SURGICAL VITREORETINAL FELLOWSHIP PROGRAM

UNIVERSITY OF KENTUCKY AND

RETINA ASSOCIATES OF KENTUCKY
Lexington, Kentucky

Fellowship Director
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Vitreoretinal Faculty
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I Purpose and Objectives:

The fellowship in retinal and vitreous diseases will provide an advanced level of competence in the diagnosis and management of medical and surgical retina and vitreous diseases.

II Qualification of Applicants:

The applicant must have satisfactorily completed a residency program in ophthalmology.

III Organization of the Program:

The program is shared between Retina Associates of Kentucky, a private organization, and the University Of Kentucky Department Of Ophthalmology. The parent institution will be the University of Kentucky.

IV Salary:

The fellow will receive a stipend of $40,000 during the first year and $42,000 during the second year. The fellow may apply for grants or awards, which may be used to pay for a portion of the stipend.

V Qualification of Faculty:

The faculty is board certified by the American Board of Ophthalmology. With multiple faculty members, the fellow will be exposed to different techniques and philosophies. The faculty is engaged in ongoing clinical research, demonstrated by presentations and publication in Journals and national meetings. The faculty restricts their practice to vitreoretinal disorders.

VI Duration and Location of Fellowship Training Program:

The fellowship will be for a two years' duration beginning July 7, 2007. This program is split (50/50) between the University of Kentucky and Retina Associates of Kentucky with alternating rotations of three (3) months duration. The fellow will attend Grand Rounds and lectures at the University of Kentucky, and may be asked to supervise or participate in rounds to varying degrees. A portion of the time may be allocated for research activity. The fellowship is structured to provide the fellow with maximal responsibility in the performance of clinical and surgical procedures, depending on the skill level of the fellow.

VII Clinical Supervision by Vitreoretinal Faculty:

The faculty will maintain a presence, and supervise the fellow as appropriately needed, and will periodically assess the fellow's experience by means of written evaluation and documentation, and make adjustments for areas of deficiency in the fellow's performance, or in the fellowship, on a regular basis. The faculty will certify the satisfactory completion of the course of training by the fellow, at the end of the training program by a written certificate issued by the University of Kentucky and Retina Associates of Kentucky. The fellow will spend time with each of the faculty in their various clinics and operating rooms. The fellow will work up patients in the attending clinic, assist the faculty in surgery, and be responsible for any problems involving the faculty's outpatients and inpatients; however, post-operative and follow-up patients will also be seen. The fellow should consider himself primarily in charge of the patient's case, and be responsible for the complete management of the patient. The fellow will review and interpret all angiograms performed that day, and report to the faculty so that appropriate results can be reviewed.

VIII Surgical Responsibilities:

The fellow will assist to each of the faculty in all of the surgical cases done throughout the year. These cases entail approximately 400 major vitreoretinal surgical cases in a year's period. These can include unscheduled or emergent ones, as well as scheduled cases. The fellow will initially begin as an assistant, and as his skills develop, he will be given greater responsibility. The cases may involve the use of expanding gas tamponade, silicone oil, perfluorocarbons, and other complex maneuvers, including subfoveal surgery. The fellow will be responsible for postoperative exams, and pressure measurements, on a daily basis of all patients. The fellow may be responsible for dictating operative notes as individually requested, and to dictating other hospital and discharge summaries.

IX Conferences:

The fellow will spend several hours per months devoted to regularly scheduled formal teaching for his presentation to the clinical conferences attended by the faculty, either at Retina Associates of Kentucky or the University of Kentucky. The fellow may be responsible for developing several lectures during the year.

X Call Responsibilities:

The fellow will be on call on a rotating schedule with the other vitreoretinal fellow.

The number of after hours emergency patients are not too many, but the fellow must be available at all times, especially for phone consultation. The fellow will have a three-week paid vacation (one week while at RA services and two weeks on UK services), and this should be at times agreeable with the vitreoretinal faculty, and not take place in June or July.

XI Literature Studies:

The fellow will be guided in an ongoing program of study of pertinent vitreoretinal literature, as indicated on a case-by-case basis, and there will be adequate clinical material from a wide variety of patients for examination, evaluation, treatment, and discussion to compare with points made in the current literature.

XII Subject Areas Included in the Fellowship:

The fellow will be exposed to a broad variety of retina and vitreous disorders, including ocular oncology, uveitis, macular disease, retinal vascular disease, retinal and choroidal degenerative, and hereditary diseases, infectious retinal disease, and cases needing scleral buckling and vitrectomy surgery for a variety of causes. Trauma, endophthalmitis, and complicated vitreoretinal problems will be encountered. The full range of state-of-the-art techniques are utilized.

A. Fluorescein Angiography
The principles of fluorescein angiography, including supervised independent interpretation of a large number, (at least 500), of fluorescein angiograms will be provided.

B. Electrophysiology
The fellow will be trained primarily at the University of Kentucky so that either he or she will understand the indications for electro-retinography and electro-oculography, and how to interpret recordings, and how to utilize those interpretations in the management of a variety of retinal diseases.

C. Ultrasonography
The fellow will be trained so that he or she will be familiar with the basic principles of A scan and B scan ultrasound, and be able to perform and interpret ultrasound examinations.

D. X-Ray, CT Scan, MRI
The fellow will be provided exposure to the interpretation of x-ray, CT, or MRI scans, especially with penetrating injury, and learn to evaluate eyes with suspected intraocular foreign bodies.

XIII Training of Vitreoretinal Surgery

The surgical retina fellow will have intensive training in both vitreous and retina surgery. The fellow will have sufficient training with graduated supervised experience with the entire spectrum of vitreoretinal disorders, so that he or she may develop diagnostic, therapeutic, and surgical skills, and judgement to handle appropriate cases including:

A. Rhegmatogenous Retinal Detachment

The fellow will understand the features that differentiate rhegmatogenous from secondary retinal detachment. The fellow will perform personally and/or assist in surgical repair of rhegmatogenous retinal detachment to the point of being expert in location of retinal tears, treatment of retinal tears, and the placement of scleral buckles. The fellow will examine all retinal detachment patients prior to surgical procedure, and prepare a formal retinal drawing, indicating the locations of all retinal breaks, and the extent of the detachment, and the location and staging of proliferative vitreoretinopathy.

B. Posterior Vitrectomy

The fellow will assist or perform personally posterior vitrectomy for a variety of indication, including complicated rental detachment with proliferative vitreoretinopathy, proliferative diabetic retinopathy, giant retinal tear, vitreous hemorrhage, retinal detachment, endophthalmitis, intraocular foreign body, and others.

C. Ocular Trauma

The fellow will evaluate eyes with both blunt and penetrating injury, and learn the techniques of preoperative evaluation, including specializes studies to search for retained intraocular foreign body. The fellow will assist or personally perform surgery for ruptured globe and removal of intraocular foreign bodies. The giant magnet, the rare earth magnet, and vitreous forceps will e utilized as indicated.

D. Laser Photocoagulation

1. Diabetic Retinopathy: The fellow will develop knowledge of the indications and treatment of macular edema and proliferative diabetic retinopathy. The fellow will personally perform both panretinal photocoagulation and treatment for diabetic macular edema in significant numbers of cases.

2. Other retinal vascular disease: Panretinal photocoagulation will be performed for vascular proliferative disease due to non-diabetic causes such as branch vein occlusion, and/or central vein occlusion.

3. Choroidal Neovascular Membranes: The fellow will be exposed to the pathogenesis of choroidal neovascular membranes in age-related macular degeneration and ocular histoplasmosis syndromes, and in other disorders. He or she will understand the indications and results of angiography in these cases, and understand the indication sand results of laser photocoagulation. The fellow will treat subretinal choroidal neovascularization during the fellowship period.

XIV Research

Clinical research is an important part of our program, and our institution has served in several national clinical research programs, including the national Eye Institute Silicone Study for proliferative vitreoretinopathy, the National Collaborative Study for Vitrectomy for Prevention of Macular Hole, and the National Collaborative Study for Vitrectomy for Macular Holes. Additionally, we participate in the National Tolrestat Study, Submacular Surgery Trail, Stage II Macular Hole Study, Perfluoron/Proliferative Vitreoretinopathy Trail, and Choroidal Neovascularization Prevention Trial.

XV Documentation and Verification of Program Activities

The fellow will keep surgical logs and verification of conferences, journal clubs, lectures, and other meetings throughout the duration of the fellowship.

XVI Accreditation of Fellowship Program

At the current time there is no accreditation or certification for vitreoretinal fellowship programs. However, the faculty will attempt to structure the program so that it would meet future criteria for accreditation.