

# OPHTHALMIC HOSPITALIST INTEREST GROUP

## NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

### Announcements

#### Join the Community!

Meet your fellow OHIG members  
in the **AAO/OHIG Community**

Read about factors affecting  
inpatient consultation practices,  
Don't Miss Conditions, and a  
Pregnancy Consult Poll.

Click to join: [OHIG Community!](#)

#### OHIG at AAO 2022

Save the date for **"Who's on  
Call? - Ophthalmic  
Hospitalists: A Better Way to  
Solve an Age Old Problem"**,  
featuring OHIG members  
**10/3 @ 9:45am-11:00am CDT**

#### Welcome New Members!

Thanks for joining OHIG! Please  
verify your information on the  
[OHIG website](#).

#### Call for Cases

Have an interesting case or topic  
you'd like to share on a future  
newsletter? Email [ohig@ohig.org](mailto:ohig@ohig.org)



### Articles

#### [Utilization of Ophthalmology-Specific Emergency Department Services, Seminars in Ophthalmology, 2018](#)

An article showing utilization trends at an ophthalmology  
specific emergency department at Bascom Palmer Eye Institute.

#### [Utilization of Ophthalmologist Consultation for Emergency Care at a University Hospital, JAMA Ophthalmology, 2018](#)

An article highlighting factors associated with ophthalmology  
consultation for eye related ED encounters including potential  
race/ethnicity disparities.

#### [Analysis of a Patient Intervention to Reduce Patients Who Leave Without Being Seen in an Ophthalmology Dedicated Emergency Room, J Healthcare Quality, 2018](#)

An article from Massachusetts Eye and Ear Infirmary authored  
by OHIG member Matthew Gardiner showing a technique to  
decrease the number of patients who leave without being seen.



### Restaurants for Chicago AAO

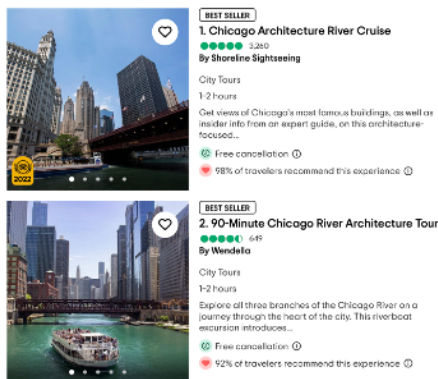


### The 51 best restaurants in Chicago you have to try

Going the this year's annual AAO 2022 meeting? Here are some fun places to dine with colleagues during the conference.

[Click here](#)

### Attractions for Chicago AAO



Feel like you've been all work and no play this pandemic? Schedule some leisure time during the AAO meeting to restore. Check out these popular activities from Trip Advisor.

[Click Here](#)

## CONSULT ROUNDS



**Bascom Palmer  
Eye Institute**  
UNIVERSITY OF MIAMI HEALTH SYSTEM

Kara Cavuoto, MD  
Medical Director of Emergency Services  
Bascom Palmer Eye Institute  
University of Miami Miller School of  
Medicine

**Q1:** How did you become involved as Director of an eye ER?

**A1:** Being in the right place at the right time. I have always considered the ED to be the place where I "learned ophthalmology" during residency. It was both the hardest and most rewarding part of training. When an opportunity presented that allowed me to take on the leadership role, I immediately said yes.

**Q2:** How do residents, fellows, or faculty provide coverage in your ER?

**A2:** For the residents, time in the ED is assigned based on the rotation the resident is on and the year of training. The faculty volunteer to spend part of their clinical time staffing the ED.

**Q3:** What features of your position do you enjoy or find challenging? Are you involved in other clinical work outside of the ER?

**A3:** The challenge is what I enjoy! Things are dynamic and it is important to be able to adjust accordingly. I am pediatric ophthalmologist by fellowship training so have a pediatric ophthalmology and strabismus clinic and also see comprehensive adult patients.

**Q4:** Is there any advice you would provide to someone who is interested in working in an eye ER?

**A4:** Do it! The opportunity to work in an eye ER is unique and will be one of the most rewarding clinical experiences you can imagine.



Fasika Woreta, MD, MPH  
Eugene de Juan, M.D. Professor of Ophthalmic Education  
Associate Professor of Ophthalmology  
Residency Program Director  
Director, Eye Trauma Center  
Wilmer Eye Institute

**Q1:** How did you become involved as Director of an eye ER?

**A1:** I became interested in trauma early on in my career, when I finished my fellowship in cornea and then returned to Wilmer as the Assistant Chief of Service and Assistant Director of our Eye Trauma Center.

During this year, the chief dedicates their efforts to staffing all open globe injuries and emergencies presenting to the Emergency Department. During my time as a fellow at Bascom Palmer and Moorfields Eye Hospital, I also had the opportunity to spend time in dedicated ophthalmology Emergency Department's. As a cornea specialist, I developed a special interest in anterior segment reconstruction after trauma. After spending one year seeing devastating eye injuries in the ED, I also became passionate about the importance of prevention strategies.

**Q2:** How do residents, fellows, or faculty provide coverage in your ER?

**A2:** Because of our unique chief structure, we have a fellowship trained faculty member who did residency at Wilmer who returns following fellowship to spend one year as the Assistant Director of our Eye Trauma Center. Given we are a designated eye trauma center and see a high-volume of eye emergencies, our PGY-2 residents take in house call 24 hours a day, 7 days a week. Our PGY-3 residents take back-up call and our Assistant Chief of Service or covering faculty are also on call. We have two ophthalmic physician assistants who work side by side with residents and assist in triaging ED and inpatient consults.

**Q3:** What features of your position do you enjoy or find challenging? Are you involved in other clinical work outside of the ER?

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One of the most enjoying of being director of our Eye Trauma Center is working with residents, our dedicated Assistant Chief of Service, and multidisciplinary teams involving the Emergency Department, anesthesia, and other services. Our multidisciplinary efforts centered around patient safety and quality improvement initiatives enables us to continue to improve outcomes for our trauma patients. It is challenging to continue to improve the efficiency of care that we can provide in the ED, so we have been working on improving processes by which patients with isolated eye emergencies can be seen in clinic, which studies have shown is much more cost-effective and reduces wait times for patients. My other work includes serving as residency program director and seeing patients on the cornea service, in addition to time spent on research.

**Q4:** Is there any advice you would provide to someone who is interested in working in an eye ER?

**A4:** A collaborative relationship between the ED and ophthalmology is critical to ensure the best outcomes for our patients with eye emergencies. Initiatives focused on educating ED residents and clinicians in the proper triaging and management of ophthalmic emergencies and continuous monitoring of quality outcomes are a big part of the job. Patients are very grateful and you get to care for them in their scariest hours, making it a very rewarding job.

In addition, many EDs around the country involve teaching and training of ophthalmology residents, which is another aspect of the job that is incredibly rewarding ! I would also join the Ophthalmic Hospitalist Interest Group and the American Society of Ophthalmic Trauma, which are both incredible networks for those working in ED settings.



Matthew Gardiner, MD  
Associate Chief for Clinical Affairs  
Associate Director for Quality  
Director, Emergency, Consult and Hospitalist Services

**Q1:** How did you become involved as Director of an eye ER?

**A1:** I fell into the role accidentally, actually. I was finishing my anterior segment fellowship at Mass Eye & Ear and the then ED director left the position. I was already looking for a job in the area and had something else lined up which was mostly part time. Having been a fellow there, I knew how the department worked so they asked me if I wanted to take over. It was a natural fit considering so much of what presents as an ophthalmic emergency is covered by comprehensive/anterior segment disciplines. As we made some changes, added people and improved the ED, I got really into it and ended up staying as the director for 17 years! I never would have believed it would end up being such a big part of my career if you had told me while I was a resident. The cases, the teaching, the excitement kept me there.

**Q2:** How do residents, fellows, or faculty provide coverage in your ER?

**A2:** We have all levels of providers in the EW at Mass Eye & Ear. The residents (mostly the PGY-2s) provide the bulk of the coverage. Senior and intermediate residents (PGY-4 and PHY-3) are backup and provide buddy coverage in the first part of the year. All clinical fellows are required to do a fixed number of daytime shifts in the EW as a condition for graduation. They serve as general ophthalmology attendings as well as being called down to see subspecialty patients when they're on call for their services. The fellows also are invited to moonlight during the day on weekends. The hospitalists cover all three shifts during the week, that is 7a-12p, 12p-5p and 5p – 9p. We often have two hospitalists working in the EW in the afternoon since the volume is so high then. We also have several faculty members who are not hospitalists who do a certain number of shifts each month since they enjoy the trainees and the diversity of cases. We have some community volunteers too. And don't forget the medical students! They rotate through and help out. All told, we may have five or more docs seeing patients at the same time but still sometimes can't keep up.

**Q3:** What features of your position do you enjoy or find challenging? Are you involved in other clinical work outside of the ER?

**A3:** The fast pace and the variety of cases is tremendous. There aren't many other environments where many of the patients who come in to see you are fresh, new patients without long histories or charts that are prepackaged or have known diagnoses. It's very important for the trainees, in particular, to be asked to use their diagnostic skills from the start without any preconceived notions – it's really up to them to use their skills and brains to solve the problem on their own (with backup, of course). The challenges are mostly getting appropriate follow-up for the patients, keeping the wait times down and managing the stress of never really being in control of your environment. It can be both frightening and exciting but at the end of the day, you feel pride at getting through it and making some good calls.

I've also always worked in the comprehensive ophthalmology setting where I see general patients and do anterior segment surgery. It's a nice blend to have some regular schedules and some unpredictable ones. Lately, I do a lot more administration for the department and the hospital which is fun from a broader



strategy perspective.

**Q4:** Is there any advice you would provide to someone who is interested in working in an eye ER?

**A4:** There aren't too many ophthalmology ERs around (about four now, I think). If you're nearby to one, contact the director and ask if you can volunteer as an attending for the trainees there a few times per month. You'll see things there that you haven't run across since residency and it will keep you sharp. If it appeals to you, opportunities may arise that will allow for more formal employment.



Grayson Armstrong, MD, MPH  
Director, Ophthalmology Emergency Services  
Massachusetts Eye & Ear  
Harvard Medical School

**Q1:** How did you become involved as Director of an eye ER?

**A1:** I'm fortunate to have been invited to take over as director of the ophthalmic emergency room at Massachusetts Eye & Ear just under one year ago. I have a long history of working at Mass

Eye & Ear, first as a trainee and now as an attending, and have always loved the fast-paced and unpredictable nature of the emergency room. After completing my ophthalmology residency, I stayed on as Chief Resident and Director of the Eye Trauma Service at Mass Eye & Ear. This one-year position is in charge of providing 24/7 coverage of open globe injuries; this trauma heavy experience placed me in the emergency room for a large portion of the year. The chief resident is also in charge of organizing many of the didactic and educational experiences of the residents; I loved this aspect of the job, and the ophthalmic emergency room is central to the training of our residents. Since the emergency room is a natural blend of my trauma experience and my love for education, taking on the role of director felt like a natural fit.

**Q2:** How do residents, fellows, or faculty provide coverage in your ER?

**A2:** Residents, fellows, and attendings work side-by-side in our ophthalmic emergency room. While residents provide much of the coverage for the emergency room, including primary coverage overnight, there has been a shift in recent years to include ophthalmic hospitalists into the emergency room. This is a huge benefit from a patient care and education perspective. Dedicated ophthalmic hospitalists with extensive experience working in the ophthalmic emergency room and on consult services across the Harvard network develop a deep understanding of ophthalmic pathology and trauma, which can be relayed on to young and eager residents. Fellows also bring subspecialty knowledge to the emergency room, which is valuable to resident education and patient care. Additionally, fellows are able to stay abreast of topics across the vast field of ophthalmology since the emergency room provides a truly comprehensive experience, with cases spanning anterior segment, posterior segment, uveitis, neuro-ophthalmology, and more. Medical students also rotate through our emergency room, which provides them a chance to see undifferentiated pathology and practice clinical skills such as the slit lamp and indirect ophthalmoscopy with plenty of support around to teach and oversee their training.

**Q3:** What features of your position do you enjoy or find challenging? Are you involved in other clinical work outside of the ER?

**A3:** The ability to work with trainees at all levels is the highlight of the experience for me. Encouraging a thoughtful approach to each patient helps residents grow and realize the importance of keeping a broad differential. For example, blurry vision can result from dry eyes or from a brain tumor, or anything else in between; it is up to the doctor in the emergency room to bring their skills and knowledge to bear on each patient complaint and tease apart the diagnosis. It is also a great setting to encourage professional growth among trainees; many of the diagnoses are complex or clinically devastating. Maintaining a compassionate approach to all cases and with all patients and family members is absolutely critical.

The existence of an ophthalmic emergency room is a unique aspect of the Boston health care ecosystem. While we would hope that patients with a concern for true emergencies presented for care, patients often seek care in the emergency room for routine or chronic conditions in hopes of getting plugged into care at Mass Eye & Ear. As patients flood in to the emergency room looking for routine care, the wait times can build. Finding ways to provide timely access to outpatient and ambulatory ophthalmic services at our hospital may help decrease the patient volume in the emergency room, but this large and system-wide issue will take time to realize.

In addition to working in the emergency room one half-day per week, I also work as a comprehensive ophthalmologist. I also completed an Ophthalmic Telemedicine fellowship at Mass Eye & Ear, and am actively exploring methods by which telemedicine can be used to better triage patients prior to their arrival to our emergency room, or access care for non-urgent conditions at our institution.

**Q4:** Is there any advice you would provide to someone who is interested in working in an eye ER?

**A4:** Working in a fast paced and exhilarating environment like an ophthalmic emergency room is rewarding in so many ways. It provides an opportunity to brush up on clinical skills, see a diverse array of pathology, interact with and help patients who may historically have poor access to health care, and teach future generations of ophthalmologists. There is really no reason NOT to work in an eye emergency room if you have a chance. Your knowledge and skills can be put to good use, making a positive impact on the lives of patients in need and trainees who will benefit from your wisdom. Volunteer, part-time, or fulltime opportunities in an eye emergency room like at Mass Eye & Ear could certainly be a fruitful part of your future career.

*We wish to sincerely thank Dr. Kara Kavvoto, Dr. Fasika Woreta, Dr. Matthew Gardiner, and Dr. Grayson Armstrong for taking the time to share about their unique experience as Director of an Ophthalmology Dedicated Emergency Department.*

Do you work at an ophthalmology ER? We would love to learn from you!  
Please share your experience on the AAO/OHIG Community. [Click here](#)