

MEMO

To: Program Directors
Ophthalmology Residency Programs

From: Patricia Levenberg, PhD, Executive Director
Residency Review Committee for Ophthalmology

CC: Tom Richter, Systems Manager
Department of Operations and Data Analysis

Subject: Changes to Ophthalmology PIF, Minimum Number and
Definitions

Date: January 25, 2007

The RC for Ophthalmology has instituted a series of changes for ophthalmology programs effective for the 2006-2007 academic year. In response to the growing data base from the operative logs and the Committee's careful review, the minimum number of procedures per resident has changed. For the first time, the Committee has data from which to determine the sufficiency of the number of operative procedures for programs and its residents. Several statistical methods were reviewed in order to determine the new operative minimums. It was determined that the 20th percentile will be used to evaluate the sufficiency of the surgical volume of the program. The number of resident procedures will continue to be monitored for the broad range of surgical experience, equivalency of experience and a progressive/graduated responsibility. The Committee expects residents to assist on most procedures before progressing to be the primary surgeon. Lastly, the resident should demonstrate sufficient ability to practice competently and independently.

Operative minimums per class of procedures are now established only for cases where the resident is the primary surgeon. A definition of surgeon is attached for your reference. Class I and Class III classifications are no longer used. However, residents are expected to input surgeries on which they are the first assistant as well as cases on which they are the primary surgeon. This is necessary for the program to show a progressive graduated and broad surgical experience. At least 364 total procedures (surgeon + assistant) should be completed at the end of the residency.

The RRC will also now allow residents to count multiple procedures done on a patient (as long as the procedures fall under different subspecialties). As a result, the Case Log System will be updated to allow this possibility, and residents will no longer have to differentiate between the primary (credit) and secondary (non-credit) procedures.

