

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Join the Community!

Read about NAT testimony advice, antibiotic prophylaxis for globe repairs, and more!

[AAO/OHIG Online Community!](#)

OHIG Topic Wishlist

Have a topic or clinical case that you'd like to feature in a future OHIG newsletter? We welcome your ideas and expertise. Feel free to email ohig@ohig.org

Welcome New Members!

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



Articles

[Current Models for Inpatient and ER Ophthalmology Consultations in US Residency Programs, JAO, 2020](#)

An article reviewing models of patient care and supervision for hospital-based consultation at teaching institutions

[How Residents View Their Clinic Supervision: A Reanalysis of Class National Survey Data, JGME, 2010](#)

Inadequate clinical supervision correlates with other negative aspects of training and may affect learning and patient safety.

[Residency Program Directors of US Ophthalmology Programs: A Descriptive Analysis, AJO, 2020](#)

Features and characteristics of residency PD's in the US, great skills and expertise for staffing consults we would say!

PEARLS



Ophthalmic Symptoms Triage by AI Chatbot

Prompt given to ChatGPT

I'm having pain in my eye after an injection yesterday.
My eye is red after an eye injection yesterday.
I've been having flashes and floaters for the past day.
I've been having flashes and floaters for the past year.
I woke up with a red eye but no pain.
I have a shadow in my vision.
I have a pressure behind my eyes.
I have macular degeneration and things look wavy today.^a
My eyes have an intermittent sandy feeling in them.^b
I am diabetic and woke up with many new floaters.

An interesting article looking at AI's ability to respond to prompts concerning common ocular symptoms.

[Click Here to View Article](#)

AI and Ophthalmology Boards

Brief Report

ONLINE FIRST

April 27, 2023

Performance of an Artificial Intelligence Chatbot in Ophthalmic Knowledge Assessment

Andrew Mihalache, BMSc(C)¹; Madia M. Popovic, MD, MPH(C)²; Rajeev H. Muri, MD, MSc^{2,3}

ChatGPT answered about half of questions correctly on a trial exam for ophthalmic board certification. Looks like human ophthalmologists are not out of job as of yet. :)

[Click Here to View Article](#)

CONSULT ROUNDS



Jessica Chow, MD
Assistant Professor
Residency Program Director
Vice Chair of Education
Yale School of Medicine
New Haven, CT

Q1: What is your PD role?

A1: I am the residency program director at Yale.

Q2: How are you involved with residents who evaluated inpatient/ER consults?

A2: I take both trauma call and consult call at Yale. Trauma call includes discussing cases and signing resident notes for patients evaluated in the ER. In addition, the trauma attending staffs emergency trauma cases after hours with the residents on call. Consult call involves rounding on inpatients who are admitted to the Yale New Haven hospital.

Q3: What are the benefits and challenges to a dual role of a PD/APD and an attending on the consult service?

A3: Benefits include working with PGY2s in a different setting other than clinic or operating room, directly supervising and evaluating resident performance (knowledge, professionalism, communication skills, multitasking ability) on call, and being "in the trenches" with the consult and on-call resident getting to know them better. Challenges include time and effort involved and balancing being a resident advocate while fulfilling consult requests that may not always contribute to resident education or patient care.

Q4: What advice would you have for other PD/APD's who are contemplating consult involvement with their residents?

A4: It is a good way to understand what the residents are going through, and what contributes to the challenges and stresses of residency training. It's also a great way to get to know your residents well and make them feel supported.



Daniel Moore, MD
Associate Professor
Residency Program Director
Assistant Dean, Program Evaluation, GME
University of Kentucky
Lexington, KY

Q1: What is your PD role?

A1: I am currently program director for the ophthalmology program.

Q2: How are you involved with residents who evaluated inpatient/ER consults?

A2: We have a rotating group of mostly faculty and a few fellows that staff consults on a daily basis. As program director, I am in charge of the schedule and try to be available to staff consults regularly as well as when scheduling conflicts arise. I also serve as the de facto chief of the consult service, fielding calls and concerns from both residents and consulting services.

Q3: What are the benefits and challenges to a dual role of a PD/APD and an attending on the consult service?

A3: Since I don't staff consults on a daily basis (usually 1-2x a week at most), I do not face the same level of difficulties as others in the group! Like other faculty/fellows in my department, though, we are fitting the consults into an otherwise regular clinic or operative day, so there can be times when more urgent consults can be challenging to manage. At the same time, I really enjoy the break in the monotony when rounding on these cases. There are many complex patients and pathology that keep me on my toes, and I'm so appreciative to have subspecialists only a phone call or curbside conversation away. It's also enjoyable feeling part of the greater institution when seeing patients across the hospital, and provides additional insight and perspective when engaging with program directors and faculty in other departments.

Q4: What advice would you have for other PD/APD's who are contemplating consult involvement with their residents?

A4: Working in academics makes this much more manageable than it may initially appear; my appreciation and condolences for all those out there doing this without the same level of support. Like many, my imposter syndrome levels are even higher in the trauma bay or ICU, so it is very reassuring to have easy access to colleagues when questions or uncertainty arises. It's also great having residents - they do most of the work and understand the system far better than I ever will. So, my biggest piece of advice is that you don't have to be an expert to get your feet wet.



Beaumont Health

Lori Stec, MD
Associate Professor
Residency Program Director
Oakland University William Beaumont School of Medicine
Beaumont Eye Institute
Royal Oak, MI

Q1: What is your PD role?

A1: I will be entering my 4th year as PD this coming July, 2023 at the Beaumont Eye Institute at the Corewell William Beaumont University Hospital in Royal Oak, Michigan. I had been an APD for over a decade and then I started my PD role a mere 4 months into the pandemic and am thankful that the transition was made easier by the fact that the former PD remained on as faculty for well over a year. We are a smaller program (3 residents per class), but our home base is at a busy tertiary care & level I trauma center that serves multiple hospitals, stand-alone-ERs & urgent cares in our system & receives transfers from throughout the state of Michigan.

Q2: How are you involved with residents who evaluated inpatient/ER consults?

A2: I have been the director of the resident ophthalmology consult service shortly after my graduation from this very same residency in 2004. The consult is a one-month rotation on which each of our PGY-2's rotate 4 times throughout the year. I staff all consults throughout the week & field questions on the weekends (there is an on-call weekend schedule) and personally make rounds with the residents at least daily, many times multiple times a day depending on the volume & urgency. This one-on-one attending-resident team affords for great teaching and learning opportunities in a less didactic, more in-time & spontaneous style. There are many chances for me to observe the resident taking histories & performing physical exams & for the resident to observe me hopefully refining aspects of their history & demonstrating exam findings.

Q3: What are the benefits and challenges to a dual role of a PD/APD and an attending on the consult service?

A3: I think the only challenge is time management (which can be daunting on an especially busy consult day). That's where the "it takes a village" comes in - so many thanks go to my supreme program manager & the support of my Chair, APD, teaching faculty & office staff. The benefits are many, a handful that come the mind include; having a hands-on sense of what kind of volume of patients the residents are called to see during the day & while on-call (& also the appropriateness of the consult for the inpatient setting -- that's a whole other discussion); having a physical presence in the hospital (on all inpatient floors & in the ER) makes the importance of our services known (especially for a Level I trauma center where ophthalmology is required) & gives us a seat at the table for resource allocation; patients seen on the consult service who do not already have care established elsewhere will follow-up in the resident clinic for continued medical and surgical care; and lastly, having that one-on-one rounding time -- those walks between different areas of the hospital is a unique opportunity to interact with & get to know your resident (& they you) on a different level.

Q4: What advice would you have for other PD/APD's who are contemplating consult involvement with their residents?

A4: If you already have an established consult service that other faculty attend I would recommend getting on the rounding schedule periodically (it does not have to be a full-time gig like me) for all the reasons I stated above. Same thing for staffing clinic, once you insert yourself in the working environment, resident suggestions & process improvement makes a lot more sense with your feet on the

same ground.

*We would like to extend a special thank you to OHIG member **Dr. Jessica Chow, Dr. Daniel Moore, and Dr. Lori Stec** for sharing their experience about being a residency program director who has an active role in hospital-based consults. It is a unique dual position which adds educational depth for both faculty and residents.*

Residency Program Director on Consults

Question: Are you a program director or assistant program director who is involved with inpatient/ER consults at your residency program? We'd love to know! Please add your name to the post on the AAO/OHIG Community page.

- Daniel Moore (PD, University of Kentucky, Lexington, KY)
- Jessica Chow (PD, Yale University, New Haven, CT)
- Lori Stec (PD, Beaumont Eye Institute, Royal Oak, MI)
- Amanda Redfern, MD (APD, Casey Eye Institute, Portland OR)
- You??? Please add your name to the list!

Submit your responses on the AAO/OHIG Online Community:
<https://aao.mobilize.io/main/groups/47315/lounge>