

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Happy New Year!

OHIG wishes you a wonderful start to 2024 consults!

Join the Community!

Have a questions or topic about inpatient/ER consults? Share on the [AAO/OHIG community](#)! Log in with your AAO username.

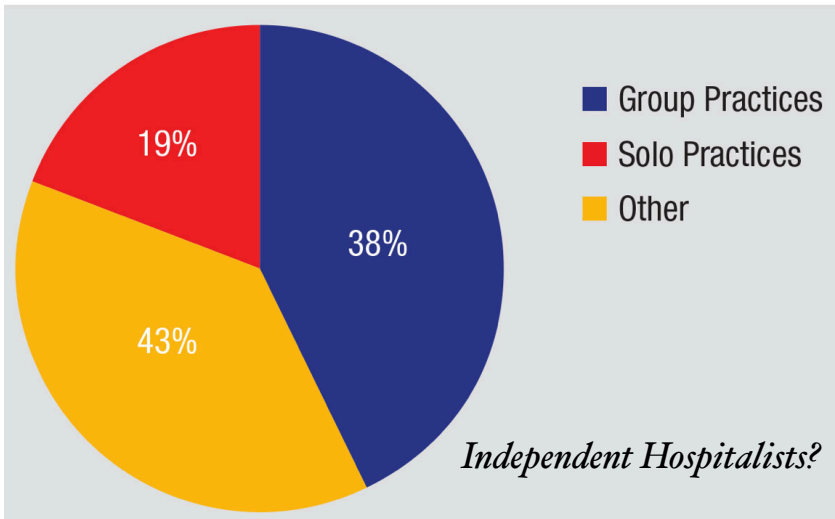
OHIG Topic Wishlist

Have a topic or case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

Welcome New Members!

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

U.S. Ophthalmologists' Practice Settings



Articles

[Ophthalmic Hospitalists: What Do They Do? And Could It Be Right For You?, EyeNet, 2023](#)

An article featuring ophthalmic hospitalist models including an interview with **Dr. Craig Czyz**, an independent contractor who specializes in inpatient and emergency room consultation.

[Ophthalmology on Call: Evaluating the Volume, Urgency, and Type of Pages Received at Tertiary Care Center, Cureus, 2022](#)

An article characterizing pages received by residents on call.

[Accuracy of Referral Diagnosis to an Emergency Eye Clinic CJO, 2017](#)

An article from Canada reviewing accuracy of referrals diagnoses from non-ophthalmologists. Will this influence how you triage?

PEARLS



AAO Ocular Trauma Resources

Essential Courses and Lectures



Prepare to Manage an Open
Globe



Imaging for Acute Trauma

A helpful on-call refresher from the AAO with video lectures covering open globe management, imaging for acute trauma, retinal emergencies, oculoplastics 101 for trauma, and more.

[Click here](#)

Consult with Dr. Glaucomflecken



Have a good new year laugh with our favorite Dr. Glaucomflecken and Jonathan as they cover ER call.

[Click here](#)

CONSULT ROUNDS



Dr. Craig Czyz
DO, FACOS, FACS
Ophthalmic Hospitalist
Program Director
Ophthalmic Trauma and
Emergency Fellowship
Grant Medical Center
Columbus, Ohio

We are excited to feature an interview with **Dr. Craig Czyz**, an ophthalmologist with years of experience as an independent private practitioner who specializes in hospital-based consults, ophthalmic trauma, and hospital contract negotiation.

Q1) What is your clinical background?

Following residency, I did a 2 year oculoplastics fellowship and then a 1 year cosmetic facial plastic surgery fellowship. Following the fellowships I primarily staffed the ophthalmology resident clinic and consults. I was also involved in a variety of clinical research projects on various levels.

Q2) How did you become involved with hospital-based consults?

The year I graduated residency, the local level 1 trauma hospital started to pay for call, but many of the attendings were not interested in covering call, so I took the call. As time went on, more individuals gave up their call and/or dropped off staff, so the amount of hospital coverage I did steadily increased.

Q3) What made you decide upon a career as a solo private practice ophthalmologist who specializes in consults?

Oddly, it wasn't a conscious decision, at least not in the beginning. As I mentioned previously, it was a steady increase of call/consult responsibility over time. However, there did come a point, about 7 years after my last fellowship, where I did make the decision to stop seeing private patients and only staff resident clinic and consults, as well cover another hospital system that the residents did not cover.

Q4) What are benefits and challenges of your position? How have you made it a sustainable career?

The primary benefit for me is the flexibility of schedule. The secondary benefit would be the reduced administrative responsibilities and overhead compared to someone in a typical private practice. The primary challenge is that sometimes it can feel a bit overwhelming. While I have the benefit of reduced administration and overhead, I have no "buffer." All the phone calls for consults, or from the ED ring directly to my cell. There are some days where I might get called once or twice an hour over a 24 hour period. While this doesn't seem like much, a few days in a row is quite disruptive to one's sleep and general health. Another challenge can be the management of patients that require other subspecialists. Since neither hospital system I cover is part of the University system, it can sometime be difficult to find the needed support.

What makes the career sustainable in my opinion is: 1. lack of desire from others to provide this service; 2. volume; 3. simultaneous coverage of hospitals. The other crucial factor would be that nearly all the hospitals in the area pay for call/consult coverage.

Q5) What advice would you have for others in private practice who are involved with inpatient/ER consults?

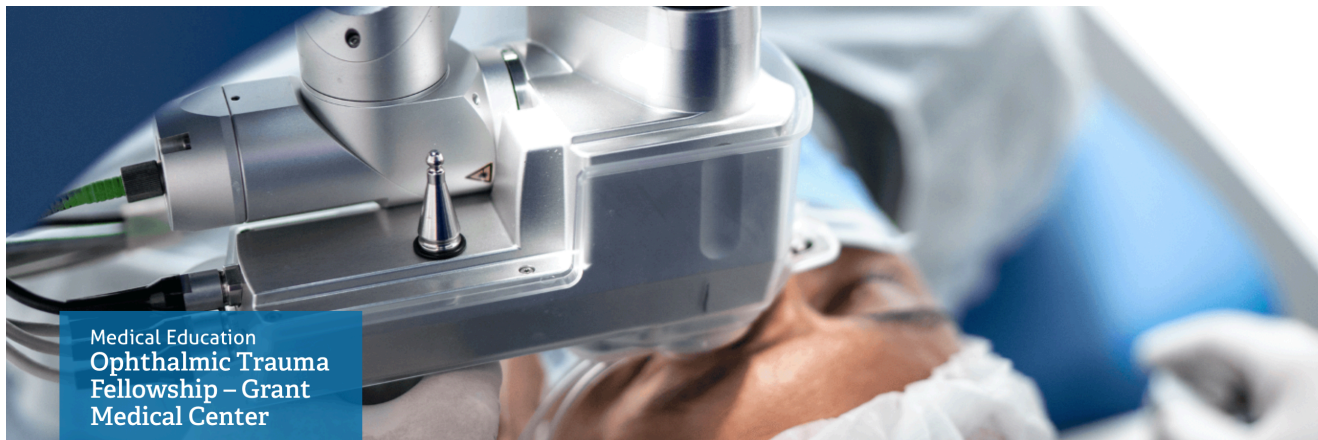
They should be aware that providing coverage actually costs them money. I discuss this in detail at our AAO course "Legal, Contractual, and Ethical Obligations of Providing Ophthalmology Call Coverage." The other advice I would give is to be aware that if you are on call (i.e. your name is on a hospital roster as the on-call physician), as soon as you are consulted or contacted by the ED, you have now formed a physician patient relationship and are now responsible for that patient. Further, it is your responsibility to make sure you are notified of all consults. Even if your coverage primarily consists of the ED sending patients to your office, should that patient not show up, again, you are responsible for that patient. Many ophthalmologist do not realize the potential legal consequences of being on call until something unfortunate occurs.

Q6) In addition to consults, you have taken on a pioneer role as a program director for the first ophthalmic trauma and emergency fellowship. Can you tell us more about this program? What type of applicant or career would most benefit from this added training?

The realization and requirements of the program were a collaboration of members of the ASOT representing the majority of ophthalmology subspecialties. Specifically, the titling of the program took some thought as it is not limited to trauma, but all ophthalmic in patient and ED issues, so we made sure to include "acute care" in the description. I believe the fellowship would be of value to individuals who were interested in doing primarily trauma coverage, but also those who might be interested in becoming hospitalist, particularly if they felt they may have not gotten enough exposure to acute care cases in their training. It might also be of value to someone interested in doing clinical research and/or wanting further surgical experience in complex cases.

More information on the program can be found here:

<https://www.ohiohealth.com/medical-education/fellowships/eye-trauma-fellowship-grant-medical-center>



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Grant Medical Center Home

Meet Our Faculty

Ophthalmic Trauma Fellowship – Grant Medical Center

Preparing our fellows for lifelong careers in eye trauma care

We would like to sincerely thank Dr. Craig Czyz for sharing his unique expertise as a independent ophthalmic hospitalist who helps ensure a high level of care for hospital-based patients in the community.