Iowa State University
Department of Veterinary Clinical Sciences Ophthalmology Residency Program

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 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 Drs. Rachel Allbaugh and Gil Ben-Shlomo along with other 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.

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.

5.0 **House Officer Presentations & Rounds Programs**

The VCS Department 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 VCS Seminar/Rounds Program requires attendance and participation by all House Officers while participation in other rounds is program dependent.

5.1 The **VCS 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 Chief Resident.

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 Leader 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 **VCS 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 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 20 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 15.6*)

5.1.5 **VCS 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.

5.1.5.2 Topic selection should be focused and approved by the House Officer’s advisor well 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 15.7*)

5.2 Seminar/Rounds Schedule and participation requirement:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Frequency:</th>
<th>Commitment:</th>
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<tbody>
<tr>
<td>VCS Seminar/Case Presentation</td>
<td>weekly (Thursday 8 a.m.)</td>
<td>required</td>
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<tr>
<td>Service Resident Rounds</td>
<td>per service per program</td>
<td>required</td>
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<tr>
<td>Service Rounds w/students</td>
<td>Two hours per month</td>
<td>required</td>
</tr>
<tr>
<td>Journal /Literature Review</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>encouraged</td>
</tr>
<tr>
<td>Radiology-Pathology Rounds</td>
<td>monthly (Tuesday 8 a.m.)</td>
<td>encouraged</td>
</tr>
<tr>
<td>Evidence based medicine Rounds</td>
<td>bimonthly (Tuesday 8 a.m.)</td>
<td>encouraged</td>
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<tr>
<td>Morbidity/Mortality Rounds</td>
<td>monthly</td>
<td>encouraged</td>
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<tr>
<td>Textbook Review Session</td>
<td>1 hour every month</td>
<td>required</td>
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<tr>
<td>Ocular Histopathology Rounds</td>
<td>2 to 5 hrs. every 4 to 8 weeks</td>
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<tr>
<td>Surgical Practice</td>
<td>weekly (Friday 8 a.m.)</td>
<td>encouraged</td>
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<tr>
<td>Student Grand Rounds</td>
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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 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 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 applications or board examinations. See abvo.us website navigation notes above 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)

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:*

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<tr>
<td>75-85%</td>
<td>75%</td>
<td>75%</td>
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<tr>
<td>About 39-44 weeks clinic duty</td>
<td>39 weeks on clinic duty</td>
<td>39 weeks on clinic duty</td>
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<tr>
<td>6-11 weeks Research and study</td>
<td>11 weeks Research and study</td>
<td>11 weeks Research and study</td>
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<tr>
<td>2 wks vacation</td>
<td>2 wks vacation</td>
<td>2 wks vacation</td>
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</tbody>
</table>
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. (see section 5)
8.1.4 The resident will present 1 seminar 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 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.
8.1.8 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.
8.1.9 The resident is encouraged to prepare a research proposal; review it with his/her faculty mentor, and submit it for funding consideration.
8.1.10 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 above.
8.2.2 The resident will present 1 seminar and 1 case report (to faculty and house officers) on topics of interest to the resident in the VCS Seminar/Rounds sessions.
8.2.3 The resident will submit one paper suitable for publication to their advisor by March 1. Topic considerations should be discussed with his/her mentor prior to working on the manuscript.
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 a course offered to veterinary students. 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 Number of weeks and type of training detailed above.

8.3.2 The resident will submit one paper suitable for publication to their mentor by March 1.

8.3.3 The resident will present 1 seminar and 1 case report (to faculty and house officers) on topics of interest to the resident in the VCS Seminar/Rounds sessions.

8.3.4 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.

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

8.3.6 The resident is required to give at least 1 hour of didactic instruction in a course offered to veterinary students. The resident is also expected to teach in the senior clinical rotations, and in other ophthalmic didactic courses and labs as assigned.

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 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.
   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 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 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 to discuss their progress. A summary of the discussion will be signed by both advisor and resident.

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 specified date for follow-up evaluation.

11.2.1.3 A description of consequences if the action items are not completed by the designated timeline.
11.2.2 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).

11.3 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/hrd/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 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, 1600 South 16th Street, Ames, Iowa 50011-1250. (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

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
15.8 House Officer Evaluation Form
15.9 Ophthalmology Residency Protocol
15. Faculty in Support of the Residency Programs:

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

**Anesthesiology**
Stefano Di Concetto, DVM, Diplomate ACVAA
Dean H. Riedesel, DVM, PhD, Diplomate ACVA
Bonnie H. Kraus, DVM, Diplomate ACVS, Diplomate ACVAA
Jennifer Bornkamp, DVM

**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)
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
Lisa Olsen, DVM, Diplomate ACVECC

**Internal Medicine**
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)
Jean-Sebastien Palerme, DVM, Diplomate ACVIM (Internal Medicine)
Brett Sponseller, DVM, PhD, Diplomate ACVIM-LA
Laura Van Vertloo, DVM, Diplomate ACVIM (Internal Medicine)
David Wong, DVM, MS, Diplomate ACVIM-LA, ACVECC

**Neurology**
Rodney Bagley, DVM, Diplomate ACVIM (Neurology), Department Chair (practice limited to consultation)
Nicholas Jeffery, BVSc PhD, Diplomate ECVN, ECVS, FRCVS (spinal surgery)

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

**Primary Care**
Bianca Zaffarano, DVM
Brenda Mulherin, DVM, Diplomate AVDC
June Olds, DVM
Bryce Kibbel, DVM
Joyce Carnevale

**Surgery -SAS**
Karl Kraus, DVM, Diplomate ACVS
Mary Sarah Bergh, DVM, MS, Diplomate ACVS-SA, Diplomate ACV Sports Medicine
Cheryl Hedlund, DVM, MS, Diplomate ACVS
William D. Hoefle, DVM, MS, Diplomate ACVS
Louisa Ho, DVM
James P. Toombs, DVM, MS, Diplomate ACVS

**Surgery – Equine**
Scott McClure, DVM, PhD, Diplomate ACVS
Larry Booth, DVM, MS, Diplomate ACVS
Stephanie Caston, DVM, Diplomate ACVS-LA
Kevin Kersh, DVM, Diplomate ACVS-LA

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

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

2. 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).

3. 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.

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

** The ophthalmology resident must also abide by and adhere to the American College of Veterinary Ophthalmologists (ACVO) Code of Ethics found on the acvo.org website under the “ACVO Diplomates” and then “Members” tabs or directly at:

**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:

<table>
<thead>
<tr>
<th>Problem Reported</th>
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<tr>
<td>Hospital Director to notify House officers service faculty mentor &amp; advisor</td>
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<table>
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<tr>
<th>Problem Investigated</th>
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<tr>
<td>Service faculty mentor meets with House Officer</td>
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<tr>
<td>Service faculty mentor discusses with advisor</td>
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<table>
<thead>
<tr>
<th>Problem Discussed</th>
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<tbody>
<tr>
<td>Faculty Advisor meets with House Office to discuss</td>
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<tr>
<td>Advisor offers suggestions how to avoid similar problems in the future</td>
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<th>Advisor Reports</th>
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<tr>
<td>Episode to HO Program Director</td>
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<td>Outcome to Hospital Director</td>
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<th>Unresolved Problem</th>
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<td>HO Program Director or Hospital Director reports to HO Committee Leader</td>
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<tr>
<th>HO Committee Leader</th>
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<tbody>
<tr>
<td>No Further action or</td>
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<tr>
<td>Committee Discussion</td>
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<td>• HO Committee Discussion</td>
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<tr>
<th>Resolution</th>
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<tbody>
<tr>
<td>Protocol established</td>
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<tr>
<td>Corrective action taken</td>
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<tr>
<td>Continuation in program discussed</td>
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<table>
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<tr>
<th>Resolution Reported or Unresolved</th>
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<tbody>
<tr>
<td>To Dept. Head (program' issues)</td>
</tr>
<tr>
<td>To Hospital Director (hospital issues)</td>
</tr>
</tbody>
</table>
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 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: www.provost.iastate.edu/COI/

APPROVALS

Department Chair/Unit Director

College Dean
15.5 Leave authorization forms are available in the VCS office. See Dr. Rachel Allbaugh for “Supervisor” signature of absence requests. Keep the pink triplicate copy for your records and Dr. Allbaugh will submit the white and yellow copies to the VCS 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 **out-rotation** is similar:

1. Approved out-rotations are considered authorized leave.
2. Notify advisor and program director well in advance of your intent to participate in an out-rotation.
3. Organize the rotation with an approved program and mentor at the out-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 rotation.
5. 15.6 VCS House Officer Rounds
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: ________________________________
15.7 **Seminar evaluation:**

**VCS Seminar Evaluation**

**Presenter:** __________________________ Date: __________________________

**Audience:**

Title/Topic: _______________________________________________________

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<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>
<td>_________</td>
</tr>
<tr>
<td>2. Organization:</td>
<td>0-15 pts</td>
<td>_________</td>
</tr>
<tr>
<td>3. Quality of material, scientific depth</td>
<td>0-15 pts</td>
<td>_________</td>
</tr>
<tr>
<td>4. Presence: Speaking ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Clarity</td>
<td>0-10 pts</td>
<td>_________</td>
</tr>
<tr>
<td>b. Rate of delivery</td>
<td>0-10 pts</td>
<td>_________</td>
</tr>
<tr>
<td>c. Enthusiasm, expressiveness, mannerisms</td>
<td>0-10 pts</td>
<td>_________</td>
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<tr>
<td>5. Visual aids: slides &amp; text, images, graphs</td>
<td>0-10 pts</td>
<td>_________</td>
</tr>
<tr>
<td>6. Appropriate summary?</td>
<td>0-5 pts</td>
<td>_________</td>
</tr>
<tr>
<td>7. Presentation consistent with audience level?</td>
<td>0-10 pts</td>
<td>_________</td>
</tr>
<tr>
<td>8. Questions/discussion handled appropriately?</td>
<td>0-10 pts</td>
<td>_________</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>_________</td>
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**Comments:** ______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Evaluator: __________________________
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

Professional Ability

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

Progress Toward Boards

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<th></th>
<th>CURR</th>
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<tr>
<td>Independent Study</td>
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<td>Awareness of Current Literature</td>
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<td>Attendance at Seminars and Rounds</td>
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<tr>
<td>Presentations at Seminars and Rounds</td>
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<tr>
<td>Progress in Resident Project</td>
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<td>Publications</td>
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Remarks:
### Personal Characteristics

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

### Hospital Service

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

### Summary

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<tr>
<th></th>
<th>CURR</th>
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<tbody>
<tr>
<td>Overall Resident Evaluation</td>
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### Miscellaneous Comments and Constructive Suggestions for Improvement:
Updated 2015 CSH

15.9 Ophthalmology Residency Protocol

OPHTHALMOLOGY RESIDENCY PROTOCOL
2015

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, 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, Diplomate ACVO, Diplomate ECVO, Assistant 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.

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 (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.

3. **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 feed-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. 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 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)