American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery

Ophthalmology Program Director's Annual Report of the Program

Program Name:		Specialty:	
Program Director:		Director of Medical Education:	
Review Period:		OPTI Academic Officer	

Instructions:
To monitor the progress of ophthalmology residency training programs, the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOCOO-HNS) requires all program directors to complete an annual evaluation report of the program. Please submit the report within thirty (30) days of the completion of the academic year. Failure to submit the report may affect the program's accreditation status.

Program Director Responsibilities			*If a "NO" is indicated, an explanation is required*
1. The Quarterly and Annual Evaluations of the Residents are completed by the program director.	Yes	No	
2. The program director provides oversight of the resident's scholarly activity.	Yes	No	
3. There is a process to evaluate and monitor quality of teaching faculty.	Yes	No	
4. Does the program follow/ implement the model curriculum?	Yes	No	
5. Program complies with all the patient care and educational course requirements.	Yes	No	
6. Program complies with the outside rotation standard.	Yes	No	
7. Date last ACA Program Director Workshop attended: -			
8. Date last Faculty Development Program attended: -			

Board Pass Rates	In-Service Exam Scores

a. # Graduates Eligible _____. b. # who sat for Boards ____; # who passed ____ c. Status of those who failed:	Total mean raw score for program and nation for the past three years: 2018 ____ Program ____ Nation 2017 ____ Program ____ Nation 2016 ____ Program ____ Nation
Fill Rate	**Segregated Totals**
a. I filled ____% of my approved/authorized/funded training slots last July. b. Total number of filled positions ____ c. Total number of approved positions ____	Average cumulative amount of procedures completed by the residents for the last three years ____ 2018 ____ 2017 ____ 2016

Site Visit	
Date of last Site Visit:	**Number of years granted for accreditation:**
List deficiencies from last site visit and how/when the deficiencies were corrected:	
List attributes and shortcomings of the program as you see them and provide the AOCOO-HNS with a Five-Year Improvement Plan for the program:	

Resident Information			
Name	**OGME Level**	**E-Mail**	**AOA Number**
List the names of residents who left the program (i.e. transfer/withdraw) and the reason for the departure.			
Provide a Resident Status Report to indicate residents who were denied advancement and any remediation plans instituted for residents:			

Program Changes
If applicable, please describe any substantive changes to the program in the following areas:

Faculty	
Administration/Staff	
Training Sites	
Rotations	
Other (concerns, challenges, accomplishments)	

Support			
Are you receiving the necessary support from your OPTI?	Yes	No	Comments:
Are you participating in mid cycle reviews with your OPTI?	Yes	No	Comments:
Are you receiving the necessary support from your institution?	Yes	No	Comments:

Program Director Evaluation of the Resident			*If a "NO" is indicated, an explanation is required*
1. The institution and program fulfilled all of its responsibilities to the residents.	Yes	No	
2. All unfulfilled responsibilities to the resident have been addressed.	Yes	No	
3. The resident's academic projects (research, scientific paper, statistics course or poster for credit) was reviewed and approved.	Yes	No	
4. Residents participated in the annual OKAP examination.	Yes	No	
5. The OKAP examination results were discussed with the residents.	Yes	No	
6. Residents have established the required panel of patients in the ambulatory setting and have followed patients throughout the academic year.	Yes	No	
7. Did any residents require any special counselling for deficiencies?	Yes	No	
8. Where resident counselling sessions documented?	Yes	No	
9. Program complies with all the patient care and educational course requirements.	Yes	No	

Program Director comments in any other areas not specifically mentioned above.

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I certify that the information on this form is correct and accurate.

Signature of Program Director	
Date	

I certify that the information on this form is correct and accurate.

Signature of DME or OPTI Academic Officer	
Date	

Ophthalmology Resident Caseload Form

SUBMIT ONE PAGE FOR EACH RESIDENT

As outlined in Standard VII-Resident Requirements, paragraph 7.4, residents are required to maintain surgical logs that must document the fulfillment of the requirements of the program, describing the scope, volume and variety and progressive responsibility of the resident.

The program director, as part of the annual report of the program, must include a compilation of the major surgical cases completed* by each resident in each OGME year.

Resident's Name _____

Program Director's Assessment of the Resident's Case Load

	OGME-1		**OGME-2**		**OGME-3**		
	Total	**Suggested**	**Total**	**Suggested**	**Total**	**Suggested**	**TOTALS**
Cataract with IOL	_____		_____	10	_____	40	**50**
Eyelid Malposition (entropian, ectropian, blepharoplasty, ptosis repair, full thickness lid laceration, pentagonal wedge resection, tumor resection with reconstruction, etc.)	_____	2	_____	8	_____	15	**25**
Strabismus (muscle cases)	_____		_____	10	_____	5	**15**
Glaucoma Procedures (trabeculectomies, ALT/SLT, laser PI's, cycloablation, laser iridoplasty, etc.)	_____		_____	5	_____	10	**15**

Retina Procedures (buckles, victrectomies, PRP, FALP, retinal tears, intravitreal injections)	_____		_____	5	_____	10	**15**
Cornea (pterygia, keratectomies, PKP's, LRI's, lasik, DSEK, etc.)	_____		_____		_____		**3**

*A major procedure in which the resident performs greater than 50% of the surgical case will be counted as a completed surgery.

PROGRAM DIRECTOR MUST OUTLINE CORRECTION ACTION PLAN FOR THE REMEDIATION OF MINIMUM CASE DEFICIENCY.

_____

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I certify that the information on this form is correct and accurate.

Signature of Program Director	
Date	

I certify that the information on this form is correct and accurate.

Signature of DME or OPTI Academic Officer	
Date	