

1 **ACGME Program Requirements for Fellowship Education**
2 **In Ophthalmic Plastic and Reconstructive Surgery**

3
4 **Common Program Requirements are in BOLD**

5
6 Effective: September 13, 2009
7

8 Introduction

9
10 Int.A. Definition and Scope of the Subspecialty

11
12 The goal of fellowship education in ophthalmic plastic and reconstructive surgery
13 is to complement the basic knowledge gained in the ophthalmology residency
14 program and to provide greater exposure to a variety of diseases and ophthalmic
15 plastic and reconstructive procedures.
16

17 Int.B. Duration of Education

18
19 The length of the educational program must be 24 months of full-time education.
20

21 **I. Institutions**

22
23 **I.A. Sponsoring Institution**

24
25 **One sponsoring institution must assume ultimate responsibility for the**
26 **program, as described in the Institutional Requirements, and this**
27 **responsibility extends to fellow assignments at all participating sites.**
28

29 **The sponsoring institution and the program must ensure that the program**
30 **director has sufficient protected time and financial support for his or her**
31 **educational and administrative responsibilities to the program.**
32

33 **I.B. Participating Sites**

34
35 **I.B.1. There must be a program letter of agreement (PLA) between the**
36 **program and each participating site providing a required**
37 **assignment. The PLA must be renewed at least every five years.**
38

39 **The PLA should:**

40
41 **I.B.1.a) identify the faculty who will assume both educational and**
42 **supervisory responsibilities for fellows;**
43

44 **I.B.1.b) specify their responsibilities for teaching, supervision, and**
45 **formal evaluation of fellows, as specified later in this**
46 **document;**
47

48 **I.B.1.c) specify the duration and content of the educational**
49 **experience; and,**
50

- 51 **I.B.1.d) state the policies and procedures that will govern fellow**
52 **education during the assignment.**
53
- 54 **I.B.2. The program director must submit any additions or deletions of**
55 **participating sites routinely providing an educational experience,**
56 **required for all fellows, of one month full time equivalent (FTE) or**
57 **more through the Accreditation Council for Graduate Medical**
58 **Education (ACGME) Accreditation Data System (ADS).**
59
- 60 **II. Program Personnel and Resources**
61
- 62 **II.A. Program Director**
63
- 64 **II.A.1. There must be a single program director with authority and**
65 **accountability for the operation of the program. The sponsoring**
66 **institution's GMEC must approve a change in program director.**
67 **After approval, the program director must submit this change to the**
68 **ACGME via the ADS.**
69
- 70 **II.A.2. The program director should continue in his or her position for a**
71 **length of time adequate to maintain continuity of leadership and**
72 **program stability.**
73
- 74 **II.A.3. Qualifications of the program director must include:**
75
- 76 **II.A.3.a) requisite specialty expertise and documented educational**
77 **and administrative experience acceptable to the Review**
78 **Committee;**
79
- 80 **II.A.3.b) current certification in the specialty by the American Board of**
81 **Ophthalmology, or specialty qualifications that are acceptable**
82 **to the Review Committee;**
83
- 84 **II.A.3.c) current medical licensure and appropriate medical staff**
85 **appointment;**
86
- 87 **II.A.3.d) at least five years clinical experience in ophthalmic plastic and**
88 **reconstructive surgery, including successful completion of**
89 **ophthalmic plastic and reconstructive surgery fellowship**
90 **education, and at least three years of clinical experience in**
91 **ophthalmic plastic and reconstructive surgery following the**
92 **fellowship;**
93
- 94 **II.A.3.e) a clinical practice consisting predominantly of ophthalmic plastic**
95 **and reconstructive surgery; and,**
96
- 97 **II.A.3.f) engagement in ongoing research in the area of ophthalmic plastic**
98 **and reconstructive surgery as demonstrated by regular**
99 **publications in peer-reviewed journals and/or presentations of**
100 **research material at national meetings.**
101

- 102 **II.A.4.** **The program director must administer and maintain an educational**
103 **environment conducive to educating the fellows in each of the**
104 **ACGME competency areas. The program director must:**
105
- 106 **II.A.4.a)** **oversee and ensure the quality of didactic and clinical**
107 **education in all sites that participate in the program;**
108
- 109 **II.A.4.b)** **approve a local director at each participating site who is**
110 **accountable for fellow education;**
111
- 112 **II.A.4.c)** **approve the selection of program faculty as appropriate;**
113
- 114 **II.A.4.d)** **evaluate program faculty and approve the continued**
115 **participation of program faculty based on evaluation;**
116
- 117 **II.A.4.e)** **monitor fellow supervision at all participating sites;**
118
- 119 **II.A.4.f)** **prepare and submit all information required and requested by**
120 **the ACGME, including but not limited to the program**
121 **information forms and annual program fellow updates to the**
122 **ADS, and ensure that the information submitted is accurate**
123 **and complete;**
124
- 125 **II.A.4.g)** **provide each fellow with documented semiannual evaluation**
126 **of performance with feedback;**
127
- 128 **II.A.4.h)** **ensure compliance with grievance and due process**
129 **procedures as set forth in the Institutional Requirements and**
130 **implemented by the sponsoring institution;**
131
- 132 **II.A.4.i)** **provide verification of residency education for all fellows,**
133 **including those who leave the program prior to completion;**
134
- 135 **II.A.4.j)** **implement policies and procedures consistent with the**
136 **institutional and program requirements for fellow duty hours**
137 **and the working environment, including moonlighting, and, to**
138 **that end, must:**
139
- 140 **II.A.4.j).(1)** **distribute these policies and procedures to the fellows**
141 **and faculty;**
142
- 143 **II.A.4.j).(2)** **monitor fellow duty hours, according to sponsoring**
144 **institutional policies, with a frequency sufficient to**
145 **ensure compliance with ACGME requirements;**
146
- 147 **II.A.4.j).(3)** **adjust schedules as necessary to mitigate excessive**
148 **service demands and/or fatigue; and,**
149
- 150 **II.A.4.j).(4)** **if applicable, monitor the demands of at-home call and**
151 **adjust schedules as necessary to mitigate excessive**
152 **service demands and/or fatigue.**

153		
154	II.A.4.k)	monitor the need for and ensure the provision of back up
155		support systems when patient care responsibilities are
156		unusually difficult or prolonged;
157		
158	II.A.4.l)	comply with the sponsoring institution’s written policies and
159		procedures, including those specified in the Institutional
160		Requirements, for selection, evaluation and promotion of
161		fellows, disciplinary action, and supervision of fellows;
162		
163	II.A.4.m)	be familiar with and comply with ACGME and Review
164		Committee policies and procedures as outlined in the ACGME
165		Manual of Policies and Procedures;
166		
167	II.A.4.n)	obtain review and approval of the sponsoring institution’s
168		GMEC/DIO before submitting to the ACGME information or
169		requests for the following:
170		
171	II.A.4.n).(1)	all applications for ACGME accreditation of new
172		programs;
173		
174	II.A.4.n).(2)	changes in fellow complement;
175		
176	II.A.4.n).(3)	major changes in program structure or length of
177		training;
178		
179	II.A.4.n).(4)	progress reports requested by the Review Committee;
180		
181	II.A.4.n).(5)	responses to all proposed adverse actions;
182		
183	II.A.4.n).(6)	requests for increases or any change to fellow duty
184		hours;
185		
186	II.A.4.n).(7)	voluntary withdrawals of ACGME-accredited
187		programs;
188		
189	II.A.4.n).(8)	requests for appeal of an adverse action;
190		
191	II.A.4.n).(9)	appeal presentations to a Board of Appeal or the
192		ACGME; and,
193		
194	II.A.4.n).(10)	proposals to ACGME for approval of innovative
195		educational approaches.
196		
197	II.A.4.o)	obtain DIO review and co-signature on all program
198		information forms, as well as any correspondence or
199		document submitted to the ACGME that addresses:
200		
201	II.A.4.o).(1)	program citations, and/or
202		
203	II.A.4.o).(2)	request for changes in the program that would have

204		significant impact, including financial, on the program
205		or institution.
206		
207	II.A.4.p)	ensure at least semiannually that fellows enter their operative
208		procedures into the ACGME Case Log System. This
209		documentation must include verification of the number of
210		procedures in each category when the fellow has been the
211		surgeon and the assistant surgeon;
212		
213	II.A.4.q)	along with faculty, maintain a presence in the clinical service; and,
214		
215	II.A.4.r)	prior to entry into the program, notify each fellow in writing of the
216		required length of the ophthalmic plastic and reconstructive
217		surgery program.
218		
219	II.B.	Faculty
220		
221	II.B.1.	At each participating site, there must be a sufficient number of
222		faculty with documented qualifications to instruct and supervise all
223		fellows at that location.
224		
225		The faculty must:
226		
227	II.B.1.a)	devote sufficient time to the educational program to fulfill
228		their supervisory and teaching responsibilities; and to
229		demonstrate a strong interest in the education of fellows, and
230		
231	II.B.1.b)	administer and maintain an educational environment
232		conducive to educating fellows in each of the ACGME
233		competency areas.
234		
235	II.B.2.	The physician faculty must have current certification in the
236		subspecialty by the American Board of Ophthalmology, or possess
237		qualifications acceptable to the Review Committee.
238		
239	II.B.2.a)	There must be at least one FTE ophthalmic plastic and
240		reconstructive surgery fellowship trained faculty member.
241		
242	II.B.2.b)	Faculty members in ophthalmic plastic and reconstructive surgery
243		should have at least one year of post-fellowship clinical
244		experience in ophthalmic plastic and reconstructive surgery; they
245		may have part-time or voluntary faculty appointments.
246		
247	II.B.3.	The physician faculty must possess current medical licensure and
248		appropriate medical staff appointment.
249		
250	II.B.4.	The nonphysician faculty must have appropriate qualifications in
251		their field and hold appropriate institutional appointments.
252		
253	II.B.5.	The faculty must establish and maintain an environment of inquiry
254		and scholarship with an active research component.

255
256 **II.B.5.a)** **The faculty must regularly participate in organized clinical**
257 **discussions, rounds, journal clubs, and conferences.**
258
259 **II.B.5.b)** **Some members of the faculty should also demonstrate**
260 **scholarship by one or more of the following:**
261
262 **II.B.5.b).(1)** **peer-reviewed funding;**
263
264 **II.B.5.b).(2)** **publication of original research or review articles in**
265 **peer-reviewed journals, or chapters in textbooks;**
266
267 **II.B.5.b).(3)** **publication or presentation of case reports or clinical**
268 **series at local, regional, or national professional and**
269 **scientific society meetings; or,**
270
271 **II.B.5.b).(4)** **participation in national committees or educational**
272 **organizations.**
273
274 **II.B.5.c)** **Faculty should encourage and support fellows in scholarly**
275 **activities.**
276
277 **II.C. Other Program Personnel**
278
279 **The institution and the program must jointly ensure the availability of all**
280 **necessary professional, technical, and clerical personnel for the effective**
281 **administration of the program.**
282
283 **II.C.1.** **There should be designated faculty from the specialties of otolaryngology,**
284 **procedural dermatology, craniofacial surgery, plastic surgery,**
285 **neuroradiology, ocular pathology, and neurology to supervise rotations in**
286 **these specialties.**
287
288 **II.D. Resources**
289
290 **The institution and the program must jointly ensure the availability of**
291 **adequate resources for fellow education, as defined in the specialty**
292 **program requirements.**
293
294 **II.D.1.** **Clinic**
295
296 **The outpatient area of each participating site must have a minimum of**
297 **one fully equipped examining room for each fellow in the clinic. There**
298 **must be access to current diagnostic equipment.**
299
300 **II.D.2.** **Operating Facilities**
301
302 **The surgical facilities at each participating site must include at least one**
303 **operating facility appropriately equipped for ophthalmic plastic and**
304 **reconstructive surgery.**
305

306 II.D.3. Inpatient Facilities
307
308 There must be inpatient facilities with access to sufficient space and beds
309 for patient care. An eye examination room with a slit lamp should be
310 easily accessible to fellows.
311

312 **II.E. Medical Information Access**
313
314 **Fellows must have ready access to specialty-specific and other appropriate**
315 **reference material in print or electronic format. Electronic medical literature**
316 **databases with search capabilities should be available.**
317

318 **III. Fellow Appointments**
319

320 **III.A. Eligibility Criteria**
321
322 **The program director must comply with the criteria for fellow eligibility as**
323 **specified in the Institutional Requirements.**
324

325 III.A.1. All applicants entering ACGME-accredited ophthalmic plastic and
326 reconstructive surgery fellowships must have satisfactorily completed an
327 ACGME-accredited ophthalmology residency program and be eligible to
328 take the American Board of Ophthalmology certifying examinations, or
329 already be certified by that Board.
330

331 **III.B. Number of Fellows**
332
333 **The program director may not appoint more fellows than approved by the**
334 **Review Committee, unless otherwise stated in the specialty-specific**
335 **requirements. The program's educational resources must be adequate to**
336 **support the number of fellows appointed to the program.**
337

338 **III.C. Fellow Transfers**
339

340 **III.C.1. Before accepting a fellow who is transferring from another program,**
341 **the program director must obtain written or electronic verification of**
342 **previous educational experiences and a summative competency-**
343 **based performance evaluation of the transferring fellow.**
344

345 **III.C.2. A program director must provide timely verification of residency**
346 **education and summative performance evaluations for fellows who**
347 **leave the program prior to completion.**
348

349 **III.D. Appointment of Fellows and Other Learners**
350
351 **The presence of other learners (including, but not limited to, fellows from**
352 **other specialties, subspecialty fellows, PhD students, and nurse**
353 **practitioners) in the program must not interfere with the appointed fellows'**
354 **education. The program director must report the presence of other learners**
355 **to the DIO and GMEC in accordance with sponsoring institution guidelines.**
356

- 357 **IV. Educational Program**
358
- 359 **IV.A. The curriculum must contain the following educational components:**
360
- 361 **IV.A.1. Overall educational goals for the program, which the program must**
362 **distribute to fellows and faculty annually;**
363
- 364 **IV.A.2. Competency-based goals and objectives for each assignment at**
365 **each educational level, which the program must distribute to fellows**
366 **and faculty annually, in either written or electronic form. These**
367 **should be reviewed by the fellow at the start of each rotation;**
368
- 369 **IV.A.3. Regularly scheduled didactic sessions;**
370
- 371 IV.A.3.a) Fellows must prepare and present teaching conferences and
372 participate in the teaching of fellows, residents and/or medical
373 students.
374
- 375 IV.A.3.b) The fellow must participate in a minimum of 80 hours of didactic
376 instruction, including seminars, lectures, approved basic science
377 courses, and hands-on skilled courses of which at least 40 hours
378 must be intramural. These should include the following:
379
- 380 IV.A.3.b).(1) attendance at grand rounds: the fellow should actively
381 participate in case presentation conferences and
382 discussions of patients with ophthalmic plastic and
383 reconstructive surgery;
384
- 385 IV.A.3.b).(2) mandatory attendance at regularly scheduled case
386 presentation conferences: the fellow must prepare and
387 present a minimum of two case presentations per year;
388
- 389 IV.A.3.b).(3) attendance at lectures on ophthalmic plastic and
390 reconstructive surgery topics given by the faculty during
391 the fellowship teaching program, including at least six
392 lecture hours per year. The fellow must prepare and
393 present a minimum of two didactic lectures per year on the
394 diagnosis/treatment of entities afflicting the eyelids, tear
395 system, orbit, or face, to be presented to faculty, other
396 fellows, and residents;
397
- 398 IV.A.3.b).(4) attendance at, and preparation of case presentation for, at
399 least one ophthalmic plastic and reconstructive surgery
400 visiting professor conference per two years; and,
401
- 402 IV.A.3.b).(5) attendance and participation in at least two courses
403 devoted to ophthalmic plastic and reconstructive surgery,
404 tumor resection, lacrimal disease, or cosmetic surgery.
405
- 406 IV.A.3.c) Fellowship faculty must emphasize and teach the principles of
407 ethical and humane treatment of patients in accordance with the

408 Code of Ethics of the American Academy of Ophthalmology and
409 the Declaration of Helsinki Standards. In addition, faculty must
410 include the ARVO statement for the use of Animals in Ophthalmic
411 and Vision Research. Faculty should communicate these ethical
412 principles to their fellows in both didactic and clinical aspects of
413 the fellowship education.
414

415 **IV.A.4. Delineation of fellow responsibilities for patient care, progressive**
416 **responsibility for patient management, and supervision of fellows**
417 **over the continuum of the program; and,**
418

419 **IV.A.5. ACGME Competencies**

420 **The program must integrate the following ACGME competencies**
421 **into the curriculum:**
422

423
424 **IV.A.5.a) Patient Care**

425
426 **Fellows must be able to provide patient care that is**
427 **compassionate, appropriate, and effective for the treatment of**
428 **health problems and the promotion of health. Fellows:**
429

430 IV.A.5.a).(1) must directly evaluate, and provide diagnosis and
431 treatment plans, for a minimum of 1,200 patient encounters
432 per year during the course of education. These patients
433 must have ophthalmic plastic and reconstructive surgery
434 related problems. The fellow must be able to demonstrate
435 that the history and examination were accurate and
436 appropriate, the use of laboratory and imaging tests was
437 directed by the history and physical examination, and that
438 the differential diagnosis and management were
439 appropriate;
440

441 IV.A.5.a).(2) must demonstrate proficiency in teaching ophthalmic
442 plastic and reconstructive surgery to ophthalmology
443 residents;
444

445 IV.A.5.a).(3) must demonstrate proficiency in the following procedures:

446
447 IV.A.5.a).(3).(a) enucleation, evisceration, exenteration, and
448 secondary implants of the orbit;

449
450 IV.A.5.a).(3).(b) orbitotomy for exploration, biopsy, and tumor
451 removal; anterior, lateral, medial and superior and
452 orbital reconstruction for periorbital anomalies;

453
454 IV.A.5.a).(3).(c) eyelid retraction repair;

455
456 IV.A.5.a).(3).(d) blepharoptosis;

457
458 IV.A.5.a).(3).(e) ectropion and entropion repair;

459		
460	IV.A.5.a).(3).(f)	blepharoplasty (upper and lower eyelids, functional and aesthetic);
461		
462		
463	IV.A.5.a).(3).(g)	eye lid reconstruction (following congenital defects, trauma or tumor excision);
464		
465		
466	IV.A.5.a).(3).(h)	repair of trichiasis treatment (lid split, mucous membrane graft);
467		
468		
469	IV.A.5.a).(3).(i)	conjunctivoplasty;
470		
471	IV.A.5.a).(3).(j)	trauma and laceration repairs;
472		
473	IV.A.5.a).(3).(k)	rhytidectomy <u>related</u> limited to periorbital tissues;
474		
475	IV.A.5.a).(3).(l)	dacryocystorhinostomy and other lacrimal procedures;
476		
477		
478	IV.A.5.a).(3).(m)	excision of tumors involving the periorbital and adjacent regions-benign and malignant;
479		
480		
481	IV.A.5.a).(3).(n)	facial flaps and grafts related to the management of periorbital processes;
482		
483		
484	IV.A.5.a).(3).(o)	management of upper face and brow conditions (e.g. brow ptosis repair);
485		
486		
487	IV.A.5.a).(3).(p)	nasal <u>and sinus</u> procedures, endoscopy, partial inferior turbinectomy, and <u>sinus</u> procedures related to the management of lacrimal and periorbital processes; and,
488		
489		
490		
491		
492	IV.A.5.a).(3).(q)	use of neuromodulators (botulinum toxin), dermal fillers, other technologies (e.g. laser) and chemical/pharmaceutical agents for the management of contour and skin quality abnormalities (functional and aesthetic).
493		
494		
495		
496		
497		

IV.A.5.b)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:

[There is no specialty-specific language for this section]

IV.A.5.c)

Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and

510 evaluate their care of patients, to appraise and assimilate
511 scientific evidence, and to continuously improve patient care
512 based on constant self-evaluation and life-long learning.
513 Fellows are expected to develop skills and habits to be able
514 to meet the following goals:

515
516 **IV.A.5.c).(1)** identify strengths, deficiencies, and limits in one's
517 knowledge and expertise;

518
519 **IV.A.5.c).(2)** set learning and improvement goals;

520
521 **IV.A.5.c).(3)** identify and perform appropriate learning activities;

522
523 **IV.A.5.c).(4)** systematically analyze practice using quality
524 improvement methods, and implement changes with
525 the goal of practice improvement;

526
527 **IV.A.5.c).(5)** incorporate formative evaluation feedback into daily
528 practice;

529
530 **IV.A.5.c).(6)** locate, appraise, and assimilate evidence from
531 scientific studies related to their patients' health
532 problems;

533
534 **IV.A.5.c).(7)** use information technology to optimize learning; and,

535
536 **IV.A.5.c).(8)** participate in the education of patients, families,
537 students, fellows and other health professionals.

538
539 **IV.A.5.d)** **Interpersonal and Communication Skills**

540
541 **Fellows must demonstrate interpersonal and communication**
542 **skills that result in the effective exchange of information and**
543 **collaboration with patients, their families, and health**
544 **professionals. Fellows are expected to:**

545
546 **IV.A.5.d).(1)** communicate effectively with patients, families, and
547 the public, as appropriate, across a broad range of
548 socioeconomic and cultural backgrounds;

549
550 **IV.A.5.d).(2)** communicate effectively with physicians, other health
551 professionals, and health related agencies;

552
553 **IV.A.5.d).(3)** work effectively as a member or leader of a health care
554 team or other professional group;

555
556 **IV.A.5.d).(4)** act in a consultative role to other physicians and
557 health professionals; and,

558
559 **IV.A.5.d).(5)** maintain comprehensive, timely, and legible medical
560 records, if applicable.

561		
562	IV.A.5.e)	Professionalism
563		
564		Fellows must demonstrate a commitment to carrying out
565		professional responsibilities and an adherence to ethical
566		principles. Fellows are expected to demonstrate:
567		
568	IV.A.5.e).(1)	compassion, integrity, and respect for others;
569		
570	IV.A.5.e).(2)	responsiveness to patient needs that supersedes self-
571		interest;
572		
573	IV.A.5.e).(3)	respect for patient privacy and autonomy;
574		
575	IV.A.5.e).(4)	accountability to patients, society and the profession;
576		and,
577		
578	IV.A.5.e).(5)	sensitivity and responsiveness to a diverse patient
579		population, including but not limited to diversity in
580		gender, age, culture, race, religion, disabilities, and
581		sexual orientation.
582		
583	IV.A.5.f)	Systems-based Practice
584		
585		Fellows must demonstrate an awareness of and
586		responsiveness to the larger context and system of health
587		care, as well as the ability to call effectively on other
588		resources in the system to provide optimal health care.
589		Fellows are expected to:
590		
591	IV.A.5.f).(1)	work effectively in various health care delivery
592		settings and systems relevant to their clinical
593		specialty;
594		
595	IV.A.5.f).(2)	coordinate patient care within the health care system
596		relevant to their clinical specialty;
597		
598	IV.A.5.f).(3)	incorporate considerations of cost awareness and
599		risk-benefit analysis in patient and/or population-
600		based care as appropriate;
601		
602	IV.A.5.f).(4)	advocate for quality patient care and optimal patient
603		care systems;
604		
605	IV.A.5.f).(5)	work in interprofessional teams to enhance patient
606		safety and improve patient care quality;
607		
608	IV.A.5.f).(6)	participate in identifying system errors and
609		implementing potential systems solutions; and,
610		
611	IV.A.5.f).(7)	participate in planned rotations to procedural dermatology,

612 otolaryngology, neuro-ophthalmology and plastic surgery
613 in order to understand how other specialties approach the
614 management of diseases of the head and neck that
615 directly affect the management of ocular and periocular
616 disease, with a set of measurable goals and objectives to
617 be attained at the end of each rotation.
618

619 IV.A.6. Patient Care Curriculum

620
621 Fellows:

622
623 IV.A.6.a) must maintain a surgical log including Surgeon (primary surgeon)
624 and Assistant (assisting and/or observing surgeon) cases;

625
626 IV.A.6.b) must document a minimum number of 300 operative procedures
627 in an operating room or equivalent facility, plus 150 minor office-
628 based procedures, such as biopsies and incision/curettage;

629
630 IV.A.6.c) must document in the Case Log system a sufficient number and
631 distribution of complex cases for Surgeon (fellow as the primary
632 surgeon) and Assistant (fellow as the first assistant), as
633 determined by the Review Committee, for the achievement of
634 adequate operative skill and surgical judgment; and

635
636 IV.A.6.d) must actively participate in the preoperative and postoperative
637 management of surgical cases in which they are part of the
638 surgical team.

639
640 IV.A.7. Medical Knowledge Curriculum

641
642 IV.A.7.a) Fellows must have instruction in the following specific areas:

643
644 IV.A.7.a).(1) anatomy and physiology of the orbit, eyelids, lacrimal
645 system, nose, sinuses, and head and neck as it relates to
646 the orbits and adnexa;

647
648 IV.A.7.a).(2) orbit;

649
650 IV.A.7.a).(2).(a) common orbital problems of children, including:
651 congenital anomalies, cellulitis, benign and
652 malignant tumors, and orbital inflammations;

653
654 IV.A.7.a).(2).(b) common orbital disorders of adults including orbital
655 cellulitis, thyroid orbitopathy, and pseudotumor,
656 vasculitis, congenital tumors, vascular tumors,
657 neural tumors, lacrimal gland tumors, fibro-osseus
658 tumors, histiocytic diseases, lymphoid tumors,
659 metastatic tumors, trauma, ophthalmic socket
660 problems, and skull base disease;

661
662 IV.A.7.a).(3) eyelid, including congenital syndromes, inflammation,

663		trauma, ectropion, entropion, trichiasis, blepharoptosis,
664		eyelid retraction, dermatochalasis, blepharochalasis, eyelid
665		tumors, blepharospasm, facial nerve palsy, eyebrow,
666		midface and lower face function, and aesthetics;
667		
668	IV.A.7.a).(4)	lacrimal system, including congenital tearing, acquired
669		tearing, and trauma;
670		
671	IV.A.7.a).(5)	ocular surface pathology, including cicatricial processes
672		affecting the bulbar and palpebral conjunctiva,
673		management of corneal and conjunctival exposure, and
674		relationship of the lids, mid-face and brow to ocular
675		exposure;
676		
677	IV.A.7.a).(6)	regional anatomy, including graft sites frequently used
678		such as cranial bone, ear, nose, temporal area, mouth and
679		neck, abdomen, buttocks, legs, supraclavicular area, and
680		arm;
681		
682	IV.A.7.a).(7)	fundamentals of ocular and orbital anatomy, chemistry,
683		physiology, microbiology, immunology, and wound healing;
684		
685	IV.A.7.a).(8)	histology and pathology to interpret ocular, cutaneous, and
686		periocular pathology and dermatopathology. This should
687		include ten hours of pathology slide review with clinical
688		correlation;
689		
690	IV.A.7.a).(9)	diagnostic and therapeutic procedures with comprehensive
691		examination of the eyelids and periorbital region;
692		
693	IV.A.7.a).(10)	examination of the lacrimal system, and nasal exam with
694		speculum and endoscope;
695		
696	IV.A.7.a).(11)	examination of the eyebrow and face, including
697		assessment of the eyebrow position for brow ptosis,
698		paralysis, and its relation to upper eyelid dermatochalasis,
699		for facial paralysis and evaluation of the effects of mid-face
700		cicatricial, paralytic and involutinal changes on lower
701		eyelid position. Also an assessment of the face for the
702		harmonious aesthetic units and evaluation of the inter-
703		relationships of each;
704		
705	IV.A.7.a).(12)	examination and measurement of orbital structures and
706		functions;
707		
708	IV.A.7.a).(13)	the principles of plain films, CT, MRI, and ultrasound
709		imaging relating to the head and neck with particular
710		emphasis on the orbit; and
711		
712	IV.A.7.a).(14)	the use of information technology for study of reference
713		material, including electronic searching and retrieval of

714		relevant articles, monographs, and abstracts.
715		
716	IV.A.7.b)	Fellows must participate in one orbital dissection during their 24-month program.
717		
718		
719	IV.A.7.c)	Fellows must learn the fundamentals of cosmetic surgery and its complications with emphasis on brows and mid-face, as well as alloplastic inserts.
720		
721		
722		
723	IV.A.7.d)	Fellows must learn the team approach to orbital and periorbital trauma.
724		
725		
726	IV.B.	Fellows' Scholarly Activities
727		
728	IV.B.1.	The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.
729		
730		
731		
732	IV.B.2.	Fellows should participate in scholarly activity.
733		
734	IV.B.2.a)	Research activities should include participation in clinical trials, prospective and retrospective studies, case reports, and basic science research where feasible.
735		
736		
737		
738	IV.B.2.b)	Fellows should attend local and regional conferences relevant to ophthalmic plastic and reconstructive surgery.
739		
740		
741	IV.B.2.c)	Fellows must actively participate, along with the ophthalmic plastic and reconstructive surgery faculty, in a journal club three times per year. The fellow and faculty should present and critically discuss selections from the current literature.
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746	IV.B.2.d)	Each fellow should be a lead author of one peer-reviewed publication related to ophthalmic surgery during fellowship education.
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750	IV.B.3.	The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities.
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754	V.	Evaluation
755		
756	V.A.	Fellow Evaluation
757		
758	V.A.1.	Formative Evaluation
759		
760	V.A.1.a)	The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
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765	V.A.1.b)	The program must:
766		
767	V.A.1.b).(1)	provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
768		
769		
770		
771		
772		
773	V.A.1.b).(2)	use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
774		
775		
776	V.A.1.b).(3)	document progressive fellow performance improvement appropriate to educational level; and,
777		
778		
779	V.A.1.b).(4)	provide each fellow with documented semiannual evaluation of performance with feedback.
780		
781		
782	V.A.1.c)	The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.
783		
784		
785	V.A.1.d)	Each fellow must maintain a log of attendance at conferences, lectures given, journal clubs attended, involvement in research activities, publications, and meetings attended, to be reviewed by the program director during fellowship education.
786		
787		
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790	V.A.2.	Summative Evaluation
791		
792		The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:
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797		
798	V.A.2.a)	document the fellow's performance during the final period of education, and
799		
800		
801	V.A.2.b)	verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
802		
803		
804	V.B.	Faculty Evaluation
805		
806	V.B.1.	At least annually, the program must evaluate faculty performance as it relates to the educational program.
807		
808		
809	V.B.2.	These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
810		
811		
812		
813	V.B.3.	This evaluation must include at least annual written confidential evaluations by the fellows.
814		
815		

- 816 **V.C. Program Evaluation and Improvement**
817
818 **V.C.1. The program must document formal, systematic evaluation of the**
819 **curriculum at least annually. The program must monitor and track**
820 **each of the following areas:**
821
822 **V.C.1.a) fellow performance;**
823
824 **V.C.1.b) faculty development;**
825
826 **V.C.1.c) graduate performance, including performance of program**
827 **graduates on the certification examination; and,**
828
829 **V.C.1.d) program quality. Specifically:**
830
831 **V.C.1.d).(1) Fellows and faculty must have the opportunity to**
832 **evaluate the program confidentially and in writing at**
833 **least annually, and**
834
835 **V.C.1.d).(2) The program must use the results of fellows’**
836 **assessments of the program together with other**
837 **program evaluation results to improve the program.**
838
839 **V.C.2. If deficiencies are found, the program should prepare a written plan**
840 **of action to document initiatives to improve performance in the**
841 **areas listed in section V.C.1. The action plan should be reviewed**
842 **and approved by the teaching faculty and documented in meeting**
843 **minutes.**
844
845 **VI. Fellow Duty Hours in the Learning and Working Environment**
846
847 **VI.A. Principles**
848
849 **VI.A.1. The program must be committed to and be responsible for**
850 **promoting patient safety and fellow well-being and to providing a**
851 **supportive educational environment.**
852
853 **VI.A.2. The learning objectives of the program must not be compromised by**
854 **excessive reliance on fellows to fulfill service obligations.**
855
856 **VI.A.3. Didactic and clinical education must have priority in the allotment of**
857 **fellows’ time and energy.**
858
859 **VI.A.4. Duty hour assignments must recognize that faculty and fellows**
860 **collectively have responsibility for the safety and welfare of patients.**
861
862 **VI.B. Supervision of Fellows**
863
864 **The program must ensure that qualified faculty provide appropriate**
865 **supervision of fellows in patient care activities.**
866

- 867 **VI.C. Fatigue**
868
869 **Faculty and fellows must be educated to recognize the signs of fatigue and**
870 **sleep deprivation and must adopt and apply policies to prevent and**
871 **counteract its potential negative effects on patient care and learning.**
872
- 873 **VI.D. Duty Hours (the terms in this section are defined in the ACGME Glossary**
874 **and apply to all programs)**
875
876 **Duty hours are defined as all clinical and academic activities related to the**
877 **program; i.e., patient care (both inpatient and outpatient), administrative**
878 **duties relative to patient care, the provision for transfer of patient care,**
879 **time spent in-house during call activities, and scheduled activities, such as**
880 **conferences. Duty hours do *not* include reading and preparation time spent**
881 **away from the duty site.**
882
- 883 **VI.D.1. Duty hours must be limited to 80 hours per week, averaged over a**
884 **four-week period, inclusive of all in-house call activities.**
885
- 886 **VI.D.2. Fellows must be provided with one day in seven free from all**
887 **educational and clinical responsibilities, averaged over a four-week**
888 **period, inclusive of call.**
889
- 890 **VI.D.3. Adequate time for rest and personal activities must be provided.**
891 **This should consist of a 10-hour time period provided between all**
892 **daily duty periods and after in-house call.**
893
- 894 **VI.E. On-call Activities**
895
- 896 **VI.E.1. In-house call must occur no more frequently than every third night,**
897 **averaged over a four-week period.**
898
- 899 **VI.E.2. Continuous on-site duty, including in-house call, must not exceed 24**
900 **consecutive hours. Fellows may remain on duty for up to six**
901 **additional hours to participate in didactic activities, transfer care of**
902 **patients, conduct outpatient clinics, and maintain continuity of**
903 **medical and surgical care.**
904
- 905 **VI.E.3. No new patients may be accepted after 24 hours of continuous duty.**
906
- 907 **VI.E.3.a) A new patient is defined as any patient for whom the fellow has**
908 **not previously provided care.**
909
- 910 **VI.E.4. At-home call (or pager call)**
911
- 912 **VI.E.4.a) The frequency of at-home call is not subject to the every-**
913 **third-night, or 24+6 limitation. However at-home call must not**
914 **be so frequent as to preclude rest and reasonable personal**
915 **time for each fellow.**
916
- 917 **VI.E.4.b) Fellows taking at-home call must be provided with one day in**

918 seven completely free from all educational and clinical
919 responsibilities, averaged over a four-week period.

920
921 **VI.E.4.c)** When fellows are called into the hospital from home, the
922 hours fellows spend in-house are counted toward the 80-hour
923 limit.

924
925 **VI.F. Moonlighting**

926
927 **VI.F.1.** Moonlighting must not interfere with the ability of the fellow to
928 achieve the goals and objectives of the educational program.

929
930 **VI.F.2.** Internal moonlighting must be considered part of the 80-hour weekly
931 limit on duty hours.

932
933 **VI.G. Duty Hours Exceptions**

934
935 A Review Committee may grant exceptions for up to 10% or a maximum of
936 88 hours to individual programs based on a sound educational rationale.

937
938 **VI.G.1.** In preparing a request for an exception the program director must
939 follow the duty hour exception policy from the ACGME Manual on
940 Policies and Procedures.

941
942 **VI.G.2.** Prior to submitting the request to the Review Committee, the
943 program director must obtain approval of the institution's GMEC and
944 DIO.

945
946 **VII. Experimentation and Innovation**

947
948 Requests for experimentation or innovative projects that may deviate from the
949 institutional, common and/or specialty specific program requirements must be
950 approved in advance by the Review Committee. In preparing requests, the
951 program director must follow Procedures for Approving Proposals for
952 Experimentation or Innovative Projects located in the ACGME Manual on Policies
953 and Procedures. Once a Review Committee approves a project, the sponsoring
954 institution and program are jointly responsible for the quality of education offered
955 to fellows for the duration of such a project.

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