

**West Virginia University  
Glaucoma Fellowship Program  
Manual**

*2025-2026 Edition*

(Revised July 2025)

**West Virginia University Eye Institute  
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**Policy statements and other information are subject to official administrative interpretation and revision at any time.**

# Introduction

## *Message from the Program Director*

Welcome to the Glaucoma Fellowship at the West Virginia University Eye Institute! I am excited to work with you as you complete your final year of training. You have worked hard along a very long course of training to reach this point and we are privileged to help make this your capstone year. The glaucoma faculty provide one of the most complete glaucoma fellowships due to the wide scope of surgical and laser procedures that we perform. This breadth of experiences and approaches will give you the skills and confidence to provide excellent glaucoma care to your patients. We will also help you develop the skills to continue to advance glaucoma knowledge through research as well as how to evaluate and implement emerging technologies. Glaucoma continues to be a rapidly evolving medical and surgical field and I am thrilled that you have chosen to join the glaucoma community as we work to continually provide and improve glaucoma care.

Brian McMillan, MD

## *Program Design*

West Virginia University is proud to offer a clinical glaucoma fellowship. This fellowship is a one-year program. The West Virginia University Eye Institute is the only tertiary eye center in West Virginia and draws patients from around the state and the surrounding areas. This comprehensive service package and geographical catchment area provide a great range of pathology, allowing an excellent educational experience.

Incoming fellows must have completed an ACGME accredited residency in ophthalmology and have obtained a West Virginia Medical License.

As you progress through fellowship, you will gain clinical knowledge and be given increasing responsibility in both clinical glaucoma management and resident/medical student education. You will be expected to be able to function independently as a general ophthalmologist. To this end you will be permitted to take call as part of internal moonlighting in the faculty call schedule. You are to be available to the residents on call.

The Eye Institute has an extensive didactic series in which the fellow participates. The fellow is expected to attend every lecture given by the fellowship faculty, lectures on ethics, billing, and practice management, anterior segment and glaucoma division meetings, and Grand Rounds.

Understanding research and being able to interpret published articles is part of the academic mission of the West Virginia University Eye Institute and Glaucoma Fellowship Program. Scholarly activity is required of every fellow. The fellow is expected to develop a research project that is submitted in abstract form for national presentation, eg. ARVO (deadline first week of December; meeting in May) and in manuscript form to an appropriate peer-reviewed journal. Collaborative research is encouraged at every level in this institution. You will be guided through these endeavors by your faculty.

Our goal is for every fellow to graduate with competence and confidence in the field of glaucoma management.

## *Aims of Program*

Our program aims to provide excellent clinical and surgical training in order to produce confident and competent graduates. Additionally, we aim to foster academic pursuits and evaluate new research.

## *Departmental Faculty*



Tony Realini, MD, MPH



Brian McMillan, MD



Joel Palko, MD



Kevin Halenda, MD

## **Facilities and Equipment**

### *West Virginia University Eye Institute*

The West Virginia University Eye Institute is a 40,000 square foot, state of the art facility. The institute opened in June, 2001, and is the only tertiary eye care center in the state of West Virginia. Ophthalmic care is provided to patients from the entire state of West Virginia as well as the surrounding states of Maryland, Pennsylvania, Ohio, Virginia, and Kentucky.

The institute has an extensive examination and treatment area. There are 56 examination rooms including 10 20-foot lanes. There is a minor procedure room. State of the art equipment includes Excimer, YAG, SLT and diode lasers, as well as ultrasound, corneal topography, pachymetry, non-mydratiac fundus photography and perimetry machines.

The institute has an extensive ophthalmic photography department. Capabilities include fluorescein and indocyanine green angiography, optical coherence tomography, slit lamp and external photography.

The institute uses an electronic medical record system (EPIC). All chart notes, laboratory results, outside correspondence, and operative reports are entered into this electronic system. Computed tomography and magnetic resonance images are viewed electronically through the PACS system (INFINITT).

Special space is dedicated to fellowship training within this extraordinary facility. The fellow is given his/her own desk in the fellows' room. A computer with high speed internet connection is provided at this desk. Office supplies, a copy and FAX machine are close by which is very convenient for presentation preparation. The auditorium is adjacent to these rooms.

The Eye Institute is dedicated to new discovery in the field of eye care. Research laboratories are located on the second and third floors of the Institute. This close approximation promotes collaboration between the basic scientists and the clinicians.

There are very few free standing buildings dedicated to eye care in the United States. The faculty and staff of the West Virginia University Eye Institute and the people of West Virginia are extremely privileged to have such an outstanding facility.

## ***Auditorium***

The Pangilinan Family Lecture Hall is a state of the art auditorium that seats just over 90 people. The computerized medical record as well as all radiology imaging can be accessed through the computer system in the auditorium. Presentations can be made from the network system, compact disc, USB compatible storage systems, and conventional slides. Tele and video conferencing is done in the auditorium. All didactic sessions and Grand Rounds are held in this auditorium.

In addition to the Pangilinan Lecture Hall, there is a separate smaller conference room that is used for glaucoma academic sessions. Scheduling of both these rooms is done through the administrative assistant.

## ***Operating Rooms***

Operating rooms are located on the second and fifth floors of Ruby Memorial Hospital. There are 10 operating rooms on the second floor. Room 207 is dedicated solely to ophthalmic surgery. It is equipped with a Zeiss ophthalmic microscope. The second floor rooms are used in conjunction with the same-day-surgery unit. There are 19 operating rooms on the fifth floor, which is the main OR.

In addition to the hospital operating rooms, the Eye Institute has a minor procedure room on the first floor equipped with a Zeiss ophthalmic microscope, and bipolar cautery.

## ***Hospital Examination Room***

A fully equipped ophthalmology examination room is located on the West 7<sup>th</sup> floor of Ruby Memorial Hospital. The fellow is issued a key-card for this room. A computer with access to the electronic medical record is located in this room. There is a PACS system located on the same floor in the physician work room.

Everyone should tidy the space after his/her use so that the next patient/doctor will be in a clean examination room. The person using the last of a particular item should take responsibility for restocking it. All residents and fellows are responsible for general maintenance of the exam rooms, (e.g. restocking forms,

eye patches, keeping pharmacy full (pharmacy stock technician pager #1124), checking equipment, etc.) All equipment used on call must also be kept in order and well maintained. This includes but is not limited to the tonopen, the portable indirect ophthalmoscope and the portable slit lamp. The instruments in the on-call tray must be cleaned after each use. Any resident or fellow that uses these instruments is responsible for having them cleaned in the eye institute and then placing them back in the 7 West examination room. When not being used directly for patient care, all instruments must be kept in the 7-West exam room and available for use. Do not carry this equipment with you other than for direct patient care. Report any defects in the equipment to the residency program coordinator so that the problem can be quickly addressed.

## ***Office Space***

Each fellow is given a desk on the second floor of the Eye Institute in the fellows' room. The fellows are responsible for keeping this room organized and for informing the program coordinator of any malfunctioning equipment or other problems with the rooms.

## ***Ophthalmology Call Room***

Although all ophthalmology call is from home, a call room is provided to ophthalmology residents, should they need to use it. This room is located on the 2<sup>th</sup> floor of the hospital.

## ***Pager***

Fellows are provided pagers at no charge through Ruby Memorial Hospital or Via Spok Mobile. These pagers have a range of approximately 10 miles.

## ***Veterans Administration Hospital***

The fellow may go to the VA to provide attending-level coverage of general ophthalmology clinics staffed by residents. The fellow sees patients out of a fully equipped ophthalmology examination room in the eye clinic. Surgery is performed in the OR on the 3<sup>rd</sup> floor.

# Goals and Objectives

## *Overall Goals and Objectives of the Glaucoma Fellowship*

The goal of this fellowship is to provide training that facilitates the maturation of diagnostic and therapeutic clinical skills necessary to practice comprehensive glaucoma care in accordance with the standards set forth by the Accreditation Council for Graduate Student Medical Education (ACGME). This includes the refinement of interpersonal, academic, and investigational skills as well as interdisciplinary collaborations that advance the field of glaucoma.

The faculty of the fellowship include Tony Realini, MD, Brian McMillan, MD, Joel Palko, MD, and Kevin Halenda, MD. Dr. McMillan is the Director of the Glaucoma Fellowship Program.

During training the fellow is required to learn medical knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, and apply this knowledge to patient care. In general this includes being familiar with the latest developments in pathogenesis and pathophysiology of glaucoma, clinical examination techniques, diagnostic testing, and pharmacologic, laser and incisional surgical interventions for glaucoma management. The fellow must participate in all activities that help facilitate the development of this medical knowledge including lectures, grand rounds, journal club, national meeting presentation and attendance, and scholarly activity. The fellow is required to produce one scholarly work during the one-year training period (peer-reviewed publication or book chapter submission). The fellow must submit at least one abstract for national presentation eg. ARVO (submission deadline, December; meeting held in May).

The Fellow must further develop his/her ability to provide patient care that is compassionate, appropriate, and effective. The fellow must communicate effectively with patients and all members of the healthcare team. S/he must develop the ability to formulate appropriate differential diagnoses and learn to make informed decisions about diagnostics and therapeutic interventions based on properly gathered patient information, up-to-date scientific evidence, and clinical judgment. The Fellow must further develop the ability to practice culturally competent medicine and use information technology to support patient care decisions. In addition to the activities listed above, online learning modules and hospital seminar courses facilitate this development.

The Fellow must learn to investigate and evaluate his/her own patient care practices, appraise and assimilate scientific evidence, perform well designed scientific research, and improve patient care practices. In addition to scholarly activity discussed above, the Fellow is required to participate in quality improvement projects. These are mentored by the faculty.

The Fellow must learn to become aware and be responsive to the larger context and system of healthcare. S/he must be able to effectively call on system resources to provide excellent patient care. This includes the business aspects of medical practice. Activities that facilitate this process include formal lectures on billing and practice management, billing audits with the WVU Healthcare compliance team, and hands on experience in 2 different health systems, a large university based practice and the VA hospital.

The Fellow must comply with all professional standards set forth by West Virginia University Graduate Medical Education, ACGME, West Virginia University Hospitals, the VA Hospital, and the Program Director. The Fellow is required to attend a Basic Humanities Seminar course and to complete online modules that focus on professionalism.

## ***Fellowship Orientation***

The fellow will go through an orientation prior to seeing patients. The goals of orientation are to introduce the new trainees to the working environment, including the electronic medical record, the physical facilities, and all pre-patient care required GME training. A copy of the fellowship orientation is attached to the appendix.

## ***Specific Goals and Objectives***

The goal of this fellowship is to provide training that facilitates the maturation of diagnostic and therapeutic clinical skills necessary to practice comprehensive glaucoma management. This includes the refinement of interpersonal, academic, and investigational skills as well as interdisciplinary collaborations that advance the field of glaucoma. The fellowship is structured to provide education leading to mastery of all six of the ACGME core competencies as well as surgical technique.

### **ACGME Core Competencies**

The American Council for Graduate Medical Education requires all residencies in all medical specialties to address six core competencies as part of the Graduate Medical Education Program. These core competencies are:

- 1) Patient care including care and respectful behaviors towards patients, developing good patient interviewing skills, developing informed decision-making skills, developing and carrying out the patient management plan, counseling and educating families, performing procedures, learning preventive health services, and developing teamwork and working within a healthcare team.
- 2) Medical knowledge including investigatory and analytic thinking and the development of knowledge and application of basic sciences.
- 3) Interpersonal skills including creation of therapeutic relationships with patients and developing good listening skills.
- 4) Practice-based learning and improvement, including analyzing one's own practice for needed improvements, using evidence from scientific studies, applying research and statistical methods, using information technology, and developing skills to facilitate the learning of others.
- 5) Systems-based practice, including understanding the interactions of the physician practice with the larger healthcare system, developing knowledge of medical practice and the healthcare delivery systems, developing cost effective healthcare, and advocating for patients within the healthcare system.
- 6) Professionalism including developing respectful and altruistic attitudes towards patients, developing an ethically sound practice, and developing sensitivity to cultural, age, gender, and disability issues.

The WVU Department of Ophthalmology faculty incorporate these competencies as part of day-to-day training in the clinical and OR settings as well as through didactic lectures. Outside faculty from the WVU School of Medicine also provide lectures specifically addressing these areas.

Ophthalmology faculty will evaluate residents in these areas as part of the end of rotation quarterly evaluations. Surgical procedure logs, observing fellow clinical examination skills, review of medical records, conference attendance logs, and fellow self-assessment will all be used to assess fellow competence in these areas.

# ACGME Milestones

The ACGME Milestones are used to gauge the resident’s progression in each of the core competencies. At the beginning of training, the resident is expected to be at milestone level 1. By the completion of training, the resident is expected to have accomplished level 4. Level 5 is reserved for extraordinary accomplishment and is not required for successful completion of the program. The Clinical Competency Committee is comprised of faculty familiar with the residents in various stages of training and meets twice a year to evaluate the residents according to the ACGME Milestones.

The ACGME Milestones document with individual assessment items are available for review in the Supplement, Section V.

## Example Rotation schedule

|                   |    | MON            | TUE             | WED         | THU             | FRI                         |
|-------------------|----|----------------|-----------------|-------------|-----------------|-----------------------------|
| <b>Glaucoma 1</b> | AM | Realini Clinic | McMillan clinic | McMillan OR | McMillan Clinic | McMillan Clinic             |
|                   | PM | Realini Clinic | Palko clinic    | McMillan OR | McMillan Clinic | Fellow Comprehensive clinic |

|                   |    | MON  | TUE        | WED                                  | THU                                     | FRI   |
|-------------------|----|--|------------|--------------------------------------|---|---|
| <b>Glaucoma 2</b> | AM | Halenda Clinic                             | Halenda OR | Palko OR 1,3,5<br>Halenda clinic 2,4 | Palko Clinic1,3,5<br>Halenda clinic 2,4 | Halenda Clinic 1,2<br>/ McMillan clinic 3,4,5 |
|                   | PM | McMillan Clinic<br>Wks1,3,4,5<br>Wk2 Admin | Halenda OR | Palko OR                             | Palko Clinic1,3,5<br>Halenda Clinic 2,4 | Fellow Comprehensive clinic                   |

\*Rotations will alternate every 6 weeks on time with current resident rotation schedule. Senior resident will complete both rotations on separate 6wks blocks, and Fellow will have ~ 6 months on each schedule. This is an example schedule and is subject to change and alternating with resident on service as needed\*

## **1. Medical Knowledge**

The fellow is expected to have a comprehensive understanding of the relevant ocular anatomy, basic science, evaluation and management of glaucoma upon starting the fellowship. The year of fellowship will be geared toward perfecting examination techniques and diagnostic skills, and refining therapeutic decision-making and surgical skills. To this end, the fellow is expected to devote substantial time to reading the various glaucoma texts as well as the published literature to achieve mastery of the didactic knowledge required to succeed as an independent glaucoma specialist. Additional didactic education will take the form of clinical teaching during patient-care time, attendance of educational events within the department (including weekly grant rounds, all glaucoma section resident didactic lectures, glaucoma journal clubs, and CME events) and at regional, national and international meetings. Assessment of medical knowledge occurs throughout the fellowship in discussion of patients. Depth of knowledge is assessed as the fellow presents his/her assessments and plans on the patients seen. The faculty will ask the fellow questions during these patient presentations. These questions will involve increasing depth of knowledge as the fellow progresses through training

## **2. Patient Care**

The fellow is expected to see new patients, return patients, post-op patients, and any inpatients on the glaucoma service. Faculty will instruct you on which patients they would like you to see. You are expected to see as many patients as possible, but not at the expense of complete history, examination, and formation of assessment and plan. The fellow is expected to interact professionally and have empathy with the patients. There will be instances where the faculty directly supervises your history and examination technique. You will present the patients you have seen to the attending physician. After management is determined, the fellow is expected to follow-up on all investigational studies. This is part of the continuity of care and good practice techniques. You are expected to learn the risks and benefits of the management plan, including surgical plans, so that informed consent can be obtained.

Presentation to the attending physician, review of examination, and ability to form an assessment and plan will be used by the faculty to evaluate the fellow's patient care in the twice yearly evaluations. In addition to faculty evaluation, every six months the clinic manager and OR nurse will evaluate your performance. You will be responsible for obtaining patient evaluations. These forms can be obtained from the Fellowship Coordinator and are part of your 360 degree evaluation.

The fellow is expected to be prepared for every case done in the operating room. This includes knowledge of the patient history, knowledge of the steps in the surgery planned, and post-operative care of the patient.

## **3. Interpersonal and Communication Skills**

The fellow is expected to function as part of the glaucoma team. Arrival on time or before to all clinical and scholarly activities is mandatory. If absence or tardiness is necessary, the fellowship

director, other glaucoma faculty, and the lead technician and/or the program coordinator should be immediately notified. The fellow will be evaluated by the faculty on their interpersonal and communication skills in this section of the evaluation form in the twice yearly evaluations. In addition once during the year, the clinic manager and OR nurse will evaluate the fellow's performance on this rotation in this regard as part of the 360 degree evaluation. Formal instruction on how to communicate is given through seminars and courses such as the Basic Humanities course that is attended at the beginning of fellowship and hospital sponsored seminar in the second year of training. Small group discussion, pre and post-testing, and formative feedback are part of these formal didactic sessions. Lastly, the Fellow is expected to submit an abstract for presentation at a national meeting.

#### **4. Professionalism**

The maintenance of a professional and ethical environment is of the utmost importance. The fellow is expected to dress professionally as outlined in this manual. OR Scrub suits should not be worn to clinic. The fellow will be sent home to change if his/her attire is inappropriate.

Ethics are part of the formal didactic schedule, but the evaluation of professional and ethical behavior will take place in the clinical/surgical environment. The fellow is expected to be HIPAA compliant. The fellow is expected to act in a respectful, professional manner towards all individuals. Part of ethical and professional behavior is being prepared for surgery. The fellow is expected to be prepared for all surgical cases. The fellow needs to be familiar with the patient's history, even if he/she did not see the patient in the clinic. The fellow is responsible for completing the pre and post-operative paper work. This includes writing all of the patient's prescriptions, checking for allergies, anticipating if post-operative admission will be required, etc. Any behavior deemed unprofessional or unethical will be addressed by the fellowship director and/or the glaucoma faculty. If this does not result in improved behavior, disciplinary action will be taken as outlined in the GME institutional policy for disciplinary action (<http://www.hsc.wvu.edu/som/GME/Policies/>). The fellow is evaluated on professionalism twice yearly evaluations by the glaucoma faculty. This evaluation will be used by the program director to determine quality of professional behavior for graduating fellows which is documented in the exit interview letter. Formal didactic teaching on professionalism is delivered through the Basic Humanities course that is a requirement at the beginning of fellowship. The fellow is expected to practice professionalism at the level of a faculty physician as successful completion of ophthalmology residency has been accomplished. Refinement of professional behavior is expected to progress through the 24 months of training.

#### **5. Practice-based Learning and Improvement**

The fellow must learn to investigate and evaluate her/his care of patients and to assimilate scientific evidence, and to improve patient care continuously based on constant self-evaluation and lifelong learning. The fellow is expected to present at Grand Rounds two times per year. These presentations should include a review of the current literature. The faculty responsible for the case will be the monitor for this session and will help lead the discussion. Specific topics may be assigned for presentation by the faculty. The fellow is expected to utilize the current literature in addition to standard text books in researching the assignment. The fellow is also expected to

research topics throughout the fellowship as they are assigned by the faculty, and to study the topics presented by patients evaluated in the clinic. Fellows are expected to attend all glaucoma academic sessions. These consist of journal clubs and didactic resident lectures. The fellow is expected to read and be able to present any and all of the assigned articles. The fellow may be asked to research a topic and determine which articles are going to be reviewed. This will be increasingly so as the fellowship progresses and responsibilities increase. This practice sets the stage for continued improvement throughout one's career. The glaucoma faculty will evaluate the fellow's practice-based learning throughout the fellowship which will be summarized in the appropriate section of the twice yearly evaluations. The fellow will also be evaluated on his/her preparation for the glaucoma academic sessions.

## **6. Systems-based Care**

The fellow will be exposed to cases involving multiple disciplines within and beyond ophthalmology subspecialties. S/he will develop an understanding of how this provides the highest quality of care, and how to function within a tertiary, university based health care system. Important management decisions that include cost assessment will be made.

The fellow is expected to be up to date on all dictations and medical record signatures. Failure to do so can result in suspension from the hospital. While this is part of professionalism, it is also part of functioning within the WVU health care system. Formal didactic teaching about systems based care is done through a lecture given by the Associate Dean of Veterans Affairs. A major part of systems based practice is the Fellow's involvement in Quality Improvement. Each fellow must complete at least one Quality Improvement Project during his/her tenure. Guidance through this process is done in conjunction with the GME curriculum and the faculty.

Learning proper coding and billing practices is crucial to being able to function upon graduation. Once a year, formal audit of the Fellow is performed by WVU internal compliance department. The results are discussed in a small group meeting with the Fellow. Formal didactic lectures on coding are part of the core ophthalmology program. The Fellow is expected to attend these sessions.

The fellow's ability to function within the WVU and Veterans health system is evaluated throughout and summarized in the twice yearly evaluations.

## **7. Surgery**

It is expected that the incoming fellow will have had some exposure to glaucoma surgical procedures but will not be adept at performing most of these procedures as the primary surgeon from the start. At the beginning of training, the fellow will start by assisting in surgery. As the fellowship progresses, the attending physician will have the fellow perform more surgery. Surgery in which the fellow performs half or more of the case is counted as a primary surgeon case for the fellow. Fellows are required to use the AUPO system to log these cases. The fellow is expected gain a basic knowledge of the common glaucoma procedures. Emphasis is placed on proper

technique. Once this is mastered, the fellow is expected to be able to perform surgery. This is done in a graduated fashion determined by the attending physician. Surgical skills will be assessed by direct observation and feedback provided to the fellow throughout the fellowship and summarized in the twice yearly evaluations.

## **Other Academic Requirements**

### ***Recruitment Selection & Criteria Policy***

Applicants to the West Virginia University Glaucoma Program must be either currently enrolled in or graduate of an ACGME accredited ophthalmology residency program. All applicants must have completed steps 1, 2, and 3 of the USMLE or Levels 1, 2 CE, 2 PE, and 3 of COMLEX, and have taken at least one OKAP examination.

Applicants can find information about our program at our website [medicine.hsc.wvu.edu/eye/](http://medicine.hsc.wvu.edu/eye/).

All applicants can apply for the Glaucoma fellowship through the SF Match system. Applications are reviewed by the glaucoma faculty. Based on this review select applicants are invited for a one day interview. Interviews are conducted in September, October or November.

After interviews are completed, the applicants that were interviewed are ranked by the faculty. The rank list is submitted to the SF Match.

### ***Requirements to Start Fellowship Training***

Each fellow must successfully complete an ACGME accredited residency in ophthalmology prior to July 1<sup>st</sup> of their first year of fellowship. **The following must be provided to the fellowship coordinator on or before July 1<sup>st</sup> of the first year of fellowship training: MD Diploma, Internship certificate of completion, Residency certificate of completion, Current ACLS card, Current immunization record, and Copy of the West Virginia Medical License.** The fellow must obtain a West Virginia Medical License before July 1<sup>st</sup> of their first year of fellowship training. The fellow must have a current ACLS certification prior to starting fellowship. This certification must be kept current throughout fellowship training. Failure to comply with this policy will result in suspension from the program.

All fellows must participate in the orientation process prior to beginning fellowship.

## ***Didactic Series and Attendance Policy***

The ophthalmology residency program has an extensive didactic series, the schedule for which is provided on a monthly basis. Glaucoma is part of this series, and in general the glaucoma faculty provide these lectures as a clustered module. The fellow is expected to attend all lectures given by the glaucoma faculty. Additional lectures on ethics and sleep deprivation are also required. Every resident is expected to read the appropriate section of the basic science series prior to the lecture. If a fellow misses a didactic session, he/she is responsible for obtaining the notes from the lecture from one of the residents. These lectures occur in the Auditorium on weekdays at 7am. The fellow is responsible for checking the schedule him/herself to know when these occur. The fellow must log the lecture attendance at every session.

As part of this post-graduate training, the fellow is expected to teach the residents. This will occur in on call clinical situations. However, the fellow will also formally teach the residents in several didactic lectures per year of fellowship. The topics for these will be assigned by the glaucoma faculty.

Failure to follow this policy will be brought to the attention of the program director. The program director will meet with the fellow. That meeting will be documented in a letter of counseling, that will be part of the fellow's permanent file. Failure to improve attendance or preparation will result in a letter of warning and probation. Probation may lead to dismissal from the program.

## ***American Board of Ophthalmology Written Qualifying Examination and Oral Examination***

The American Board of Ophthalmology Written Qualifying Examination (WQE) is given to physicians who have completed a residency training program in ophthalmology and who are candidates for board certification. Once the WQE is successfully passed, candidates are scheduled for the American Board of Ophthalmology Oral Examination, 6 months to a year later.

Prior to graduation, senior residents receive information on registration from the American Board of Ophthalmology Written Qualifying Examination. It is the fellow's responsibility to have registered and paid for his/her own board examination. The fellow will be given the day of the examination off from clinical duties.

After successful completion of the WQE, the fellow will be assigned a date for the oral examination. The fellow is expected to register and pay for this examination on his/her own. The fellow will be given time off to travel to and take this examination.

Ophthalmologists must recertify every 10 years. If a fellow has already passed these examinations, then he/she is responsible for maintaining the certification.

## ***Scholarly Activity***

Each fellow is required to participate in scholarly research activity during the fellowship. This may be in association with an ongoing project directed by one of the glaucoma faculty, or may be an independent project spearheaded by the fellow. The fellow is expected to develop and submit an abstract for national presentation and to attend the meeting and give the presentation if accepted. The fellow is also expected to prepare and submit a paper to a peer-reviewed medical journal. There may also be opportunities to contribute to other projects, including book chapters.

The fellow is expected to complete a Quality Improvement Project during the fellowship.

If funds permit, the department will pay up to \$1,200, once a year toward travel expenses for the fellow to present a paper or poster at a national meeting for which s/he is the first author. Permission to attend any other meetings will be granted by the program director. If permission is granted, the fellow may be required to use vacation time and pay for all incurred expenses.

## ***Teaching Responsibilities***

Fellows are to participate in the education of medical students, ophthalmology residents, residents from other services, and ophthalmic assistant students. Teaching requires depth of knowledge. To aid in the development of teaching ability, all fellows are required to complete the “Residents as Teachers,” module electronically ([sole.hsc.wvu.edu](http://sole.hsc.wvu.edu)) during orientation. There are many opportunities for teaching during the fellowship, including while on call, in the clinic, and in the operating room. The fellow also gives two lectures per year to the ophthalmology residents and presents Grand Rounds two times per year. The fellow is expected to be available to the consult and on-call ophthalmology resident for glaucoma patients.

## ***Grand Rounds***

The fellow is responsible for presenting Grand Rounds twice a year. The topics for these rounds will be decided upon by the glaucoma faculty, who welcome input from the fellow regarding interesting patients seen in clinic settings. The fellow is to fill out the Grand Rounds attendance sheet which is the record for CME credit. A review of the current pertinent literature is to be a part of every presentation.

## ***Departmental Continuing Medical Education Conferences***

There are one to two Continuing Medical Education (CME) conferences per year in addition to research day. The fellow is required to attend all of these conferences in every year of training. No vacation can be taken during these conferences.

## *Case Logs*

Fellows are required by AUPO to maintain a log of their surgical experience. Cases are divided into Primary and Assistant cases. Primary cases are procedures done primarily (50% or more of the case) by the fellow with direct supervision by faculty present in the operating room. Assistant cases are procedures done primarily by a faculty member with the fellow as first surgical assistant. Surgery logs must be updated each week. Surgery experience is logged into the AUPO website. Surgical logs will be reviewed and discussed with each fellow as part of their twice yearly review with the program director.

The fellow may perform cases on call without supervision. These cases are considered in the purview of the general ophthalmologist. In this situation, the fellow must not enter the case into the surgical log. This is considered internal moonlighting and it cannot be counted as part of ACGME training.

## *Medical Record*

Fellows should sign all medical records in a timely fashion as directed by the medical center's guidelines. These are completed electronically. Failure to complete medical records will lead to suspension of hospital privileges and will be recorded as a lack of professionalism in the fellow's permanent file.

## *Fellow Duty Hours in the Learning & Working Environment*

The WVU glaucoma fellowship program follows the duty hour guidelines set forth by the ACGME. <http://www.hsc.wvu.edu/som/GME/PDFS/Bylaws-2010.pdf>. These are as follows:

Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all **in-house** call activities. (WVU Ophthalmology Residents do not take any in-house call)

Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

Adequate time for rests and personal activities must be provided. This should consist of a 10-hour period provided between all daily duty periods and after in-house call.

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

In house call must occur no more frequently than every third night, averaged over a 4-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely from all educational and clinical responsibilities, averaged over a 4 week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The fellow is required to record his/her duty hours in the WVU E-value data base. These hours must be logged in each week. Instruction on the use of this system is given during orientation.

The fellow is expected to report fatigue upon completion of call to the program director's administrative assistant, or to the glaucoma faculty. If the fellow is too fatigued to participate in clinical duties, he/she will be sent to the call room to rest. If signs of fatigue are detected by the faculty, the fellow will be sent to the call room to rest, and may be sent home to rest if still fatigued. Appropriate intervention will be tailored to the fellow's level of fatigue and their scheduled activities. Appropriate interventions may include excused absence from lectures, lightened clinical responsibilities, or total relief from clinical responsibilities. The appropriate intervention will be determined by the affected fellow and program director, or the next authority line.

If a fellow is too fatigued to drive, hospital security will drive the fellow home if they live within a 10 mile radius of the hospital. If the fellow lives farther than the 10 mile radius, they can go to the Emergency Department registration desk, and receive a voucher for cab service home.

## ***Evaluations and Final Exit Summary***

### **Semi-Annual Evaluation**

In December and June, the fellow will meet with the glaucoma faculty to go over your progress so far that year and review of the following:

- Duty Hours
- Surgery Logs
- Research & Quality Improvement projects
- Evaluations from faculty
- Self-evaluation
- 360° Evaluation (June only)
  - Nurses' evaluation of your performance
  - Technician's evaluation of your performance

- Patient's evaluation of your performance

You will also be asked to complete evaluations on our glaucoma faculty, the fellowship program, and the fellowship program director. The fellow's evaluations are reviewed by the GME office who will alert the program director of potential needs for improvement. The faculty evaluations are discussed with each faculty member during their annual meeting with the department chairman. The faculty will also complete an evaluation on the fellowship program at this time. Upon completion of fellowship training a final exit summary is completed by the program director. All evaluations must be completed in a timely manner.

### **Evaluations**

Fellows are evaluated twice a year by the faculty through the E-value system. Once a year a 360° evaluation is performed which includes other clinic staff, patients, and residents.

The fellow is required to evaluate each faculty member and the program once per year. The fellow also does a self-evaluation. This is done in the E-Value system.

The program director meets with the fellow to discuss his/her evaluations twice a year. The chairman meets with each faculty member once a year to discuss their evaluations. The annual program evaluations are discussed at education committee and departmental faculty meetings.

All evaluations are required to be completed within a timely manner.

### ***Annual Program Review***

The program director, full faculty, and the current fellow meet annually to review the program. This is done according to the GME office guidelines. Minutes are recorded on the GME Annual Evaluation Form. A sample of this form is provided in the appendix.

# **Patient Care Polices**

## ***On Call and Consult Duties***

All ophthalmology and glaucoma call is from home. Because all call is from home, fellows are required to live within 15 miles of the WVU Eye Institute. The fellow is permitted to take call in the ophthalmology faculty schedule to increase salary. This is considered internal moonlighting. This call is one week at a time, four times per year. The fellow is also permitted to take surgical back-up call for medical ophthalmology faculty also four times per year.

Call is one week at a time starting Friday morning. The faculty/fellow must be available to the resident by pager at all times. The residents also have the faculty/fellow members' phone numbers. There are no times when there is not a faculty member on call and available by phone or pager. Should a faculty/fellow need to switch call after the schedule has been printed, it is the responsibility of that faculty member to make arrangements with another member of the faculty.

The on-call attending physician rounds with the consult resident every week-day and with the on-call resident every day of the weekend. All inpatient consults are to be staffed with an attending physician within 24 hours of the consult. If a trip to the operating room is required on any of these patients, an attending physician is always present.

Faculty or fellows take 1<sup>st</sup> call during the annual OKAP exam. When all residents are taking the OKAP exam, the attending will cover 1<sup>st</sup> call from 10 p.m. the Friday before the OKAP exam until 1 p.m. following the OKAP exam on Saturday. The resident on call that Saturday will contact the faculty member when the OKAP exam is completed to arrange transfer of call duties back to the resident.

Emergency consultation at the VA during working hours is directed to the residents and faculty at the VA. Off-hour VA emergency consultation is directed to the West Virginia University/Ruby Hospital emergency room and is covered by the on-call team.

## ***Call Schedule***

The call schedule is made by the administrative staff. A tentative schedule is sent out for approval prior to the schedule being set. Once the call schedule is set, it is the fellow's responsibility to find coverage if a change is needed.

## ***Moonlighting***

The only moonlighting permitted during fellowship is internal moonlighting. This is referred to in the surgical log section. The fellow must have permission for internal moonlighting from the program director, which is documented in the fellow's file. Fellows carrying a J-1 Visa are not permitted to moonlight while training in our program.

This internal moonlighting occurs in 3 ways. First, the fellow may be performing surgery or seeing patients without attending supervision while in the role of a general ophthalmologist. This is considered internal moonlighting and does not count in the ACGME view of training. These hours are included in duty hours.

Second, the fellow is permitted to take call in the faculty general ophthalmology call rotation to increase salary.

Third, the fellow is permitted to take additional general ophthalmology call for another attending ophthalmology faculty. This extra call is taken for extra pay that is paid by the faculty for whom the fellow is taking call.

None of these activities can interfere with the fellow's assigned duties, including adding to fatigue. If the fellow is taking extra call for pay, and is too fatigued to perform expected duties, then he/she will no longer be permitted to take extra call for pay. This will be determined by the program director. All internal moonlighting is included in duty hours.

## ***Patient Safety Policy***

The WVU Department of Ophthalmology requires that fellows report all issues that they become aware of, that could affect the quality of care provided to our patients. This includes morbidity, mortality, and near miss incidents, as well as unsafe conditions that could affect patients and visitors. To do this go to: <http://connect.wvuhealthcare.com/safety-reports/home>, click on the Patient Safety Net link (PSN), and complete all of the necessary information. Once completed, send either an email or a message through EPIC to our Patient Safety Office, Dr. Brian Kellermeier, outlining the issue that you reported.

## ***Emergency Department Patient Evaluation***

All emergency department requests for consultation must be seen within 20 minutes of the requested consult. The consult or on call resident often will contact the fellow for assistance in appropriate cases. The emergency department (ED) has a limited eye examination area. Unstable patients or those who have other services participating in their care should be examined in the emergency department. If the patient is stable, better ophthalmic equipment is needed, and the ED physician grants permission for the patient to leave the ED, the patient may be examined in the Eye Institute during normal working hours or in the 7-West eye examination room. Patients seen by the ED doctor must officially be discharged by that doctor, and you must communicate your management plan to the responsible ED doctor before letting the patient leave (this can occur by phone call; generally the patient does not need to return to the ED). The nurses on 7-West are responsible for inpatients and are not available to help with outpatients. If the patient is intoxicated or abusive, keep the patient in the ED. If you think you will need nursing assistance, keep the patient in the ED where nursing staff is available. Technical help is available in the Eye Institute on working days until 4:30pm. Any patient care required in the Eye Institute after 4:30 is the responsibility of the on-call physician. Please note that two physicians should be present in the Eye Institute with patients seen after hours in the event of a code and for the security of the physician.

## *Admission and Pre-operative History and Physical Examinations*

Patients who are to be admitted to the hospital or who are to have surgical procedures must have current history and physical examinations documented in their charts. Often the patient's primary care physician (PCP) will perform this for the patient. If the PCP has not done the H&P, it is the fellow's responsibility to do so. This is required of VAH patients as well as patients at the Eye Institute. The history and physical examination should be performed no more than one month prior to the surgical procedure. If a history and physical was performed further in advance, it might be appropriate, depending on the time span and the general health of the patient, merely to update it on the appropriate form.

The fellow or resident of the glaucoma service performs examinations for patients being admitted to the hospital.

**All patients need signed and witnessed consent forms prior to surgery. The witness should not be part of the operating team. If consent must be obtained on the day of surgery, an order should be written to hold all pre-operative sedation until consent is obtained.**

## *Transition of Care*

Transition of care is defined as when a physician transfers the care of a patient to another physician. This can occur in two fashions during glaucoma fellowship: if a patient develops a non-glaucoma illness and requires transfer to another service for care; or if the fellow is going to be away (vacation, illness, etc.) and therefore unable to follow glaucoma patients.

Effective communication is vital to safe and effective patient care. Many errors are related to ineffective communication at the time of transition of care. In order to provide consistently excellent care, it is vitally important that we communicate with one another consistently and effectively when the care of a patient is handed off from one physician to another. This policy is meant to define the expected process involved in transition of care.

When transferring a patient to another service, the fellow will call the physician responsible for accepting the care of the patient. The fellow will relay the name, medical record number, age, and location of the patient. The fellow will outline the nature of the illness for which the patient is being transferred, studies that are in progress or need attention, and will explain the nature of their glaucoma illness or need for surgery as well as the patient's code status, next of kin, or power of attorney if applicable. If the patient is admitted to the hospital on another service, the fellow will round on the patient and write a note daily during the week. The fellow may sign-out the patient on the weekend to the on-call ophthalmology team if deemed appropriate by the attending glaucoma physician.

The fellow is to communicate with the attending glaucoma physician daily on glaucoma patients that have been seen in off hours or are in the hospital. If the fellow is to be away, he/she will communicate with the attending glaucoma physician who will continue to care for the patient. This also applies to when the fellow graduates.

With respect to call and duty free time, the Fellow is to notify all glaucoma faculty and the program manager when duty free time is to be altered from preset dates. All changes are subject to approval by the Program Director and must not interfere with call duties or duty hour regulations.

Formal training in transition of care is done through a power point presentation and then an observed transition by the faculty using the evaluation form developed by the WVU GME office. The fellow is also evaluated on transition of care in the twice yearly e-value system. It is part of patient care.

## ***Quality Improvement Policy***

The WVU Department of Ophthalmology follows the West Virginia University Graduate Medical Education POLICY ON HEALTHCARE QUALITY, which can be found at: <http://medicine.hsc.wvu.edu/media/104122/policyonhealthcarequalityapproved11-18-16.pdf>.

In addition, our fellows are expected to participate in Quality Improvement processes throughout their training, which will include M&M Conferences, Membership on Committees that have been convened to examine and improve hospital and/or departmental QI issues, and Research that is specific to the identification, measurement, and improvement of processes at our institution. The QI Officer for the WVU Department of Ophthalmology is Dr. Thomas Mauger.

In addition fellows are expected to participate in all quality improvement didactic sessions and teaching modules provided by the quality improvement leader for the department.

One grand rounds presentation will be take place each year about the quality improvement projects: the presentation will occur in the spring to discuss project outcomes, and each resident is expected to participate.

### **QI Project Requirements**

Each fellow will participate in a minimum of 1 QI project per academic year.

Projects may include any aspect of patient care, public health, or medical education.

Documentation of the project includes completion of a PDSA Worksheet [(H:) Departmental Research>QI>QIToolkit\_PDSASWorksheet.pdf]

Each quality improvement project must be submitted to the annual GME QI Fair.

## ***Patient Discharge***

### **SAME DAY CARE UNIT (SDCU)**

Patients who have undergone surgical procedures and have been admitted to the SDCU must meet discharge criteria outlined by the nursing staff prior to discharge. These criteria are as follows:

For local procedures the patient must:

1. Stay one hour after returning to the SDCU
2. Void without difficulty
3. Keep liquids down
4. Walk with a steady gait (provided he/she could do so before surgery)

For general anesthesia the criteria are the same, but the fellow is expected to check the patient prior to discharge. The fellow must determine that these patients meet the above criteria and the discharge instructions must be reviewed with the patient and/or caregiver. A brief discharge note is required, but no dictated note is required for discharge from the SDCU.

## **INPATIENTS**

The fellow should complete the discharge summary prior to discharge of the patient. This needs to be done in the electronic medical record as well as dictated. The referring physician, medical records, and patient receive a copy of this discharge summary. The summary includes discharge medications, which the fellow should review with the patient. The fellow is responsible for writing all required prescriptions.

## ***Proper Hygiene Techniques***

In general, when examining general ophthalmology patients, the physician should avoid touching the ocular adnexa as much as possible. In order to facilitate examination of the patient's eye without hand-eye contact, the 12-inch non-sterile cotton swabs available in every room may be used to elevate the lid. When the physician must touch the lids in order to flip the lid or perform indirect ophthalmoscopy, routine hand washing between patients is required. When a patient with a possible contagious infection such as a bacterial or viral conjunctivitis is examined, the CDC recommends hand washing for at least 30 seconds in order to remove residual viral particles from the hands. In addition, the room should be cleaned with a 3:1 solution of household bleach in order to remove any residual viral material. This is VERY IMPORTANT because the spread of extremely contagious viral infections to epidemic proportions may start with the ophthalmologist. In addition, care must be taken when using a tonometer tip on any patient with a known infection. Tonometer tips should be routinely cleaned between patient examinations simply by rubbing the surface with an alcohol pad. These are available in every examination room. If there is reason to suspect that a patient has epidemic keratoconjunctivitis, the tonometer tip should be soaked in a 3:1 solution of bleach following the examination.

In many subspecialties such as dentistry, glove wearing for the examination of all patients is recommended. Ophthalmologists do not routinely encounter saliva or blood during examinations; however, since studies on spread of disease by tears have shown that numerous viruses can be spread in this manner, one should not hesitate, when in doubt, to wear gloves. These are available in every examination room and throughout the hospital. When examining a child who is suspected of having pharyngoconjunctival fever, wear gloves. With a known case of epidemic keratoconjunctivitis, wear gloves. When in doubt, notify the technician that the room has been contaminated and will need to be cleaned with a 3:1 bleach solution. The technicians are familiar with this routine and have no problem cleaning rooms as necessary.

Because the HIV virus has been isolated in human tears, patients who have AIDS or have tested positive for HIV should be examined with considerable, reasonable caution. Regardless of whether the physician has known cuts on his or her hands, the physician should wear gloves during examination of these patients, for both the patient's and the physician's safety. Intraocular pressure should be monitored using the tonopen with disposable tips.

**REMEMBER: When in doubt, wear gloves.**

For those patients or caregivers that have a known LATEX allergy, latex free gloves can be found in all sections of the clinic.

## ***Dispensing Drugs from the Eye Institute***

WVU Hospitals no longer allows dispensing of sample medications to patients.

The non-sample drugs in the work areas are to be used while treating patients in the Eye Institute. Medications that are to be used for chronic care, such as antibiotics for a full 10-day course, should be prescribed and the patient should obtain those drugs from a pharmacy. It is illegal for us to dispense these drugs because 1) we do not have a dispensing license 2) they must be packaged in childproof containers 3) they must be properly labeled with instructions for their use.

If medications (other than samples) are used for treatment rather than diagnostic purposes, the medication used should be documented in the electronic record. Examples are BOTOX injections, triamcinolone injections and Diamox. The medication, with its serial and lot number, and the dosage given must be recorded on the patient's chart.

## ***Seeing Relatives in Clinic***

Fellows are permitted to see relatives in clinic. However, all of these patients must register at the front desk and they must have a record of the visit. This must occur during business hours when the fellow does not have other assigned duties.

# Administrative Policies

## *Common GME Policies*

To view all common Graduate Medical Education (GME) policies please visit [medicine.hsc.wvu.edu/gme/](http://medicine.hsc.wvu.edu/gme/)

## *Institutional Policies*

### Diversity Policy

**Background:** West Virginia has a population of approximately 1.8 million and is highly rural state with one of the oldest population in the country. Geographically, it is the only state that rests entirely within the Appalachian mountain region. Historically, large numbers of its citizens have been employed in the extractive industries-mainly timbering and coal mining. This lack of economic diversity has resulted in a weak economy, poor socioeconomic status, and low education attainment. The state demographics reflect a small percentage of traditionally underrepresented in medicine.

**Policy:** the WVU Dept. of Ophthalmology and Visual Sciences is the flagship institution of ophthalmic education, health care, and research for the state of West Virginia. As a land grant institution, our goal is to improve the health and wellness of West Virginia residents. The department endeavors to select a gender-balance, diverse, and tolerant graduate student body, faculty, and staff. Our priority is to recruit key, value-added underrepresented in medicine groups that include African-Americans, Hispanics, LGBTQ, and Native Americans/Pacific Islanders. The WVU Department of Ophthalmology and Vision School also aims to recruit residents/fellows who are included in the socioeconomically and educationally disadvantaged rural Appalachian population.

The department endeavors are congruent with the strategic plan of the School of Medicine, the Health Sciences Center, and the University. The department believes the recruitment and accommodation of key value-added groups greatly enriches our educational and research missions; the environment for our students, residents/fellows. Faculty. And staff; and our goals in improving the healthcare of the citizens of West Virginia.

This policy is implemented to ensure there are no quotas or set-asides. Regardless of an applicant's characteristics, they are considered in the same competitive pool using the same application of University policies and procedures. The department will monitor our diversity against goals and national statistics for our program. Furthermore, GME will evaluate recruitment efforts centrally by monitoring the number of offers made of our defined value-added groups, the number of individuals who decline offers, and the number of individuals who choose to be a resident/fellow in our department.

### **Academic and Learning Environments**

The Department of Ophthalmology and Vision Sciences ensures its educational program occurs in a professional, respectful, and intellectually stimulating academic and clinical environments; we recognize the benefits of diversity; and promote resident's/fellow's attainment of competencies required of future ophthalmologist.

### **Diversity/Pipeline Programs and Partnerships**

Our department has effective policies and practices in place and engages in ongoing, systematic, and focuses recruitment and retention activities to achieve mission-appropriate diversity outcomes among its residents/fellows, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of program and/or partnerships aimed at achieving diversity among qualified applicants for residency and the evaluation of program outcomes.

### **RESIDENT/FELLOW CONTRACT**

The policies of WVU's Graduate Medical Education Program can be found here: <https://medicine.hsc.wvu.edu/gme/gme-policies/>

### **FELLOW PROMOTION**

The decision whether to graduate the PGY-5 fellow shall be determined by the fellowship program director.

In each of the rotations' goals and objectives the evaluation in each core competency area has been described. Fellows are expected to participate in all aspects of the curriculum as described in the program design. Fellows are expected to complete all academic and administrative duties as outlined in this manual.

The criteria for advancement from one post-graduate year to the next, and for graduation from this program, are successful completion of all assigned duties in each core competency area. Included under the competency of professionalism is impairment prevention. Impairment prevention is the absence of impaired function due to mental or emotional illness, personality disorder, and substance abuse. As the fellow advances from one level of training to the next, he/she must act with increasing independence and be competent to supervise others. To be granted a certificate of completion, the fellow must be competent in all of the six core competency areas and be able act independently as a glaucoma specialist.

The sponsoring institution (WVU School of Medicine) requires all fellows have a West Virginia Medical License prior to beginning training. The sponsoring institution and state of West Virginia require osteopathic physicians to have their osteopathic license before July 1st of their PGY-2 year of training. (See medical license policy)

### **ACADEMIC DISCIPLINE POLICY**

The WVU Department of Ophthalmology follows the academic discipline policy established by the WVU Graduate Medical Education By-Laws. This policy can be reviewed in the House Staff Manual or on the website, <https://medicine.hsc.wvu.edu/gme/gme-policies/>.

The WVU Department of Ophthalmology also has specific criteria that complement the WVU GME by-laws on academic discipline. For a fellow felt to have a deficiency in his or her training, the Department of Ophthalmology due process guidelines progress sequentially in three parts. 1. Meeting and letter of counseling. 2. Letter of probation. 3. Letter of warning.

The meeting with the fellowship program director and consequent letter of counseling will state the specific deficiencies and what the expectations of the fellow are. These will also indicate what the fellow can do to improve and will try to determine if there are outside factors which may explain why there is a problem.

The letter of probation will specifically state the deficiencies the fellow has been counseled for and that no improvement has been made, as well as the period of time of probation and what the expectations of the fellow are during the probation period. If the resident fails to meet these expectations, he or she may be terminated from the fellowship program. The letter of probation will also describe what will be done to assist the fellow in meeting expectations and what mechanism of evaluation will be used to determine the resident's improvement.

A letter of warning will be issued to a fellow who has not met expectations during the probation period. This letter of warning will state that expectations outlined in the probationary letter have not been met and that the fellow has a limited, defined amount of time to improve or the fellow will be dismissed from the program. The fellow has the right to appeal under the WVU Graduate Medical Education Policy <https://medicine.hsc.wvu.edu/gme/gme-policies/>.

## **DISMISSAL PROCEDURES**

The Department of Ophthalmology has established the following policy for the Glaucoma Training Program to use in the termination/dismissal of fellow's employment. Termination of a fellow's employment prior to the established expiration date of the contract may be accomplished only for good reason. The fellow should be placed on probation prior to termination unless the reason for termination is gross misconduct.

If the fellow desires a termination of employment, a letter of resignation should be submitted to the program director stating the reason for departure - an interview with the fellow maybe requested by the program director. Termination may be granted with the concurrence of the program director, department chairman and director of graduate medical education.

In accordance with the Institutional Policy, the sponsoring institution (WVU school of medicine) may elect to terminate a fellow's or resident's employment prior to the contract expiration date including but not limited to:

1. Academic or professional (gross) misconduct.
2. Endangerment of the health or safety of others, including patients, employees, or other persons.

3. Misrepresentation on his/her application for admission to the residency program.
4. Unethical, unlawful or immoral conduct.
5. Negligence of the tasks, duties or responsibilities assigned by the program director or other authorized persons including but not limited to the proper and timely completion of medical records.
6. Failure to fulfill obligations as set forth by West Virginia University Hospitals' agreement including violating any policy of West Virginia University.
7. Commitment of any act or failure to act which, under applicable state laws, could lead to disciplinary proceeding or the revocation, suspension or termination of a physician license to practice medicine in West Virginia.
8. Commitment of any act or failure to act, which, under the Bylaws of the Medical staff of West Virginia University Hospitals could lead to disciplinary action or the revocation, suspension, or termination of the clinical privileges or appointment of a member of the Medical Staff of West Virginia University Hospitals.
9. Loss or suspension of a valid license to practice medicine in West Virginia.

The Program Director, shall notify the fellow in writing of the decision to terminate employment. The Program Director will notify the director of graduate medical education of the decision. Upon notice of termination, the house officer has the right to request a fair hearing.

If an action is initiated during the term of the fellow's contract, the routine process shall be as follows:

1. The fellow will be notified that the program is considering action.
2. Upon notification, the fellow will have an opportunity to meet with the program director and present verbal and written evidence in support of his/her position in response to the reasons for the action set forth by the program director.
3. After the above referenced meeting, if the program director believes that action is warranted, action may be taken. Such actions include, but are not limited to dismissal, letters of warning or reprimand, suspension with or without pay, and extension of the terms of the resident's program. All are the option that may be instituted by the program director.

While it is hoped that it will never be necessary to institute probation and/or termination of any fellow, each fellow must recognize that the program director and faculty have the responsibility to be certain that every fellow who completes the training program at WVU Department of Ophthalmology can be certified as having satisfactorily completed his or her training.

## **GRIEVANCE PROCEDURE**

Glaucoma fellows are encouraged to seek resolution of grievances relating to appointment or responsibilities, including any difference between fellows and WVUH, the WVUEI or WVU School of Medicine with respect to the interpretation of, application of, or compliance with the provision of the agreement, in accordance with the grievance procedures set forth on the WVU website <https://medicine.hsc.wvu.edu/gme/gme-policies/>. Forms and procedures are available from the WVU Human Resources Department located on the Ground Floor of the Health Sciences

Center. This grievance procedure is also found in the By-Laws of the WVU Graduate Medical Education Programs.

### **PRACTITIONER HEALTH COMMITTEE**

Any physician (resident/fellow) with a physical, mental, behavioral, or emotional illness that may interfere with the practitioner's ability to function appropriately and provide safe patient care will be dealt with by the West Virginia University Hospitals Practitioner Health Committee as outlined in the GME bylaws. <https://medicine.hsc.wvu.edu/gme/gme-policies/>

### **RESIDENT PROGRAM CLOSURE/REDUCTION**

If the school of medicine intends to reduce the size of a residency/fellowship program or to close a residency/fellowship program, the department chair shall inform the fellow/resident(s) as soon as possible of the reduction or closure. In the event of such reduction or closure, the department will make reasonable efforts to allow the fellow already in the program to complete their education or to assist the fellow(s) in enrolling in an ACGME accredited program in which they can continue their education.

## ***Medical License and Reimbursements***

### **WEST VIRGINIA MEDICAL LICENSE POLICY**

The fellow must obtain their West Virginia license to practice medicine (or osteopathic equivalent) before beginning fellowship training. This license must be kept current. If the fellow does not possess this license he/she will not be issued a contract for renewal and will not be permitted to continue in the training program. The fellow is responsible for paying for his/her own medical license.

### **POLICY ON ACADEMIC MEETING ATTENDANCE & REQUEST FOR REIMBURSEMENT**

The West Virginia University Eye Institute hosts one to two Continuing Education Conferences per year. Fellow attendance at these conferences is mandatory. No vacation may be taken during these conferences.

If funds permit, the department will pay up to \$1,500 for travel expenses each year for the fellow to attend a national meeting. The fellow is expected to submit scholarly work to these meetings. In the second year of training, this stipend is for the Fall ASOPRS/AAO Meeting.

Travel arrangements should be made well in advance of travel dates, and only after approval of the Program Director.

The following are to be paid directly by the department. Fellows must contact Erin Kelly to arrange payment for these: Organizational membership (i.e. ARVO), registration for meeting fees, and airfare.

Items to be reimbursed to the traveler include the following. The fellow must provide exactly what is listed to the departmental accountant in order to be reimbursed.

- Hotel – original room folio must show balance paid
- Rental Car- original receipt showing balance paid, may also turn in gasoline receipts
- Cab Fare or Shuttle – request receipts
- Parking at the airport – request receipt
- Mileage (personal vehicle) – reimbursed at state rate, currently .405 cents/mi.
- Meals – per diem or **actual itemized** receipts (Per diem will vary based on city of destination, actual receipts may not exceed \$100 per day.)

Reimbursement will take 2-3 weeks.

## ***Supervision Policy***

The GME Supervision of Residents/Fellows can be found at:  
[https://medicine.wvu.edu/media/371420/supervision-policy\\_2\\_10\\_2023.pdf](https://medicine.wvu.edu/media/371420/supervision-policy_2_10_2023.pdf)

The fellow is supervised by the fellowship faculty and reports directly to the glaucoma attending physicians. Retaliation upon, or derogatory statements made to a trainee for requesting help/supervision is never acceptable and will not be tolerated. The fellow spends at least 20-25% of his time with the Program director.

At the VA Hospital, faculty members are also assigned to supervise every clinic and every surgical case. The faculty supervisor is physically present in the eye clinic and OR at the VA during patient hours.

While on call the PGY2 residents report to upper level residents who report to the attending physician on call. A faculty member is present for every OR surgical case performed on call. The fellow is considered faculty if he/she is staffing a case. This is an example of internal moonlighting. If the fellow is performing subspecialty glaucoma surgery, then he must be directly supervised by one of the fellowship faculty.

Fellows are expected to bring problems to the attention of the program director. The program director may elect to bring the problem to discussion with the education committee or department chairman.

## **FELLOWSHIP PROGRAM COORDINATOR**

The program coordinator duties are managed by the administrative staff, under the guidance of the program director. They ensure that all databases, forms, and other materials necessary for compliance are kept updated. Fellows are required to follow the instructions of the

program coordinators. The fellowship program coordinator reports to the program director and department administrator.

### **FELLOWSHIP PROGRAM DIRECTOR**

The program director has the responsibility for ensuring optimal training for the fellow under the guidelines set by the ACGME. The fellowship program director is responsible for ensuring that each fellow that graduates is competent to practice glaucoma management in a professional, independent, and ethical manner according to the core competencies. The program coordinator, fellow, and faculty, as related to the fellowship program, are under the supervision of the program director. The program director reports to the department chairman, Designated Institutional Official, and Graduate Medical Education department.

### **CLINICAL COMPETENCY COMMITTEE (CCC) Separate from the PEC.**

The Glaucoma Fellowship program also has a CCC that meets at least twice each year, typically each December and May. This group discusses and evaluates fellow performance.

#### **Chair of the CCC:**

Chair of the CCC will be appointed by the Program Director. The Chair of the CCC must be a core faculty member. The Chair of the CCC should not be the Program Director.

#### **Duties:**

The main duties of the CCC include reviewing the performance of every fellow, making recommendations to the Program Director concerning each fellow's promotion, and determining a discipline or remedial plan in case of fellow deficiencies. All decisions are determined by the available data and consensus of the Committee members.

#### **Members:**

The 2025-2026 CCC is comprised of the following individuals:

Brian McMillan, MD (Program Director)

Anthony Realini, MD (Chairman)

Kevin Halenda, MD

Joel Palko, MD

### **PROGRAM EVALUATION COMMITTEE (PEC)**

The Glaucoma Fellowship program has a PEC that is comprised of the program director, program manager, Glaucoma faculty, and Glaucoma Fellow. The PEC meets at least once each year. This group discusses fellowship program issues and when needed may address specific individual fellow issues.

The PEC is also responsible for approving the APE.

## **The Glaucoma Fellowship Program Evaluation Committee Policy**

- 1) The Glaucoma Fellowship program director shall appoint the Program Evaluation Committee (PEC).
- 2) The PEC shall be composed of at least two program faculty members and should include at least one fellow.
- 3) The overall of functions of the PEC include:
  - a. The PEC or the program director may carry out the improvement plans
  - b. The work of the PEC can go beyond meeting minimum standards
- 4) The Glaucoma Fellowship PEC, working with the Program Director, shall have the following responsibilities
  - a. Planning, developing, implementing, and evaluating educational activities of the program;
  - b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
  - c. Reviewing the program annually using evaluations of faculty, fellows, and others. The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program
  - d. Documenting the formal, systematic evaluation of the curriculum at least annually, and rendering a written Annual Program Evaluation (APE). The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. Progress on the previous year's action plan(s) must be documented.
  - e. Monitoring and tracking each of the following areas:
    1. Fellow performance
    2. Faculty development
    3. Graduate performance, including performance of program graduates on the certification examination;
    4. Program quality. Fellow and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually

# *Time Away/Vacation/Holiday/Sick Time Policy*

## West Virginia University School of Medicine (WVUSOM) Resident/Fellow Leave Policy

The fellow leave guidelines of the West Virginia University School of Medicine exist to ensure the safety and general welfare of the fellows and the effectiveness of the training programs. The guidelines are in accordance with the guidelines of West Virginia University, West Virginia University School of Medicine, ACGME, the regulatory and/or accrediting agencies, and the Residency Committee and are approved by the Resident/Fellowship Program Director, the Chair, and the Graduate Medical Education Committee.

The Program Director will review fellow leave time to assure that Residency Review Committee requirements are met. Due to the potential for stress and fatigue during fellowship training, it is expected that fellows will take advantage of whatever amount of annual leave you are able to take each year in accordance with this policy without consequence to your studies. If not requested, annual leave may be assigned at the discretion of the Program Director.

However, use of leave may impact on a fellow's ability to complete program requirements. Therefore, a fellow who takes all the allowable annual and sick leave may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVUSOM.

In addition to WVU leave policies, the ACGME and the applicable board may have requirements that must be followed in order to obtain your certificate and sit for your boards. Additional training as a resident may be required.

### ANNUAL LEAVE

Full time fellows will accrue two (2) days of annual leave per month. A day in the leave system is equal to 7.5 hours. **While, as a fellow, you are entitled to use, and may request the use of, the entirety of your annual leave, the Glaucoma Fellowship program requires that its fellows request no more than 15 days of annual leave per year to ensure that program requirements are met.** Annual leave must be accrued prior to using it. Annual leave time caps at 24 accrued days which will appear in the leave system as 180 hours. Once you accrue 24 days, you will stop accruing annual leave. Unused accrued annual leave time carries over from year to year, and at the end of your residency or fellowship, beginning from the day following your last day worked, any unused time, up to the maximum allowable accumulation of 24 days (180 hours), will either be paid to you in a lump sum or you may choose to remain on the payroll until your leave is exhausted if you are leaving the institution, or, if you are staying on as faculty,

unused accrued leave will transfer over to your new position or to another qualifying state agency.

Annual leave will be granted and is determined by the total number of Department providers present during the time period requested. All annual leave must be approved, in advance, by your Program Director and reported to the Fellowship Coordinator. Program Directors have the right to deny annual leave at the requested time. The amount of time that can be missed is limited by the educational goals of the program. No block of time greater than 2 weeks may be granted. Extended annual leave or combining annual leave with meetings is discouraged due to prolonged absence from the program. Such requests require special approval from the Program Director and must fall within the requirements of the ACGME and the applicable Board.

A fellow does not have the option of reducing the time required for the fellowship by forgoing annual leave.

In the Glaucoma Fellowship program, annual leave time may not be used during the following rotations or dates which are considered “blackout” periods:

- Eye Institute Annual Conferences (Spring and Fall conference)
- Fellow Applicant Interviews
- Months of July and June

### **SICK LEAVE**

Full time fellows will accrue 1.5 sick days per month. Sick leave must be accrued prior to using it. Sick leave may be used by an employee who is ill or injured, when a member of the immediate family is seriously ill, or when a death occurs in the immediate family. Immediate family is defined as: father, mother, son, daughter, brother, sister, husband or wife, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandmother, grandfather, granddaughter, grandson, stepmother, stepfather, stepchildren, or others considered to be members of the household and living under the same roof.

If you have any question regarding whether sick leave can be used, please contact the Fellowship Coordinator. **Excessive/unexplained absences may affect your competency evaluation and/or your promotion to the next level of training.** Sick leave for more than five (5) consecutive work days cannot be granted to an employee without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof. An employee who has been absent from work for an extended period because of illness or injury must obtain medical clearance before returning to work. The University may require verification of an illness or other causes for which leave may be granted under this policy regardless of the duration of the leave. A copy of all medical documentation must be sent to the medical management unit.

### **LEAVES OF ABSENCE**

A Leave of Absence (LOA), including Family Medical or Military leave, may be requested by a resident/fellow after all applicable leave time has been exhausted. The University

policies regarding LOA, WVU BOG 24 regarding leave and the University Human Resources Department provide guidance regarding the procedures and forms that must be completed.

Generally, LOA will be granted based on the need to attend to personal matters such as perinatal care or serious illness. No academic credit may be provided for non-annual leave. Fellows are advised that LOA may impact his/her ability to complete program requirements. Therefore, a fellow who takes a LOA may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVUSOM. A maximum of 6 months of LOA may be honored before a fellow may be required to reapply to and be reaccepted into the program.

University policy and applicable laws control compensation and duration of leaves for pregnancy, illness, military, or injury. Educational requirements of the fellowship must be met irrespective of leave. Such leaves may result in the extension of time necessary to complete the fellowship. The Program will make every attempt to meet individual needs created by pregnancy or illness, and LOA will be considered and provided in accordance with University policy and applicable law, but the Program cannot control the potential inability of a fellow to complete the required training if a LOA is taken.

## **HOLIDAYS**

While the University provides scheduled holidays to its employees as state employees, the requirements of medical coverage do not allow for all these holidays to be taken as scheduled. The Program Director and Fellowship Coordinator will assist in scheduling and coordination of available holiday time.

If you are on a service where physicians observe a state holiday, you will not be required to work on that holiday. As professionals, you are exempt from overtime or compensatory time, therefore, if a service requires you to work on a state holiday; you will not be compensated additional amounts for that worked holiday.

However, fellows who work on State-defined Holidays (for example, Thanksgiving Day or a service where physicians do not observe a state holiday) may be granted an equivalent number of alternate days to be taken at a time mutually agreed upon by the fellow, the Coordinator, and the Program Director. No grant of an equivalent number of days is required of or owed by WVUSOM.

## **CONTINUING MEDICAL EDUCATION LEAVE**

All CME conferences a fellow wishes to attend must be approved, in advance, by the Program Director and reported to the Fellowship Coordinator. Attendance at CME conferences counts toward duty hours during the actual conference time. As a result, annual leave does not

need to be used for CME attendance. One day of travel time, if necessary, will be granted before and after the conference without the use of annual leave.

### **PROCEDURE FOR REQUESTING LEAVE**

The Glaucoma Fellowship Program requires that annual leave requests be submitted in writing for approval 3 months in advance of the requested time off. ***AN ANNUAL LEAVE REQUEST FORM MUST BE COMPLETED AND SUBMITTED FOR APPROVAL.*** After all required signatures are obtained, the leave request form must be provided to your designated leave coordinator for entry into the [www.MyAccess.wvu.edu](http://www.MyAccess.wvu.edu) system. If prior written approval is not sought for annual leave, disciplinary action may result, and a letter will be placed in your personnel file. Annual leave requests without the required advance notice may not be approved. Coverage for call schedules, patient care, and other obligations must be adequately arranged for by the fellow ***and*** communicated. A copy of the Annual Leave Request Form is in the appendix.

### **GRIEVANCE, WITNESS, AND JURY LEAVE**

Employees who are subpoenaed, commanded to serve as jurors, or required to appear as witnesses or representatives for review proceedings of the Federal Government, the State of West Virginia, or a political subdivision thereof, or in defense of the University shall be entitled to work release time for such duty and for such period of required absence which overlaps regularly scheduled work time. Employees are entitled to leave with pay for the required period of absence during the regularly scheduled work time including reasonable travel time. For additional information, refer to the WVU Department of Human Resources Policies and Procedures.

When attendance in court is in connection with official duties, time required, including reasonable travel time, shall not be considered as absence from duty.

### **MILITARY LEAVE POLICY**

The WVU Department of Ophthalmology follows the WVU Graduate Medical Education Programs Military Leave Policy found in the WVU GME By-Laws.

### **INCLEMENT WEATHER**

If a resident/fellow is absent due to inclement weather, an annual leave day must be taken unless the institution is closed. Additional information regarding leave can be found in WVU BOG 24 or at [www.hr.wvu.edu](http://www.hr.wvu.edu)

### **FACULTY CANCELLED CLINICS**

When a faculty member cancels a clinic they will notify the secretary in charge of the faculty absence schedule who will document this information on the faculty vacation and meeting schedule.

In the event of a faculty absence, it is expected that the fellow will be available to assist in patient care as necessary. When a faculty member is absent, he or she may assign tasks or clinical duties to the fellow. In general, the fellow will be expected to use this time to pursue scholarly activity.

Fellow may notify the program director if they wish to pursue activities (such as doctors or dentist appointments) outside of the department in which they cannot be available for patient care. The program director will approve these requests. Approved requests will not be counted against vacation time.

## **RESEARCH DAYS**

The fellow will have time for research (scholarly activity) on Friday afternoon's when the faculty are out. The fellow will need to spend on average about an hour per night of his/her own time to complete the scholarly expectations. These expectations outlined elsewhere in this manual.

## ***Dress Code***

Personal dress, cleanliness, conduct and appearance are of utmost importance in the provision of healthcare services. Any fellow not appropriately attired will be sent home by the program director, program coordinator, or faculty member.

1. Clothing must be clean and neat, stain and wrinkle free. Clothing must be modest in style, allow comfortable ease of movement and be non-revealing. Underclothing should not be detectable through outer clothing.
2. ID badges must be worn at all times when in the patient care areas.
3. Hair must be kept neat, clean and of natural shading. Beards and mustaches must be short, clean and well groomed. Nails must be well groomed and manicured.
4. The fellow should use the necessary precautions with regular bathing, deodorants, and good dental hygiene to avoid offending patients and staff with body odor and/or bad breath. Light scented cologne or aftershave is permitted. Avoid strong perfume/cologne.
5. Denim pants of any color, tank/tube tops, shirts that expose the midriff, "advertisement-type" tee shirts, sweatshirts, sweatpants, running or jogging suits, shorts, mini-skirts, skorts and ball caps are not permitted.
6. Open toe footwear and canvas tennis shoes are not acceptable in any clinical patient contact area. Hosiery or socks are required. (Comfortable tennis shoes are permitted in the operating room only.)

7. In unusual circumstances (e.g. post call with no opportunity to change) blue scrubs may be worn with a lab coat in clinic areas. However, this practice is discouraged.

## *Pharmaceutical Representatives*

### **Graduate Medical Education Committee (GMEC) Policy on Resident Interactions with Vendor Representatives**

The purpose of this policy is to establish guidelines for interactions with industry representatives for residents in graduate medical education programs sponsored by the West Virginia University School of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs.

It is the policy of the West Virginia University School of Medicine GMEC that interactions with industry and its vendors should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately.

Consistent with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. Any gifts accepted by residents should not be of substantial value in accordance with WV Code 6B-2-5. Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function. Cash payments should not be accepted. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Industry vendors are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment. Industry vendors are permitted in nonpatient care areas by appointment only.

Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, with the approval of the program director or department chair, or designated hospital or clinic personnel issuing the invitation.

Vendor support of educational conferences involving resident physicians may be used provided that the funds are provided to the institution not directly to the resident. The program director should determine if the funded conference or program has educational merit. The institution must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The meeting or lecture content must be determined by the speaker and not the industrial sponsor. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

All residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry vendors.

Approved by GMEC Taskforce 12/14/06 ACGME Institutional Requirements

Approved by GMEC 1/12/07 111.B.13

Modified by GMEC Taskforce 2/5/09

Modified by GMEC 3/13/09

## ***Fellow and Faculty Well Being Policy***

- I. Purpose: The Glaucoma Fellowship Program recognizes that physician trainees are at the increased risk for depression and burnout. In conjunction with our central GME office we are committed prioritizing and fostering resident/fellow and supervising faculty well-being while still ensuring the competency of our trainees. We recognize the importance of physical health, emotional health, and social support and engagement in this endeavor.
  
- II. Definitions:
  - a. FSAP: Faculty and Staff Assistance Program. A free, confidential, off-site resource for residents, fellows, faculty, and their dependents to seek care for depression, anxiety, burnout, and other stressors. Phone: (304)293-5590
  - b. Spiritual Care: Hospital chaplains available 24/7 within the hospital for counseling. It is important to remember that chaplains do not bring up spirituality unless the resident/fellow request it. Pager number is 0590
  - c. The Wellness Center: A resource offered to residents, fellows, faculty, and their dependents that offers a wide variety of opportunities for promoting wellness.
  
- III. Process:
  - a. Physical Health
    - i. Fellows should establish regular healthcare with a Primary Care Physician. This physician should not be a peer.
    - ii. Fellows will not be discouraged from scheduling appointments with physicians, dentists, or other healthcare providers.
      1. Routine appointments should be scheduled during times when patient care and educational activities are least affected.
      2. Appointments for acute issues can be scheduled when needed and the program will provide work coverage.
    - iii. The department has a fitness center open 24/7 for the exclusive use of department personnel. The Wellness Center also offers access to a fitness facility on the 4<sup>th</sup> floor of the HVI. Residents are encouraged to make use of this resource as well as fitness classes. Discounted membership is also offered at the WVU Rec Center.
    - iv. Fellows should not be pressure to work when physically ill.
      1. (See department policy for calling in sick, below.)

b. Emotional Health

i. GME Orientation

1. All incoming interns attend lectures related to the practitioner health program, education about burnout, substance abuse, and mental health. Fellows are familiarized with institutional resources to address these issues.

ii. Fellows are encouraged to utilize The Wellness Center for free classes on burnout mitigation, meditation, mindfulness, etc.

iii. Fellow meetings to assess for burnout will be held every 6 months or more frequently if needed.

1. Do you send residents to FSAP?
2. Do you utilize spiritual care?
3. Do you have a resource within the department? (i.e. social work, psychologists who meet with residents)

iv. Fellows in crises

1. Fellows in obvious crises will be removed from clinical duties immediately.
2. Amendatory FSAP appointment will be scheduled within 48 hours.
  - a. Fellows should not return to work until FSAP has deemed it appropriate.
3. A drug and/or alcohol screen will be considered based on the situation and will be completed at Employee Health same day.
4. If there is concern for resident/fellow safety, the Program Director or their designee will take fellow to the ED for an immediate evaluation.

c. Social Support and Engagement

- i. Team building during orientation and social events and periodically throughout the academic year.

## ***Accessing Origami – Patient Safety Event Management and “The Buttons”***

Patient safety reporting instructs to access the Origami portal can be found at <https://connect.wvumedicine.org/safety-reports/>

## HOW TO REPORT “MISTREATMENT”, A “LACK OF SUPERVISION”, OR A SITUATION INVOLVING A “LAPSE IN PROFESSIONALISM”, OR “EXEMPLARY PROFESSIONALISM”

1. Access the Office of GME website <https://medicine.hsc.wvu.edu/gme/>
2. Scroll down to the bottom of the page under **ADDITIONAL RESOURCES**, and you will see:

### **ADDITIONAL RESOURCES**



3. Click on whichever button pertains to the issue you need to report, and complete & submit the form. The report is delivered directly to the GME Office.
4. **PLEASE NOTE:** The more information you are able to include in your report, the better. *(However, please do not include identifiable patient health information.)* Each report is addressed.

## **GME Non-Standard Training (NST) Programs Policy**

### **Definitions:**

1. **Non-Standard Training (NST) Program:** An advanced clinical subspecialty discipline for which there is no ACGME accreditation, and/or no ABMS subspecialty board certification available; and which operates in direct association with, and under the direct oversight of, one of WVU School of Medicine’s ACGME-accredited residency or fellowship programs, which must have an accreditation status of “Continued Accreditation,” and which will fulfill the required role of parent program to the NST program. CAST accredited training programs are included in this category.
2. **Non-Standard Training (ACGME) Recognition:** The ACGME offers Recognition of Sponsoring Institutions that have NST programs that provide clinical training for foreign national physicians who receive J-1 visa sponsorship by the ECFMG. NST programs that do not accept or do not have J-1 visa holders enrolled are not considered to have NST ACGME recognition. **NST programs that have/plan to have a J-1 visa holder MUST obtain NST ACGME recognition.**

### **Rationale & Purpose:**

1. To provide WVU School of Medicine and its Graduate Medical Education Committee (GMEC) with a policy governing oversight of all NST Programs.

2. To ensure the quality of the educational experience, and the protection of the institution, the patients, and the trainee(s) involved with our NST Programs.
3. To provide Program Directors of NST Programs with a clear guide to the institutional requirements for all NST Programs under WVU School of Medicine.
4. To provide the opportunity for International Medical Graduates (IMGs), with J-1 Visa sponsorship by the ECFMG, to participate in our institution's NST Programs.

#### **Application Process for New NST Programs:**

1. The NST Subspecialty Discipline must be listed in the "Examples of NST Programs with Most Closely Related ACGME-Accredited Programs" document, see below.
2. Proposed NST Program Director, in conjunction with related departmental leadership, and the Program Director of the proposed parent program, will submit a formal application and proforma to the Graduate Medical Education Evaluation and Operations Committee (GMEEOC) for financial assessment and approval.
3. Once declared financially viable by the GMEEOC, the full NST program proposal including proposed program structure, mission, length of training, policies, requested trainee complement, faculty complement, curriculum, rotation block schedule, didactic schedule, list of required procedures and/or experiences, and estimated impact on the institution's existing training programs must be submitted to the DIO for assessment.
4. The DIO, or his designee, can: decide that the program proposal is ready for formal review by a Special Program Review (SPR) team, or can return the proposal to the NST Proposed Program Director with notes for further development.
5. If judged ready for formal review, a date will then be set for a SPR, an SPR Team will be formed, and the full NST Program proposal will be assessed following the SPR protocol as set forth in the GME Bylaws.
6. Following the SPR, a full report of the SPR team's findings and recommendations, along with the full NST program proposal, will go, first, before the GMEC Taskforce, for recommendations and approval/disapproval, and second, if approved by Taskforce, before the full GMEC, which will vote to either approve the NST program, approve the NST program with changes, or to not approve the NST program. At the same Taskforce, and full GMEC meetings, in a separate vote, the proposed NST Program Director will either be approved, or not approved, as the NST Program Director.
7. If the proposed NST program fails to achieve approval by Taskforce, and/or the full GMEC, the Taskforce, and/or full GMEC will return the NST program proposal to the proposed NST Program Director, who will have the opportunity to make changes and resubmit.

#### **Rules of Governance:**

1. NST programs, program directors, and fellows will be subject to all WVU GME Bylaws and policies, regulations, and procedures governing ACGME accredited programs. NST Program Directors will familiarize themselves with the ACGME's Common Program Requirements for Fellowship and use them as a guide. Link to the Common Program Requirements for Fellowship: [Common Program Requirements](#)
2. The NST Program Director should attend the bi-monthly GMEC meetings as a nonvoting ex-officio member.

3. All NST Programs will complete the Annual Program Evaluation and meet with the DIO or designee for the Annual Program Review on a yearly basis.
4. A face-to-face semi-annual evaluation of the fellow must be completed by the NST Program Director, or their designee. Both the fellow and the NST Program Director must sign and date the semi-annual evaluation, and a copy must be kept under the fellow's name in E-Value's Personal Records.
5. Upon successful completion of the NST Program, the NST Program Director will complete a final summative evaluation, (a form is available on SOLE, if desired), for each fellow detailing the competencies obtained during the program, and stating that the fellow, by consensus of the faculty, has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice upon the day specified. A copy of this final summative evaluation will be kept under the fellow's name in E-Value's Personal Records.
6. Non-standard program fellows may be appointed in two categories:
  - a. With a contract equivalent to those issued to residents in accredited ACGME programs and following the institutional pay scale for residents. These fellows will act strictly in the capacity of a physician in training and will not be permitted to bill independently for services rendered. All NST fellows training under J-1 visa sponsorship will fall under this category. See moonlighting policy for details regarding moonlighting qualifications.
  - b. Following standard WVU search procedures, and in conjunction with WVU Medicine Medical Staff Affairs Office, the individual could be appointed as a WVU faculty member in the sponsoring department at the rank of Instructor. These fellows will have contracts with the West Virginia Medical Corporation (dba University Health Associates) and will be permitted to bill independently for services rendered that are not part of the training or subspecialty area of the non-standard program.
7. Upon successful completion of the NST program, as verified by the NST Program Director, the fellow(s) will be issued a certificate of completion by the GME office.
8. CAST programs are subject to all CAST accreditation requirements AND WVU GME NST requirements as above.

**Prerequisite Training Required:**

1. Applicants should have completed an ACGME accredited residency program.
2. Fellows must obtain a WV license or training permit prior to beginning the NST Program.
3. The fellow should be ABMS Board Eligible or Board Certified in the specialty most closely related to the NST program subspecialty.
4. If the fellow is an IMG, ECFMG certification is required. In addition, they must either have a current clinical J-1 Visa, be eligible for and willing to obtain a clinical J-1 visa or have permanent resident status.

**Requirements for NST ACGME Recognition (i.e., programs with J-1 visa holders)**

1. Prior to fellow starting, all information must be added to ADS and the program must be activated as an NST Training Recognition program.

2. **Within the first three months of a fellow's start in the NST program**, the NST Program Director must complete an initial competency evaluation, for each fellow, using the ACGME- accredited parent program's ACGME milestone evaluation. A copy of this evaluation will be saved under the fellow in E-Value's Personal Records. Prior to achieving a successful initial competency evaluation, the fellow shall be under direct supervision by program faculty. Once the fellow has achieved competency in the initial (within the first three months) milestone evaluation they may qualify for indirect supervision. Note: Milestone evaluation may be done at anytime within the first 3 months.

**Exclusion criteria for NST ACGME Recognition (i.e., programs with J-1 visa holders)**

1. A program may not seek NST ACGME Recognition in an area of clinical focus for which ACGME specialty or subspecialty accreditation or ABMS member board certification is available. In this case, the program may choose to either not take J-1 visa holders or pursue full ACGME accreditation.

Link to ACGME Recognition for Sponsoring Institutions with Non-Standard Training Programs:  
<https://www.acgme.org/programs-and-institutions/institutions/non-standard-training-nst>

*Adopted and Approved at GMEC meeting: October 10, 2025*