

# SURVIVAL GUIDE

**FACULTY:** (P: 520-446-xxxx)

**Ombudsman:** Dr. Sarah Elhomosany

Todd Altenbernd C: 520-465-4862 H: 760-2762 P: 4608

Salwa Aziz C: 801-703-1179

Michael Belin C: 518-527-1933

Jillian Colson C: 859-684-4302

Sarah Elhomosany C: 571-538-8599 P: 2445

Jonathan Holmes C: 507-271-1539 P: 531-2817

Mireille Jabroun C: 443-301-2627 P: 2838

Igor Kozak C: 858-525-1116 P: 0282

Robert Lindberg C: 724-301-9978

Joseph Miller C: 520-661-6524 H: 742-9849

Lucy Mudie C: 410-868-9410

Lynn Polonski C: 520-990-4246

Roy Swanson C: 520-456-6657

Tanu Thomas C: 210-823-9814

Ovette Villavicencio C: 520-991-8161

Mingwu Wang C: 520-204-0614

Jeremy Wood C: 225-907-0167 P: 4606 or 2480 ??

Bohan Xing C: 801-448-5197

**RESIDENTS:** (P: 520-446-xxxx)

**Ombudsman:** David Miller

**Ombudsman:** Alexander Thompson

David Miller C: 248-756-8192 P: 4614

Samuel Philbrick C: 907-691-5567 P: 3095

Avery Sears C: 216-312-0057 P: 1947

Alexander Thompson C: 815-985-0909 P: 1924

Marlee Jones C: 605-626-1209 P: 1920

Cody Moezzi C: 575-430-4649 P: 1948

Saira Tung C: 602-502-5740 P: 4615

Joyce Wen C: 480-577-5731 P: 1934

Max Coffeen C: 928-388-8608 P: 4610

Joanna Gorka C: 908-533-7008 P: 3534

Angela Ngo C: 571-224-7172 P: 0072

Sara Shoushtari C: 858-245-2726 P: 3642

Lauren Dimalanta C: 909-839-3991 P: 4611

Hamza Halloum C: 480-570-0942 P: 4612

Taylor Ngo C: 916-770-6135 P: 4613

Andrew Reed C: 956-536-9639 P: 0092

## Community Faculty:

Dr. Calonje C: 904-1752 H: 760-0624

Dr. Christoforidis C: 614-404-2020

Dr. Duerksen 751-8030 (office)

Dr. Fintelmann C: 480-493-6190

Dr. Hunter 293-6740 (office)

Dr. Kilgore (413) 884-5760

Dr. Levine 349-3222

Dr. McColgin 325-9400 (office)

Dr. Tsai C: 891-1265

Dr. Walsh C: 822-7295

## Paging

To page @ BUMCT or BUMCS:

- 1) Physician resources: 694-5868 (physician resources will page whoever you need) OR
- 2) If you have the pager number (520-694-\*\*\*\* at Main and 520-874-\*\*\*\* at South), you call the number and input your callback number after the tone and wait for the dial tone to hang up

To page @ VA: 5555 (in-house); 629-4650 (outside)

Text page: @epage.umcaz.edu

## Remote access

Remote access to **BUMC**: Portal.bannerhealth.com

Remote access to **VA**: Citrixaccess.va.gov

## BUMCT (Main Campus)

1625 North Campbell Ave, Tucson AZ 85719

**Work room:** Tower 4 Floor 5 Room 5606. Code: 0655

**Call room:** Tower 4 Floor 5 Room 5606. Code: 0876

**ED eye cabinet** (located in the doc box). Code: 7-0-7

**How to print consents:**

Patient tab → View images → Sign eForms → Select forms → Consent for

Surgery/Procedures/Anesthesia/Sedation (change to Spanish for Spanish-speaking patients)

Hospital slit lamps (check with consults resident):

1. Tower 1: 9 NS equipment room. Code: 9414
2. Tower 1: 8 NS equipment room. Code: 8425
3. Tower 4 Floor 5 Room 5607 Ophthalmology resident work room. Code: 0655.

## Procedure/Suture Kits:

Located in one of several locations:

- 1) Cabinet across from the doc box
- 2) Cabinet in the trauma bay (near elevators)
- 3) SPD (can call ahead of time to check)

If at South: Main ED Supply Room Pyxis, top shelf (across from the nursing station, ask RN for access)

## Helpful phone numbers and codes:

Main numbers start with 694-

**Main operator: 694-0111**

Physician resources: 694-5868

UA IT Help Desk (NetID/password) 694-HELP

Ophthalmology computer issues 626-8721

Emergency Department: 694-7547

ED cart code: 6093

ED equipment room code: 6093

**Micro lab: 694-6282**

**OR front desk: 694-6120** (for scheduling cases, Prokera)

Meghan (OR ophtho equipment person) C: 979-2001

OR Pharmacy: 694-2690 (M-F 7am-5:30pm)

In-patient pharmacy: 694-6553

ED pharmacist: 694-9815

OR holding area: 694-4220

PACU: 694-7510

CDU: 694-7520

SPD: 694-6316 (sterile instruments available 24/7)  
Mike Barksdale: Michael.Barksdale@bannerhealth.com  
(UMC equipment issues)

**BUMCT Men's Locker: #243. Code: 30-08-22**

**BUMCT Women's Locker: #256. Code: 14-20-6**

Radiology: 694-4923, 5027; P:1687; Film library: 4-7409

CT scan: 694-6755; MRI/on call: 4-4889; P: 1694

Neuroradiology: 6944-6760

Pediatrics Red Team: 520-694-3086

Pediatrics Blue Team: 520-694-0717

Banner Security Dispatch 520-694-6533

**Ophthalmology office:**

655 N. Alvernon Way, Ste 204, 85711

Pat Broyles: 626-0044 (office/fax) C: 301-5484

Codes: 000655 or 000491

**Alvernon clinic:**

707 N. Alvernon Way, 85711

For patients: 694-1460

Front desk: 694-1494 (direct line)

Clinic fax: 694-1464

Betzabet: 694-1486 (surgery scheduling)

Aubrey: 694-1426 (surgery scheduling)

Yvonne: 694-1478 (clinic scheduling); C: 906-9609

Ruben: 694-1497

Codes: 7073 (clean supply room)

**BUMCS (South Campus)**

2800 E. Ajo Way Tucson, Arizona 85713

South numbers start with 874-

Main: 874-2000

Emergency Department: 874-5600

Urgent Care: 874-5635

Security: 874-2926

UPH-K Help Desk: 874-HELP

Call rooms:

- Ophthalmology #201. Code: 9139

- Psych #557. Code: 5312

ED equipment room code: 6235

Fast Track 2 Ophtho cart code: 2121

Men's Lockers: Ophth label, no code

Women's Lockers: Ophth label, code 30-36-26

**Procedure/Suture Kits:**

Located in the Main ED Supply Room Pyxis, top shelf  
(across from the nursing station, ask RN for access)

**SAVAHCS (VA)**

3601 S 6th Ave. Tucson, AZ 85723

**Clinic Cancellation Requests:** Use LEAF button on home page of intranet, **must submit 45 days prior to vacation**

**Badge office:** Bld 38 Rm OA1 Basement 8:30-9am M-F

**Helpful phone numbers and codes:**

Main number: 792-1450 → dial 1 → dial extension

Front desk: 1-6551

Forgot PIV card: 855-673-4357

Volunteer services: 5027

Diane (computer access): 6479

Wayne (CPRS): 5779

ED: 6613

Radiology: 1825; CT: 6024; MRI: 5521

24/7 radiology: 877-247-9729

Lab: 1837; 6444

Pharm: 6648; P: 4943

OR core: 6115

Pre-Op: 6146

PACU: 6141

OR9: 6195

Monica: 2950

Yanssel: 6237

**Men's Locker: #60. Code: 15-27-39**

**Women's Locker. #85. Code: 31-45-09**

Eye clinic break room code: 4531#

Dirty instrument room code: 9999#

Med box: 2121

Med drawer (plastics room): 3+5 at same time, 4, turn big dial, turn smaller silver dial

Zeiss Imaging: UN – resident; PW – password (case sensitive)

VA long distance calls: 1 + area code + number

**BUMC dictation:** 694-2828

Employee ID:

Work Type:

30 discharge report

33 transfer summary (to outside facility)

60 operative report

Key functions:

1 rewind to beginning and pause

2 pause (5min max)

3 resume recording

4 rewind 3s and play

5 forward to end of file and pause

0 close current job, start next dictation

# get job ID and length of dictation

**VA dictation:**

6-1700 (on-site); or 1800-592-6949

Group ID number: 4617#

Need to get your own User ID# from Diane

Work Type:

21 Discharge Summary

**23 Op Report**

Key functions:

2 Pause

3 Rewind/ Play

5 Disconnect

6 Priority (STAT)

8 to begin new file

0 Get job ID and disconnect

## Banner

**Benefits:** [benefits@bannerhealth.com](mailto:benefits@bannerhealth.com)

or 800-827-2464

**HR:** [becky.benitezgarcia@bannerhealth.com](mailto:becky.benitezgarcia@bannerhealth.com)

**Retirement:** 602-747-4906

**Work-Related Injury:** Banner Workman Comp  
Department 602-747-3329

**Drug Screen Results:** Complete release form (in Box > Ophthalmology and Vision Science > Public Resident Files > Forms); email to

[bohsmmedicalrecordsmailbox@bannerhealth.com](mailto:bohsmmedicalrecordsmailbox@bannerhealth.com)

**Background Check:** email request for copy to  
[rapidresponse@pre-employ.com](mailto:rapidresponse@pre-employ.com).

## Key Things to Know for Call and Consults Rotation

### Corneal Ulcer

- Place order (non-formulary medication) for fortified antibiotics vancomycin (25 mg/ml) and tobramycin (15 mg/ml) or ceftazidime (15 mg/ml) q1H with a comment to separate different drops by 5 minutes
- Make sure to give loading doses of moxifloxacin
- Check MAR to ensure patients are getting drops
- If any questions, call pharmacy about any orders (e.g. fortified antibiotics, antifungals): 694-6553
- Obtain with eSwab and deliver to RN or lab. Order eye culture (Gram stain, anaerobic, aerobic cultures), fungal, acanthamoeba, and sensitivities
- If any questions re: culture, call micro: 694-6282
- If using a Morgan lens, then order medication at same concentration as fortified antibiotics at rate of 10 ml/hr (can check with seniors for order sets)
- If you need a Prokera (amniotic membrane graft) these are found at the OR front desk, you need to fill out a case request and document all information in note, including: Implant ID: \*\*\*, Vendor: Tissue Tech, Prokera style, Expiration, Serial number
- How to insert Prokera:  
[https://www.youtube.com/watch?v=8X\\_JJ8nsls](https://www.youtube.com/watch?v=8X_JJ8nsls)

### How to Book a Surgery (for a Patient in the ED or Inpatient)

- Consent the patient,
- Patient tab → View images → Sign eForms → Select forms → Consent for Surgery/Procedures/Anesthesia/Sedation (change to Spanish for Spanish-speaking patients)
- Copy and give one to the HUC to scan to EMR
- After speaking with the senior resident and attending call the OR front desk (694-6120) to book
- If intracameral or subconjunctival medications are needed urgently, place an order then call the OR pharmacy or inpatient pharmacy to let them know

### How to Print Facesheet (for referral to Dr. Calonje's office):

- Mpages → Case Management → Face Sheet

## Eyelid Lacerations

- 7-0 or 6-0 Vicryl/Silk for lid margin
- 6-0 or 5-0 Vicryl for Tarsus
- 7-0 or 6-0 Vicryl/Silk for lash margin
- If you don't think the patient will follow-up then use absorbable suture (Vicryl/Monocryl)
- Eyelid laceration video:  
<https://vimeo.com/123879757>

## Hospital YAG Laser for Urgent LPI

- Main campus laser is located by the OR
- Get laser and key from OR front desk
- Lenses are kept in the ED eye cabinet
- Try and have Goniosol with you in your call bag

## Exam under Sedation in ED

- Typically this will be used for younger patients
- Let the ED resident know you would like to do an exam under sedation and they will set it up
- Make sure you have everything you need prior to the patient being sedated (needle driver, forceps, sutures, indirect, dilating drops, Tonopen, etc.)

## Orbital Compartment Syndrome: How to do a lateral canthotomy/cantholysis

- Canthotomy/cantholysis trays are in the ED (across from the doc box) or trauma (near the elevators)
- How to perform a C&C:
  1. Sterilize area with betadine
  2. Anesthetize area 2% lidocaine with epinephrine. Clamp lateral canthal tendon with hemostat for 1 minute for hemostasis
  3. Cut down skin to lateral orbital rim
  4. Strum inferior canthal tendon. Grasp lower lid with forceps and incise inferior tendon with Westcott
  5. Check that tendon is incised as lower lid will be able to be moved freely from globe
  6. If no improvement in IOP consider superior tendolysis
- Video:  
<https://webeye.ophth.uiowa.edu/eyeforum/tutorials/lateral-canthotomy-cantholysis.htm>

## Open Globe

- Consent the patient, make sure to dilate other eye, check for APD (directly or by reverse), call senior resident
  - Visual acuity and APD are critical pre-op vitals to document
  - Be very careful putting any pressure on eye (if doing ultrasound or IOP check)
- Most cases will need a CT scan to look for foreign body and assess extent of injury
  - NEVER MRI (in case of metallic foreign body)
- Protective eye shield to be worn at all times
- Check tetanus prophylaxis status and update as necessary
- Start Zofran 4mg IV Q6H as needed for nausea
- Start Levaquin 500mg IV
- Check when patient last ate or drank anything, make NPO

- Call inpatient pharmacy for intraoperative subconjunctival injections of vancomycin 25 mg/0.5mL, ceftazidime 100 mg/mL, and dexamethasone 2 mg/0.5 mL.
- Typically post-operatively will be started on moxifloxacin 1 gtt QID, prednisolone acetate 1 gtt QID, and atropine 1 gtt BID to the affected eye

#### **Orbital Cellulitis**

- Important to differentiate between preseptal and post septal involvement
- First step is to get an orbital CT scan with and without contrast
- Evaluate for abscess that needs to be drained (check Wills for criteria)
- Consider if this could be Mucor/Rhizopus (Diabetic, Ketoacidosis, other immunocompromising state)
  - If so EMERGENT ENT CONSULT for bedside scope
- Will need broad-spectrum antibiotics

### How to order Lumbar Punctures (LP) as outpatient

1. On Cerner, order an ambulatory referral to IR. In comments, specify that an LP is needed in comments and specify a diagnosis
2. Place order for LP (“Lumbar puncture with fluoro”); in comments, say you need opening pressure (if you need it), and if so, specify you want the LP in lateral decubitus position
3. Fax the order to the IR department (520-694-9613). The fax is needed, or else IR will not know about the LP order
4. Optional: To assure the fax is received and that they are aware of the patient, call IR at 520-694-1104

### **PGY-2/3 ROTATION GUIDELINES**

#### **Dr. Altenbernd (Glaucoma/General)**

- *Technician:* Nicole
- Dr. Altenbernd has his own template for notes
- Review OCTs, HVFs, optic nerve photos, applanate everyone, gonio (as needed)
- Laser procedures (SLT and LPs) are typically scheduled before clinic. Make sure you’re on time.
- *Key Topics to Know:* open and closed angle glaucoma, pigment dispersion glaucoma, pseudoexfoliation glaucoma, glaucoma medications, high yield glaucoma studies (EMGT, OHTS, AGIS, etc.), uveitis

#### **Dr. Holmes (Adult Strabismus)**

- Most of your time with Dr. Holmes is in the OR
- Surgery is every Tuesday at South campus. Be there at least 30 minutes early, write the H&P, mark patient (usually bilateral), write strabismus measurements on the whiteboard in the OR (motility, PACT, DMR)
- Practice scleral bites in the wet lab
- Clinic is usually Wednesday afternoon. You’ll help with the physical exam and Dr. Holmes will scribe.

- *Key topics to know:* Harada-ito, Faden/posterior fixation sutures, Thyroid Eye Disease, dragged-fovea diplopia, sagging eye

#### **Dr. Jabroun (Pediatrics/Strabismus)**

- Dr. Jabroun has her own templates for notes
- Very detailed and particular in clinic and OR
- She sees ROP patients in clinic Wednesday AM
- She operates at main and Reid Park for children and South campus for adults. Check schedule or ask.
- On surgery days be sure to arrive early, write H&P, mark the patient, and put in discharge orders.
- Ask lots of questions! She is happy to teach.
- *Key topics to know:* childhood esotropia and exotropia, pseudostrabismus, retinoscopy, ROP

#### **Dr. Elhomosany (Pediatrics/Strabismus)**

- Dr. Elhomosany has her own templates for notes
- Clinic is fast paced but you will work together and there will be time to ask questions about cases
- Surgery is at Reid Park on Thurs or main on Fridays
- You will do a lot in the OR. Make sure to practice scleral bites both forehand and backhand. Familiarize yourself with how to close conjunctiva.
- *Key topics to know:* childhood esotropia and exotropia, pseudostrabismus, retinoscopy

#### **Dr. Izaguirre (Pediatrics/Strabismus)**

- Use the default ophthalmology template and add medical history from the last ped note when able
- Surgery is at Reid Park on Mondays
- Key topics to know: childhood esotropia and exotropia, pseudostrabismus, retinoscopy

#### **Dr. Kozak (Retina)**

- Use the default ophthalmology note
- OK to copy forward old exams/assessments
- Clinic is very busy (40-45 patients per full day), Thursday AM is procedures (injections, lasers)
- Review OCT Mac, OCTA, and dilated exam for each patient and then present
- Surgery is on Tuesdays at Banner main campus
- Show up early, write H&P, mark patient, assist with scleral depression and closing wounds (practice scleral bites), brief op note, discharge orders/meds
- Occasional surgery days at TSC
- *Key topics to know:* retinal imaging, diabetic retinopathy, age-related macular degeneration, BRVO/CRVO, anti-VEGF agents (copy templates)

#### **Dr. Polonski (Plastics)**

- Surgery is every other Wednesday at main
  - You need to do pre-op H&P, brief op note, discharge orders/instructions, discharge meds. He does op-note immediately.
- Need to practice suturing/operating with surgical loupes prior to operating
- *Key topics to know:* enucleation versus evisceration and exenteration, orbital lymphoma, squamous cell carcinoma, blind painful eye, nasolacrimal duct obstructions, orbital cellulitis with/without abscess

### Dr. Duerksen (Plastics)

- On days with Dr. Duerksen you'll be observing and assisting in the OR
- Call the office at the number listed in the survival guide several days *before* you start to check when and where she is operating. Be on time!
- You'll need to be credentialed at Camp Lowell Surgery Center and TSC

### Dr. Thomas (VA Retina)

- Clinic is very busy with lots of injections and lasers
- OK to copy tech note and last retina note then edit pertinent information as needed
- Be sure to follow current VA protocols for procedures
- Surgery is on Thursdays
  - Be there early. Dr. Thomas will help with notes and orders. You may have to update the H&P. You'll have opportunities to scleral depress and assist.
- *Key topics to know:* DR, AMD, CSCR, juxtafoveal telangiectasia, pathologic myopia, low vision aids

### Dr. Wang (University Cornea)

- Cornea clinic is every other week Monday PM
- Very fast paced clinic (anterior segment exams only)
- You'll write notes
- *Key topics to know:* VZV/HSV, corneal ulcer, corneal abrasion, corneal dystrophies, keratoconus, CIN, dry eye syndrome, neurotrophic cornea, PUK, staphylococcus marginal keratitis, blepharitis

## AEC (Arizona Eye Consultants)

### Glaucoma

#### West Office

395 N. Silverbell Rd. Suite 255  
Tucson, AZ 85745

#### East Office

6422 E Speedway Blvd. Suite 100  
Tucson, AZ 85710

#### Northwest Office

2177 W. Orange Grove  
Tucson, AZ 85741

#### Foothills Surgery Center

2220 W Orange Grove Rd, Tucson, AZ 85741

#### Camp Lowell Surgery Center

4620 E Camp Lowell Dr, Tucson, AZ 85712

- You'll be with Dr. Jason Levine and Dr. Khin Kilgore
- **Make sure to text them a few days before you start to see where and when to meet**
- OR is usually on Tuesdays for both doctors. Dr. Kilgore sometimes has add-on cases on Thursdays. Feel free to switch between rooms to see more glaucoma surgeries on days they're both operating.
- OR is either at Camp Lowell or Foothills Surgery Center. If you're not sure where they are operating, you can call the surgery center to confirm.

- Clinic is from 8 AM – 5 PM. Below is a typical schedule but their schedule is variable so be sure to check with them or one of their assistants.

### Sample Schedule (confirm with attending or clinic)

	Levine	Kilgore
<i>Monday</i>	East	East
<i>Tuesday</i>	OR	OR
<i>Wednesday</i>	West	West
<i>Thursday</i>	West	Northwest
<i>Friday</i>	Out	East

- *Key topics to know:* POAG, secondary glaucoma, glaucoma drops (helpful to know brand names and colors), OCT RNFL, visual fields, gonioscopy, Ahmed glaucoma valve, trabeculectomy, Xen stents, MIGS, CPC, LPIs, SLTs

#### Tips:

- This is a shadowing rotation as you do not have access to the EMR and will not be writing notes
- They are incredibly fast-paced and will see dozens of patients in a half-day. They have 1-2 scribes each and will most often be running multiple rooms. This may make it daunting to ask questions, but they are happy to answer questions and are very nice.
- Your involvement will mainly be a quick anterior exam, possible gonioscopy or 90D exam depending on the case. It was helpful to write down some of the exam aspects stated to the scribe (e.g. C/D ratio, gonioscopy) and try to make sure I get similar exam findings when I examine the patient

## Cornea Associates

#### Speedway Office

6422 East Speedway Boulevard Suite 100  
Tucson, AZ 85710

#### Campbell Office

3974 N. Campbell Rd  
Tucson, AZ 85719

- You'll be with Dr. Mingwu Wang, Dr. Ann McColgin, or Dr. Bohan Xing
- **Text Dr. Wang or Dr. Xing a few days before the rotation starts to see where and when to meet.**

### Sample Schedule (confirm with attending or clinic)

	AM	PM
<i>Monday</i>	Campbell	Campbell or Alvernon
<i>Tuesday</i>	OR	OR
<i>Wednesday</i>	Speedway	Speedway
<i>Thursday</i>	OR	Variable
<i>Friday</i>	Speedway	Speedway

- Rotation is mostly shadowing but you may be asked to see patients first then present your findings/plan

- Dr. Wang and Dr. Xing see more corneal pathology so try to spend as much time with them as possible
- Dr. Xing has reading assignments that he will share

## Retina Associates

### Northwest Office

7470 N. Oracle Rd, Suite 100  
Tucson, AZ 85704

### East Office

2121 N. Craycroft Rd, Bldg 6  
Tucson, AZ 85712

- **Text Dr. Walsh a few days before the rotation starts and he will send you the call schedule**
- Typically, the resident follows the on-call attending which changes throughout the week. In clinic, you will see the add-on consults. These are high-yield encounters with lots of retinal pathology to see. Take your time with each patient then present to the on-call attending and see the patient together.
- On Tuesdays, you will be with Dr. Javid when he is on call. If he is not on call, you will join Dr. Walsh in the OR in the morning. Dr. Javid operates on Wednesday PM. Make sure to fill out the paperwork for OR privileges as you may perform some steps of surgery such as scleral depression.

### Sample Schedule (confirm with attending or clinic)

	AM	PM
Monday	Consults	Consults
Tuesday	Consults/OR	Consults/OR
Wednesday	Consults	OR
Thursday	Consults	Consults
Friday	Consults	Consults

- *Key topics to know:* DR, AMD, retinal detachment, retina studies, OCT, IV FA, ICG angiography

## PGY-4 VA ROTATIONS

### Retina Rotation

	AM	PM
Monday	Retina	Retina
Tuesday	OR (until 3pm)	Post 3 (starting at 3pm)
Wednesday	Retina Laser	Post 1
Thursday	Pre-Op 1	General
Friday		General

Retina Clinic: Help work-up patients, give injections, perform laser procedures. Similar to retina rotations in 1<sup>st</sup>/2<sup>nd</sup> years. See patients and staff with Dr. Thomas.

## Cornea Rotation

	AM	PM
Monday	Cornea	Cornea/General
Tuesday	General	Pre-Op 1
Wednesday	OR (Belin) – late start due to grand rounds (~10am-3pm)	Post 2 (starting at 3pm)
Thursday	OR (Villavicencio)	Anterior Segment Laser
Friday		Post 2

Cornea Clinic: See all cornea patients, staff necessary patients with Dr. Belin (consider staffing all patients in the beginning, then can decide if a patient needs to be staffed; e.g. if they have been seen for dry eye and are doing well on their current regimen). Pharmacy is super helpful on this rotation if you need to order drops for CIN, etc. Save them as a contact in your Teams chat.

### Anterior Segment Laser Clinic:

- Mostly YAG caps and LPIs
- Check IOPs pre- and post-procedure
- YAG cap: dilate patients, use capsulotomy lens, perform the laser, check IOP 15-20 min later
- LPIs: use pilocarpine and apraclonidine, use LPI lens, perform the laser, check IOP 15-20 min later

## Glaucoma Rotation

	AM	PM
Monday	OR	Or (until 2pm)
Tuesday	Post 1	General
Wednesday	Glaucoma	Glaucoma Laser
Thursday	General	Pre-Op 1
Friday		Post 1

Glaucoma Clinic: See all glaucoma patients, staff as needed with glaucoma attending or MOD.

### Glaucoma Laser Clinic:

- Mostly LPIs and SLTs
- Check IOPs pre- and post-procedure
- LPIs: use pilocarpine and apraclonidine, use LPI lens, perform the laser, check IOP 15-20 min later
- SLTs: use pilocarpine and apraclonidine (if visibility of the TM is good, you don't always have to wait long for drops to work), single mirror disposable lens, perform laser, check IOP 15-20 min later

## Notes on Other Clinics

### Pre-Op Clinic

- You will start with a cap of 3 patients per clinic in the beginning of the year, this will increase to 5
- These patients should be ready to be signed up for surgery (i.e. have been seen by optometry, continuity, or gen and are interested/meet criteria)
- If you have a tech, patients will see the tech first for IOL calcs and vitals which will be given to you

- Refract every patient (especially when staffing with Dr. Belin – even if the patient was refracted last week!)
- Dilate patient and perform complete eye exam
- Remember to look at medical history (e.g. diabetes - What was their most recent HbA1c? Should you repeat this before surgery? Do they need an OCT?)
- Staff patient with the MOD
- Pick surgery date – put patient’s last name and last 4 on the surgery calendar in outlook on the date that you agreed upon. If you do not have access to the surgery calendar you will need to request it)
- Sign consent, fill out surgery packet
- See the pre-op check list for more details

## OR Days

- We operate in OR 9, the 1<sup>st</sup> case starts at 7:45am except where noted above
- Show up 45min-1hour before your first case to prepare for the day
- Get all IOLs to be used for the day
  - Standard SN60WF (and normal power torics) located in the storage room across from OR 9
  - Torics and special order IOLs located in Evon’s office
- Mark the patient, fill out and sign pre-op form at the bedside
- Pre-write all pre-op notes
- Let OR staff know if you will need anything for the case like Omidria, Malyugin, etc
- After surgery, fill out and sign post op instructions in the PACU
- It is helpful to know when the patient’s post op appointment is so you can write it on their post op instructions as well
- Go out to the waiting room to let the family know how the case went
- See the next patient – mark them, do paperwork
- Put in brief op note for the previous case and pre-op note for the next case

## General Clinics

- Similar to continuity clinic in PGY-2/PGY-3

## Post Clinics

- You’ll see POD0, POD1, and POW1s in these clinics
- You’ll also see attending post-ops if needed
- You will also pre-op second eyes in these clinics – at this point they’ve already been staffed with an attending and only need paperwork (e.g. consent)

## Pre-op Clinic Checklist

1. **Does the patient want surgery?** (if no, then don’t waste their time or your time doing a full pre-op)
2. Is the patient diabetic? Is A1c < 9%? If borderline or elevated, have a thorough risk discussion with about post-op complications with diabetes. Consider having them work on their blood sugar and return in 6 months for repeat evaluation.

3. Has the patient had a major heart or CVA events in the last 6 months? If new cardiac or pulmonary issues, patient may not be safe for anesthesia and you should get a pre-anesthesia consults and/or CC **Ana Cardenas** to get cards/pulm clearance.
4. Check VA with HRx
5. Check MRx
  - a. Is MRx worse than or equal to 20/40?
    - i. If no, then do a BAT glare test with either trial frames or HRx
      1. Is the BAT worse than 20/40? If not discuss that CE may not help them and offer to see them back in 6 months
    - ii. If yes, and you already have IOL calcs/ Pentacam, can dilate and do eye exam
    - iii. If yes, and you don’t have IOL calcs/ Pentacam yet, get those tests done first
  - b. DFE, then document the **type of cataract** and **pupil size**, trauma, PXF, retinal pathology
6. **Sign consent for Cataract extraction by phacoemulsification, etc. and retina vitrectomy** (all attendings), pick an OR day and add it to the surgery calendar in outlook. For #7: Qualified Practitioners, including residents, may also be performing important tasks related to the surgery based on their skill set and under the supervision of the responsible Primary Surgeon.
7. Fill out surgery packet – give patient blue, green and yellow sheets. If Vicki is available, she can go over the instructions with the patients. If Vicki is not available, you will need to go over the instructions with them yourself.
8. Confirm patient has a ride to and from surgery:
  - a. If they do not, sign them up for companion care: sign **consent** for companion care, and you must place **companion care consult**: Consult → standard → not seen → companion care – ophthalmology in CPRS
  - b. Notes about companion care patients: they are usually scheduled as one of the first cases of the day and they have to have a POD1 visit (not POD0), therefore cannot schedule companion care on Fridays
9. RTC order for POD0/1 visit
10. Staff with attending! Look at Pentacam and calcs and choose lens
11. Order Eye Drops (Tube #215): Add new order → Ophthalmology → Pre-op cataract right or left
12. If you are doing a lens <10, >25, toric lens, or multifocal, complete your calcs and make sure you order the lens by **emailing Evon Miller** and **Lauri Granger** with your VA email with the date of surgery, patient name, and lens needed... and encrypt it
13. Put completed paperwork in Monica’s room; for H&P, identify additional signers: Bracken, Marcia and Granillo, Monica

## PGY-1 VA ROTATIONS

### Ophthalmology

- Location: Building 80 Eye Clinic (rounds and lectures are in-person at Alvernon, consults are at BUMCT)
- Dress: Business casual or scrubs
- Typically will start by helping in clinic and staffing with senior and MOD/attending physician. Post-op clinics are OK to be staffed with the senior only. All other patients should be staffed with an attending.

	AM	PM
<i>Monday</i>	VA	VA
<i>Tuesday</i>	VA	VA
<i>Wednesday</i>	VA	VA
<i>Thursday</i>	VA	VA
<i>Friday</i>	Lectures	VA

- You'll have your own continuity clinic starting in the second month of the rotation.
- Routine patient follow-up (return to clinic or RTC) must be ordered at the VA (we will show you how). If it is urgent, then you must confirm who will see the patient (check with your senior) and time/date then place that in the order for the schedulers.
- You'll also have dedicated time on consults, usually at Banner main campus with the current PGY-2 or PGY-3 consult resident. This is where you'll help with ED and inpatient consults and learn how to navigate Banner main campus and basic consults.
- Keep an eye out for interesting cases as you will present a grand rounds case at the end of the rotation (feel free to ask the seniors or an attending who saw the patient to review it beforehand).
- Topics to review: basics of ophthalmology and refraction (Practical Ophthalmology 8th ed. is by Preston Blomquist, MD is for PGY-1s and great).

### Rheumatology

- Location: Building 81S Floor 2
- Dress: Business casual or scrubs, no white coats
- You will work with Dr. Bode and Dr. Kramer. Dr. Bode gives resident lectures from 8-9 AM on clinic days (M/T/Th). Dr. Bode has virtual clinic on Weds and residents will usually spend that day with Dr. Kramer. Dr. Kramer has virtual clinic on Thurs and residents will spend that day with Dr. Bode.
- No clinic on Friday AM due to rheumatology didactics, can go to ophthalmology didactics.
- Make sure return to clinic orders are for the right clinic and approximate date.
- Injections need documentation in the primary encounter note (e.g. Kenalog, # injections) and a separate procedure note with timeout information
- Topics to review: uveitis, giant cell arteritis, gout, osteoarthritis, rheumatoid arthritis, PMR, vasculitis

## ENT

- Location: Building 50 Floor 2 (above the ED)
- Dress: Scrubs
- You will work with Dr. Bays and the ENT resident.

	AM	PM
<i>Monday</i>	Resident Clinic	Resident Clinic
<i>Tuesday</i>	OR	OR
<i>Wednesday</i>	Clinic/OR (varies)	Clinic/OR (varies)
<i>Thursday</i>	Clinic	Clinic
<i>Friday</i>	Clinic/Procedures	Clinic/Procedures

- Clinic days start at 8 AM. Tuesday OR days start at 7:30 AM (meet at clinic beforehand).
- Typically you'll be responsible for basic clinic visits and notes, especially on resident clinic days. For return visits you can copy the previous note and update the pertinent information. For new visits ask for the current ENT note template. You'll also see consults with the team in between clinic/OR.

### Neurology

- Location: Building 80 Floor 2 Room 2727 or 2731 (conf. room) between the eye clinic and derm
- Dress: Scrubs
- Reach out to the on-service resident several days beforehand to confirm the start time. Start time is usually between 8-10 AM Monday through Friday.
- This is a primarily inpatient rotation. Typically you'll split new and existing consults with the neurology and psychiatry residents, then round as a team. Seniors will handle the e-consults.
- Before writing a note, make sure the correct encounter location and note type is selected. This will vary based on whether it is a new consult or an existing patient being followed inpatient.
- Topics to review: CT, MRI, stroke work-up.

### Emergency Medicine

- Location: ED
- Dress: Scrubs
- You can request to change shifts to any open spots if needed.
- Orders are done through the main ED menu for most things. Make sure orders are STAT.
- Typically residents are expected to carry 2-3 patients at a time and stop seeing new patients about 1.5-2 hours before the end of the shift so you can catch up, dispo, and finish notes.
- You'll need to login to the SAVAHCS call schedule in Edge. The ED coordinator can help you find it.
- Make sure to run orders/plans by your attendings. If you're unsure about anything, ask. If you have a patient who is unstable or in the stroke window with an acute stroke, let the attending know ASAP.
- For your notes, focus on the MDM portion to explain your rationale for discharge or admission.

## Inpatient Medicine

- Before you start: Make sure you have remote access (message Marqual on Teams)
- Location: Building 2 Floor 3 Team Room B (Code: 6729)
  - Easiest to park in Lot A, enter through the rose garden, then take the elevators across from the police box in Building 2. Once you arrive on the third floor, take a right.
- Dress: Scrubs
- Try to arrive around 6:30-6:45 AM. Patient signout is at 7 AM or a little earlier in the conference room.
- Teams rotate between short (2 before noon), medium (2 before 3 PM), long (5 before 5:30 PM), and zero admit days. On long days, your team will hold the rapid/code pager. You'll be responsible for pages from 7AM to 7PM.
- Make sure to let the senior know ASAP if you have any vacation time. They're not familiar with our vacation schedule and will need to plan around it.
- Admitting a patient:
  - Receive signout, see and examine patient, always ask code status (CPR and intubation), check LST (addend if unchanged, create new if changes or not previously documented), place orders
  - Delayed admit orders
  - Medications (select home meds to continue while inpatient, -> action -> transfer to inpatient -> delayed admit)