

CONTACT INFORMATION:

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COURSE MATERIALS:

Recommended Texts:

Maggs DJ, Miller PE, Ofri R: Slatter's Fundamentals of Veterinary Ophthalmology, 5th edition, Saunders/Elsevier, 2012.

Gelatt KN: Essentials of Veterinary Ophthalmology, 3rd edition, Wiley-Blackwell, 2014.

COURSE DESCRIPTION:

Students on this rotation are assigned to the Veterinary Teaching Hospital Ophthalmology Service. This service provides a setting for learning about referral and non-referral ophthalmologic disease with primary case management of the dog and cat. The service also provides consultation for exotic and large animal patients. Interns, technicians and faculty directly supervise students on the rotation.

COURSE OBJECTIVES:

This rotation should extend experience gained in VMED 5352, provide detailed introduction to the specialty of Veterinary Ophthalmology, review the pathophysiology of the most common ophthalmic disorders and familiarize the student with common ophthalmic diagnostic equipment and techniques. Treatment options and strategies available for ophthalmic patients will be discussed. Additionally, the surgical laboratory will be used to instruct the student on the use and handling of ophthalmic surgical instruments, suture and common ophthalmic surgical procedures.

<u>After this rotation, you should be able to...</u>	<u>Key Words</u>
1. Perform an appropriate physical restraint for an ophthalmologic examination.	Ophthalmologic exam
2. Obtain and record a general and ophthalmologic history.	Ophthalmologic history
3. Maintain a medical record.	Medical record
4. Write a prescription.	Written prescription
5. Calculate drug therapy.	Drug dose calculation
6. Perform a complete ophthalmologic exam to include: nasolacrimal evaluation, fundic examination, anterior segment examination.	nasolacrimal evaluation, fundic examination, anterior segment examination
7. Perform and interpret basic procedures** to include ocular culture, ocular cytology, corneal staining, Schirmer tear test, tonometry, cherry eye repair, entropion repair, eyelid mass removal, eyelid tacking, grid keratotomy, temporary tarsorrhaphy, third eyelid flap, transpalpebral enucleation ** Some of these will be through laboratory experience.	ocular culture, ocular cytology, corneal staining, schirmer tear test, tonometry, cherry eye repair, entropion repair, eyelid mass removal, eyelid tacking, grid keratotomy, temporary tarsorrhaphy, third eyelid flap, transpalpebral enucleation

8. Devise a comprehensive diagnostic/treatment plan for acute proptosis (Dog,Cat), adnexal disorders (Dog, Cat, Horse, Food Animal), conjunctivitis (Dog, Cat) corneal disorders (Dog, Cat, Horse), glaucoma (Dog, Cat), lens disorders (Dog, Cat), tear film disorders (Dog, Cat, Horse), uveitis (Dog, Cat, Horse), vision loss (Dog, Cat, Horse, Food Animal), ocular tumors, ophthalmologic diseases of exotic species.	acute proptosis, adnexal disorders conjunctivitis, corneal disorders glaucoma, lens disorders, tear film disorders, uveitis, vision loss, ocular tumors, ophthalmologic diseases of exotic species
9. Assess and treat pain associated with ocular disease.	Pain management
10. Review the previous information in the medical record and summarize the pertinent finding.	Summarize pertinent medical records findings
11. Perform basic client communication including written and verbal discharge instructions.	Client communication

D= Dog, C= Cat, H = Horse, FA = Food Animal, EX = Exotics

TEACHING PHILOSOPHY:

The Ophthalmology Rotation should allow the student to fine tune their client communication skills as well as their history taking, physical examination, ophthalmologic examination and test interpretation skills. Emphasis will be placed not only on management of the acute ophthalmologic case, but also appreciating the chronic care skills (including client empathy) needed to successfully management an ophthalmologic patient.

COURSE POLICIES:

Equipment:

Practical and professional attire is required: either clean scrubs or professional dress with a clean white lab coat and a name tag. Students should have clean scrubs daily in the event that a case goes to surgery and shoes suitable for seeing large animal patients. Additionally, students should have a stethoscope, watch/timer, thermometer, bandage scissors, hemostat, leash, pen light, black pen, sharpie pen and a small note pad or notebook available.

Attendance / Lateness Policy:

Absences must be pre-approved by the faculty mentor. Requests should be made two weeks prior to the start of the rotation and an absentee request form signed. These forms can be found in the VCS office. Unexcused absences will result in an incomplete grade and students will be required to repeat the days missed or the entire 2 week rotation. Students may be required to make up any time missed during a rotation, no matter the cause. If the surgical laboratory is missed, the student will be given an incomplete for the rotation until a make-up laboratory session can be completed. It will be the responsibility of the student to arrange the make-up laboratory session with the faculty mentor. Missed days that are made up will not count towards the total allowable excused absences. Please see the Phase II attendance requirements below. If ill, the student must call when the clinic phone opens for the day to make the faculty member aware of this absence. An absentee form needs to be signed as soon as the student is back in clinics.

Natural Disasters (Hurricanes, etc.)

Hurricane Season officially runs from June 1st - Nov. 30th. The projected path of tropical storms/hurricanes are mapped by the National Hurricane Center: <http://www.nhc.noaa.gov/?atlc>. Please stay aware of impending storm systems. Staff and students of the VTHC are "essential personnel" during disasters affecting our community. The clinic schedule and student responsibilities may change during such events. Students may be required to participate in VTH emergency response efforts depending upon need and safety. **Please check with the faculty member prior to any storm landfall projected for Louisiana.** If you are asked to report for duty during an emergency, your personal safety is the number one priority. Use common sense in your commute and alert the Small Animal ICU (225-578-9503) if you are unable to arrive safely.

ASSIGNMENTS/RESPONSIBILITIES:

Patient Care:

Students are responsible for performing and documenting the medical history and physical examination findings, and relaying that information to other team members and the medical record.

Students are responsible for assisting in case management under the supervision of the attending veterinarian and technical staff. This includes walking patients, keeping the cage/run clean, daily treatments, providing animal restraint for procedures, performing and assisting with technical procedures and diagnostic sample collection, requesting and organizing diagnostic procedures and medical treatments.

Client Communication:

The student will call the owner of an inpatient every morning and evening unless other arrangements have been made. Any pertinent information will be recorded on a telephone report form or added to the progress notes. The student will follow up on pending lab work by checking with the clinician and notifying the client of the results. The student will remind the client to schedule a reevaluation if appropriate as soon as possible, ideally before leaving the hospital with their pet.

Medical Record Keeping:

Students are responsible for performing and documenting the medical history and physical examination findings, and relaying that information to other team members and the medical record. Students are responsible for medical record documentation, including writing case summaries for patient discharge.

Clinic Procedures:

Clinical record:

The clinical record should be reviewed prior to the appointment. It should be reviewed to note previous problems, previous testing, discharge summaries and other pertinent facts. For new cases the ophthalmology history form should be reviewed as soon as the client has completed this form and prior to communication with the owner.

New cases:

The student will review the ophthalmology history form with the client for all new cases and assist in filling out this form in the greatest detail possible. Information should include names of drugs, length of treatment, date last treatment given, current medication, specific testing performed by another veterinarian and response to treatment.

Returning cases: The student will review with the client, compliance with instructions/drugs and owner's perception of change in the ocular disease – improvement or worsening. Permission should be obtained for follow up testing as needed.

Examination:

The ophthalmology examination will be performed in the ophthalmology examination room. These findings will be recorded on the ophthalmology examination form. The student will create a problem list, a differential diagnosis list for each problem and consider what diagnostics/treatments would be appropriate to perform. The case will be presented to the ophthalmologist and ophthalmology intern. The problem list, differential list, diagnostic and therapeutic plan will be discussed and refined.

Keeping day or overnight patients:

Day or overnight patients will be placed in the ward. Discharge time should be noted for day patients. Patients staying overnight will be kept in the wards or transferred to ICU as needed. All patients will be given an identification band, cage card, water bowl, or litter box as applicable. Dogs in the wards will be walked several times daily in the outside designated walk area. Treatments of ward cases will be the responsibility of the ophthalmology student in charge of the case. The ICU technicians will perform treatment of ICU patients, except for 8 AM treatments. These treatments are to be completed by the assigned student. All records will remain in the hospital. Cage cleaning and watering of the ward patients will be done each morning and as needed during the day by the ophthalmology student in charge of the case. All inpatients require a SOAP, to be completed and in the record by 8:00 AM. Each page needs to be signed and dated and stamped with the patient information.

Surgical patients:

All surgical cases require blood work to be submitted the day before surgery when possible. For outpatient surgery cases, blood work and electrocardiogram should be completed as soon as the patient arrives. It is the student's responsibility to ensure that blood work is assessed prior to surgery, appropriate anesthesia and surgical forms to be submitted and NPO instructions are placed on the cage the night before surgery. The student will also assist with the recovery of patients from anesthesia, obtaining medications to be given, and written ICU instructions.

Discharge summaries

Discharge summaries should be finalized with fee sheet ready to review 30 minutes prior to discharge.

Discharge summaries should include problem list/diagnosis, procedures performed, medication dispensed with possible side effects, purpose of drug, timing of re-evaluation. Discharge summaries shall be written and stored in the appropriate folder on the computer.

Rounds presentations:

Rounds presentations are scheduled from 8:30 -9:30am Monday - Thursday. Topics may include: Corneal ulcers, Lens disorders, Glaucoma, Uveitis, Dry Eye, Emergency Case Management

Ophthalmology Clinic Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 8:15	Drop offs	Drop offs	Drop offs	Drop offs	Drop offs
8:30 – 9:30	Rounds	Rounds	Rounds	Rounds	Rounds
9:30-	Appointment	Surgery/Case work-up	Surgery	Appointment	Appointment
9:30-	Appointment	Surgery/Case work-up	Surgery	Appointment	Appointment
10:30-	Appointment	Surgery/Case work-up	Surgery	Appointment	Appointment
11:00-	Appointment	Surgery/Case work-up	Surgery	Appointment	Appointment
1:30-	Appointment	Surgery/Case work-up	Surgery	Appointment	*week 1 surgery lab/week 2 appt
1:30-	Appointment	Equine Appt	Surgery	Appointment	*week 1 surgery lab/week 2 appt
2:00-	Appointment	Equine Appt	Surgery	Appointment	*week 1 surgery lab/week 2 appt
2:30-	Appointment	Case work-up	Surgery	Appointment	*week 1 surgery lab/week 2 appt
3:00-	Appointment	Rounds	Rounds	Appointment	*week 1 surgery lab/week 2 appt

GRADING/EVALUATION:

The standard SVM grading scale listed below will be used with grades rounded to the nearest percentage point.

A+	97-100%
A	93-96%
A-	90-92%
B+	87-89%
B	83-86%
B-	80-82%
C+	77-79%
C	73-76%
C-	70-72%
D+	67-69%
D	63-66%
D-	60-62%
F	<60%

Ophthalmology Grade Sheet

VMED 5467 - OPHTHALMOLOGY

Student	Block	Date			
		Excellent	Good	Adequate	Inadequate
1. <u>Ophthalmic knowledge</u> (ophthalmic anatomy and pathophysiology, instrument applications; knowledge/recognition of ophthalmic disease entities, including clinical signs and treatment)		15 14	13 12	11 10	9 8 7 6 <6
2. <u>Rounds</u> (efficient presentation of cases, knowledge, ability to lead and participate in discussions)		15 14	13 12	11 10	9 8 7 6 >6
3. <u>Problem solving skills</u> (ability to obtain history, identification of problems from histories and physical /ocular examinations, explanation of their pathogenesis, formulation of logical plans for diagnosis and treatment)		15 14	13 12	11 10	9 8 7 6 <6
4. <u>Communication with clinician</u> (ability to verbally express thoughts, plans or ideas)		5	4.5	4	3 2 1
5. <u>Clinical skills</u> (clinical observations, manipulative skills, team skills, diagnostic procedures, instrument handling, surgical skills, organization)		15 14	13 12	11 10	9 8 7 6 <6
6. <u>Patient management</u> (physical/ocular examination, nursing skills, feeding, cleanliness of patient, restraint, general patient care and handling)		15 14	13 12	11 10	9 8 7 6 <6
7. <u>Clinical proficiency</u> (ability to efficiently organize case management, complete diagnostic manipulations, administer treatments, prepare patient for discharge, and handle difficult situations with poise)		5	4.5	4	3 2 1
8. <u>Responsibility</u> (attendance, punctuality, emergency duty, patient care, scheduling diagnostics, scheduling surgery, record completeness, client communication)		10	9 8	7	6 5 4 3 >3
9. <u>Interpersonal relationships</u> (ability to work harmoniously with peers, staff and faculty; willingness to help; persistence)		5	4.5	4	3 2 1
10. <u>Readiness to practice</u> based on current level of expected development.					
A) Ability to make independent decisions		Excellent	Good	Adequate	Inadequate
B) Overall ability to transfer facts to actual clinical problem solving		Excellent	Good	Adequate	Inadequate
C) Overall professional maturity		Excellent	Good	Adequate	Inadequate

TOTAL SCORE	
COMMENTS:	

ATTENDANCE REQUIREMENT:

All students in the Phase II curriculum may be allowed a maximum of six (6) excused absences (this may be days or portions thereof, depending on the desires of the block mentor and course coordinator) which require no form of remediation. Additional days, for the days of the examination only, will be allowed to take the North American Licensing Examination. Examples of excused absences that may be allowed are: job interviews, state board examinations, family emergencies, illness, and attendance of professional meetings.

The block mentor shall have the final authority on granting an excused absence. Resolution of a dispute over excused absences shall be the duty of the Associate Dean for Student Affairs. Block mentors will be encouraged to allow any necessary excused absence, however insufficient student numbers on a block may preclude the approval of an excused absence. A maximum of two excused absences will be allowed per four week block and one excused absence per two week block. If a student exceeds the number of excused absences allowed per block then remediation may be required to pass the block (such as additional assignments or making up time lost).

If a student misses more than 2 days in any block's grading period, then remediation may be required. These missed days include boards and excused absences (i.e. travel to and from boards and the boards). All excused absences greater than the six days allowed may require remediation. A written notification to the Associate Dean for Student Affairs for approval will be required at least four weeks in advance in anticipation of any anticipated excused absence over 6, or as soon as possible after an unanticipated excused absence. The Course Coordinators will forward a copy of any excused absence to the VCS office for tabulation. A written confirmation of the absence may be required. A written excuse may be required. If a written excuse cannot be obtained, then the absence will be considered unexcused. Any unexcused absence will require remediation and/or possible failure of the block.

POSTINGS ON INTERNET/ SOCIAL NETWORKING SITES:

Posting, releasing, or otherwise disclosing photos, identifiable case descriptions, images, or records related to the educational, clinical, or research activities of the LSU - School of Veterinary Medicine, outside of the LSU - School of Veterinary Medicine via social networking sites (e.g. MySpace, Facebook, Twitter, etc.) or via other than standard professional means of query and/or dissemination of educational, clinical, or research information is prohibited. This policy applies to all students, faculty, staff, clients, and visitors of the LSU - School of Veterinary Medicine and to all activities of the LSU - School of Veterinary Medicine, on or off campus, related to veterinary clinical services and teaching and research labs. Pictures of animals (whether owned by University or client), and client information are strictly forbidden from being published or posted on social networking sites such as "Facebook", "Twitter", and "Myspace"; and non-educational blogs, message boards, or internet websites; without the prior approval from an appropriate Supervisor, Department Head, Director of the LSU - School of Veterinary Medicine Veterinary Teaching Hospital, or the Director of the Louisiana Animal Disease Diagnostic Laboratory. This policy is to promote the safety and privacy of students, faculty, staff, clients, and visitors. Failure to comply with this policy could result in damage to persons or property, may be a violation of legal, professional, and/or ethical obligations, and may result in disciplinary action by the LSU - School of Veterinary Medicine, up to and including dismissal.

LSU SCHOOL OF VETERINARY MEDICINE ACADEMIC MISCONDUCT POLICY:

The LSU Code of Student Conduct applies to the School of Veterinary Medicine within the Code is the Academic Misconduct Policy, which outlines the School of Veterinary Medicine expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the LSU Code of Student Conduct Policy and for living up to their pledge **not** to violate the Code.

- I. It shall be a violation of this Code for a student to cheat.
- II. It shall be a violation of this Code for a student to knowingly circumvent any course requirement.
- III. It shall be a violation of this Code for a student to steal.
- IV. It shall be a violation of this Code for a student to purposely impair another student's educational opportunity.
- V. It shall be a violation to act in a manner which is detrimental to the moral and ethical standards of the veterinary medical profession.
- VI. It shall be a violation for a student to knowingly deceive another student, faculty member, or professional associate with the intent to gain advantage, academic or otherwise, for said student or for any other student.
- VII. It shall be a violation for any student to fail to report any infraction of the LSU Code of Student Conduct Policy to an appropriate representative.

LSU Code of Student Conduct can be found at:

<http://saa.lsu.edu/code-student-conduct>

SEXUAL HARASSMENT POLICY:

The University reaffirms and emphasizes its commitment to provide an educational and work environment free from sexual harassment and to provide a means to remedy sexual harassment that employees may have experienced. ([PS-73 Sexual Harassment](#) and [PS-95 Sexual Harassment of Students](#))

The intent of this policy is to express the University's commitment and responsibility to protect its students from sexual harassment and from retaliation for participating in a sexual harassment complaint. It is not intended to infringe upon constitutionally guaranteed rights nor upon academic freedom. In considering allegations of sexual harassment, the University must be concerned with the rights of both the complainant and the accused.

All proven cases of sexual harassment shall result in appropriate disciplinary action. The severity of the disciplinary action shall be consistent with the seriousness of the act of sexual harassment. Additionally, under appropriate circumstances, the University may take action to protect its students from sexual harassment by individuals who are not students of the University. If the alleged harasser is a student, the Dean of Students Office must be notified of the complaint.

Student Advocacy & Accountability, [Office of the Dean of Students](#), [LSU Student Life & Enrollment](#), 340 LSU Student Union, Baton Rouge, LA 70803, Phone: (225) 578-4307 Fax: (225) 578-5637 dossaa@lsu.edu

GENERAL STATEMENT ON ACADEMIC INTEGRITY:

Louisiana State University adopted the Commitment to Community in 1995 to set forth guidelines for student behavior both inside and outside of the classroom. The Commitment to Community charges students to maintain high standards of academic and personal integrity. All students are expected to read and be familiar with the [LSU Code of Student Conduct](#) and [Commitment to Community](#), found online at www.lsu.edu/saa. It is your responsibility as a student at LSU to know and understand the academic standards for our community.

Students who are suspected of violating the Code of Conduct will be referred to the office of Student Advocacy & Accountability. For undergraduate students, a first academic violation could result in a zero grade on the assignment or failing the class and disciplinary probation until graduation. For a second academic violation, the result could be suspension from LSU. For graduate students, suspension is the appropriate outcome for the first offense.

GROUP WORK AND UNAUTHORIZED ASSISTANCE:

All work must be completed without assistance unless the faculty member gives explicit permission for group or partner work. This is critical so that the professor can assess your performance on each assignment. If a group/partner project is assigned, the student may still have individual work to complete. Read the syllabus and assignment directions carefully. You might have a project with group work and a follow up report that is independently written. When in doubt, e-mail the faculty member or ask during a class session. Seeking clarification is your responsibility as a student. Assuming group/partner work is okay without permission constitutes a violation of the LSU Code of Student Conduct.

AMERICANS WITH DISABILITIES ACT:

Louisiana State University is committed to providing reasonable accommodations for all persons with disabilities. The syllabus is available in alternate formats upon request.

Students with disabilities: If you are seeking classroom accommodations under the Americans with Disabilities Act, you are required to register with Disability Services (DS). DS is located in 115 Johnston Hall. Phone is 225/578-5919. To receive academic accommodations for this class, please obtain the proper DS forms and give the form to the course coordinator at the beginning of the class. The Office of Veterinary Education and Student Affairs can help you if you have questions as well. <http://disability.lsu.edu/students>

SYLLABUS CHANGE POLICY:

Except for changes that substantially affect implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advanced notice.

SVM INSTITUTIONAL LEARNING GOALS/OBJECTIVES ALIGNED WITH COMPETENCIES:

SVM 9 +1 Clinical Competency Anchor Points			
Competency One: <i>Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management</i>	Aligned with VMED 5467 Learning Objective	Assessment Method	Teaching Method
1.1 History/Physical Examination	1, 2, 6, 10	Oral patient presentation	Patient presentation-Learner
1.2 Patient Assessment/Clinical Thinking Skills	6, 7, 8, 9	Oral patient presentation	Patient presentation-Learner
1.3 Knowledge Base/Basic Pathophysiology	7, 8	Oral patient presentation	Patient presentation-Learner
1.4 Diagnostic Skills/Clinical Laboratory Assessment	7, 8	Oral patient presentation	Patient presentation-Learner
1.5 Participation in Patient Discussions	11	Oral patient presentation	Patient presentation-Learner
1.6 Medical Records	2, 10, 11	Oral patient presentation	Patient presentation-Learner
Competency Two: <i>Comprehensive treatment planning including patient referral when indicated</i>			
2.1 Treatment planning	7, 8, 9	Oral patient presentation	Patient presentation-Learner
2.2 Understanding Therapeutic Modalities and Availability (<i>would include knowledge of referral services available</i>)	8	Oral patient presentation	Patient presentation-Learner
Competency Three: <i>Anesthesia and pain management, patient welfare</i>			
3.2 Pain Management/Patient Welfare/Empathy	9, 11	Oral patient presentation	Patient presentation-Learner
Competency Four: <i>Basic surgery skills, experience, and case management</i>			
4.1 Basic surgical skills	7	Practical (lab)	Lecture; Patient presentation-Learner; Laboratory
4.2 Surgical experience gained through rotation	7	Practical (lab)	Patient presentation-Learner
4.3 Case Management	1, 3, 5, 6, 7, 8, 9, 11	Oral patient presentation	Patient presentation-Learner
Competency Five: <i>Basic medicine skills, experience and case management</i>			
5.1 Basic medical skills/ Case Management	1, 3, 4, 5, 6, 7, 8, 9, 10, 11	Oral patient presentation	Patient presentation-

			Learner
5.2 Medical experience gained through rotation	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	Oral patient presentation	Patient presentation-Learner
Competency Six: <i>Emergency and intensive care case management</i>			
6.1 Emergency Care Management	2, 5, 6, 7, 8, 9	Oral patient presentation	Patient presentation-Learner
6.2 Intensive Care Management	2, 5, 6, 7, 8, 9	Oral patient presentation	Patient presentation-Learner
Competency Seven: <i>Health promotion, disease prevention/biosecurity, zoonosis and food safety</i>			
7.4 Zoonosis	8	Oral patient presentation	Patient presentation-Learner
Competency Eight: <i>Client communications and ethical conduct</i>			
8.1 Client Communication/Client Education/Discharge Summary	11	Oral patient presentation	Patient presentation-Learner