**New Application: Ophthalmic Plastic and Reconstructive Surgery**

**Review Committee for Ophthalmology**

**ACGME**

**Oversight**

**Resources**

1. For each participating site, provide the number of fully-equipped examining rooms available in the outpatient area. [PR 1.8.a.]

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|  | **Site #1** | **Site #2** | **Site #3** |
| **Number of examining rooms** | # | # | # |

2. Does each participating site include at least one operating facility appropriately equipped for ophthalmic plastic and reconstructive surgery? [PR 1.8.b.]  YES  NO

3. Briefly describe the inpatient facilities available to the program, including access to space and beds for patient care. [PR 1.8.c.] (Limit response to 200 words)

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**Personnel**

**Program Director**

1. Does the program director’s clinical practice consist predominantly of ophthalmic plastic and reconstructive surgery? [PR 2.4.d.]  YES  NO

If “NO,” explain.

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**Faculty**

1. Will designated faculty members in each of the following specialties supervise rotations in these specialties? [PR 2.9.c.]

1. Otolaryngology  YES  NO
2. Procedural dermatology  YES  NO
3. Craniofacial surgery  YES  NO
4. Plastic surgery  YES  NO
5. Neuroradiology  YES  NO
6. Ocular pathology  YES  NO
7. Neurology  YES  NO

Explain any ‘NO’ responses.

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**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Provide two or three examples of learning activities by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles [CPR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. How will the program ensure that all fellows directly evaluate and provide diagnosis and treatment plans in the care of a minimum of 1200 patient encounters per year (*not 1200 new patients)*?   
[PR 4.4.a.]

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1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| History and physical of patients with ophthalmic plastic and reconstructive surgery related problems [PR 4.4.a.] | Click here to enter text. | Click here to enter text. |
| Use of laboratory and imaging tests guided by history and physical [PR 4.4.a.] | Click here to enter text. | Click here to enter text. |
| Differential diagnosis and management [PR 4.4.a.] | Click here to enter text. | Click here to enter text. |
| Teaching ophthalmic plastic and reconstructive surgery to ophthalmology residents  [PR 4.4.b.] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate proficiency in each of the following procedures. Also indicate the method(s) used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Enucleation, evisceration, exenteration, and secondary implants of the orbit  [PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Orbitotomy for exploration, biopsy, and tumor removal; anterior, lateral, medial and superior and orbital reconstruction for periorbital anomalies, including trauma  [PR 4.5.b.] | Click here to enter text. | Click here to enter text. |
| Eyelid retraction repair  [PR 4.5.c.] | Click here to enter text. | Click here to enter text. |
| Blepharoptosis repair  [PR 4.5.d.] | Click here to enter text. | Click here to enter text. |
| Ectropion and entropion repair  [PR 4.5.e.] | Click here to enter text. | Click here to enter text. |
| Blepharoplasty (upper and lower eyelids, functional and aesthetic)  [PR 4.5.f.] | Click here to enter text. | Click here to enter text. |
| Eye lid reconstruction (following congenital defects, trauma or tumor excision)  [PR 4.5.g.] | Click here to enter text. | Click here to enter text. |
| Repair or treatment of trichiasis (lid split, mucous membrane graft)  [PR 4.5.h.] | Click here to enter text. | Click here to enter text. |
| Conjunctivoplasty  [PR 4.5.i.] | Click here to enter text. | Click here to enter text. |
| Trauma and laceration repairs  [PR 4.5.j.] | Click here to enter text. | Click here to enter text. |
| Rhytidectomy related to periorbital processes  [PR 4.5.k.] | Click here to enter text. | Click here to enter text. |
| Dacryocystorhinostomy and other lacrimal procedures  [PR 4.5.l.] | Click here to enter text. | Click here to enter text. |
| Excision of tumors involving the periorbital and adjacent regions-benign and malignant  [PR 4.5.m.] | Click here to enter text. | Click here to enter text. |
| Facial flaps and grafts related to the management of periorbital processes  [PR 4.5.n.] | Click here to enter text. | Click here to enter text. |
| Management of upper face and brow conditions (e.g., brow ptosis repair)  [PR 4.5.o.] | Click here to enter text. | Click here to enter text. |
| Nasal and sinus endoscopy, partial inferior turbinectomy, and proceduresrelated to the management of lacrimal and periorbital processes  [PR 4.5.p.] | Click here to enter text. | Click here to enter text. |
| 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)  [PR 4.5.q.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate how fellows will be provided with instruction in each of the following areas. Indicate all that apply.

| **Topic** | **Conference (List title, date, and lecturer)** | **Grand Rounds** | **Online Learning** | **Simulation** | **Other Learning Experiences (Journal Club, etc.)** |
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| Anatomy and physiology of the orbit, eyelids, lacrimal system, nose, sinuses, and head and neck as they relate to the orbit and adnexa  [PR 4.6.a.] | Conference |  |  |  | Other |
| Common orbital problems of children, including congenital anomalies, cellulitis, benign and malignant tumors, and orbital inflammations  [PR 4.6.b.1.] | Conference |  |  |  | Other |
| Common orbital disorders of adults, including orbital cellulitis, thyroid orbitopathy, and pseudotumor vasculitis, congenital tumors, vascular tumors, neural tumors, lacrimal gland tumors, fibro-osseus tumors, histiocytic diseases, lymphoid tumors, metastatic tumors, trauma, ophthalmic socket problems, and skull base disease  [PR 4.6.b.2.] | Conference |  |  |  | Other |
| Eyelid, including congenital syndromes, inflammation, trauma, ectropion, trichiasis, blepharoptosis, eyelid retraction, dermatochalasis, blepharochalasis, eyelid tumors, blepharospasm, facial nerve palsy, eyebrow, midface, and lower face function and aesthetics  [PR 4.6.c.] | Conference |  |  |  | Other |
| Lacrimal system, including congenital tearing, acquired tearing, and trauma  [PR 4.6.d.] | Conference |  |  |  | Other |
| Ocular surface pathology, including cicatricial processes affecting the bulbar and palpebral conjunctiva, management of corneal and conjunctival exposure, and relationship of the lids, mid-face and brow to ocular exposure  [PR 4.6.e.] | Conference |  |  |  | Other |
| Regional anatomy, including graft sites frequently used, such as cranial bone, ear, nose, temporal area, mouth and neck, abdomen, buttocks, legs, supraclavicular area, and arm  [PR 4.6.f.] | Conference |  |  |  | Other |
| Fundamentals of ocular and orbital anatomy, chemistry, physiology, microbiology, immunology, and wound healing  [PR 4.6.g.] | Conference |  |  |  | Other |
| Histology and pathology to interpret ocular, cutaneous, and periocular pathology and dermatopathology  [PR 4.6.h.] | Conference |  |  |  | Other |
| Diagnostic and therapeutic procedures with comprehensive examination of the eyelids and periorbital region  [PR 4.6.i.] | Conference |  |  |  | Other |
| Examination of the lacrimal system; nasal exam with speculum and endoscope  [PR 4.6.j.] | Conference |  |  |  | Other |
| Examination of the eyebrow and face, including assessment of the eyebrow position for brow ptosis, paralysis, and its relation to upper eyelid dermatochalasis, for facial paralysis and evaluation of the effects of mid-face cicatricial, paralytic, and involutional changes on lower eyelid position, and assessment of the face for the harmonious aesthetic units, and evaluation of the interrelationships of each  [PR 4.6.k.] | Conference |  |  |  | Other |
| Examination of measurement of orbital structures and functions  [PR 4.6.l.] | Conference |  |  |  | Other |
| The principles of plain films, CT, MRI, and ultrasound imaging relating to the head and neck, with particular emphasis on the orbit  [PR 4.6.m.] | Conference |  |  |  | Other |

**Practice-based Learning and Improvement**

1. Provide two or three examples of learning activities by which fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. [CPR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Provide two or three examples of learning activities by which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [CPR 4.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Provide two or three examples of learning activities by which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [CPR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Briefly describe the planned fellow participation in teaching fellows, residents and/or medical students. [PR 4.11.a.]

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1. Will fellows participate in a minimum of 80 hours of didactic instruction? [PR 4.11.b.]  
     YES  NO
2. Will at least 40 hours of didactic instruction be intramural? [PR 4.11.b.]  YES  NO
3. Will fellows attend grand rounds and actively participate in case presentation conferences and discussions of patients with ophthalmic plastic and reconstructive surgery? [PR 4.11.b.1.]  
     YES  NO

If “NO,” explain.

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1. Is fellow attendance at regularly scheduled case presentation conferences mandatory?  
   [PR 4.11.b.2.]  YES  NO

If “NO,” explain.

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1. Will fellows prepare and present a minimum of two case presentations per year? [PR 4.11.b.2.]  
     YES  NO
2. Will fellows attend a minimum of six lecture hours per year on ophthalmic plastic and reconstructive surgery topics given by members of the faculty? [PR 4.11.b.3.]  YES  NO

If “NO,” explain.

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1. Will fellows prepare and present a minimum of two didactic lectures per year on the diagnosis/treatment of entities afflicting the eyelids, tear system, orbit, or face? [PR 4.11.b.3.]  
     YES  NO
2. Will fellows present these lectures to faculty members, other fellows, and residents? [PR 4.11.b.3.]  YES  NO

If “NO,” explain.

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1. Will fellows be responsible for the preparation of case presentation for at least one ophthalmic plastic and reconstructive surgery visiting professor conference? [PR 4.11.b.5.]  YES  NO

If “NO,” explain.

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1. Briefly describe the planned fellow responsibilities for preparing and presenting teaching conferences. [PR 4.11.b.2.-4.11.b.4.]

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1. Will fellows attend and participate in at least two courses devoted to ophthalmic plastic and reconstructive surgery, tumor resection, lacrimal disease, or cosmetic surgery? [PR 4.11.b.6.]  
     YES  NO

If “NO,” explain.

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1. Briefly describe how fellowship preceptors emphasize and teach the principles of ethical and humane treatment of patients. [PR 4.11.c.]

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1. Will each fellow participate in at least one orbital dissection during the program? [PR 4.11.e.]  
     YES  NO
2. Briefly describe how fellows will learn the fundamentals of cosmetic surgery and its complications, with emphasis on brows and mid-face, as well as alloplastic inserts. [PR 4.11.f.] (Limit response to 200 words)

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1. Briefly describe how fellows will learn the team approach to orbital and periorbital trauma.   
   [PR 4.11.g.] (Limit response to 200 words)

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1. Will fellows participate in the pre-operative care of surgical cases for which they are part of the surgical team? [PR 4.11.j.]  YES  NO

If “NO,” explain.

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1. Will fellows participate in the post-operative management of surgical cases for which they are part of the surgical team? [PR 4.11.j.]  YES  NO

If “NO,” explain.

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1. Describe how fellows will participate in planned rotations to procedural dermatology, otolaryngology, neuro-ophthalmology, and plastic surgery in order to understand how other specialties approach the management of diseases of the head and neck that directly affect the management of ocular and periocular disease, with a set of measurable goals and objectives to be attained at the end of each rotation. [PR 4.11.k.] (Limit response to 400 words)

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**Scholarly Activity**

1. Will fellows and faculty members actively participate in a journal club at least three times per year?   
[PR 4.15.d.]  YES  NO

2. During the journal club, will faculty members and fellows present and critically discuss selections from the current literature? [PR 4.15.d.]  YES  NO

**Institutional Data**

Provide all procedures performed by the ophthalmic plastic and reconstructive surgery service during a recent 12-month period at each participating site identified in ADS.

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| 12-month Period | From: | Click here to enter a date. | To: | Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| AlloDerm | # | # | # | # |
| Blepharoplasty | # | # | # | # |
| Blepharoptosis | # | # | # | # |
| Biopsy of eyelid | # | # | # | # |
| Botox | # | # | # | # |
| Brow | # | # | # | # |
| Canthotomy | # | # | # | # |
| Conjunctival surgery | # | # | # | # |
| Conjunctivoplasty | # | # | # | # |
| DCR and lacrimal | # | # | # | # |
| Dermis-fat graft | # | # | # | # |
| Drainage of lid abscess | # | # | # | # |
| Ectropion and entropion | # | # | # | # |
| Enucleation, evisceration, exenteration, secondary implant | # | # | # | # |
| Excision of eyelid lesion | # | # | # | # |
| Eyelid reconstruction | # | # | # | # |
| Eyelid retraction repair | # | # | # | # |
| Flaps and grafts | # | # | # | # |
| Grafting (such as burns, exuberant scars, etc.) | # | # | # | # |
| Integument (skin) | # | # | # | # |
| Laceration and trauma repair | # | # | # | # |
| Nasal endoscopy (for management of periorbital and lacrimal processes only) | # | # | # | # |
| NOE and tripod repairs | # | # | # | # |
| Optic nerve sheath fenestration | # | # | # | # |
| Orbitotomy with reconstruction | # | # | # | # |
| Repair of orbital wall fractures (not floor) | # | # | # | # |
| Revision/removal of orbital implant | # | # | # | # |
| Rhitidectomy (for periorbital areas only) | # | # | # | # |
| Tarsorrhaphy | # | # | # | # |
| Trichiasis | # | # | # | # |
| Tumor excision | # | # | # | # |