

Definition of a Surgeon

Basic Principle: To be recorded as the surgeon, a resident must be present for **all** of the critical portions, and must perform the **majority** of the critical portions of the procedure under appropriate faculty supervision. Involvement in the preoperative assessment and the postoperative management of that patient is an important element of that participation. Only the first assistant (not the second, third, etc.) may record a procedure as assistant. A resident may only record a case as assistant if the resident is first assistant to: 1) a faculty member performing the procedure, or, 2) another resident performing the procedure under faculty supervision.

Clarifications:

1. If a resident completes **one** side of a bilateral procedure, the resident can count that as one case, surgeon. If a resident completes **both** sides of a bilateral procedure, this still counts as one case, surgeon. If two residents **each do one** side of a bilateral procedure, each resident can record the procedure as the surgeon, provided that each fulfills the stated criteria for performance as surgeon on one side.

Example: If a resident performs a bilateral blepharoplasty, then the resident counts it as one case as surgeon. If, however, one resident does one side of the blepharoplasty and the other resident performs the procedure on the other side, each resident may record the procedure as a surgeon case.

2. If a resident completes an operation which involves multiple procedures, the resident may record all the procedures as separate cases, provided that the resident performs the majority of the critical portions of the procedures. However, if the multiple procedures all fall within the same subspecialty category (e.g., Cataract, Cornea, Strabismus, Glaucoma, Retina/Vitreous, Oculoplastics/Orbit, Globe Trauma), then only one case may be recorded.

Example: A resident performs a combined procedure involving trabeculectomy and cataract extraction. The resident may record both procedures as surgeon cases.

Example: A resident performs a peripheral corneal relaxing incision to correct pre-existing astigmatism in conjunction with cataract extraction. The resident may record both procedures as surgeon cases.

Example: A resident performs bilateral medial rectus muscle recessions and anterior transposition of the right superior oblique muscle on a patient. The resident may record only one procedure as surgeon.

Example: A resident performs a scleral buckle procedure combined with pars plana vitrectomy. The resident may record only one procedure as surgeon.

Example: A resident performs bilateral blepharoplasty combined with bilateral ptosis repair. The resident may record only one procedure as surgeon.

3. In an operation which involves multiple procedures, more than one resident may be recorded as the surgeon, provided that the resident perform the majority of the critical portions of one or more of the procedures.

Example: During planned pars plana vitrectomy combined with phacoemulsification of cataract, one resident performs the pars plana vitrectomy while another resident performs the cataract extraction. Each resident may record the procedure they performed as a surgeon case.

Disclaimer Statement

The stated minimum numbers of listed surgical procedures for ophthalmology residency education reflect the minimum clinical volume of these procedures which is acceptable per resident for program accreditation. Achievement of the minimum number of listed procedures is not tantamount to achievement of competence of an individual resident in a particular listed procedure. A resident may need to perform an additional number of listed procedures before that resident can be deemed competent in each procedure by the program director. Moreover, the listed procedures represent only a fraction of the total operative experience of a resident within the designated program length. The intent is to establish a minimum number of listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to blend the entire educational operative experience for each resident, taking into account each resident's particular abilities.

This requirement does not supplant the requirement that, upon the resident's completion of the program, the program director should verify that the resident has demonstrated sufficient professional ability to practice competently and independently.