



## Elective Ophthalmology Curriculum

NGMC- Family Medicine Residency Program  
Gainesville, Ga

PGY: 1, 2, 3

### Description of Rotation:

This is a one-month ophthalmology experience with direct supervision by an ophthalmologist. The goal of this rotation is to give residents the opportunity to work one-on-one with a subspecialty attending, with the goal of obtaining competence in the diagnosis and management of commonly occurring ocular disorders as well as treatment of ocular emergencies.

### Overall Goals of Ophthalmology Rotation:

- Review diagnosis, management, and appropriate referral criteria for common eye problems.
- Learn how to help patients and their family members adjust to acute or chronic ocular illnesses that may significantly affect daily life and family function.
- Learn how to maximize visual function through the control of environmental factors, management of disease and preventive care.
- Learn how to minimize deterioration of ocular function through the initiation of appropriate treatment, including rapid referral when necessary.
- Learn when social/psychological intervention is appropriate in patients with ocular dysfunction.

**Location(s):** Gainesville Eye, 2061 Beverly Rd, Gainesville, GA 30501 (Surgery Center is around back)

**Preceptor(s):** Zach R. Balest, MD  
Clayton G. Blehm, MD

Lori C. Lebow, MD  
Jack M. Chapman, MD

Jeffrey Crowder, MD

### Sample PGY2 Rotation Schedule

M	T	W	TH	F	Sat	Sun
Ophthalmology Clinic	FM clinic	FM Clinic	Ophthalmology Surgery Ctr	Ophthalmology Clinic	Call eligible	Call eligible
Ophthalmology Clinic	FM Clinic	Didactic Half Day	Ophthalmology Surgery Ct	Ophthalmology Clinic	Call eligible	Call eligible

### Sample PGY3 Rotation Schedule

M	T	W	TH	F	Sat	Sun
Ophthalmology Clinic	FM clinic	Ophthalmology Clinic	Ophthalmology Surgery Ctr	FM Clinic	Call eligible	Call eligible
Ophthalmology Clinic	FM Clinic	Didactic Half Day	Ophthalmology Surgery Ctr	FM clinic	Call eligible	Call eligible



<b>Patient Care:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Develop skills that allow for compassionate, appropriate, and effective care of pediatric and adult patients with ocular illness and dysfunction while integrating evidence-based medicine and local standards of care.
1-3	Recognize the importance of the role of support systems in the health of patients with ocular disease.
1-3	Recognize the effects of loss of visual function.
1-3	Develop and demonstrate a supportive and compassionate approach to the care of the patient with ocular disease, especially in the case of someone with deteriorating vision.
1-3	Under direct supervision, perform the following procedures that are generally performed while on ophthalmology rotation and the number needed to document: <ul style="list-style-type: none"> <li>• Tests of visual acuity, visual fields, and test for ocular motility (3)</li> <li>• Direct ophthalmoscopy (5)</li> <li>• Fluorescein staining of the cornea (3)</li> <li>• Tonometry (2)</li> <li>• Slit lamp examination (2)</li> <li>• Eye exam for foreign body (1)</li> </ul>
1-3	Formulate a plan of management, investigation and need for expert advice with an awareness of the risks and costs of the investigation and the value of the information that will be obtained.
1-3	Appropriately utilize diagnostic tests and medications.
1-3	Manage and coordinate psychosocial and family issues, including long-term care of debilitating ocular conditions, necessary environmental adaptation and use of community resource.

<b>Medical Knowledge Objectives and Competencies:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Demonstrate an understanding of the role of the ophthalmic consultant, including identifying the different roles of ophthalmologists, optometrists, and opticians.
1-3	Develop a basic knowledge of the following areas relevant to the management of ophthalmic diseases and apply that knowledge to provide the most appropriate patient care: <ol style="list-style-type: none"> <li>a. Normal anatomy, physiology, development of aging of the eye and ocular function</li> <li>b. Psychological and adaptive needs of patients with chronic ocular deterioration</li> <li>c. Effects of drugs and toxins on ocular function and disease</li> <li>d. Effects of ocular drugs on systemic function</li> <li>e. Understanding of the ocular disability of elderly patients and the importance of regular assessment and maintenance of functional</li> <li>f. Ocular complications of systemic illness</li> <li>g. Guidelines for appropriate intervals for vision evaluation from birth to senescence</li> <li>h. Implications of recommendation for refractive eye surgery</li> <li>i. Prevention of eye injury and vision loss</li> </ol>
1-3	Develop the knowledge to formulate an initial diagnosis, manage, and provide appropriate referral criteria for common eye problems: <ol style="list-style-type: none"> <li>a. Refractive errors – nearsightedness (myopia), farsightedness (hyperopia), and presbyopia</li> <li>b. Skin and adnexal disorders</li> <li>c. Infections – hordeolum, preseptal cellulitis, orbital cellulitis, dacrocystitis</li> <li>d. Eyelid disorders – Entropion, extropion, ptosis</li> <li>e. Benign tumors – milia, papilloma, keratoacanthoma, nevus, xanthelasma, dermoid</li> <li>f. Malignant tumors – basal cell carcinoma, squamous cell carcinoma, lymphoma, malignant</li> </ol>



	<p>melanoma, and retinoblastoma</p> <p>g. Conjunctival disorders</p> <ul style="list-style-type: none"> <li>i. Conjunctivitis – viral, herpes simplex, herpes zoster, keratitis, bacterial, allergic</li> <li>ii. Conjunctival nevus – pterygium, pinguecula</li> <li>iii. Conjunctival tumors</li> </ul> <p>h. Corneal diseases</p> <ul style="list-style-type: none"> <li>i. Superficial trauma/infections – corneal abrasion, keratitis, corneal ulcers</li> <li>ii. Dry eye and associated diseases</li> </ul> <p>i. Iritis – unequal pupils, afferent papillary defect, adie’s pupil, homer’s syndrome</p> <p>j. Cataracts</p> <p>k. Glaucoma</p> <p>l. Retinal disease</p> <ul style="list-style-type: none"> <li>i. Associated with visual loss – central retinal vein occlusion, branch retinal vein occlusion, central retinal artery occlusion, retinal detachment, and vitreous hemorrhage.</li> <li>ii. Associated with medical conditions – hypertension, diabetes mellitus.</li> <li>iii. Macular degeneration</li> <li>iv. Age-related changes</li> </ul> <p>m. Optic nerve disorder</p> <p>n. External muscular disorders – cranial nerve palsies</p> <p>o. Trauma – blunt, penetrating</p>
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Interpersonal and Communication Skills:	
PGY level	By the end of the rotation, the resident will:
1-3	Develop rapport and builds therapeutic relationships with patients (ICS-1)
1-3	Communicate effectively with patients and families. (ICS-1)
1-3	Communicate effectively with physician colleagues at all levels (ICS-2)
1-3	Communicate effectively with all non-physician members of the health care team to ensure comprehensive and timely care of patients. (ICS-3)
1-3	Present information concisely and clearly both verbally and in writing on patients. (ICS-2,3)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will:
1-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
1-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
1-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2);

Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will:
1-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-2)
1-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2,3)



1-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-1);
1-3	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-1)
1-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will:
1-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1,2)
1-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-2)
1-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-2)
1-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	

Procedures/Skills Taught (PC5)	
Slit eye exam	Retinal Exam

Residency Outcomes
Assess priorities of care for individual patients across the continuum of care—in-office visits, emergency, hospital, and other settings-- balancing the preferences of patients and medical priorities
Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities
Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve

Supervision/Evaluation:
Resident will work one-on-one and be supervised by a board-certified Ophthalmology specialist. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Resources:
<a href="https://store.aao.org/basic-ophthalmology-essentials-for-medical-students-tenth-edition.html">https://store.aao.org/basic-ophthalmology-essentials-for-medical-students-tenth-edition.html</a>
Vaughan & Asbury's General Ophthalmology, 19e Paul Riordan-Eva, James J. Augsburger <a href="https://accessmedicine.mhmedical.com/Book.aspx?bookid=2186">https://accessmedicine.mhmedical.com/Book.aspx?bookid=2186</a>
Ophthalmology: introduction. Usatine R.P., & Smith M.A., & Mayeaux, Jr. E.J., & Chumley H.S.(Eds.), (2019). The Color Atlas and Synopsis of Family Medicine, 3e. McGraw Hill. <a href="https://accessmedicine.mhmedical.com/content.aspx?bookid=2547&amp;sectionid=206779108">https://accessmedicine.mhmedical.com/content.aspx?bookid=2547&amp;sectionid=206779108</a>