

**Iowa State University
Department of Veterinary Clinical Sciences Ophthalmology Residency
Program (D. Whitley 5.14.12)**

1. Overview:

This Iowa State University veterinary 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 College of Veterinary Ophthalmologists (ACVO). 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 College of Veterinary Ophthalmologists.

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 (Large Animal) 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 within 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 examinations
 - 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. VCS House Officer Seminar/ Rounds Programs

The VCS Seminar/Rounds Program are designed to provide the House Officer 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. The resident will participate with the other VCS house officers on a rotating basis and will make at least **1 case presentation** in House Officer Rounds during the year.

The seminar series is designed to provide the House Officer with the opportunity to research and present scientific information to professional colleagues.

- 5.1 **One seminar** will be prepared and given in each year of the program.
 - 5.1.1 House Officer attendance at all VCS Seminar/Rounds sessions is required. Attendance will be taken at the beginning of each session.
 - 5.1.2 HO will be required to present an additional seminar if they have more than one unexcused absence during the program year. All absences must be accounted for by communication with the Leader of the House Officer Committee and advisor.
 - 5.1.3 Excused absences include the following: illness, annual leave, attendance or participation in a continuing education program, presentation of a student lecture, scheduled out-rotation or special service requirements per request of advisor. All other absences are unexcused unless deemed excusable by the HO advisor.
- 5.2 House Officers attend and present in a variety of organized rounds and seminars in support of their residency training and teaching experience. The menu of rounds and seminars is tailored to assist residents in literature review and board preparation and to expose them to a broad range of clinical and academic experiences schedules are subject to change but include:

<u>Type:</u>	<u>Frequency:</u>	<u>Commitment:</u>
Service Rounds w/students	per program	required
VCS Seminar/Rounds	weekly (Thursday 8 a.m.)	required
Service Resident Rounds		
Journal /Literature Review	Two hours per month	required
Radiology-Pathology Rounds	monthly (Tuesday 8 a.m.)	encouraged
Evidence based medicine Rounds	monthly (Tuesday 8 a.m.)	encouraged
Morbidity/Mortality Rounds	bimonthly (Tuesday 8 a.m.)	required presentations
Textbook Review Session	weekly	encouraged
Ocular Histopathology Rounds	1 hr. every month	required
Surgical Practice	2 to 5 hrs. every 4 to 8 weeks	required
Student Grand Rounds	weekly (Friday 8 a.m.)	encouraged

6.0 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 may participate in the 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.

7.0 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 College of Veterinary Ophthalmologists.
- 7.2 In order to qualify for examination the resident should refer to the published requirements of the college.
- 7.3 **It is solely the responsibility of the resident to submit any material and fees required by the specialty college for registration, credentials applications or board examinations. (www.acvo.org/new/residents/resources/resident_resources.shtml)**

8.0 Clinical Program

Below is a description of the 52 weeks per year of training in the ophthalmology training program. 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.

Ophthalmology residency at ISU:

Year 1	Year 2	Year 3
85 to 90% About 44-47 weeks clinic duty	75% 39 weeks on clinic duty	75% 39 weeks on clinic duty
3-6 weeks Research and study	11 weeks Research and study	11 weeks Research and study
2 wks vacation	2 wks vacation	2 wks vacation

8.1 Year I Resident's Program

- 8.1.1 *Weeks of training described in detail (see above)*
- 8.1.2 The resident 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 VMC. He/She will attend other scheduled seminars in the CVM as time permits.
- 8.1.4 The resident will present **1 seminars** and **1 case report** (to faculty and house officers) on topics of interest to the resident in the VCS Seminar/Rounds 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 specialty college and follow their requirements.

<http://www.acvo.org/new/residents/resources/ResFlowChart.pdf>

The resident must supply the contact details at which you want the ACVO 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.* Thank you and please contact Ellison Bentley or Diane Hendrix (residency@acvo.org)

<http://www.acvo.org/new/residents/resources/ResFlowChart.pdf>

- 8.1.7.1 Logs must be submitted to **ACVO Residency Committee by January 5 and July 5th of each year.** residency@acvo.org
- 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 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 Number of weeks of type of training detailed here
- 8.2.2 The resident will submit one paper suitable for publication **to their advisor and the House Officer Chair by June 1.** Topic considerations should be discussed with his/her mentor prior to working on the manuscript.
- 8.2.3 The resident will present **1 seminars** and **1 case report** (to faculty and house officers) on topics of interest to the resident in the VCS Seminar/Rounds sessions.

- 8.2.4 The resident should make applications for sitting examinations **if applicable.**
- 8.2.5 **The resident logs must be** submitted to ACVO by January 5 and July 5 of each year residency@acvo.org
- 8.2.6 The resident will begin or continue the research project if funding has been obtained.
- 8.2.7 The resident is required to give at least 1 hour of didactic instruction each year in courses offered to veterinary students, this will usually be accomplished in VCS 399. The resident is also expected to teach in the senior clinical rotations, and in other ophthalmic didactic courses as assigned.

8.3 Year 3

- 8.3.1 **The resident will submit one paper suitable for publication to their mentor and the House Officer Chair by June 1.**
- 8.3.2 The resident will present **1 seminars** and 1 case report (to faculty and house officers) on topics of interest to the resident in the VCS Seminar/Rounds sessions.
- 8.3.3 **The resident must submit logs** to ACVO by January 5 and July 5 of each year residency@acvo.org
- 8.3.4 **The resident should submit credentials and make arrangements for sitting the ACVO certifying examinations.**
- 8.3.5 The resident is required to give at least 1 hour of didactic instruction in courses offered to veterinary students; this will usually be accomplished in VCS 399. The resident is also expected to teach in the senior clinical rotations, and in other ophthalmic didactic courses as assigned.

8.4 Year 4 If applicable

8.5 Outside Rotations (describe what your program requires). A fourth year of residency is optional for some residents, especially those enrolled in a graduate program. Therefore, outside rotations, if any, would be arranged on a case by case basis.

9 Research Project

The Department of Veterinary Clinical Sciences 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 project should be completed by 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.
 - 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 residents during seminar.
- 9.5 Publication of these results in a refereed journal is strongly encouraged
 - 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 Teaching Hospital (VTH) 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 VTH 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 resident 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 VMC protocol.
 - 11.1.3 Personal characteristics; to include responsibility, initiative, interaction with faculty, staff and students, deportment and leadership
- 11.2 The resident will meet with his or her advisor on a quarterly basis to discuss their progress. A summary of the discussion will be signed by both advisor and resident.
- 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 Head of the Department of Veterinary Clinical Sciences 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.
- 11.4 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 VMC (ex officio). It will be responsible for:

- 12.1 The selection of residents from the application pool (with the advice of the faculty of the sponsoring discipline).
- 12.2 Annual review of the resident's progress (in the ninth month of each year).
- 12.3 Annual recommendation for reappointment of the resident or program completion.
- 12.4 Program approval, renewal, oversight and establishment of policy.

13 Employment and Benefits

- 13.1 Iowa State University residents and interns are classified as adjunct, non-tenure eligible faculty and as such are governed by the faculty handbook (www.provost.iastate.edu/faculty/handbook/current)
- 13.2 Iowa State University offers a competitive salary and a comprehensive benefit package to house officers. Full faculty benefits are provided, including medical, dental, and professional liability (limited). House officers are encouraged to investigate personal professional liability insurance coverage. (<http://www.hrs.iastate.edu/hrs/files/Faculty-Benefit-Summary-2011.pdf>)
- 13.3 The 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 and interns are considered full-time adjunct faculty 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.
 - 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 Chair of the Department of Veterinary Clinical Sciences or the Hospital Director.

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 5-drawer filing cabinet are also provided for each resident. 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 interns and residents 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 department chair and the college dean prior to any consulting activities.

13.8 Reappointment to the second, and 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.

14.1.5A 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. David Whitley, Iowa State University, College of Veterinary Medicine, Department of Veterinary Clinical Sciences, 1600 South 16th Street, Ames, Iowa 50011-1250. (Telephone 515-294-4900; email: dwhitley@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

- 15.1 Faculty in support of the Program
- 15.2 Code of Conduct & Collegiality
- 15.3 Communication Tree
- 15.4 Consultation Request
- 15.5 House Officer Leave Request (in VCS office)
- 15.6 House Officer Rounds Evaluation Form
- 15.7 VCS Seminar Evaluation Form
- 15.8HO Evaluation Form
- 15.9 American College of Veterinary Ophthalmology Code of Ethics
- 15.10 Ophthalmology & hospital protocols

15. 1 Faculty in Support of the Residency Programs:

Ophthalmology

David Whitley, DVM, MS, Diplomate ACVO
Rachel Allbaugh, DVM, MS, Diplomate ACVO
Gil Ben-Sholmo, DVM, PhD

Anesthesiology

Dean H. Riedesel, DVM, PhD, Diplomate ACVA
Bonnie H. Kraus, DVM, Diplomate ACVS, Diplomate ACVA
Martha L. Buttrick, DVM
Christopher Kelly, DVM

Cardiology

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

Dermatology

James O. Noxon, DVM, Diplomate ACVIM (Internal Medicine)
Elizabeth May, DVM, Diplomate ACVD
Diana Miller, DVM

Diagnostic Imaging

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

Emergency and Critical Care Medicine

Michael Curtis, DVM, PhD, Diplomate ACVA

Internal Medicine

Jo Ann Morrison, DVM, MS, Diplomate ACVIM (Internal Medicine); Residency Program Director

Claudia J. Baldwin, DVM, MS, Diplomate ACVIM (Internal Medicine) - practice limited to consultation

Albert E. Jergens, DVM, PhD, Diplomate ACVIM (Internal Medicine)

Robert R. King, DVM, PhD, Diplomate ACVIM (Internal Medicine); Associate Hospital Director

Krysta Deitz, DVM, MS, Diplomate ACVIM (Internal Medicine)

Cody Alcott, DVM, Diplomate ACVIM-LA

Brett Sponseller, DVM, PhD, Diplomate ACVIM-LA

David Wong, DVM, MS, Diplomate ACVIM-LA, ACVECC

Neurology

Rod Bagley, DVM, Diplomate ACVIM (Neurology), Department Chair and Executive Hospital Director - practice limited to consultation

Nicholas Jeffery, BVSc PhD, Diplomate ECVIM (Neurology)

Oncology

Leslie E. Fox, DVM, MS, Diplomate ACVIM (Internal Medicine)

Ophthalmology

David Whitley, DVM, MS, Diplomate ACVO

Gil Ben-Sholmo, DVM, PhD

Rachel Allbaugh, DVM, MS, Diplomate ACVO

Primary Care

Bianca Zaffarano, DVM

Brenda Mulherin, DVM

Linda K. Kauffman, DVM

Susan E. O'Brien, DVM

Surgery -CAS

Karl Kraus, DVM, Diplomate ACVS

Mary Sarah Bergh, DVM, MS, Diplomate ACVS

Cheryl Hedlund, DVM, MS, Diplomate ACVS

William D. Hoefle, DVM, MS, Diplomate ACVS

Ingar A. Krebs, DVM

Surgery – Equine

Scott McClure, DVM, PhD, Diplomate ACVS

Larry Booth, DVM, MS, Diplomate ACVS

Stephanie Caston, DVM, Diplomate ACVS

Kevin Kersh, DVM, Diplomate ACVS

Jennifer Schleining, DVM, MS, Diplomate ACVS

Eric Reinertson, DVM

Theriogenology

Lawrence E. Evans DVM, PhD, Diplomate ACT

15.2 Code of professional conduct

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. The ophthalmology resident must also abide by and adhere to the American College of Veterinary Ophthalmologists Code of Ethics (Updated by the Board of Regents, April 2010 [original: November 4, 2009]) found on page 22-34 of this document.

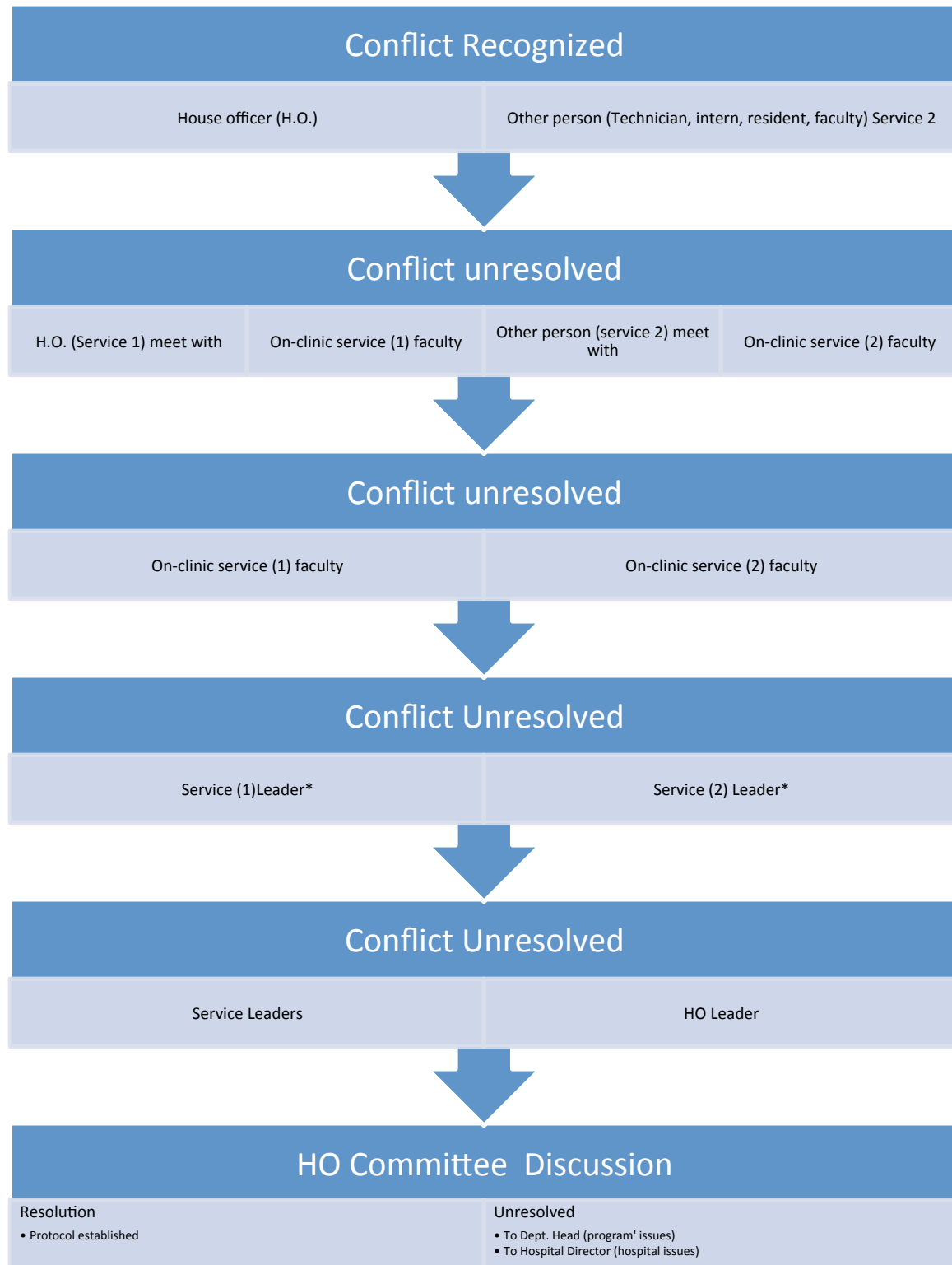
1. Each clinician (faculty, residents, and interns) has numerous interactions with veterinary students and should realize that they are role models for these students. Professional attire and language, and appropriate interactions with referring veterinarians are expected at all times. All clinicians 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.

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.

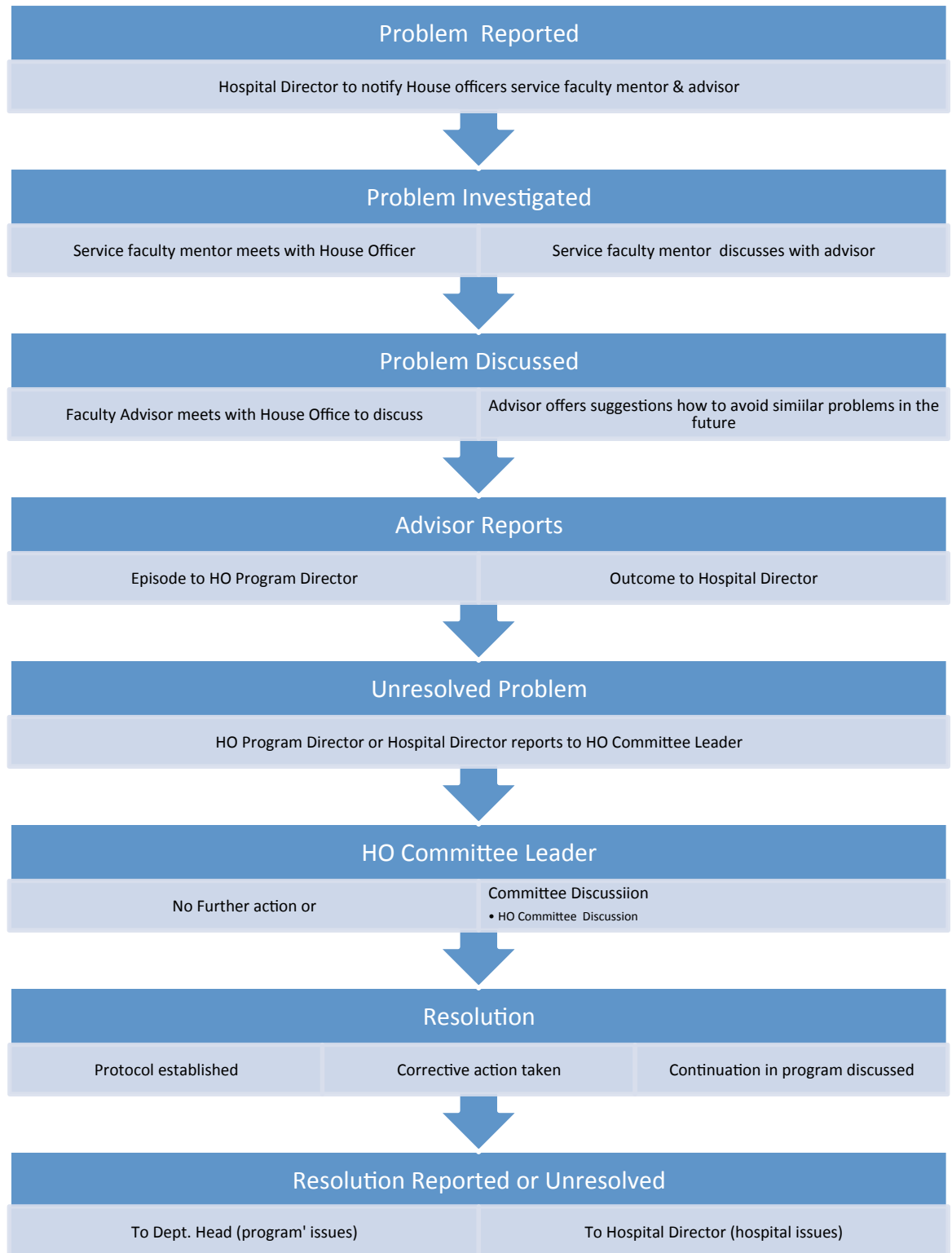
15.3 **Communication/ Conflict Pathway to Resolution:**

15.3.1 Personnel interactions



*Advisors are apprised when deemed appropriate.

15.3.2 Client Complaint via evaluation of service or other means to Hospital Director or other Administrators:





**College of Veterinary Medicine
Iowa State University**

CONSULTING REQUEST APPROVAL FORM

This form must be approved by the Department Chair/Unit Director and Dean prior to consulting activity.

Name _____

Date of this Request _____

Proposed Date of 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 annual 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: www.provost.iastate.edu/COI/

APPROVALS

Department Chair/Unit Director

College Dean

15.5 Leave authorization forms are available in the VCS office.

VCS/VMC ABSENCE/OVERTIME REQUEST			
NAME _____		DATE _____	
Beginning Date of Leave _____		Last Date of Leave _____	
NUMBER OF HOURS ABSENT _____			
<input type="checkbox"/> Vacation Leave	<input type="checkbox"/>	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> FMLA
<input type="checkbox"/> Converted Vacation	<input type="checkbox"/>	<input type="checkbox"/> Emergency Leave	<input type="checkbox"/> Leave w/o pay
<input type="checkbox"/> Comp Time Leave	<input type="checkbox"/>	<input type="checkbox"/> Funeral Leave	
<input type="checkbox"/> Authorized Travel	<input type="checkbox"/>	<input type="checkbox"/> Other _____	
EMERGENCY PHONE NUMBER _____			

OVERTIME			
<input type="checkbox"/> Comp Earned (Med Rec Required)		<input type="checkbox"/> Comp Pay Out (Med Rec Required)	
TOTAL COMPENSATORY HOURS WORKED _____			
Employee's Signature: _____			
APPROVED: Supervisor _____ Date _____			
Chair/Director _____ Date _____			

15.6 VCS House Officer Rounds

Case Presentation Evaluation Form

House Officer: _____

Date: _____ Topic: _____

Evaluation

Comments

E = excellent G = good N = needs improvement

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: _____

15.7 Seminar evaluation:

VCS Seminar Evaluation

Presenter: _____ Date: _____

Audience: _____

Title/Topic: _____

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

Comments: _____

Evaluator: _____

15.8 House Officer Evaluation Form: (Ophthalmology intern/resident)

**Ophthalmology Resident Evaluation Form
Iowa State University**

Resident: _____ Period of this evaluation: _____

Residency Term: _____

Evaluator: _____ Date: _____

Please check the box that best describes your response.

	Excellent	Very Good	Adequate	Needs Improvement	Unsatisfactory	Not Applicable
Professional Development						
Knowledge	9	9	9	9	9	9
Clinical application of knowledge	9	9	9	9	9	9
Technical skills	9	9	9	9	9	9
Communication skills	9	9	9	9	9	9
Receptive of guidance	9	9	9	9	9	9
Collateral reading	9	9	9	9	9	9
Teaching quality/quantity	9	9	9	9	9	9
Patient management	9	9	9	9	9	9
Follow-up on cases (transfers/rechecks)	9	9	9	9	9	9
Client interactions	9	9	9	9	9	9
Rapport with referring veterinarians	9	9	9	9	9	9
Medical records	9	9	9	9	9	9
Adherence to hospital policies	9	9	9	9	9	9
Literature review: progress, comprehension	9	9	9	9	9	9
Technical skills						
General: ability to find and describe lesions	9	9	9	9	9	9
Slit lamp biomicroscopy	9	9	9	9	9	9
Ophthalmoscopy	9	9	9	9	9	9
Gonioscopy	9	9	9	9	9	9
ERG	9	9	9	9	9	9
Ultrasound	9	9	9	9	9	9
Photography	9	9	9	9	9	9
Surgery						
Instrument handling, use, dexterity	9	9	9	9	9	9
Pre-and post-op planning	9	9	9	9	9	9
Operating microscope	9	9	9	9	9	9
Adnexal procedures	9	9	9	9	9	9
Corneal procedures	9	9	9	9	9	9
Intraocular procedures	9	9	9	9	9	9
Case Management						
Generate problem list and rule outs	9	9	9	9	9	9

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General plan for diagnosis a/o treatment	9	9	9	9	9	9
Deliver or supervise delivery of plans	9	9	9	9	9	9
Animal Handling	9	9	9	9	9	9
Patient care	9	9	9	9	9	9
Client interactions/communications	9	9	9	9	9	9
Follow-up on cases (transfers, rechecks, post-release)	9	9	9	9	9	9
Medical records /quality and completeness	9	9	9	9	9	9
Referral letters/communications	9	9	9	9	9	9
Pathology						
Path rounds	9	9	9	9	9	9
Path slides, self-study	9	9	9	9	9	9
Personal Development						
Initiative	9	9	9	9	9	9
Reliability/dependability	9	9	9	9	9	9
Organizational skills	9	9	9	9	9	9
Tact/diplomacy	9	9	9	9	9	9
Collegiality						
Faculty	9	9	9	9	9	9
Other Residents	9	9	9	9	9	9
Students	9	9	9	9	9	9
Technicians	9	9	9	9	9	9
Secretaries/receptionists	9	9	9	9	9	9
Ethics/Professionalism	9	9	9	9	9	9
Progress towards Graduate Studies/Board Certification						
Use of elective/research time	9	9	9	9	9	9
Attendance in seminars, review, classes	9	9	9	9	9	9
Timely submission of papers/ credentials/reports	9	9	9	9	9	9
Seminars (delivery & quality)	9	9	9	9	9	9
Progress towards creative component	9	9	9	9	9	9
Publications	9	9	9	9	9	9

Comments

15.9 American College of Veterinary Ophthalmologists
Code of Ethics

(Updated by the Board of Regents, April 2010 [original: November 4, 2009])

Preamble

The Code of Ethics of the American College of Veterinary Ophthalmologists (ACVO) applies to the American College of Veterinary Ophthalmologists and its members, residents in training, and former residents making application for membership, and is enforceable by the American College of Veterinary Ophthalmologists.

A. Principles Of Ethics

The Principles of Ethics form the first part of this Code of Ethics. They are aspirational and inspirational model standards of exemplary professional conduct for all ACVO members and residents in training. They serve as goals for which ACVO members and residents in training should constantly strive. The Principles of Ethics are not enforceable.

1. Ethics in Ophthalmology.

Ethics address conduct and relate to what behavior is appropriate or inappropriate, as reasonably determined by the entity setting the ethical standards. An issue of ethics in ophthalmology is resolved by the determination that the best interests of patients and their owners are served.

2. Providing Ophthalmic Services.

Ophthalmic services must be provided with compassion, respect for animal welfare, and with honesty and integrity.

3. Competence of the Ophthalmologist.

An ophthalmologist must maintain competence. Competence can never be totally comprehensive, and therefore must be supplemented by other colleagues when indicated. Competence involves technical ability, cognitive knowledge, and ethical concerns for the patient. Competence includes having adequate and proper knowledge to make a professionally appropriate and acceptable decision regarding the patient's management.

4. Communication with the Client.

Open communication with the owner of the animal is essential.

5. Corrective Action.

If an ACVO member has a reasonable basis for believing that another person has deviated from professionally accepted standards in a manner that adversely affects patient care or from the Rules of Ethics, the ACVO member should attempt to prevent the continuation of this conduct. This is best accomplished by direct communication with the other person. When that action is ineffective or is not feasible, the ACVO member has responsibility to refer the matter to the appropriate authorities and to cooperate with those authorities in their professional and legal efforts to prevent the continuation of the conduct.

6. An ACVO member's Responsibility.

It is the responsibility of an ACVO member to act in the best interest of the patient and their owner.

7. Professional Integrity in Research.

It is the responsibility of the ACVO member ophthalmologist to maintain integrity in clinical and basic research. Professional relations with industry regarding research should advance the best interests of patients and the profession.

B. Rules of Ethics

The Rules of Ethics form the second part of this Code of Ethics. These are mandatory and are standards of minimally acceptable professional conduct for all ACVO members and residents in training. The Rules of Ethics are enforceable by the ACVO.

1. Competence. An ACVO member and/or resident in training is a veterinarian who is educated and trained to provide medical and surgical care of the eyes and related structures. An ACVO member and/or resident in training shall perform only those procedures in which they are competent by virtue of specific training or experience or are assisted by one who is. An ACVO member and/or resident in training shall not misrepresent credentials, training, experience, ability, or results (historical or anticipated).

2. Informed Consent. The performance of medical or surgical procedures shall be preceded by written informed consent.

3. Clinical Trials and Investigative Procedures. Use of clinical trials or investigative procedures shall be approved by adequate review mechanisms. Clinical trials and investigative procedures are those conducted to develop adequate information on which to base prognostic or therapeutic decisions or to determine etiology or pathogenesis, in circumstances in which insufficient information exists. Written informed consent for these procedures must recognize their special nature and ramifications.

4. Other Opinions. The owner's request for additional opinion(s) shall be respected. Consultation(s) shall be obtained if required by the condition.

5. The Impaired Ophthalmologist. A physically, mentally, or emotionally impaired ACVO member and/or resident in training shall withdraw from those aspects of practice affected by the impairment. If an impaired ACVO member and/or resident in training fails to withdraw in such circumstances, other ACVO members who know of the impairment shall take action to attempt to assure correction of the situation. This may involve a wide range of remedial actions, including reporting such failure to withdraw to appropriate authorities.

6. Pretreatment Assessment. Treatment shall be recommended only after a careful consideration of the patient's physical needs and in consideration of the owner's objectives and expectations. The ACVO member and/or resident in training must evaluate the patient and assure that the evaluation accurately documents the ophthalmic findings and the indications for treatment. Recommendation of unnecessary treatment or withholding of necessary treatment is unethical and violates this provision.

7. Medical and Surgical Procedures. An ACVO member and/or resident in training shall not misrepresent the service that is performed or the charges made for that service.

8. Procedures and Materials. An ACVO member and/or resident in training shall order only those laboratory and diagnostic procedures or pharmacological agents that are in the best interest of the patient. Ordering unnecessary procedures or materials or withholding necessary procedures or materials is unethical and violates this provision.

9. Commercial Relationships. An ACVO member and/or resident in training shall not permit the member/resident's clinical judgment and practice to be affected by economic interest in, commitment to, or benefit from professionally related commercial enterprises.

10. Communications to Colleagues. Communications to colleagues shall be accurate and truthful.

11. Communications to the Public. Communications to the public shall be accurate and truthful. They shall not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics, or other means. They shall not omit material information without which the communications would be deceptive. Communications shall not appeal to an individual's anxiety in an excessive or unfair way; and they shall not create unjustified expectations of results. If communications refer to benefits or other attributes of ophthalmic procedures that involve significant risks, then realistic assessments of their safety and efficacy shall also be included, as well as the availability of alternatives and, where necessary to avoid deception, descriptions and/or assessments of the benefits or other attributes of those alternatives. Communications shall not misrepresent an ACVO member's or resident in training's credentials, training, experience, or ability, and shall not contain material claims of superiority that cannot be substantiated.

12. Interrelations Between ACVO members and/or residents in training. Interrelations between ACVO members and/or residents in training shall be conducted in a manner that advances the best interests of the patient and client, including the sharing of relevant information.

13. Conflict of Interest. A conflict of interest exists when professional judgment concerning the well-being of the patient has a reasonable chance of being influenced by other interests of the provider. An ACVO member and/or resident in training shall disclose such a conflict of interest to patients, the public, and colleagues.

C. Administrative Procedures

The Administrative Procedures form the third part of this Code of Ethics. They provide for the structure and operation of the Professional Practice, Disciplinary and Appeals (PPDA) Committee ("Ethics Committee"). They detail procedures followed by the Committee and by the Board of Regents of the ACVO in handling inquiries or challenges raised under the Rules of Ethics. All

members of the ACVO and residents in training are required to comply with these Administrative Procedures. Failure to cooperate with the PPDA Committee or the Board of Regents in a proceeding on a challenge may be considered by the PPDA Committee and by the Board of Regents as a failure to observe these Rules of Ethics, giving rise to the procedures and sanctions described in this section.

1. Professional Practice, Disciplinary and Appeals Committee ("Ethics Committee").

(a) The Committee.

(1) The ACVO President with approval of the Board of Regents appoints three (3) ACVO Diplomates who are voting members of the ACVO to serve three (3) year, staggered terms as members of the PPDA Committee. The ACVO Public Regent serves as the fourth member of the PPDA Committee. The fifth PPDA Committee member will be the outgoing Past-president of the ACVO who will serve a one year term and will not be eligible for chairmanship of the PPDA Committee. The ACVO President makes his/her appointments to the PPDA Committee from among respected ophthalmologists who will, to the extent practicable, assure that the PPDA Committee's composition is balanced as to relative age, diversity, and experience, and as to the emphasis of the appointees upon practice, education, research, or other endeavors within ophthalmology.

(2) The ACVO President, with input from the Board of Regents, may terminate membership on the PPDA Committee at any time and for any reason. Vacancies on the PPDA Committee are filled by the ACVO President with input from the Board of Regents. PPDA Committee members are reimbursed for expenses.

(3) The PPDA Committee is responsible for:

(i) responding to each inquiry regarding ethics and, if appropriate, making a recommendation to the Board of Regents regarding action, such as the development of an advisory opinion interpreting the Rules of Ethics in this Code; (ii) investigating each challenge regarding ethics and recommending whether the Board of Regents should make a determination that an ACVO member or resident in training has failed to observe the Rules of Ethics in this Code, and recommending an appropriate sanction; (iii) serving as a resource for the ACVO, its members, and its Board of Regents regarding professional ethics and ethical issues; and (iv) assessing the Principles of Ethics, Rules of Ethics, and Administrative Procedures in this Code periodically and recommending any amendments to the Board of Regents.

(b) The Chair of the Committee. Upon nomination by the President of the ACVO, the Board of Regents appoints one (1) member of the PPDA Committee as the Committee's Chair to serve, at the will of the Board of Regents, as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of this Code of Ethics. The Board of Regents appoints as the Chair a distinguished ophthalmologist who possesses recognized integrity and broad experience. The Chair of the Committee is responsible directly

and exclusively to the Board of Regents. The Chair presides at, and participates in, all meetings and hearings of the PPDA Committee. The Chair is responsible for ensuring that these Administrative Procedures are followed. The Chair maintains liaison with entities, both public and private, which are interested or involved in medical ethics, particularly as they relate to veterinary ophthalmology.

(c) Meetings of the Committee.

Meetings of the PPDA Committee are called upon by written notice to Committee members, which notice includes a copy of the agenda for the meeting. A quorum consists of a majority of all the appointed Committee members. Voting is by majority of those present at a meeting (or by a majority of those submitting votes in a mail or e-mail vote). Mail (e-mail) voting without a meeting is permitted where all Committee members submit mail votes or abstentions. A member of the Committee must decline to participate in the consideration of, or the decision in, any matter before the Committee in which the member has a personal interest.

(d) Indemnification and Insurance. All PPDA Committee members, staff, and other individuals engaged in investigations at the written request of the Chair, are indemnified and defended by the ACVO against liability arising from PPDA Committee-related activities to the extent provided by the Bylaws of the ACVO for the Board of Regents, Officers, ACVO committee members, employees, and agents. The Board of Regents maintains indemnification insurance against such liability.

2. Inquiries and Challenges. An inquiry or challenge shall be submitted to the ACVO Executive Director who will transmit it to the PPDA chair.

(a) Preliminary Review. The PPDA Committee Chair shall preliminarily review each submission involving this Code of Ethics to consider whether it may be an inquiry (e.g., a request for issuance by the Board of Regents of an advisory opinion interpreting the Rules of Ethics in this Code) or a challenge (i.e., a request for a finding by the Board of Regents that an ACVO member or resident in training has failed to observe the Rules of Ethics in this Code). A submission involving this Code of Ethics, whether or not it is designated or phrased as an inquiry or challenge, may be construed by the PPDA Committee or its Chair as either an inquiry or a challenge in the light of information in the submission. Inquiries may be considered without regard to their means or form of submission. Challenges are not considered unless they are submitted in writing and signed by their submitters. Inquiries or challenges may be submitted by members of the public, ACVO members, other veterinarians, allied health professionals, or organizations representing any of these.

(b) Preliminary Disposition. Upon preliminary review of a submission involving this Code of Ethics, the Chair may conclude, in the Chair's sole discretion, that the submission (i) contains insufficient information on which to base an investigation or (ii) is patently frivolous or inconsequential. For example, the Chair may conclude that a submission does not present an

issue of interpretation of the Rules of Ethics in this Code adequate to constitute a valid and actionable inquiry and to justify bringing the submission before the Committee for investigation and recommendation to the Board of Regents on issuance of an advisory opinion. Similarly, the Chair may conclude that a submission does not present an issue of the failure of an ACVO member or resident in training to observe the Rules of Ethics in this Code adequate to constitute a valid and actionable challenge and to justify bringing the submission before the PPDA Committee for investigation and recommendation to the Board of Regents on a determination of failure to observe the Rules of Ethics. If the Chair so concludes, the submission is disposed of by notice from the Chair to its submitter, if the submitter is identified. Each such preliminary disposition by the Chair of a submission involving this Code of Ethics shall be reported to the PPDA Committee, ACVO President, and Board of Regents.

(c) Investigation.

(1) For each submission involving this Code of Ethics that the Chair concludes is a valid and actionable inquiry or challenge, the PPDA Committee shall conduct an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand, or corroborate the information provided by the submitter. The Chair shall supervise each investigation and may conduct an investigation personally. The Chair may be assisted in the conducting of an investigation by other PPDA Committee members.

(2) An ACVO member or resident in training who is the subject of a valid and actionable challenge shall be informed in writing at the beginning of the PPDA Committee's investigation as to:

(i) a copy of the written challenge,

(ii) the obligation to cooperate fully in the PPDA Committee's investigation of the challenge,

(iii) the opportunity to request a hearing on the challenge before the PPDA Committee,

(iv) the opportunity to be represented by counsel.

(3) Investigations involving challenges shall be conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and shall be conducted objectively, without any indication of prejudice. An investigation may be directed toward any aspect of an inquiry or challenge which is relevant or potentially relevant. The investigation may include one or more site visits and informal interviews with the ACVO member or resident in training who is the subject of the challenge.

3. Proceedings on Inquiries.

(a) Hearing on an Inquiry. In the course of an investigation involving an inquiry, the PPDA Committee may conduct a public administrative hearing to receive the views of those who are interested in, or may be affected by, issuance by the Board of Regents of an advisory opinion interpreting the Rules of Ethics in this Code. Thirty (30) days' written notice of the

hearing is given to any ACVO member and to others who, in the opinion of the PPDA Committee, may be interested in, or affected by, issuance of an advisory opinion. The notice may include a tentative proposed advisory opinion. The participation of three (3) or more PPDA Committee members is required in order to conduct this hearing. The Chair of the PPDA Committee serves as the Hearing Officer to preside at the hearing and assure that these Administrative Procedures are followed. The Hearing Officer may issue an appropriate procedural or evidentiary ruling in the course of the hearing and may be assisted by legal counsel. The Hearing Officer presents at the hearing the issues raised by the inquiry, the results of the investigation as of the time of the hearing, and any tentative proposed Committee recommendation to the Board of Regents for an advisory opinion. Information is offered through witnesses who may be assisted by legal counsel and are subject to questioning by the PPDA Committee. Any information may be considered which is relevant or potentially relevant. A transcript or audio recording of the hearing shall be made. The official record of the hearing becomes part of the investigation of the inquiry. The ACVO reserves the right to make limited or public disclosure of the outcome and/or report to licensing entities. (b) Recommendation on an Inquiry. Upon completion of an investigation involving an inquiry, the PPDA Committee may develop an advisory opinion which is submitted to the Board of Regents for approval. (c) Advisory Opinion. The Board of Regents may issue an advisory opinion interpreting the Rules of Ethics in this Code: (i) upon the recommendation of the PPDA Committee arising from an inquiry and following an investigation; or (ii) upon the recommendation of the PPDA Committee arising from its own initiative. A representative of the PPDA Committee shall present to the Board of Regents, for its review, the recommendations of the PPDA Committee and its record of the investigation. Once issued by the Board of Regents, the advisory opinion is promulgated by publication to the membership of the ACVO. Advisory opinions are compiled by the PPDA Committee; and the compilation is periodically made available to the Members of the ACVO.

4. Proceedings on Challenges.

(a) Hearing on a Challenge.

(1) In the course of an investigation involving a challenge, the PPDA Committee shall conduct a private hearing if one is requested by the ACVO member or resident in training who is the subject of the challenge or at the PPDA Committee's own initiative.

(2) The ACVO member or resident in training who is the subject of the challenge shall be given at least thirty (30) days notice of his right to request a hearing. If a hearing is requested, forty five (45) days written notice of the date, time and location of the hearing shall be given to the ACVO Member or resident in training. The subject of the challenge shall have the right to discover the documents and related information that the investigation has disclosed within 15 days of notice of the hearing date.

(3) The participation of three (3) or more PPDA Committee members

is required in order to conduct this hearing. The investigator and any PPDA Committee member who assisted substantially in the investigation of the challenge shall not participate in the hearing as a PPDA Committee member. In addition, any PPDA Committee member whose professional activities are conducted at a location in the approximate area of that of the ACVO member or resident in training who is the subject of the challenge shall not participate in the hearing as a PPDA Committee member.

(4) The Chair of the PPDA Committee may be one (1) of the three (3) or more Committee members conducting the hearing unless the Chair is disqualified by reason of circumstances described in subparagraph (a) (3) above. Those PPDA Committee members participating in the hearing shall elect from their number a Hearing Officer to preside at the hearing and assure that these Administrative Procedures are followed.

(5) The Hearing Officer may issue any appropriate procedural or evidentiary rulings in the course of the hearing and may be assisted by legal counsel. The Hearing Officer shall summarize for the PPDA Committee the results of the investigation as of the date of the hearing that are believed to support a finding that the ACVO member or resident in training has failed to observe the Rules of Ethics, and may make such other introductory factual remarks as the Hearing Officer deems appropriate.

(6) A person designated by the PPDA Committee shall present the facts establishing that the ACVO member has failed to observe the Rules Ethics, including documentary evidence and the testimony of witnesses. Those witnesses shall be available in person or by telephone for questioning by the members of the PPDA Committee and by the ACVO member or resident in training.

(7) The ACVO member or resident in training subject to the challenge may be assisted at the hearing, at their sole cost and expense, by legal counsel or other representative selected by the ACVO member or resident in training. The ACVO member or resident in training may present documentary evidence and the testimony of witnesses in the ACVO member's defense. Any information may be considered which is relevant or potentially relevant. The ACVO member or resident in training may submit a written statement at the close of the hearing.

(8) A transcript or audio recording of the hearing shall be made. The hearing is closed to all except the PPDA Committee, the Chair, the member or resident in training who is the subject of the challenge, their respective witnesses (when testifying and at other times as determined by the Hearing Officer), legal counsel for either side or, in the case of the ACVO member, other representative, staff, and official reporter. The official record of the hearing shall become a part of the record of the investigation of the challenge. (b) Recommendations on a Challenge. Upon completion of an investigation involving a challenge, the PPDA Committee shall determine whether it will recommend to the Board of Regents whether the ACVO member or resident in training has failed to observe the Rules of Ethics in this Code. (1) When the PPDA Committee recommends a determination by the Board of Regents of non-observance of the Rules of Ethics

of this Code, the PPDA Committee also shall recommend imposition by the Board of Regents of an appropriate sanction. A copy of all recommendations and a statement of the basis for all recommendations shall be provided in writing to the ACVO member or resident in training within sixty (60) days from the conclusion of any hearing. Such written recommendations shall be sent to the Board of Regents at the same time as transmitted to the ACVO member or resident in training.

(2) When the PPDA Committee recommends a determination by the Board of Regents of non-observance of the Rules of Ethics of this Code, this determination shall be presented by a representative of the PPDA Committee to the Board of Regents along with the record of the PPDA Committee's investigation.

(3) If the PPDA Committee recommends against a determination of non-observance of the Rules of Ethics of this Code, the challenge shall be dismissed, with written notice to the member or resident in training who is the subject of the challenge and to the submitter of the challenge, and a summary report shall be made to the Board of Regents. In the sole discretion of the PPDA Committee and with the written consent of the ACVO member or resident in training who was the subject of the challenge, the PPDA Committee may recommend to the Board of Regents that the fact of the dismissal of the challenge (and, in appropriate cases, the reasons for the dismissal) be publicized. The Board of Regents may, in its sole discretion, determine the nature, extent and manner of such publicity.

(4) Alternative Disposition. Before the PPDA Committee makes any recommendation to the Board of Regents as to a determination that an ACVO member or a resident in training has failed to observe the Rules of Ethics in this Code, the PPDA Committee may extend to the ACVO member or resident in training an opportunity to submit a written proposed alternative disposition of the matter in whole or in part upon terms and conditions suggested by the PPDA Committee. Such submission by the ACVO member or resident in training shall in all cases include a written assurance by the ACVO member or resident in training that the possible non-observance has been terminated and will not recur. The decision of the PPDA Committee on whether to extend such an opportunity is entirely within the PPDA Committee's discretion, based upon its investigation of the challenge and upon its assessment of the nature and severity of the possible non-observance. If an opportunity to submit a proposed alternative disposition is extended by the PPDA Committee, an alternative disposition will be considered only if the ACVO member or resident in training submits to the PPDA Committee the proposed written alternative disposition within thirty (30) days of the date of the PPDA Committee's notice to the ACVO member or resident in training that it is extending such an opportunity. If the ACVO member or resident in training timely submits a proposed alternative disposition that is accepted by both the Board of Regents and PPDA Committee, the matter shall be resolved on the basis of the alternative disposition, and written notice shall be given to the submitter of the challenge, only if the submitter agrees in advance and in writing to maintain the information in confidence.

(c) Determination of Non-Observance of the Rules of Ethics of this Code. The Board of Regents shall make within ninety (90) days from receiving the PPDA Committee's recommendations, the determination whether an ACVO member or resident in training has failed to observe the Rules of Ethics in this Code, and the Board of Regents shall impose an appropriate sanction. In making this determination, the Board of Regents shall review the recommendation of the PPDA Committee based upon the record of the investigation. The Board of Regents may accept, reject, or modify the PPDA Committee's recommendation, either with respect to the determination of non-observance or with respect to the sanction. If the Board of Regents makes a determination of non-observance, this determination and the imposition of a sanction shall be promulgated by written notice to the affected ACVO member or resident in training and to the submitter of the challenge, if the submitter agrees in advance and in writing to maintain in confidence whatever portion of the information is not made public by the Board of Regents. Additional publication occurs only to the extent provided in the sanctions themselves. If the Board of Regents does not make a determination of non-observance, or if the Board of Regents fails to provide a written notice of non-observance within ninety (90) days from receiving the PPDA Committee's recommendations, the challenge shall be dismissed, with notice to the affected ACVO member or resident in training and to the submitter of the challenge. (d) Sanctions Imposed Against an ACVO member. Any of the following sanctions may be imposed by the Board of Regents upon an ACVO member who, the Board of Regents has determined, has failed to observe the Rules of Ethics in this Code. The sanction applied must reasonably relate to the nature and severity of the nonobservance, focusing upon reformation of the conduct of the ACVO member or resident in training and deterrence of similar conduct by others:

- (1) Reprimand to the ACVO member, with publication of the determination and with or without publication (at the discretion of the Board of Regents) of the ACVO member's name;
- (2) Suspension of the ACVO member from the College for a designated period, with publication of the determination and with or without publication (at the discretion of the Board of Regents) of the ACVO member's name. ACVO members who are suspended are deprived of all benefits and incidents of membership during the period of suspension; or
- (3) Termination of ACVO membership Status, with publication of the determination and of the ACVO member's name. ACVO members whose membership has been terminated may not reapply for membership in any class.
- (4) In addition to and not in limitation of the foregoing, in any case in which the Board of Regents determines that an ACVO member has failed to observe the Rules of Ethics, the Board of Regents may impose the further sanction that the ACVO member shall not be entitled to sponsor, present, or participate in a lecture,

poster, film, instruction course, panel, or exhibit booth at any meeting or program of or sponsored by the ACVO:

(A) for a period of up to five (5) calendar years from and after the effective date a sanction described in clauses (1) or (2) of this paragraph is imposed for the first time upon the ACVO member; or

(B) at any time from and after the effective date a sanction described in clauses (1) or (2) of this paragraph is imposed for a second time upon the ACVO member; or

(C) at any time from and after the effective date a sanction described in clause (3) of this paragraph is imposed upon the ACVO member.

(5) If the ACVO member is suspended or terminated with publication of the ACVO member's name, and the appeal (if any) sustains the determination on which the sanction is based, the Board of Regents may authorize the PPDA Committee to communicate the determination and transfer a summary or the entire record of the proceeding on the challenge to an entity engaged in the administration of law or a governmental program for the regulation of the conduct of veterinarians, provided, however, that the entity is a federal or state administrative department or agency, law enforcement agency, veterinarian licensing authority, medical quality review board, professional peer review committee, or similar entity. The Chair of the PPDA Committee may appear if requested as a witness in a proceeding that relates to the subject matter of the challenge.

(e) Sanctions Imposed on Residents in Training. Any of the following sanctions may be imposed by the Board of Regents upon an ACVO resident in training who, the Board of Regents has determined, has failed to observe the Rules of Ethics in this Code. The sanction applied must reasonably relate to the nature and severity of the non-observance, focusing upon reformation of the conduct of the resident in training and deterrence of similar conduct by others:

(1) Reprimand to the resident in training, with publication of the determination and with or without publication (at the discretion of the Board of Regents) of the resident in training's name.

(2) Suspension of the resident in training from the residency for a designated period, with publication of the determination and with or without publication (at the discretion of the Board of Regents) of the resident in training's name. A resident in training shall not be permitted to take the certification examination of the ACVO during the period of suspension; or

(3) Termination of the resident in training from the residency, with or without publication (at the discretion of the Board of Regents) of the resident in training's name. A resident in training who has been terminated from the residency shall not be permitted to take the certification examination of the ACVO.

(f) Confidentiality. Except in the instance of communication of the determination and transferal of the record as provided for in subparagraph (d) (5), or in the instance of request of the record by the ACVO member or resident in training who was the subject of

the challenge, the entire record, including the record of any appeal, shall be sealed by the PPDA Committee and the Board of Regents, and no part of it shall be communicated to any third parties by the members of the Board of Regents, the members of any appellate body, the members of the PPDA Committee, the staff or any others who assisted in the proceeding on the challenge.

(g) Appeal.

(1) An ACVO member or resident in training must file a written notice of appeal with the President of the Board of Regents within thirty (30) days of the date of the written notice transmitted by the Board of Regents that the affected ACVO member or resident in training has failed to observe the Rules of Ethics in this Code and of imposition of a sanction.

(2) Upon notice of appeal, the Board of Regents shall establish an appellate body consisting of at least three (3), but not more than five (5), Diplomates who are voting members of the ACVO and who did not participate in the PPDA Committee's investigation or in the Board of Regents' determination. The appellate body shall conduct a review and render its judgment on the appeal within ninety (90) days after receipt of the notice of appeal.

(3) The purpose of the appeal is to provide an objective review of the original challenge, the investigation and recommendation of the PPDA Committee, the determination of the PPDA Committee, and the determination of the Board of Regents, but not, however, the sanction imposed.

(4) The appeal is limited to a review of the PPDA Committee and the Board of Regents' application of the Rules of Ethics in this Code to the facts established in the investigation of the challenge and to a review of the procedures followed to ascertain whether they were consistent with those detailed in these Administrative Procedures. An appeal may not take into consideration any matters not included as part of the record of the PPDA Committee's investigation and the Board of Regents' determination. The appeal consists of a review by the appellate body of the entire record of the proceeding on the challenge and written appellate submission of the Board of Regents and of ACVO member or resident in training who was the subject of the challenge. Written appellate submissions and any reply submissions may be made by authorized representatives of the ACVO member and of the Board of Regents. Submissions are made according to whatever schedule is established by the appellate body.

(5) The decision of the appellate body, including a statement of the reasons for the decision, is reported to the Board of Regents and the ACVO member or resident in training. The decision is binding upon the Board of Regents, the ACVO member or resident in training who is subject of the challenge, the PPDA Committee and all other persons.

(g) (H?) Resignation. If an ACVO member who is the subject of a challenge resigns from the College at any time during the pendency of the proceeding of the challenge, the challenge shall be dismissed without any further action by the PPDA

Committee, the Board of Regents or an appellate body established after an appeal; the entire record shall be sealed; and the ACVO member in question may not reapply for membership in any class. The Board of Regents may authorize the PPDA Committee to communicate the fact and date of resignation, the name and address of the ACVO member who resigned and the fact that a challenge pursuant to the Code of Ethics was pending at the time of the resignation. Such communications shall not reveal the nature of the challenge. In addition, the Board of Regents may authorize the PPDA Committee to communicate the fact and date of resignation, and the fact and general nature of the challenge on which a proceeding was pending at the time of the resignation, to, and at the request of, an entity engaged in the administration of law or the regulation of the conduct of veterinarians, in a proceeding that relates to the subject matter of the challenge, provided; however, that entity is a law enforcement agency, veterinarian licensing authority, medical quality review board, professional peer review committee or similar entity.

15.10 Ophthalmology & hospital protocols:

OPHTHALMOLOGY RESIDENCY PROTOCOL

2012

Revised 4.5.12dw

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 ACVO board certification process. The Iowa State University program is designed to fulfill the guidelines for residency training as established by the American College of Veterinary Ophthalmologists and is an ACVO approved residency. The program will partially fulfill the requirements for certification by the American College of Veterinary Ophthalmologists. Being accepted into or completing an ACVO residency program does not affirm or guarantee that the resident will have credentials accepted by the ACVO, nor does it guarantee or imply that the resident will be successful in completing the ACVO certifying examination.

1. Faculty and support staff

R. David Whitley, DVM, MS, Diplomate ACVO. Professor and Section Chief of Comparative Ophthalmology. Dr. Whitley is a native of Alabama and received his DVM degree from Auburn University in 1977. He completed a small animal internship at the University of Missouri in 1978 and entered a residency program at the University of Florida in 1978. He completed a Master's degree at Auburn University and joined the faculty at the University of Wisconsin in 1982. He returned to the University of Florida, where he was a tenured associate professor before becoming professor at Auburn University in 1989. In 2008, Dr. Whitley joined the faculty at Iowa State University.

Rachel A. Allbaugh, DVM, MS, Diplomate ACVO, Assistant 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 as an assistant professor.

Gil Ben-Shlomo, DVM, PhD, Assistant Professor

Dr. Ben-Shlomo grew up in Jerusalem and served in the Israeli Army from 1988 to 1993. He earned his DVM from the Hebrew University in Israel in 1999. Dr. Ben-Shlomo was in private practice in Jerusalem from 1999 to 2002. He earned a PhD from the Koret School of Veterinary Medicine at the Hebrew University in 2008. He completed residency training at the University of Florida in 2010 and joined the faculty at Iowa State University.

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.

2. **Clinical ophthalmology**

In the 3-year program the resident will spend a maximum of 85% (133 weeks) of their time on clinics (15% (23) weeks off-clinics). ACVO 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 on Tuesdays and Thursdays. 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.

3. **Surgery**

Ophthalmology residents are expected to follow all established surgical protocols and SOP's for the surgery theater 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.

Early in the residency, trainees will assist faculty members on clinical cases. You should read Eisner, Eye Surgery text and Nasisse, 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 will take at least 12-18 months.

For surgical practice:

- A. Dog and cat heads can be acquired from the junior surgery 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. 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(s) 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. The anesthesia student should be contacted by the emergency desk staff. 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 radiologist 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 should 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 especially those going to general anesthesia and surgery.
- 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 diplomate(s). A program evaluation form must be completed by the resident and forwarded to the ACVO Residency Committee Chairperson every 6 months. These forms are available on the ACVO web site (www.acvo.org). Continuation into the 2nd and 3rd years of your residency is contingent upon satisfactory performance evaluations.

10. **Literature review:**

The ACVO requires that a minimum of 2 hours a month be spent on reviewing journal articles. We will have journal/ literature review approximately every other Friday morning from 8:00-9:00 AM except for the weeks histopathology training occurs. It is the resident's responsibility to present and critically evaluate the paper(s) being reviewed.

11. **Histopathology training:**

ACVO requires a minimum of 1 hour of histopathology training per month. We will have histopathology rounds one Friday per month from 8:00am to 9:00am. The pathology review is supervised by a pathology faculty member, usually either Dr. Elizabeth Whitley or Dr. Joe Haynes, 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. **ACVO species case log:**

A resident is required to keep a species case log. 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 program evaluation form at 6-month intervals.

14. **ACVO 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 and 7) location surgery performed if other than primary location. Surgeries done under the guidance of another resident or non ACVO diplomate can be entered as such in the detailed log but no level should be noted and those surgeries should not be included in the surgical log summary. 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. The entire log must be submitted at the end of your residency. The ACVO website contains surgical training recommendations.

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 assistance or direct supervision.

Level 3: The procedure is performed by the resident without diplomate assistance.

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 participate in the Residents Forum at least once during the course of your residency.

16. **Teaching requirements:**

The resident is expected to prepare and present at least one didactic lecture to the third-year students. 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 presentations at student club meetings and the veterinary technician conference 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 usually present 1 to 2 seminars 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 Residents Forum.

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 results of a project, a retrospective study, a prospective study, a clinical trial, or a series of cases. Both manuscripts must be submitted for publication prior to completion of the residency program.

20. **ACVO Submissions:**

In order to qualify for examination the resident should refer to the published requirements of the college. **It is solely the responsibility of the resident to submit any material and fees required by the specialty college for registration, credentials applications or board examinations.**

www.acvo.org/new/residents/resources/resident_resources.shtml