETY

These policies apply only during residents’ activities that are related to the execution of residency duties:

- When residents are traveling for clinical or other academic assignments by private vehicle, it is expected that they maintain their vehicle adequately and travel with appropriate supplies and contact information.
• Residents are not expected to work alone at after – hours clinics. A supervisor or co–worker must be present: (a) while the resident is seeing a patient after hours in clinic.

• Walk alone for any major or unsafe distances at night. This includes walking on the hospital premises and parking lots. The residents are expected to request security escort if such.

• Residents should keep their immunizations up to date.

PSYCHOLOGICAL SAFETY

• Learning environments must be free from intimidation, harassment, and discrimination. A resident’s performance is affected or threatened by poor health or psychological conditions, resident should be granted a leave of absence and receive appropriate support. Such residents should not return to work until and appropriate assessor has declared them ready. The chief resident as an ombudsperson has to ensure that all residents in the program are informed as to the policies regarding the ombudsperson role and contact information. Residents should be aware of and have easy access to the a viable sources of immediate and long – term help for psychological problems, substance abuse problems, harassment, and inequity issues.

PROFESSIONAL SAFETY

• Some physicians may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligation of physicians, Resources should be mad available to residents to deal with such conflicts.

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