OPHTHALMIC HOSPITALIST INTEREST GROUP

Volume 6, Number 4 Aug 2026

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Join the Community!

Have a question or topic about inpatient/ER consults? Share on the AAO/OHIG community! Log in with your AAO username.

OHIG Round Table at AAO Meeting 2026

We are planning another OHIG gathering in New Orleans to discuss our societal updates and consult-relevant issues. Date/time TBD. Stay tuned!

OHIG Course at the AAO Meeting 2026

Save the date for our OHIG course **"Navigating Hospital/ER On-Call Coverage: Horizons for Sustainability"** on **Sat 10/10 @ 3:45pm-5:00pm CST**, Session 267, Room R08.

OHIG Website Resource Center

Check out prior newsletters, job postings, and consult resources on the OHIG website.

Consult Education 2.0

In This Issue:

Articles

Ophthalmology Resident Clinics - A Road Paved with Good Intentions, JAMA Ophthalmology, May 2026

A thought provoking article highlighting the challenges of balancing high-quality patient care for underserved populations and resident education standards.

Education and Training of Referring Physicians Decreases At-Home Call Demand, J Grad Med Educ, 2013

When investment pays off! Basic education of non-ophthalmologists through relatively brief educational interventions was associated with fewer consultation requests and more appropriate consultations.

PEARLS

Upcoming Trauma Webinar

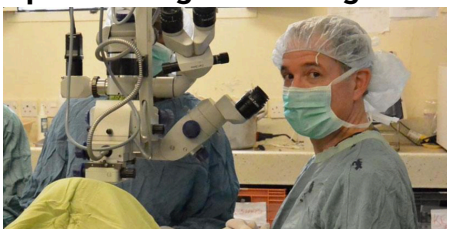
AMERICAN ACADEMY OF OPHTHALMOLOGY®

Ophthalmic Trauma Management for the On-Call Ophthalmologist

Thursday September 3, 2026, 8:00pm-9:15pm EST. In joint collaboration, the AAO, AUPO, and ASOT will provide a fast-paced webinar providing an overview of **ophthalmic procedures in the ED** setting. Intended for residents or anyone in need of a refresher before taking call.

Registration Link

AAO On-Call Survival Guide: Resources for Early Career Ophthalmologist Attendings



A helpful resource from AAO President **Dr. Chris Rapuano** who shares on-call webinars, consult education tools, and compensation discussion points.

Click To View

CONSULT ROUNDS

This month's consult rounds features an exciting array of ophthalmic hospitalist fellowships located at academic centers and private practice locations across the US and internationally.

EMORY EYE CENTER

Deepta Ghate, MD, PhD
Associate Professor, Glaucoma
Director, Ophthalmic Hospitalist Fellowship
Emory University Eye Center
Atlanta, GA, USA

Q1: We are excited to hear about Emory's new ophthalmic hospitalist fellowship program! Can you tell us more about it?

Ghate: Emory University and the Emory eye department work in multiple hospitals around Atlanta. As the only academic ophthalmology practice in Atlanta, our inpatient and ED ophthalmology needs are considerable. Our residents take consults at Grady (our trauma center and community hospital), the VA and another Emory facility- Emory midtown. Our main hospital does not have daytime resident coverage for inpatient and ED consults.

We started an inpatient service at our main hospital that was attending run 2 years ago. We then applied to the GME to create a new non-ACGME clinical fellowship program in our department that would fulfill our institution and the country's growing need for trained inpatient ophthalmology specialists. There are 2 inpatient services at the main Emory hospital- general ophthalmology and neuro-ophthalmology.

Q2: How is the fellowship structured?

Ghate: The general ophthalmology inpatient fellow is responsible for management of all Hospital and Emergency room consultation request at EUH (8 am-5 pm) under the supervision of the Ophthalmic hospitalist attending physician. The inpatient service is not responsible for trauma (that is handled by the trauma attending) or surgical emergencies (those are handled by the on call cornea, retina, glaucoma and plastics teams).

The fellow supervises the clinical activities of the residents (mostly as part of the morning hand-off) and medical students rotating as part of the team. The fellow presents at the 2 inpatient grand rounds during the year and is expected to complete and present at least 1 research or patient safety and quality improvement project over the year. We will start a journal club and case conference this year.

Q3: How is the fellowship funded?

Ghate: The GME fellowship is currently funded by the Department of Ophthalmology.

Q4: What advice would you give other programs who are considering implementing a similar type of fellowship?

Ghate: This is a challenging fellowship that not only requires an in-depth knowledge of the pathophysiology and management of ophthalmologic emergencies but also the systemic impact of varied conditions on the eye. Fellows need to liaise with other inpatient hospitalist services such as Internal Medicine, Emergency Department and Neurology as well as ophthalmic subspecialties such as medical retina/uveitis, oculoplastics and neuro-ophthalmology service.

Successful applicants must be curious and willing to change their mindset from the outpatient rapid turnover and brief notes of the eye clinic to being part of an inpatient team and helping our inpatient colleagues in their diagnosis and management of extremely sick patients. Notes must be thorough and addressed towards the consult request and must be understandable (without abbreviations) to the inpatient teams. They must also enjoy shift work.

Choosing the correct fellow is critical to the success of the fellowship.

To learn more about: Emory's Ophthalmology Inpatient Hospital Medicine Fellowship

Conor Malone, MD
Comprehensive Ophthalmology
Ophthalmic Emergency Fellowship Program
Oxford Eye Hospital
Oxford, England, United Kingdom

Q1: We are excited to learn more about ophthalmology fellowships across the globe with a focus on emergency ophthalmology. Could you tell us more about your fellowships program? What prompted you to pursue additional training in this area of medicine?

Malone: Oxford Eye Hospital (OEH) is part of the John Radcliffe Hospital, a large tertiary care centre and the main teaching site of the University of Oxford Medical School. We cover a wide catchment area which is a mix of urban and rural, including some national services. Our research centre is particularly active in developing gene therapies for retinal disease but we also run studies in robotic intra-ocular surgery, neuro-ophthalmology, uveitis, artificial intelligence, simulation, and human factors.

Dr Stella Hornby is a senior consultant (attending) at OEH and the Eye Emergency Department (EED) Lead. She has pioneered the ophthalmic hospitalist role in the UK, with particular expertise in primary eye care, health promotion, and neuro-ophthalmic emergencies. Dr Hornby's enthusiasm for emergency ophthalmology is infectious and she has brought together a great team of ophthalmologists, optometrists, orthoptists, nurses, and healthcare assistants.

Emergency ophthalmology services have existed for decades in the UK but the concept of it as a subspecialty is relatively new. The British Emergency Eye Care Society (BEECS) was established in 2013 and soon after the Royal College of Ophthalmologists (RCOphth) began to develop policy and training in the area. Recently RCOphth created a new Urgent Eye Care elective for UK ophthalmology residents, the first cohort of which will start soon.

It is exciting to work in an area of medicine that is expanding so rapidly. When I attended my first BEECS conference several years ago I could see huge potential. I had the same feeling at the American Society of Ophthalmic Trauma (ASOT) meeting in Houston this year, organised by Dr Amy Coburn and colleagues. Learning about such varied topics, from military ophthalmology to sports eye injuries to telemedicine, reinforced for me how interesting emergency and hospitalist care can be.

Q2: How is the fellowship structured?

Malone: My post is combined clinical and academic. I see emergency patients in the EED one day a week and help cover the on-call rotation. The EED service includes bedside review of any ophthalmology patients admitted to inpatient wards, as well as new inpatient consultations for other specialties, e.g. neurosurgery.

We run a dedicated email advice service for general practitioners (family physicians) and optometrists - I reply to these one day a week. This is a really helpful resource for clinicians in primary care.

My academic time is primarily spent on my DPhil (PhD) project, using AI to improve care pathways in neuro-vascular ophthalmic emergencies, e.g. prompt detection of papilloedema. Two days a week are dedicated to this as part of my National NHS Fellowship in Clinical AI.

Separate from the AI work, we have a global emergency ophthalmology research strand that includes the health economics of eye protection for workers in low- and middle-income countries, and we recently won an NEI grant for our work on delivering acute eye care in island settings.

Emergency ophthalmology offers so many teaching and learning opportunities for clinicians of all disciplines and career stages. I organise a weekly EED teaching programme for EED staff, which includes a mix of lectures, case discussions, and other interactive sessions. We also run regular teaching days for residents from all hospitals in the region. Medical students join us in EED each day as it is the perfect place to do fundoscopy, assess ocular motility, learn the fundamentals of image interpretation, and much more.

Q3: How is the fellowship funded?

Malone: My clinical work is funded by OEH and I have separate support for research time. We have applied for various grants from ophthalmology charities to help with the cost of equipment as we expand our projects.

Q4: What advice would you give other programs who are considering implementing a similar type of fellowship either locally or abroad?

Malone: Hospitals all over the world struggle to deliver emergency eye care, particularly at nights and on weekends. Those of us who work in urgent eye care or as ophthalmic hospitalists know how satisfying and intellectually stimulating the work can be, but the complexity and unpredictable workload can be daunting.

I think a good first step is to recognise emergency ophthalmology as an area that deserves dedicated training, rather than something that we learn through being on call. A fellowship can provide structured exposure to ocular trauma, acute medical ophthalmology, paediatric eye emergencies, inpatient consultations, and the organisation of urgent eye care services.

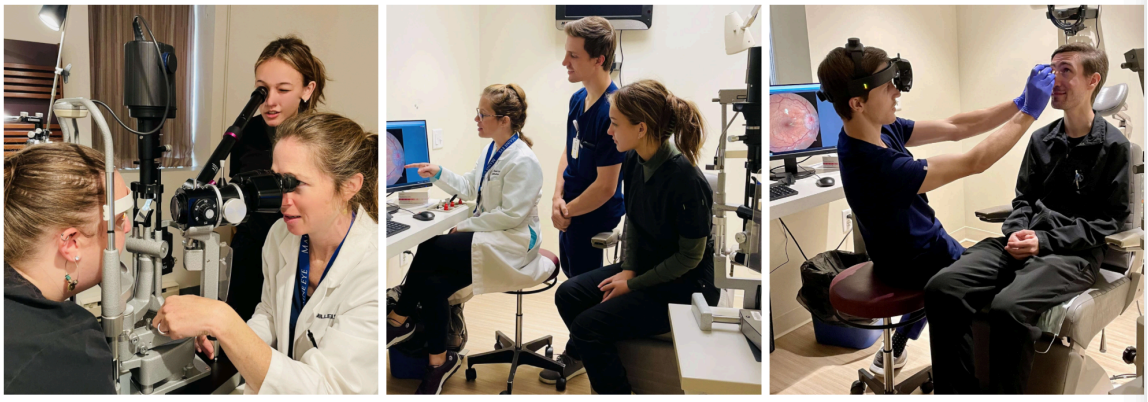
Neuro-ophthalmology deserves particular attention. Our neurology colleague here at the University of Oxford, Prof Gabriele De Luca speaks often about "neurophobia" among medical students and doctors, and this is something we witness among ophthalmologists. Having experience in neuro-ophthalmology, ideally at fellowship level, is undoubtedly an advantage, so programmes might consider including neuro-ophthalmology clinic rotations as part of their emergency/hospitalist curriculum.

Finally, I would encourage fellowship programmes to offer teaching, quality improvement, research, and human factors alongside clinical training. Emergency departments are excellent places to study how systems actually work under pressure. Fellows can contribute not only by becoming better emergency ophthalmologists, but also by developing safer and more efficient ways of delivering urgent eye care.

MAINE EYE

Brooke Miller, MD.
Comprehensive Ophthalmology
Co-Director, Fellowship
Maine Eye Center
Portland, ME

Lisa Neavyn, MD
Comprehensive Ophthalmology
Co-Director, Fellowship
Maine Eye Center
Portland, ME



Pre-Residency Clinical Ophthalmology Fellowship

Q1: We are excited to get an update about your innovative Pre-Clinical Fellowship headed by your private practice group in Maine. Could you tell us how this fellowship is structured and how it is funded?

Miller/Neavyn: Maine Eye Center's Pre-Residency Clinical Fellowship is a non-ACGME PGY1 year funded through Maine Medical Center. The resident spends the year honing their skills rotating through comprehensive and subspecialty clinics in our private practice in the morning and then rounding on inpatients and ER consults at Maine Medical Center, Maine's only level 1 trauma center, in the afternoon. The resident is typically a very bright person who, for a variety of reasons, did not match into ophthalmology in the SF cycle and has recently graduated from medical school. We work closely with our resident to strengthen their skill set and application in hopes to get them to rematch the next cycle. We have a strong success rate, currently having matched 70% into ophthalmology (and 100% including those who dual applied).

Q2: It is exciting to see the success of this fellowship over the years. How have things been going? What has stayed the same? What has changed since you first started?

Miller/Neavyn: As above we have a great re-match rate! The caliber of our residents has increased over the years with some really strong applicants. This may be due in part to ophthalmology becoming a more popular and competitive field, but also we think our fellowship is better known at this point, and so we have more medical students applying. Over the years our residents have been involved in teaching, both at our office and at Maine Medical Center. Our current resident will even have the opportunity to present at a national conference this cycle which is very exciting. They also participate in research while here which has been an evolving trend over the years.

Q3: Most fellowships are located at academic centers. Your fellowship is unique in that it offers a wonderful learning opportunity in both a private practice group and hospital setting.

How has this benefited your fellows and your clinical practice? What advice would you give other private practice groups who want to consider implementing a similar program?

Miller/Neavyn: Agreed that this is a unique opportunity for future ophthalmologists- they get the exposure to both private practice and academic settings while here for the year which we hope can inform them as they move on and think about their own future career goals. They learn about efficiency but also have the opportunity to slow down and learn and take ownership of the hospital consult list. This program benefits us and our resident-- the resident helps us cover the hospital call (the major medical specialties have formal residencies for medicine, surgery, OB/GYN, pediatrics etc.) and in turn we help strengthen and rebrand our current resident in hopes of them matching into ophthalmology. Working with your local hospital is key in having a successful (and funded!) program.

To learn more about: Maine Eye Group's Pre-Clinical Fellowship

We wish to sincerely thank Dr. Deepta Ghate, Dr. Conor Malone, and Dr. Brooke Miller and Dr. Lisa Neavyn for sharing their expertise about unique clinical fellowship experiences across the globe with a specific focus on hospital-based consultation and emergency ophthalmic care.

OHIG Society Update

Thank you for sharing all your positive interest in a society transition! We have been diligently exploring the process of becoming a non-profit organization with formal legal and tax oversight. We will provide an update about our progress via an OHIG zoom meeting after the fall AAO meeting. Date/time to come!

ASOT Ophthalmic Trauma Symposium

Check the upcoming American Society of Ophthalmic Trauma (ASOT) Symposium also in New Orleans!

Link to Register: https://www.zeffy.com/en-US/ticketing/the-ophthalmic-trauma-playbook-best-practices-from-initial-response-to-long-term-recovery

ASOT 2026 OPHTHALMIC TRAUMA SYMPOSIUM

The Ophthalmic Trauma Playbook:
Best Practices from Initial Response to Long-Term Recovery

Held in conjunction with the American Academy of Ophthalmology Annual Meeting

Friday, October 9, 2026 | 12:30 PM – 5:30 PM

JW Marriott New Orleans, 614 Canal Street, New Orleans, LA

Join the American Society of Ophthalmic Trauma (ASOT) during the 2026 American Academy of Ophthalmology (AAO) Annual Meeting for an engaging afternoon from emergency assessment and surgical intervention to rehabilitation and long-term patient outcomes.

WHAT TO EXPECT

- Expert-led presentations from recognized leaders in ophthalmic trauma
- Evidence-based approaches to acute injury assessment and management
- Surgical pearls and case-based discussions
- Practical strategies for managing complex trauma cases
- Insights into patient recovery, rehabilitation, and long-term follow-up
- Networking opportunities with colleagues and industry partners

Whether you are a practicing ophthalmologist, trainee, student, or health professional with an interest in ocular trauma, this symposium will provide valuable clinical knowledge and opportunities for collaboration.

AAO Fall Annual Meeting Consult Courses

Check out these great consult courses at the fall AAO meeting including an OHIG panel!

Friday, 8:00am-10:15AM CST
Session: NEU02 Location: La Nouvelle Orleans Ab
The Neuro-Ophthalmic Triage
In Person, Live Broadcast, On Demand

Saturday, 8:00AM - 9:15AM CST
Session: 204 Location: R06
Down the Rabbit Hole: Making Sense of Cortical Visual Disturbances
Instruction Course
In Person

Saturday, 8:00AM - 9:15AM CST
Session: 207 Location: R08
Dubious Presentations of Pediatric Ocular Tumors
Instruction Course
In Person

Saturday, 8:00AM - 9:15AM CST
Session: 209 Location: 280-282
Management of Common Allergic and Immunologic Diseases of the Conjunctiva and Cornea
Instruction Course
In Person, On Demand

Saturday, 8:00AM - 9:15AM CST
Session: 300 Location: 214
Exploration of the Globe With Ophthalmic Ultrasound
AAOP Technician Course
In Person

Saturday, 9:45AM - 11:00AM CST
Session: 221 Location: R06
Diplopia: When Should I Worry?
Instruction Course
In Person

Saturday, 9:45AM - 11:00AM CST
Session: 223 Location: 283-285
Curbside Consultation in Neuro-Ophthalmology
Instruction Course
In Person, On Demand

Saturday, 9:45AM - 11:00AM CST
Session: SYM09 Location: LA NOUVELLE ORLEANS AB
Myth busters in Ophthalmic Trauma

Symposium
In Person

Saturday, 11:30AM - 12:45PM CST
Session: 231 Location: R06
Nystagmus and Oscillations: When Should I Worry?
Instruction Course
In Person

Saturday, 11:30AM - 12:45PM CST
Session: 233 Location: R08
Pediatric Inherited Eye Disorders You Don't Want to Miss: How Dangerous Can It Be?
Instruction Course
In Person

Saturday, 11:30AM - 12:45PM CST
Session: 236 Location: 283-285
Help! A Corneal Ulcer Just Walked In! What Do I Do Next?
Instruction Course
In Person, On Demand

Saturday, 11:30AM - 12:45PM CST
Session: 243 Location: R04
Ophthalmic Trauma Without a Rulebook: Global Cases, Shared Decisions—A Joint ASOT-ISOT-APOTS Instruction Course
Instruction Course
In Person

Saturday, 11:30AM - 12:00PM CST
Session: ASK03V
Update on the Evaluation and Management of Idiopathic Intracranial Hypertension
Ask the Experts
Live Broadcast, On Demand

Saturday, 2:00PM - 4:00PM CST
Session: LAB121 Location: 350-351
Smartphones in Ophthalmology: #TheFutureIsAI
Skills Transfer
In Person

Saturday, 3:00PM - 5:00PM CST
Session: LAB122 Location: 346-347
Neuroimaging in Ophthalmology
Skills Transfer
In Person

Saturday, 3:45PM - 5:00PM CST
Session: 267 Location: R08
Navigating Hospital/ER On-Call Coverage: Horizons for Sustainability

Instruction Course
In Person

Saturday, 4:00PM - 5:00PM CST
Session: LL10 Location: LEARNING LOUNGE 2
Ophthalmic Hospitalist 101
Learning Lounge
In Person

Sunday, 8:00AM - 9:15AM CST
Session: 408 Location: R06
Orbital Imaging: Practical Guidelines for Clinical Decision-Making
Instruction Course
In Person

Sunday, 9:45AM - 11:00AM CST
Session: 423 Location: R09
Ocular Dermatology: What the Ophthalmologist Needs to Know About Periocular Skin Conditions
Instruction Course
In Person

Sunday, 9:45AM - 11:00AM CST
Session: 427 Location: 283-285
Diagnostic and Therapeutic Dilemmas in Neuro-Ophthalmology
Instruction Course
In Person, On Demand

Sunday, 9:45AM - 11:00AM CST
Session: 428 Location: 280-282
Open-Globe Trauma: Surgical Management for the On-Call Ophthalmologist
Instruction Course
In Person, On Demand

Sunday, 2:00PM - 3:15PM CST
Session: 463 Location: R03
Examining the Optic Nerve and Evaluating the Visual Field: The Five Rs
Instruction Course
In Person

Sunday, 2:00PM - 3:15PM CST
Session: 462 Location: R06
An Interactive Case-Based Approach to Pseudotumor Cerebri: What to Do and When to Do It!
Instruction Course
In Person

Sunday, 2:00PM - 3:15PM CST
Session: 471 Location: R08
Global Controversies in Endophthalmitis Management: Myths and Realities

Instruction Course
In Person

Sunday, 3:45PM - 5:00PM CST
Session: 486 Location: R08
Cerebral/Cortical Visual Impairment: Diagnosis and Management in Children and Adults
Instruction Course
In Person

Monday, 9:45AM - 11:00AM CST
Session: 620 Location: R06
What You Need to Know About Headache: A Pain for the Patient and a Pain for the Doctor
Instruction Course
In Person

Monday, 10:30AM - 12:30PM CST
Session: LAB140 Location: 353-355
Damage Control Ophthalmology: Ocular Trauma for the Ophthalmologist on Call
Skills Transfer
In Person

Monday, 11:00AM - 12:00PM CST
Session: LL23 Location: LEARNING LOUNGE 1
Decoding the Elevated Optic Disc: Papiilledema, Optic Disc Edema, and the Anomalous Optic Nerve
Learning Lounge
In Person

Monday, 11:30AM - 12:45PM CST
Session: 632 Location: R06
The Swollen Optic Nerve: A Basic Guide to Evaluation and Management
Instruction Course
In Person

Monday, 11:30AM - 12:45PM CST
Session: 640 Location: R03
Globe Injuries With IOFB: Diagnosis, Management and Complications
Instruction Course
In Person

Monday, 2:00PM - 3:15PM CST
Session: 649 Location: R04
Retinal Urgencies and Emergencies for the Comprehensive Ophthalmologist
Instruction Course
In Person

Available On Demand
Session: 801V Location: DEMAND

Ocular Trauma Essentials: From ER to OR

Instruction Course
On Demand