Ophthalmology Resident Handbook New Mexico VA Medical Center Updated 1/29/10

Philip Watkins, MD – Division Chief Arup Das, MD, PhD – Retina Service Linda Rose, MD, PhD – Cornea Service Arlene Bagga, MD - Resident Contact <u>abagga@salud.unm.edu</u> (505)610-9209

TABLE OF CONTENTS

- **1. ORIENTATION**
- 2. GOALS OF ROTATION
- 3. RESIDENT SCHEDULE
- 4. OUTPATIENT CLINIC
- 5. OPERATING ROOM
- 6. ON CALL
- 7. CONFERENCES
- 8. BRIEF CPRS INSTRUCTIONS

Welcome to the New Mexico VA Ophthalmology Rotation. We look forward to working with you. This handbook is designed to make transparent the goals and expectations for this rotation, and to help streamline orientation and paperwork. We welcome any suggestions or inquiries.

1. ORIENTATION

Please complete the orientation well in advance of the rotation start date to ensure that you are able to participate in patient care (operate) the first day of the rotation.

UNM Orientation – Contact Person: Terry Walton

Department of Surgery, 2nd floor ACC, UNM Main Hospital 272-6120, <u>twalton@salud.unm.edu</u>

VA Orientation - Contact Person: Arlene Bagga, MD, cell 505-610-9209

1. Appointment letter

Personnel Office, Building 4, Rm 218, Processing and Records Section You will be fingerprinted and they will provide you with a signed letter. This letter is required to operate.

2. Computer access

Gerald Casteel, Rm 3D-129 in the main hospital, Building 41

Mr. Casteel will set up your computer access code and long distance code. This takes 2-5 days to process. If he is not in the office, go to 3B-112 and ask the surgery service secretary to page him or Walker.

3. Prescribing privileges -

Pharmacy Administration, Rm 1D-116 in the main hospital first floor You will need your appointment letter for this step

4. Parking

VA Police Station, Rm 1B-150, next to the ER in the main hospital You will need your car registration and insurance card for this step

5. Dictation code

Go to <u>http://vaww.albuquerque.med.va.gov</u>. Under the Clinical Corner section, Select dictation instructions.

6. <u>Fire safety</u>

Annex Building, across from building 39 Held Mondays 12:30-1:30 You MUST completed this prior to working at the VA

7. OR access card

Pamela Tucker, 3B-112 in the main hospital

These cards are <u>not</u> transferrable from one resident to the next

8. Locker Room and Locker codes

Joyce Mullen, head tech eye clinic, 265-1711 ext 4185

9. <u>Scrub machine</u> Edith at the front desk in the OR

2. GOALS OF ROTATION

■ Provide comprehensive medical and surgical care to our Nation's veterans. <u>Patient care is the first priority and is taken very seriously</u>. We expect the same level of commitment to this goal from our rotating residents

■ Participate in clinical duties, with a focus on the perioperative process for cases assigned to residents

■ Participate in a wide variety of ocular surgery, including cataract, cornea, retina, glaucoma, and eyelid surgery

■ Participate in a variety of minor procedures in the clinic

• Engage in self assessment of clinical and surgical skills, and work with attending physicians to improve these skill sets during the rotation

3. RESIDENT SCHEDULE starting March 1, 2010

Monday	Tuesday	Wednesday	Thursday	Friday
AM Watkins	AM	AM Watkins	AM Das OR or	AM Academic
OR	Watkins clinic	OR	Watkins OR	Time
PM	PM	PM	PM	PM
Watkins clinic	Watkins clinic	Das Clinic	Das Clinic and	Watkins clinic
			Watkins	
			postops	

4. OUTPATIENT CLINIC

• <u>Preop evaluations</u> are schedule under the respective attending 1-3 weeks prior to the surgery date. The resident is responsible for the following on each resident case scheduled with Dr. Watkins:

Paper chart:
Complete eye history and exam (dilated if not done within last month or if significant change in vision)
IOL master calculations, lens picks (posterior chamber and sulcus lens)

-CPRS: Preop orders Preop history and physical Medication Reconciliation Attending physician who will staff the case will completed the following:

- Brief examination of patient

- Consent form

- Ophthalmology Attending Note in CPRS

• <u>Post op</u> patients are scheduled in the appropriate attending clinics. Residents are encouraged to see one day post op patients, and to follow their post op patients as long as they are on the rotation.

■ Retina patients are to be seen with Dr. Das

■ Residents are encouraged to participate in the care of all Eye Clinic patients, and to be available and aware of lasers and procedures so that they can participate.

■ <u>All</u> Eye Clinic patients <u>must</u> be seen by an attending physician, and only the attending may enter an Ophthalmology note for the patient in CPRS.

5. OPERATING ROOM

■ First case starts at 7:30. Attendings and residents are expected to arrive at 6:45am and to mark the surgical site.

■ Resident assigned cases can be found in the green surgical logs in the clinic. Approximately 5-6 cases/week are schedule for the resident, and are always attending supervised. This may vary with holidays, vacations, and resident interviews.

■ In order to be eligible to perform surgery, a resident <u>must</u> be in the clinic to complete the preoperative examination of their patients (for Dr. Watkins). The resident who completes the preop may not always be the resident who is operating on the patient due to rotation schedules.

■ The resident is responsible for the following after surgery in CPRS:

-Post op orders

-Brief operative note

-Discharge Instruction for the patient

6. ON CALL

■ Access to the clinic exam lanes after hours is via a key available with the Operator in the Basement of building 41, B quadrant. Please sign the key out and return it before leaving the building.

■ The on-call policies at the UNM and the VA differ significantly, as the VA demands resident supervision at all times

■ The resident MUST call and speak with the attending on-call about <u>every</u> patient seen after hours. There are <u>no</u> exceptions to this rule.

■ An Ophthalmology Consult note must be filled out in CPRS for every patient seen on call. Please see instructions for completing this in section 8.

■ If the attending does not come in to see the patient at the time the resident does, the consult note <u>must</u> by cosigned by the attending <u>within</u> 24 hours.

■ It is the residents responsibility to keep track of their work hours (currently a maximum of 80 hours) and to notify the attending if they need to be released from duty.

7. CONFERENCES

■ Resident surgical complications are to be presented by the resident at the M&M conferences held bimonthly at the VAMC. Residents are expected to attend all M&M conferences scheduled the 2nd and 4th Tuesday of each month at 7am in the 5th floor Medicine Conference Room.

■ Residents are expected to attend UNM Friday morning lectures

8. BRIEF CPRS INSTRUCTIONS

<u>Preop Orders</u>: ORDER tab at bottom of screen \rightarrow PACU/ASU orders \rightarrow ASU Preop Orders \rightarrow ASU Ophthalmology Orders, fill out all tabs except for allergies

<u>Post op Orders</u>: ORDER tab \rightarrow PACU/ASU orders \rightarrow ASU Post op Orders \rightarrow ASU Ophthalmology Orders, fill out pertinent tabs and meds

■ For routine cataracts, please prescribe 10cc of prednisolone with no refills, 3cc of Vigamox with no refills, and ONE roll of silk tape. Prescribe Acular based on attending recommendations.

<u>Preop History and Physical</u>: NOTES tab at bottom of screen \rightarrow NEW NOTE at bottom left of screen \rightarrow type in HISTORY AND PHYSICAL \rightarrow FOCUSED PREPROCEDURE ASSESSMENT \rightarrow fill out exam and history, must select yes or no for all questions, do not leave any blank

<u>Medication Reconciliation</u>: NOTES tab at bottom of screen \rightarrow NEW NOTE \rightarrow type in MEDICATION RECONCILIATION \rightarrow SUBSPECIALITY MEDICATION REVIEW \rightarrow select accurate or inaccurate at the end of the med list, make notes if inaccurate.

• We are not to change any med orders, just to document whether the list is correct or not, and to be aware of any meds the patients are on that may affect the surgery. Patient should be advised to consult their primary care to update the list)

Brief Operative Note: NOTES tab → NEW NOTE → BRIEF OPERATIVE NOTE

■ Please fill this out so that other providers can understand what we did (e.g. cataract extraction right eye instead of PE/PCIOL OD)

<u>Discharge Instructions</u>: NOTES tab \rightarrow NEW NOTE \rightarrow DISCHARGE INSTRUCTIONS

■ This document is for the patient to take home after surgery

<u>On-call Consult Note:</u> NOTES TAB \rightarrow NEW NOTE \rightarrow type OPHTHALMOLOGY CONSULT \rightarrow click on pending consult request in box at bottom \rightarrow Template tab at bottom left of screen(shared templates, surgical service, ophthalmology clinic) \rightarrow double click on Ophthalmology Clinic to get template \rightarrow Click OK \rightarrow Complete template and sign after discussing with attending on-call (select on-call attending to cosign note)