1. **Overview**

This Ophthalmology residency program has been designed to provide in-depth training in comparative ophthalmology and related basic and applied sciences. The program has been developed to provide residents with a comprehensive knowledge of ocular conditions affecting animals and is approved by the American Board of Veterinary Ophthalmology (ABVO). Our program strives to prepare residents for active careers in academia or specialty practice, and the caseload provides an excellent and broad experience over the duration of the residency. The residency will fulfill the training requirements and partially fulfill the requirements for certification by the American Board of Veterinary Ophthalmology.

The primary mentors of the training program are faculty of the Department of Veterinary Clinical Sciences (VCS).

Clinical facilities of the Hixson-Lied Small Animal Hospital and Dr. W. Eugene and Linda Lloyd Veterinary Medical Center (LVMC) will be the primary training location for the Iowa State University (ISU) portion of the residency.

2. **Objectives**

2.1 To provide advanced training in clinical problem solving and diagnostic and therapeutic techniques in the specialty field.

2.1.1 To become familiar with diseases afflicting veterinary patients and to be able to logically correlate all clinical data in order to formulate and execute correct treatment plans.

2.1.2 To provide a firm understanding of the underlying pathophysiological basis of disease.

2.1.3 To master the art and science of complete patient care, assess outcomes and to appreciate the economic and emotional factors involved in the health care of animals.

2.1.4 To develop the art of interpersonal communications for proper colleague and client relationships.

2.2 To provide didactic and tutorial teaching training and experience.
2.3 To satisfy the requirements for specialty college examination.

2.4 To provide experience in scientific and clinical case presentation through the seminar and house officer rounds program.

2.5 To provide experience in the preparation and submission of scientific articles for publication and/or presentation.

2.6 To provide experience in designing and conducting a clinical research project.

3. **Prerequisites**

3.1 Candidates must have a DVM or an equivalent degree.

3.2 Candidates must have satisfactorily completed at least a one year rotating internship or its equivalent post graduate veterinary experience.

3.3 Candidates must have successfully completed the National Board examination or its equivalent in the certifying country; must be approved to practice veterinary medicine in the United States.

3.4 Candidates must be/become licensed to practice veterinary medicine in the state of Iowa prior to employment.

3.5 Candidates must have the goal of specialty board certification.

3.6 Candidates must have a satisfactory moral and ethical standing.

4. **Faculty Advisor**

4.1 The resident will be assigned to a faculty advisor (mentor) who has Diplomate status in their specialty field in the first month of the program. This may be the same or a different person than the Program Director.

4.2 Responsibilities of the advisor/mentor include:

4.2.1 The advisor will directly oversee the resident’s training and act as a liaison with other faculty members in the College of Veterinary Medicine.

4.2.2 Direction and coordination of the clinical program.

4.2.3 Advice toward research, publications, and preparation for specialty board application.

4.2.4 Approval of requests by faculty for the resident to participate in teaching, research or other activities.
4.2.5 Advising on preparation and reviewing presentation performance of seminars and case rounds.

4.2.6 Professional guidance.

5. **House Officer Presentations & Rounds Programs**

The LVMC offers House Officers several educational opportunities to enrich their training programs and obtain teaching experience. Some of these opportunities are in collaboration with other departments within the College. The menu of rounds and seminars is tailored to assist House Officers in literature review and board preparation and to expose them to a broad range of clinical and academic experiences. The weekly LVMC Seminar/Case Presentation Program requires attendance and participation by all House Officers while participation in other rounds is program dependent.

5.1 The **LVMC House Officer Seminar/Case Presentations Program** is designed to provide House Officers the opportunity to receive and present interesting, unusual, or difficult clinical material utilizing a problem oriented approach to professional colleagues and to develop manuscripts for publication.

5.1.1 All House Officers will participate and give presentations on a rotating basis. These presentations are scheduled by the Resident responsible for coordinating these presentations.

5.1.1.1 All presentation topics are to be approved by the House Officer’s advisor **1 month** prior to the scheduled presentation.

5.1.1.2 All presentations are to be reviewed by the advisor or appropriate topic mentor **1 week** prior to the presentation to allow the House Officer time to make the recommended modifications.

5.1.2 House Officer attendance is required at all sessions. Attendance will be taken at the beginning of each session.

5.1.2.1 Notify the Chair of the House Officer Committee when an absence is anticipated (due to vacation or out-rotations and when due to illness).

5.1.2.2 Excused absences include the following: illness, annual leave, attendance or participation in a continuing education program, presentation of a lecture, scheduled out-rotation or special service
requirement per request of the advisor. All other absences are unexcused unless deemed excusable by the House Officer Advisor.

5.1.3 House Officers will be required to present an additional seminar if they have more than one unexcused absence during a program year.

5.1.4 **LVMC House Officer Case Presentations** are designed to provide House Officers the opportunity to receive and present interesting, unusual, or difficult clinical case material utilizing a problem oriented approach to professional colleagues and to develop manuscripts for publication.

5.1.4.1 All House Officers will deliver a minimum of one case presentation each year of their program.

5.1.4.2 Case selection should be approved by the House Officer’s advisor or mentor well in advance of the presentation.

5.1.4.3 Case presentations should utilize the problem oriented approach, have good follow-up, include a discussion of the pertinent current literature and take approximately 15 minutes to present with an additional 5 minutes for discussion.

5.1.4.4 Members of the audience will complete evaluation forms giving comments on the quality of the presentation with suggestions for improvement. *(See appendix F)*

5.1.5 **LVMC House Officer Seminars** are designed to provide House Officers with the opportunity to research and present scientific information and then discuss the topic with professional colleagues.

5.1.5.1 A minimum of one seminar will be prepared and given by each House Officer in each year of their program. Some programs require two seminar presentations each year *(see section 8 for specific program requirements)*.

5.1.5.2 Topic selection should be focused and approved by the House Officer’s advisor at least one month in advance of the scheduled presentation date and prior to performing an in-depth literature search.

5.1.5.2.1 Topics might include a literature search in preparation for writing a research grant.

5.1.5.2.2 The presentation may be the results of a research project.
5.1.5.2.3 The topic might be an area of interest or one which will improve your expertise and understanding.

5.1.5.3 Seminar presentations of approximately 40 minutes are expected with an additional 10 minutes available for discussion.

5.1.5.4 Members of the audience will complete evaluation forms giving comments on the quality of the presentation with suggestions for improvement. *(See appendix G)*

5.2 Seminar/Rounds Schedule and participation requirement:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Frequency:</th>
<th>Commitment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVMC HO Seminar/Case Presentation</td>
<td>weekly (Thursday 8 a.m.)</td>
<td>required</td>
</tr>
<tr>
<td>Service Resident Rounds</td>
<td>per service</td>
<td>required</td>
</tr>
<tr>
<td>Service Rounds w/students</td>
<td>per program</td>
<td>required</td>
</tr>
<tr>
<td>Journal/Literature Review</td>
<td>Two hours per month</td>
<td>required</td>
</tr>
<tr>
<td>Radiology-Pathology Rounds</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>encouraged</td>
</tr>
<tr>
<td>Morbidity/Mortality Rounds</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>encouraged</td>
</tr>
<tr>
<td>ECG Rounds</td>
<td>monthly</td>
<td>encouraged</td>
</tr>
<tr>
<td>Student Grand Rounds</td>
<td>weekly (Friday 8 a.m.)</td>
<td>encouraged</td>
</tr>
<tr>
<td>Textbook Review Session</td>
<td>monthly</td>
<td>encouraged</td>
</tr>
<tr>
<td><strong>Ocular Histopathology Rounds</strong></td>
<td>1 hour every month</td>
<td>required</td>
</tr>
<tr>
<td>Surgical Practice</td>
<td>2 to 5 hrs. every 4 to 8 wks</td>
<td>required</td>
</tr>
</tbody>
</table>

6. **Teaching Program**

6.1 Throughout the program residents will be viewed as role models by both interns and professional students. They should always present themselves in a professional manner.

6.2 The resident will participate in clinical instruction and evaluation of veterinary students assigned to clinics.

6.3 The resident will participate in preclinical didactic lecture and laboratory instruction as assigned by his/her advisor.

7. **Board Certification**

7.1 An important credential in veterinary medicine is board certification in a specialty area. One of the objectives of the program is to prepare the resident for certification by the American Board of Veterinary Ophthalmology (ABVO).

7.2 In order to qualify for examination, the resident should refer to the published requirements of the college. See [http://abvo.us/about/cert_requirements.shtml](http://abvo.us/about/cert_requirements.shtml) and under the “Resident” tab note important drop down links for “Announcements,
Critical Dates & Deadlines, Sign into Resident Portal, Credentials Information, Residency Information, Examination Information, Certification Process Flow Chart (pdf) and General Information”.

7.3 It is solely the responsibility of the resident to submit any material and fees required by the specialty college for registration, credentials application, or board examinations. See abvo.us website navigation notes above or go directly to http://abvo.us/Credentials/credentials_maininfo.shtml and http://abvo.us/Exam/exam_maininfo.shtml.

8. **Clinical Program**

Below is a description of the 52 weeks per year of training. The ophthalmology resident will spend a maximum of 85% or 133 weeks on clinic duty in 36 months and a minimum of 15% or 23 weeks off-clinic duty.

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>75-85%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>About 39-44 weeks clinic duty</td>
<td>39 weeks on clinic duty</td>
<td>39 weeks on clinic duty</td>
</tr>
<tr>
<td>6-11 weeks Research and study</td>
<td>11 weeks Research and study</td>
<td>11 weeks Research and study</td>
</tr>
<tr>
<td>2 wks vacation</td>
<td>2 wks vacation</td>
<td>2 wks vacation</td>
</tr>
</tbody>
</table>

8.1 **Year I Resident's Program**

8.1.1 Weeks of training described in table above.

8.1.2 The residents will participate in the instruction of clinical students and interns. Participation in CVM student laboratories will be assigned.

8.1.3 The resident will participate in house officer rounds, ward rounds, journal club, special topic conferences, seminars, and other scheduled conferences of the LVMC. He/She will attend other scheduled seminars in the CVM as time permits.

8.1.4 The resident will present **1 seminar** and **1 case presentation** (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.
8.1.5 The resident may attend a major professional meeting at some point during the program with the advice and approval of his/her faculty advisor and the house officer committee. Expenses will be paid by the resident. The meeting must be scheduled during a non-clinical block.

8.1.6 The resident is encouraged to attend and participate in continuing education meetings sponsored by the CVM or by local and regional veterinary organizations.

8.1.7 The resident must register with the ABVO by submitting a “Provisional Resident Application” and fee to the ABVO office at least 30 days prior to the start of the residency which will include the contact details at which you want the ABVO to correspond with you regarding your residency program, credentialing process and certifying examination. *It is your responsibility to keep this information updated throughout your residency.*  
(http://www.abvo.us/)

8.1.7.1 Resident Evaluations must be submitted every 6 months to the ABVO Residency Committee (by January 5 and July 5 of each year) via the online system.

8.1.8 The resident is encouraged to prepare a research proposal; review it with his/her faculty mentor, and submit it for funding consideration.

8.1.9 The resident may, with the approval of the resident's advisor and the ophthalmology faculty, participate in clinically relevant graduate courses. Course work must not interfere with the clinical and instructional responsibilities of the resident.

8.2 **Year II Resident's Program**

8.2.1 Weeks of training described in table above.

8.2.2 The resident will submit one paper suitable for publication to their advisor and reported to the House Officer Chair by March 1. Topic considerations should be discussed with his/her mentor prior to working on the manuscript.

8.2.3 The resident will present 1 seminar and 1 case presentation (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.

8.2.4 Resident Evaluations must be submitted every 6 months to the ABVO Residency Committee (by January 5 and July 5 of each year) via the online system.
8.2.5 The resident will begin or continue the research project if funding has been obtained.

8.2.6 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students or for an extracurricular activity such as a student club. The resident is also expected to teach in the senior clinical rotations, and in other ophthalmic didactic courses and labs as assigned.

8.3 **Year III Resident's Program**

8.3.1 Weeks of training described in table above.

8.3.2 The resident will submit one paper suitable for publication to their mentor and reported to the House Officer Chair by March 1.

8.3.3 The resident will present 1 seminar and 1 case presentation (to faculty and house officers) on topics of interest to the resident during LVMC House Officer Seminar/Case Presentation sessions.

8.3.4 The resident should submit to ABVO the “Application to Take the Certifying examination” and submit the fee to the ABVO Office by January 15.

8.3.5 Resident Evaluations must be submitted every 6 months to the ABVO Residency Committee (by January 5 and July 5 of each year) via the online system.

8.3.6 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students or for an extracurricular activity such as a student club. The resident is also expected to teach in the senior clinical rotations, and in other ophthalmic didactic courses and labs as assigned.

8.4 **Year IV Resident's Program** *(N/A)*

8.5 **External Rotations**

8.5.1 **Required:** External rotations (away from ISU) may be necessary if the number of qualified diplomates, caseload or equipment are insufficient to provide required training or training in another specialty area is needed.

8.5.2 **Elective:** The purpose of an elective block is to allow resident/intern the opportunity to learn skills and obtain knowledge in clinical areas of special interest. In coordination with the program director and advisor, the resident/intern may select a clinical block within the ISU CVM or at
another medical facility. The resident/intern should seek rotations at other facilities only if this opportunity does not exist at the ISU CVM.

8.5.2.1 Protocol:

8.5.2.1.1 A minimum of four to six months prior to the scheduled elective present your proposal to your advisor for preliminary approval.

8.5.2.1.2 Contact the desired elective site and determine the feasibility of your rotation, including start and end dates. Present them with preliminary objectives and determine if they are able to fulfill these objectives.

8.5.2.1.3 Determine if professional insurance will be required by the elective site and procure appropriate insurance.

8.5.2.1.4 Write formal objectives for your elective and present them to your advisor to request approval from the program faculty.

8.5.2.1.5 Present the approved objectives to your elective mentor. Obtain a letter from the mentor of your elective rotation stating they or their institution can meet the objectives you have set forth and they will be willing to formally evaluate your performance.

8.5.2.1.6 Present the letter of acceptance from your elective mentor to the program faculty & director for final approval.

8.5.2.1.7 Perform admirably in your elective rotation. Arrange for the completed elective evaluation (Appendix I) form to be sent to your program director/advisor from the elective mentor. The evaluation should include comments regarding the fulfillment of the agreed upon objectives.

8. 6 Emergency duty

All House Officers will participate in emergency duty with other residents, interns and faculty. Emergency duty commits the House Officer to evening, weekend and holiday duty on a rotating basis. While such activities will be closely supervised early in the program, the House Officer is expected to develop appropriate skills in emergency patient care which will require less supervision as the program progresses.

No resident or specialty intern will be scheduled for more than 80% of their time for primary emergency duty. Their emergency duty will be limited to their area of specialty training. All emergency duty assignments will be backed up by a faculty member in the specialty area.
9. **Scholarly Activities**

The Lloyd Veterinary Medical Center requires its residents to participate in scholarly activity such as literature reviews, and basic, applied or clinical research. To that end the resident is encouraged to:

9.1 Design a research project to address a specific question or problem in the discipline.

9.2 Write a research grant proposal that may be used to seek funding for the project.

9.2.1 The anticipated timeline for completion of the proposal should be December of the 1st year.

9.2.2 Proposals are to be submitted for funding.

9.3 Conduct the research according to the experimental design.

9.3.1 Research is to be conducted during off-clinic time unless research is a clinical trial which can be conducted while on clinics.

9.3.2 Completion is expected during the residency.

9.4 Analyze and report the results of the project.

9.4.1 Research is to be presented to the VCS faculty and House Officers during seminar.

9.5 Publication of these results in a refereed journal is expected.

9.5.1 A manuscript suitable for publication is to be completed prior to the conclusion of the residency.

10. **Facilities and Equipment**

10.1 The College of Veterinary Medicine, Lloyd Veterinary Medical Center (LVMC) is a fully accredited hospital (AAHA, AALAC) with full AVMA accreditation. The facility encompasses the Iowa State Veterinary Diagnostic Laboratory, an accredited (AAVLD) full service laboratory providing clinical pathology, histopathology, immunohistochemistry, immunology, microbiology, virology and toxicology support. The LVMC contains full service small and large animal medicine and surgery facilities.

10.2 **Library and other Literature Resources**

The Veterinary Medical Library, housed within the College of Veterinary Medicine building, contains both human and veterinary textbooks as well as
bound serial publications. Parks library on main campus is easily accessible via daily transport of holdings between libraries upon request. An extensive collection of online journal subscriptions is available to the House Officers free of charge via the Interlibrary Loan/Document Delivery service. Computer-based retrieval systems MEDLINE, CAB and AGRICOLA abstracts are available electronically. A wide selection of current journals is available in the library and online.

10.2.1 Each resident is required to be familiar with pertinent articles in the current literature. Reasonable expenses for photocopying are defrayed by the Hospital.

11. **Evaluation and Reappointment**

11.1 A written critique will be provided at least every 6 months by the advisor or section. The critique will cover:

11.1.1 Professional ability; to include theoretical knowledge and application of that knowledge, clinical skills, tutorial skills, and scholarly activity.

11.1.2 Hospital services; to include communication skills, patient care, medical record quality, emergency duty quality, and adherence to LVMC protocol.

11.1.3 Personal characteristics; to include responsibility, initiative, interaction with faculty, staff and students, department and leadership.

11.2 The resident will meet with his or her advisor to discuss their progress. A summary of the discussion will be signed by both advisor and House Officer.

11.2.1 In the case of an unsatisfactory performance the advisor and program director will develop an action plan to guide improved performance. The action plan must include the following elements:

11.2.1.1 A list of action items to be accomplished that are detailed, clear, and aligned with a timeline.

11.2.1.2 A specific date for follow-up evaluation.

11.2.1.3 A description of consequences if the action items are not completed by the designated timeline.

11.3 In March of each year, the House Officer Committee will review the year's critiques. Following that review, the committee will make a recommendation to the Director of Hospital Operations of the Lloyd Veterinary Medical Center to:
11.3.1 Continue the appointment for another year with or without probation.

11.3.2 Award a certificate upon satisfactory completion of the program.

11.3.3 Not to reappoint the resident, with a minimum of 30 days’ notice of termination. At the discretion of the House Officer Committee and in consultation with the resident’s service, guidelines can be formulated that if met, may allow the resident to be re-instated at the end of the specified period.

11.3.3.1 House officers that are evaluated as unsatisfactory and are currently working under an action plan are not eligible for a pay increase (usually July 1st). Once the house officer has made significant progress and the action plan marked as successfully completed, they could be eligible for a pay increase (usually January 1st).

11.4 The resident will be asked each year to make an assessment of their program with suggestions for improvement. The evaluation form will be handed out in May or June and must be returned before completion of that year in July.

12. **House Officer Committee**

The committee is comprised of a representative of each house officer program, the VCS Head (ex officio), and the Director of the LVMC (ex officio). It will be responsible for:

12.1 The selection of House Officers from the application pool (with the advice of the faculty of the sponsoring discipline)

12.2 Annual review of the House Officer's progress (in the ninth month of each year)

12.3 Annual recommendation for reappointment of the House Officer or program completion.

12.4 Program approval, renewal, oversight and establishment of policy

13. **Employment and Benefits**

13.1 Iowa State University House Officers are classified as D base employees as either an intern or resident and as such are governed by the House Officers Handbook.
13.2 Iowa State University offers a competitive salary and a comprehensive benefit package to house officers. Full benefits are offered, including medical, dental, and retirement contributions.

13.2.1 All University employees are covered under ISU’s general liability protection. This would provide malpractice protection for veterinary services provided during the normal course of professional practice for the ISU veterinary teaching hospital. If you desire additional malpractice insurance and/or license defense insurance, you should obtain this from a private provider.

13.3 The annual salary for residents is approximately $29,000.00; incremental annual raises may be awarded in the second and third year. The salary (not a stipend) is published in the Directory of Internships and Residencies as published by the American Association of Veterinary Clinicians (www.virmp.org). Salary is payable in monthly increments. Retirement contributions, social security, federal and state taxes are withheld from each paycheck.

13.4 As employees of the University, residents are considered full-time D-base employees and earn 16.0 hours per month of vacation/annual leave (192 hours or 24 days/year) and 12.0 hours per month of sick leave in accordance to ISU’s benefits policy.

13.4.1 Annual leave may only be taken/granted for the amount of time accrued.

13.4.2 Annual leave is to be taken when the house officer is not scheduled on clinic or emergency duty. Vacation requests must be made at least 2 weeks in advance of the desired vacation time.

13.4.3 After approval by the House Officer’s advisor, requests must be made on the standard University Leave Form reviewed by the Program Director/Coordinator and signed by the program’s Section Leader and the Director of Hospital Operations of the Lloyd Veterinary Medical Center. (see Appendix E)

13.4.4 Accrued vacation time must be used during the term of the appointment or it will be forfeited upon termination. Vacation must not be used during the final three weeks of the term of the appointment.

13.5 A cell phone, desk, chair, place for book storage, and filing cabinet are also provided for each House Officer. A computer system is provided with word processing, spread sheet and presentation programs along with unlimited internet access and e-mail.

13.6 The Veterinary Medical Center operates year round. The resident will share with other House Officers an emergency duty rotation. The rotation will commit the
resident to a share of evening, weekend and holiday duty on a scheduled basis.

13.7 Consultation Policy (Outside Employment):
Concurrent employment of the resident at a site other than Iowa State University, College of Veterinary Medicine during their program is allowed provided the activity is approved by the House Officer’s advisor and the program director and a CVM Consultation Request Approval Form is completed and approved by the Director of Hospital Operations and the college dean prior to any consulting activities. (see Appendix D)

13.8 Reappointment to the second, third and fourth year of the residency program is contingent upon satisfactory completion of the previous year's requirements.

14. Applications

14.1 Candidates may apply for the Residency by completing:

14.1.1 A standard residency online application (V.I.R.M.P. application).

14.1.2 A statement of objectives for the residency and subsequent career goals.

14.1.3 A transcript of his/her academic record.

14.1.4 Three letters of reference from individuals currently familiar with the applicant’s professional status.

14.1.5 A curriculum vitae.

14.2 Selection is based on:

14.2.1 The above documents.

14.2.2 Interviews may be required.

14.3 For more information about this program, please contact Dr. Rachel Allbaugh, Iowa State University, College of Veterinary Medicine, Department of Veterinary Clinical Sciences, 1809 South Riverside Drive, Ames, Iowa 50011-3619. (Telephone 515-294-4900; email: allbaugh@iastate.edu).

14.4 Iowa State University does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Diversity, 3680 Beardshear Hall, (515) 294-7612.
15. **Appendices**

   A. Faculty in support of the Program
   B. Code of Conduct & Collegiality
   C. Communication Trees
   D. Consultation Request
   E. House Officer Leave Request (in LVMC office)
   F. House Officer Case Presentation Evaluation Form
   G. LVMC House Officer Seminar Evaluation Form
   H. House Officer Evaluation Form
   I. House Officer External Rotation Evaluation Form
   J. Service Expectations
   K. Ophthalmology Residency Protocol
Appendix A. **Faculty in Support of the Program**

**Anesthesiology**
Michael Curtis, DVM, PhD, Diplomate ACVAA  
Bonnie H. Kraus, DVM, Diplomate ACVS, Diplomate ACVAA  
Dean H. Riedesel, DVM, PhD, Diplomate ACVAA  
Stefano Di Concetto, DVM, MS, Diplomate ACVAA

**Cardiology**
Jessica Ward, DVM, Diplomate ACVIM (Cardiology)  
Wendy A. Ware, DVM, MS, Diplomate ACVIM (Cardiology)

**Dermatology**
Darren Berger, DVM, Diplomate ACVD  
James O. Noxon, DVM, Diplomate ACVIM (Internal Medicine)

**Dentistry**
Brenda Mulherin, DVM, Diplomate AVDC

**Diagnostic Imaging**
Kristina G. Miles, DVM, MS, Diplomate ACVR  
Elizabeth A. Riedesel DVM, Diplomate ACVR

**Emergency and Critical Care Medicine**
April Blong DVM, Diplomate ACVECC  
Julie Riha, DVM  
Rebecca Walton, DVM, Diplomate ACVECC

**Food Animal Medicine & Surgery**

**Hospital-based:**
   Amanda Kreuder, DVM, PhD, Diplomate ACVIM-LAIM  
   Jennifer Schleining, DVM, MS, Diplomate ACVS-LA  
   Joseph Smith, DVM, MPS, Diplomate ACVIM-LAIM  
   Paul Plummer, DVM, PhD, Diplomate ACVIM-LAIM, Diplomate, ECSRHM

**Field-based:**
   Patrick Gorden, DVM, ABVP (Dairy)  
   Troy Brick, DVM, MS (Beef, Dairy, Small Ruminant, Swine)  
   Kelly Still-Brooks, DVM, MPH, Diplomate ACVPM (Small Ruminant Production)  
   Paul Plummer, DVM, PhD, ACVIM (LAIM) (Small Ruminant, Camelid, Cervid)  
   Terry Engelken, DVM, MS (Beef Production)  
   Grant Dewell, DVM, MS, PhD (Beef Production)  
   Locke Karriker, DVM, MS, Diplomate ACVPM (Swine Program)

**Internal Medicine-LA**
Brett Sponseller, DVM, PhD, Diplomate ACVIM-LA  
David Wong, DVM, MS, Diplomate ACVIM-LA, ACVECC  
Katarzyna Dembek, DVM, MS, PhD, Diplomate ACVIM-LA

**Internal Medicine-SA**
Albert E. Jergens, DVM, PhD, Diplomate ACVIM (Internal Medicine)  
Chad Johannes, DVM, Diplomate ACVIM (Internal Medicine and Oncology)  
Dana LeVine, DVM, PhD, Diplomate ACVIM (Internal Medicine)  
Karin Allenspach, DrMedVet, FVH, PhD, Diplomate ECVIM (Internal Medicine)  
Jean-Sebastien Palerme, DVM, MSc, Diplomate ACVIM (Internal Medicine)
Laura Van Vertloo, DVM, MS, Diplomate ACVIM (Internal Medicine)

**Neurology**
Rodney Bagley, DVM, Diplomate ACVIM (Neurology), Department Chair (practice limited to consultation)

**Oncology**
Chad Johannes, DVM, Diplomate ACVIM (Internal Medicine and Oncology)
Margaret Musser, DVM, Diplomate ACVIM (Oncology)
Leslie E. Fox, DVM, MS, Diplomate ACVIM (Internal Medicine)

**Ophthalmology**
Rachel Allbaugh, DVM, MS, Diplomate ACVO
Gil Ben-Shlomo, DVM, PhD, Diplomate ACVO
Lionel Sebbag, DVM

**Primary Care**
Bryce Kibbel, DVM
Jennifer Scaccianoce, DVM
Bianca Zaffarano, DVM

**Surgery - SAS**
Cheryl Hedlund, DVM, MS, Diplomate ACVS
Karl Kraus, DVM, MS, Diplomate ACVS
Mary Sarah Bergh, DVM, MS, Diplomate ACVS-SA, Diplomate ACV Sports Medicine
Louisa Ho Eckart, DVM, Hons MS, Diplomate ACVS-SA
William D. Hoefle, DVM, MS, Diplomate ACVS
Eric Zellner, DVM, Diplomate ACVS-SA

**Surgery – Equine**
Stephanie Caston, DVM, Diplomate ACVS-LA
Kevin Kersh, DVM, Diplomate ACVS-LA
Larry Booth, DVM, MS, Diplomate ACVS
Alex Gillen, VetMB, MRCVS, MA, Diplomate ACVS-LA
Tamara Swor, DVM, Diplomate ACVS-LA, Diplomate ACVECC-LA (Surgical Educator)
Dane Tatarniuk, DVM, MS, Diplomate ACVS-LA

**Surgery – Food Animal**
Jennifer Schleining, DVM, MS, Diplomate ACVS-LA

**Theriogenology**
Swanand Sathe, BVSc. MVSc. MS Diplomate ACT
Tyler Dohlman DVM, MS, Diplomate ACT
Nyomi Galow-Kersh, DVM

**Others:**
Frank Cerfoli, DVM (Clinical Skills)
Anges Bourgois-Mochel (Clinical Trials)
Joyce Carnevale, DVM, MS, Diplomate ABVP (Shelter Medicine)
June Olds, DVM (Adjunct, Zoo)
Appendix B. **Code of Conduct and Collegiality**

A code of conduct is meant to help guide professionals in proper interaction with other professionals. No document can be all inclusive or specific. This list is meant to direct a professional veterinarian, or veterinary student, toward proper conduct and interactions within the hospital and college.

1. Each clinician (faculty, residents, and interns) has numerous interactions with veterinary students and should realize that they are role models for these students. Professional attire and language, and appropriate interactions with referring veterinarians are expected at all times. All clinicians must take care to never use denigrating or insulting language when referring to other veterinarians including referring veterinarians, or to students.

2. Clinicians should refer to each other and other veterinarians as “Doctor” while in the hospital and should instruct students to do the same.

3. All clinicians should strive for the best care for all patients in our hospital. It is inevitable that there will be differences of opinion as to what that best care entails. There is also the possibility that a clinician, for whatever reason, is not caring for a patient to a standard appropriate for this hospital. If a clinician feels that a patient is not cared for appropriately or to a certain standard, then that clinician should discuss their concerns with the attending clinician in a collegial manner (in private venue, not in front of colleagues or students).

4. It is appropriate to collegially discuss the care of cases in case rounds and in the presence of the attending clinician on the case. It is inappropriate to question the care of a patient by another clinician in the presence of clients, students, house officers, referring veterinarians, or attending clinicians outside of case rounds or without the presence of the attending clinician. This is a severe breach of medical ethics and may warrant corrective measures.

5. Students and clinicians come from diverse backgrounds and cultures. It is inappropriate to discuss another professional’s personal life while conducting hospital business.

6. **College of Veterinary Medicine Collegiality Policy:**

All CVM employees have a responsibility to maintain a positive workplace that is free of discrimination and harassment. Collegial interactions with all co-workers in the CVM are required. Faculty and staff are expected to model safe and fiscally responsible behavior for students, and are expected to be in compliance with established policies of the CVM and Iowa State University (including the ISU Code of Computer Ethics and Acceptable Use, biosafety regulations, OSPA, purchasing, etc.). All faculty and staff are expected to participate in the annual performance evaluation process.
Appendix C. **Communication Trees**

Personnel interactions:

```
Conflict Recognized

House officer (H.O.) Other person (Technician, intern, resident, faculty) Service 2

Conflict unresolved

H.O. (Service 1) meet with On-clinic service (1) faculty Other person (service 2) meet with On-clinic service (2) faculty

Conflict unresolved

On-clinic service (1) faculty On-clinic service (2) faculty

Conflict Unresolved

Service (1) Leader* Service (2) Leader*

Conflict Unresolved

Service Leaders HO Chair

HO Committee Discussion

Resolution Unresolved
• Protocol established • To Director Hospital Operations (HO & hospital issues)

*Advisors are apprised when deemed appropriate.
Client Complaint via evaluation of service or other means to Hospital Director or other Administrators:

**Problem Reported**
- Director Hospital Operations to notify House officer’s service faculty mentor & advisor

**Problem Investigated**
- Service faculty mentor meets with House Officer
- Service faculty mentor discusses with advisor

**Problem Discussed**
- Faculty Advisor meets with House Office to discuss
- Advisor offers suggestions how to avoid similar problems in the future

**Advisor Reports**
- Episode to HO Program Director
- Outcome to Director of Hospital Operations

**Unresolved Problem**
- HO Program Director or Director of Hospital Operations reports to HO Committee Chair

**HO Committee Chair**
- No Further action or
- Committee Discussion
- HO Committee Discussion

**Resolution**
- Protocol established
- Corrective action taken
- Continuation in program discussed

**Resolution Reported or Unresolved**
- To Dept. Head (faculty issues)
- To Director of Hospital Operations (HO & hospital issues)
Appendix D. **Consulting Request**

**Consulting Request Approval Form**

**IOWA STATE UNIVERSITY**

**College of Veterinary Medicine**

---

Date of Request: ____________________________

Name: ________________________________

Proposed Date for Consulting Activities: ______________________

Who are you consulting for? ________________________________

Where will you be consulting? ________________

What is the purpose of the consulting activity? ____________________________

---

Reminder: All full-time faculty and P&S staff are required to disclose potential conflicts of interest annually, or whenever their situation changes, whether they think they have a conflict of interest or not. Using the Access Plus system, faculty and P&S staff should go to the Employee tab and click on "COI Disclosure" and fill in the Conflict of Interest Disclosure Form. If you have any questions, please review the COI policy at http://www.provost.iastate.edu/COI/

**APPROVAL:**

Department Chair ______________________

Director of Hospital Operations: ______________________

College Dean: ______________________

---

**Please Note:** Must be approved by the Department Chair, Director of Hospital Operations (when applicable) and Dean prior to consulting activity.

3/24/15
Appendix E. **House Officer Leave Request (in LVMC office)**

**Guidelines for Scheduling Leave:**

The procedure for requesting **vacation** is as follows:

1. Determine the times/days for your absence.
2. Confirm the time and dates with your program director and advisor.
3. Fill out an Absence Request card (sample enclosed) **two weeks in advance of your planned vacation day(s).**
4. Have the card signed by your program director.
5. Give the card to the person in charge in the Hospital Director’s Office.
6. Inform the reception desk of your absence and the dates.
7. Place a red card in your message slot at the front desk indicating you are not in the clinic.

The procedure for requesting an approved **external rotation** is similar:

1. Approved external rotations are considered authorized leave.
2. Notify advisor and program director well in advance of your intent to participate in an out-rotation. (See section 8.5)
3. Organize the rotation with an approved program and mentor at the external rotation location with the assistance of your advisor &/or program director.
4. Obtain final approval of the program director at least four weeks in advance of the rotation.
Appendix F.  **House Officer Case Presentation Evaluation Form**

**Case Presentation Evaluation Form**

House Officer: ____________________________________________________________

Date: ________________  Topic: ______________________________________________

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>E = excellent</td>
<td>G = good</td>
</tr>
<tr>
<td>N = needs improvement</td>
<td></td>
</tr>
</tbody>
</table>

**Case Selection**

Complexity of case

Appropriate case follow-up

**Content**

Format of presentation (complete, logical, appropriate length)

Use of problem-oriented approach (data or evidence to support important points)

Knowledge of subject (well researched, accurate, comfortable, question response)

Discussion (relevance, good references, accurate)

Conclusions

**Delivery**

Clarity of speech (mumbles, clear, pronunciation, vocalized pauses [uh, um, well, so, etc.])

Rate of delivery (too fast, too slow)

Eye contact (consistent, entire audience, notes)

Body language/enthusiasm (nervous, relaxed, self-confidence)

**Effectiveness of presentation**

Use of visual aids (spelling, wordiness, colors, clarity, appropriate images, organized)

Professionalism (attire, appropriate humor, self-confident)

Questions handled appropriately

**Additional Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Evaluator: ___________________________________________________________________
Appendix G. **LVMC House Officer Seminar Evaluation Form**  
LVMC House Officer Seminar Evaluation

| Presenter: ______________________________ | Date: ____________________ |
| Audience: ______________________________ |
| Title/Topic: ______________________________ |

**Evaluation Criteria:**

<table>
<thead>
<tr>
<th>Points</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Definition of Subject: introduction, importance, clinical significance</td>
<td>0-5 pts</td>
</tr>
<tr>
<td>2. Organization:</td>
<td>0-15 pts</td>
</tr>
<tr>
<td>3. Quality of material, scientific depth</td>
<td>0-15 pts</td>
</tr>
<tr>
<td>4. Presence: Speaking ability</td>
<td>0-15 pts</td>
</tr>
<tr>
<td>a. Clarity</td>
<td>0-10 pts</td>
</tr>
<tr>
<td>b. Rate of delivery</td>
<td>0-10 pts</td>
</tr>
<tr>
<td>c. Enthusiasm, expressiveness, mannerisms</td>
<td>0-10 pts</td>
</tr>
<tr>
<td>5. Visual aids: slides &amp; text, images, graphs</td>
<td>0-10 pts</td>
</tr>
<tr>
<td>6. Appropriate summary?</td>
<td>0-5 pts</td>
</tr>
<tr>
<td>7. Presentation consistent with audience level?</td>
<td>0-10 pts</td>
</tr>
<tr>
<td>8. Questions/discussion handled appropriately?</td>
<td>0-10 pts</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Evaluator: ____________________________
Appendix H. House Officer Evaluation Form: Ophthalmology Service ISU LVMC Resident Evaluation Summary

The purpose of this document is to open and improve communications between the resident, the program coordinator, and the faculty members within the Ophthalmology Service and to outline constructive methods to help the resident toward positive progress in the specialty training program.

This evaluation should be completed by the resident's mentors, discussed with the resident, and signed by the involved individuals. The original will be kept by the resident's program coordinator, the resident will get one copy and one copy will be sent to the House Officer Committee Chairperson and the ABVO Residency Committee by January 5 and July 5 of each year.

The evaluation categories have been scored, based upon direct input from the resident's specialty faculty members, as Excellent = 1, Good = 2, Satisfactory = 3, Needs Improvement = 4, and Unsatisfactory = 5; categories which were not scored are identified by not applicable NA.

Name: Specialty: Ophthalmology Date Residency Began:

Evaluators: Gil Ben-Shlomo, Rachel Allbaugh, Lionel Sebbag

Professional Ability

<table>
<thead>
<tr>
<th>Category</th>
<th>CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Knowledge</td>
<td></td>
</tr>
<tr>
<td>Application of Knowledge</td>
<td></td>
</tr>
<tr>
<td>Clinical skills</td>
<td></td>
</tr>
<tr>
<td>Patient care &amp; case management</td>
<td></td>
</tr>
<tr>
<td>Ability to make independent decisions</td>
<td></td>
</tr>
<tr>
<td>Contributions to student education</td>
<td></td>
</tr>
</tbody>
</table>

Remarks:

Progress Toward Boards

<table>
<thead>
<tr>
<th>Category</th>
<th>CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Study</td>
<td></td>
</tr>
<tr>
<td>Awareness of Current Literature</td>
<td></td>
</tr>
<tr>
<td>Attendance at Seminars and Rounds</td>
<td></td>
</tr>
<tr>
<td>Presentations at Seminars and Rounds</td>
<td></td>
</tr>
<tr>
<td>Progress in Resident Project</td>
<td></td>
</tr>
<tr>
<td>Publications</td>
<td></td>
</tr>
</tbody>
</table>

Remarks:
### Personal Characteristics

<table>
<thead>
<tr>
<th></th>
<th>CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician/resident communications</td>
<td></td>
</tr>
<tr>
<td>Quality of other faculty interactions</td>
<td></td>
</tr>
<tr>
<td>Quality of resident interactions</td>
<td></td>
</tr>
<tr>
<td>Quality of intern interactions</td>
<td></td>
</tr>
<tr>
<td>Quality of student interactions</td>
<td></td>
</tr>
<tr>
<td>Quality of staff interactions</td>
<td></td>
</tr>
<tr>
<td>Independence and initiative</td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>Attitude and enthusiasm</td>
<td></td>
</tr>
<tr>
<td>Leadership qualities</td>
<td></td>
</tr>
</tbody>
</table>

### REMARKS:

### Hospital Service

<table>
<thead>
<tr>
<th></th>
<th>CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of duties</td>
<td></td>
</tr>
<tr>
<td>Quality of work</td>
<td></td>
</tr>
<tr>
<td>Acceptance of service responsibilities</td>
<td></td>
</tr>
<tr>
<td>Interaction with other services</td>
<td></td>
</tr>
<tr>
<td>Emergency service duties</td>
<td></td>
</tr>
<tr>
<td>Record keeping</td>
<td></td>
</tr>
<tr>
<td>Communications with veterinarians</td>
<td></td>
</tr>
<tr>
<td>Communications with clients</td>
<td></td>
</tr>
</tbody>
</table>

### Remarks:

### Summary

<table>
<thead>
<tr>
<th></th>
<th>CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Resident Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous Comments and Constructive Suggestions for Improvement:**
# Appendix I. House Officer External Rotation Evaluation Form:

Lloyd Veterinary Medical Center  
House Officer Evaluation for External Rotations  
(away from ISU)

<table>
<thead>
<tr>
<th>House Officer:</th>
<th>Rotation Location:</th>
<th>Dates:</th>
<th>ISU Faculty Advisor/Program Director:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Professional Ability

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Professional Development

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of current literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to make independent decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance at seminars/rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participations in seminar/rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution to student education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of faculty/supervisor interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of intern/resident interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of student interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of staff interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence and initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude and enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership qualities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hospital/Clinical Service

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks
<table>
<thead>
<tr>
<th>Category</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance of service responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work towards service objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with RDVMs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix J. **Service Expectations:**

Please review these at [https://vetzone.cvm.iastate.edu/policies-and-documents/](https://vetzone.cvm.iastate.edu/policies-and-documents/)

Appendix K. **Ophthalmology Residency Protocol**

**OPHTHALMOLOGY RESIDENCY PROTOCOL**

Welcome to the Iowa State University comparative ophthalmology residency program. This residency program is designed to prepare the resident for a successful career as an academic or specialty practice ophthalmologist and it will also help prepare the resident for successful completion of all parts of the ABVO board certification process. The Iowa State University program is designed to fulfill the guidelines for residency training as established by the American Board of Veterinary Ophthalmology and is an ABVO approved residency. The program will partially fulfill the requirements for certification by the American Board of Veterinary Ophthalmology. Being accepted into or completing an ABVO residency program does not affirm or guarantee that the resident will have credentials accepted by the ABVO, nor does it guarantee or imply that the resident will be successful in completing the ABVO certifying examination.

1. **Faculty and support staff**

   **Rachel A. Allbaugh**, DVM, MS, Diplomate ACVO, Associate Professor  
   Dr. Allbaugh is originally from Iowa and received her DVM degree from Iowa State University in 2004. She completed an internship in small animal medicine and surgery at Carolina Veterinary Specialists in Greensboro, North Carolina. She then went to Kansas State University in 2005 as a veterinary ophthalmology resident, completed her three-year residency program and masters degree at Kansas State University and stayed on as a faculty member from 2008 to 2011. In November of 2011, Dr. Allbaugh joined the faculty at ISU.

   **Gil Ben-Shlomo**, DVM, PhD, Diplomate ACVO, Diplomate ECVO, Associate Professor  
   Dr. Ben-Shlomo earned his DVM from the Hebrew University of Jerusalem, Israel in 1999. He was in private practice in Israel from 1999 to 2007 and served as Army veterinarian (reserve) between 2000 and 2005. He earned a PhD in Neuroscience from the Koret School of Veterinary Medicine at the Hebrew University of Jerusalem in 2008. He competed residency training at the University of Florida in 2010 and joined the faculty at Iowa State University.

   **Lionel Sebbag**, DVM, Assistant Professor.  
   Dr. Sebbag graduated from the National Veterinary College of Toulouse (France) in 2011. After graduation, he completed an internship in small animal medicine and surgery at Kansas State
University, followed by a four-year residency in ophthalmology at University of California-Davis. In September 2016, Dr. Sebbag joined the faculty at ISU as an assistant professor.

Chimene S. Peterson, RVT, CVT, Ophthalmology Technician
Chimene was raised on a farm in Iowa and received her Associate of Applied Science degree from Kirkwood Community College in 1994. She became a Registered Veterinary Technician in Iowa in 1994 and a Certified Veterinary Technician in 1996. Chimene started working in a general practice in Minnesota, then came to Iowa State University as a small animal medicine technician in 2000, she transferred to the ophthalmology service where she was an ophthalmology technician from 2003 to 2008. She was also an ophthalmology technician at University of Minnesota and at a specialty practice, Blue Pearl Veterinary Partners of Minnesota before returning to ISU in 2011.

Chelsey D. Allen RVT, BS, Ophthalmology Technician
Chelsey grew up on a small farm in Southwest, Iowa. She received her Bachelor of Science in Animal Science from Iowa State University in 2009 and her Associate of Applied Science degree from Kirkwood Community College in 2011. She became a Registered Veterinary Technician in 2011 and began working as a veterinary technician at Banfield Pet Hospital. She came to Iowa State University’s Lloyd Veterinary Medical Center as an Equine Surgery Technician in 2013 then transferred to the Ophthalmology service January of 2017.

Clinical ophthalmology
In the 3-year program the resident will spend a maximum of 85% (133 weeks) of their time on clinics (minimum 15% (23) weeks off-clinics). The ABVO requires that the resident receive clinical ophthalmology training for a minimum of 24 months, of which 80% must be under direct supervision by a Diplomate. Two weeks per year are allotted for vacation, which is taken during off-clinic time. New appointments and rechecks are seen on Mondays, Wednesdays, and Fridays. Surgeries are scheduled in the mornings on Tuesdays and Thursdays and equine cases are seen in the afternoon. All new cases must be seen by both the faculty member and the resident(s). Rechecks should also be seen by both the resident(s) and faculty member in most cases. Near the end of the residency program, and at the attending faculty member’s discretion, you will be expected to manage recheck appointments as the senior clinician on the case. During the 3rd year the resident will act as primary attending clinician for at least one block, with mentors available for consultation and assistance.

Surgery
Ophthalmology residents are expected to follow all established surgical protocols and standard operating procedures (SOPs) for the operating room in small animal and large animal, these include proper surgical attire, gowning, draping, gloving, patient preparation, hand-scrubbing, etc. Collegial interactions are a must when dealing with anesthesia and surgical personnel, and all other faculty and staff.
Early in the residency, trainees will assist faculty members on surgical cases. You should read Eisner’s *Eye Surgery* text and Nasisse’s *Vet Clinics of North America Small Animal Practice – Surgical Management of Ocular Disease* (Vol 27, no 5, Sep 1997) within the first few months of your residency. You should familiarize yourself with the surgical instruments, operating microscope, diode laser, and phacoemulsification equipment as early as possible in your program. Residents must demonstrate proficient intraocular surgical skills on cadavers before participating in operations on clinical patients. All surgery on clinical patients will be performed under the supervision of a faculty member until the resident has demonstrated sufficient skills to justify his or her operating independently. This time will vary for each resident, and is at the attending faculty member’s discretion.

For surgical practice:

A. Dog and cat heads or eyes can be acquired from the junior surgery lab course by arrangement, pathology department with permission, and the Diagnostic Lab by agreement in advance. Eyes from other species (cow, pig, horse) can also be acquired in a similar manner.

B. With ophthalmology supervisor approval pig eyes can be ordered from: Animal Technologies, PO Box 130240, Tyler, TX 75713. If you call before 2 PM Monday through Wednesday, they will harvest eyes the following morning and fed-ex them overnight. Please plan ahead and do not over-order since funds are limited and we want to make maximal use out of the material ordered. These eyes should be used for practicing intraocular procedures.

4. **After-hours emergencies**

A. The resident is required to provide 100% of the after-hours ophthalmology emergency coverage, with faculty members providing backup. When there are multiple residents the emergency duty will be divided equally among them. Interns in small animal and equine are to contact the ophthalmology resident on-call to discuss ANY emergency presenting with an ocular complaint. Emergencies already seen by a referring veterinarian (coming with notice) and current ophthalmology service patients should be seen directly by the ophthalmology resident and not by an intern first.

B. You are expected to call your emergency faculty back-up clinician with EACH emergency case after you have examined the animal and formulated a plan but PRIOR to instituting any medical or surgical interventions. As your skills progress during your residency program, it is the back-up faculty clinician’s prerogative to let you know when/if you may manage emergency cases without first consulting with your back-up faculty member.

C. If any animal is going to be anesthetized after hours the emergency anesthesiologist should be contacted by the OPHTHALMOLOGY RESIDENT. An animal should NEVER be anesthetized without the approval of the ophthalmology faculty member.

D. Financial deposits should be collected per the instructions given you during your hospital orientation and in accordance with current hospital policy.
5. **Hospital relations**
   A. Please introduce yourself as a resident in ophthalmology when talking with clients or RDVMs and, when possible, please introduce your faculty member to clients when they enter the exam room.
   B. When entering an examination room in small animal or entering the equine examination area everyone should wash their hands before touching an animal and again before exiting the area.
   C. Should conflicts arise at any time, prompt efforts at open communication aimed at resolving any misunderstandings should be a top priority.
   D. Consults for other services should be performed as quickly as our schedule permits.
   E. Equine patients are co-managed with an equine medicine (or less commonly surgery) faculty/resident/intern. Daily communication between the services is essential for any in-house patients. Be sure to keep both services updated as to all test results, the need for surgery to be performed, and any medical updates.
   F. Radiology: For routine radiographs the request should be submitted to the radiology service. For special studies, including ultrasound, CT, MRI, or dacryorhinocystograms, etc. you must also obtain verbal permission from the radiology doctor on duty.

6. **RDVM/client communication:**
   The Ophthalmology service is committed to building and maintaining strong relationships with its referring veterinarians and clients, therefore, an important part of the resident duties includes timely communication with referring veterinarians and clients. A copy of the discharge instructions and results of any diagnostic tests performed are faxed to the referring veterinarian the day the patient is discharged from the hospital. The referring veterinarian should be contacted by phone the SAME DAY a new patient is examined by either the resident or the faculty member (veterinarians for after-hours emergencies can be contacted the next business day). If you receive a phone call you are uncomfortable answering, please tell them you will discuss the case with your faculty member to obtain additional information, get a call-back number, and then promptly follow-up. Clients of our in-house patients should be called at least once daily (and in most cases twice daily) with a progress report. Owners should be kept informed of their bill and additional money should be obtained for a deposit if necessary.

7. **Charges:**
   The ophthalmology technician has primary responsibility for entering charges, however as a resident you will enter charges occasionally, and a resident or faculty member must review all charges prior to the case being discharged from the hospital.

8. **In house patients:**
A. You must perform a complete physical exam on any small animal patient admitted to
the hospital and especially those undergoing general anesthesia and surgery. You may
perform physical exams on equine patients or work with an equine clinician to get it
completed. Similar policy applies to exotics or other unique ophthalmology patients.

B. Verify the client phone numbers as well as the referring veterinarian information. If
possible, please request that owners keep their cell phones turned on and readily
available while their animal is hospitalized.

C. Anesthesia requests must be submitted before 3:00 pm for the following day. If an
animal requires surgery the same day it is admitted you must discuss the case with the
anesthesia faculty member on-duty.

D. Animals are admitted to the small animal ICU if an IV access is necessary or if frequent
(i.e. q1-2 hour) treatments are required. All cataract surgery patients should be
admitted to the ICU post-operatively if they are spending the night in the hospital.
Inform the ICU technician of any post-op surgical patients that are to be recovered in
and admitted to the ICU prior to taking the patient to surgery. If animals remain in ICU
at the end of the week touch base with the ICU technician at the end of the day Friday
to discuss weekend care. You must review and sign the ICU treatment sheet each
morning by 8 AM.

E. Small animals not requiring constant monitoring or frequent topical medications are
admitted to the Ward and all treatments are performed by ophthalmology students.

F. Equine in-patients are co-managed with the equine medicine service; however, the
ophthalmology student, resident and faculty member are still primarily responsible for
each case. Daily communication between the ophthalmology and equine medicine
services is essential for any in-house patients.

9. Progress reports:
A written and verbal progress evaluation will be provided for you at 6-month intervals from the
ophthalmology faculty members. Continuation into the 2nd and 3rd years of your residency is
contingent upon satisfactory performance evaluations. A program evaluation must also be
completed by the resident and submitted to the ABVO Residency Committee via the online
system every 6 months (by January 5 and July 5 of each year). Sign into the portal at
http://member.abvo.us/

10. Literature review:
The ABVO requires that a minimum of 2 hours a month be spent on reviewing journal articles,
literature, topics, slide recognition, etc. We will have journal/literature review or slide
recognition Friday mornings from 8:00-9:00 AM except for the last Friday of the month when
ocular histopathology training occurs. It is the resident’s responsibility to choose material for
review and present critical evaluation of the journal articles or literature.
11. **Histopathology training:**
The ABVO requires a minimum of 12 hours of ocular histopathology training per year. We will have ocular histopathology rounds on the last Friday of each month from 8:00am to 9:00am. The ocular histopathology review is supervised by a pathology faculty member, usually either Dr. Joe Haynes or Dr. Jodi Smith, and pathology residents are invited to attend and participate.

12. **Basic Science Course:**
The resident will attend the Veterinary Basic Science course, which is offered every other year. The cost of the program will be the responsibility of the resident, but if possible ISU will partially subsidize the expenses of the course.

13. **ABVO species case log:**
A resident is required to keep a species case log of all animal eyes examined (new cases, rechecks, consults, etc.). The log should indicate 1) the species evaluated 2) the date of the clinical exam. This log is to be kept for the entire residency program and summarized with the program evaluation form at 6-month intervals. Please be aware that as Supervising Diplomates we need to see your case species log summary to complete our mentor evaluation, so you must provide that information to us at least 5 days prior to the submission deadline.

14. **ABVO surgical log:**
A resident is required to keep a surgical log that indicates: 1) medical record number, 2) species, 3) date, 4) kind of surgery done, 5) the role of the resident in the surgery (Level 1-3) 6) name of Diplomate supervising the surgery if Level 1 or 2 or the name of the resident or veterinarian who is not an ACVO Diplomate if Level A or B, and 7) location surgery performed if other than primary location. This log is to be kept for the entirety of the residency program and a summary of the log submitted on the form provided at each 6-month evaluation and at the completion of the program. Although the ABVO is tracking surgeries done under non-diplomates (Level A and B), those surgeries are not included in your summary surgery log submitted every 6 months. Please be aware that as Supervising Diplomates we need to see your case species log summary to complete our every 6 month mentor evaluation, so you must provide that information to us at least 5 days prior to the submission deadline. The entire surgical log must be submitted at the end of your residency (final ABVO evaluation). The ABVO website contains surgical training recommendations and the grading system is included below.

- **Level 1:** The procedure is done by the ACVO Diplomate with the resident assisting.
- **Level 2:** The procedure is done by the resident with an ACVO Diplomate providing direct supervision. The Diplomate must either participate in the capacity as assistant surgeon or be in the operating room through the procedure.
Level 3: The procedure is performed by the resident without a supervising Diplomate’s assistance.

Level A: The procedure is done under the supervision of another resident.

Level B: The procedure is done under the supervision of a veterinarian who is not an ACVO diplomate or resident.

One supervising Diplomate may directly supervise two residents performing surgery without directly participating in the surgery. In this scenario, one resident is the primary surgeon with a second resident as assistant. The supervising diplomate would thus be able to instruct both residents simultaneously (either by direct observation, or video from the microscope, or both). For the surgery log, the primary surgeon would record this as a Level 2 procedure while the assistant would record this as a Level 1 procedure.

Please count each eye in your surgery log as a separate surgery. Do not count separate steps of a surgery as separate surgeries (i.e., a conjunctival graft is one surgery; do not count it as both a keratectomy and a conjunctival graft). Parotid duct transpositions and orbitotomies may be done as cadaver procedures.

15. **ACVO meetings:**
During the residency you will have the opportunity to attend the annual ACVO meeting. The ophthalmology service will be on emergency only during the meeting (generally Wednesday through Sunday), and a resident MAY be required to stay at ISU. You will be required to give an oral abstract presentation at least once during the course of your residency. The cost of the meeting will be the responsibility of the resident, but if possible ISU will partially subsidize the expenses of it.

16. **Teaching requirements:**
The resident is expected to prepare and present at least one didactic lecture to the third-year students or prepare a presentation for an extracurricular activity such as a student club. Residents will participate in and lead daily ophthalmology rounds with the fourth-year students. Residents will also participate in the clinical skills laboratory and elective surgery courses for the third and fourth-year veterinary students. Residents are strongly encouraged to give additional presentations at student club meetings and educational conferences when asked to do so to enhance public speaking skills and experience.

17. **Seminar requirements:**
The resident will attend and participate in the house officer seminar series as described in the VCS residency program information handout. The resident will present 1 case presentation and 1 pathophysiology seminar per year.

18. **Project requirement:**
The resident is required to complete a research project. Preparation and submission of a research grant proposal will be required and the resident will present the results of the project at the ACVO meeting.

19. **Publication requirements:**
The resident will write and submit two scientific manuscripts for publication in a peer-reviewed journal. One manuscript must be a research project, the second may be the result of a project, a retrospective study, a prospective study, a clinical trial, a case report or a series of cases. Both manuscripts must be submitted for publication prior to completion of the residency program.

20. **ABVO Submissions:**
In order to qualify for examination the resident should refer to the published requirements of the ABVO. **It is solely the responsibility of the resident to submit any material and fees required for registration, credentials applications or board examinations.** You must become familiar with the abvo.us website and under the “Resident” tab find important links for “Announcements, Critical Dates & Deadlines, Sign into Resident Portal, Credentials Information, Residency Information, Examination Information, Certification Process Flow Chart (pdf) and General Information” or go directly to [http://abvo.us/Credentials/credentials_maininfo.shtml](http://abvo.us/Credentials/credentials_maininfo.shtml) and [http://abvo.us/Exam/exam_maininfo.shtml](http://abvo.us/Exam/exam_maininfo.shtml).