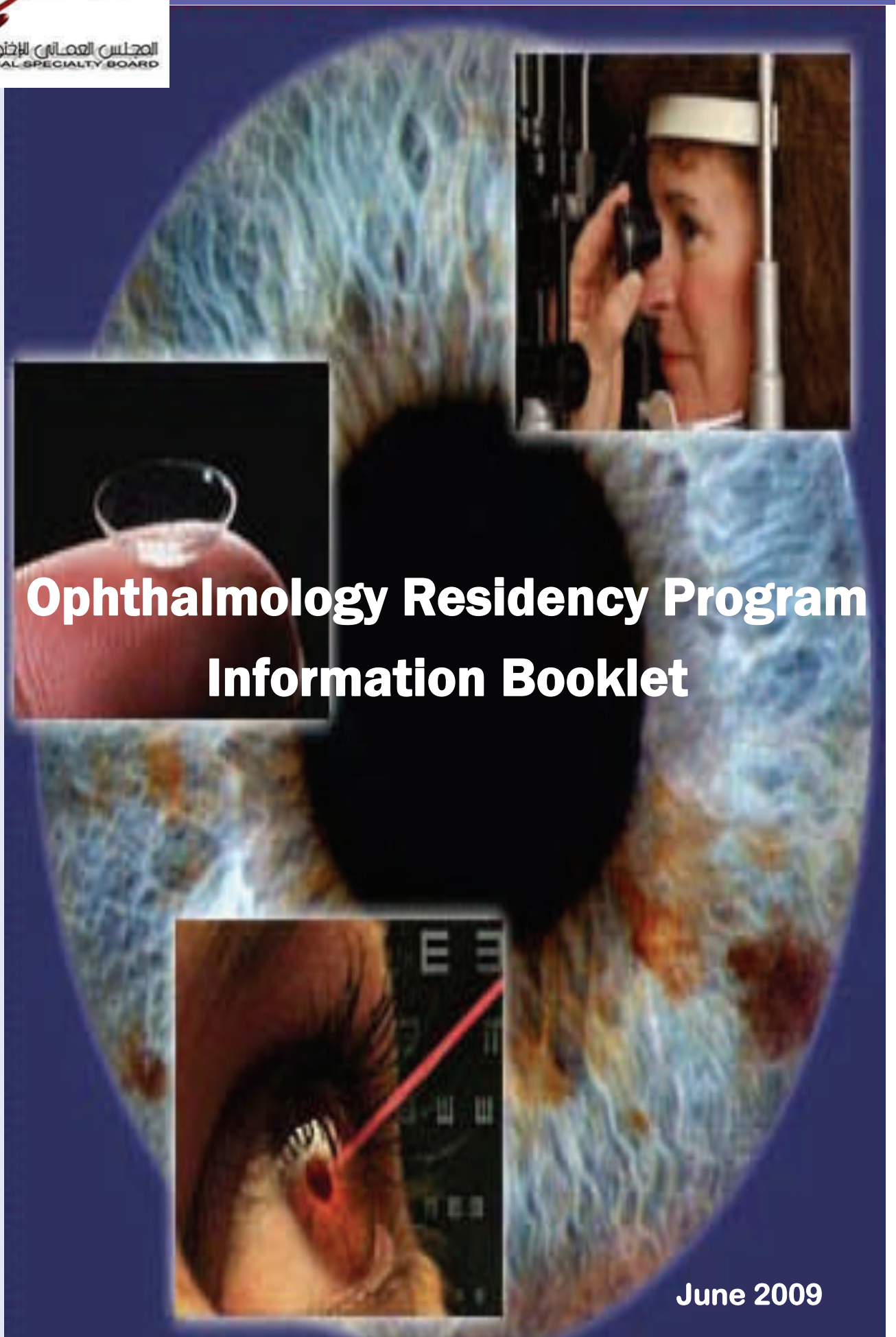
OMAN MEDICAL SPECIALTY BOARD

Ophthalmology



Ophthalmology Residency Program Information Booklet

June 2009

THE OPHTHALMOLOGY SCIENTIFIC COMMITTEE

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INTRODUCTION

The Ophthalmology Specialty Training Program will function under the auspices and guidelines of the Oman Medical Specialty Board.

The Rules and Regulations for training within the Oman Medical Specialty Board therefore shall apply to the Ophthalmology Specialty Training Program, unless specified otherwise.

MISSION

The Residency program in Ophthalmology is intended to produce competent general Ophthalmologists that;

1.1 Have an excellent knowledge both in general ophthalmology as well as in subspecialties.
1.2 Have excellent clinical and surgical skills.
1.3 Have the capability of conducting research activities.
1.4 Have excellent medical ethics, values and attitude
1.5 Have skills of becoming a better teacher and leader in his/her community.

VISION

To graduate confident, well-trained, and competent ophthalmologists, who are well-oriented to the problems and needs of the community in Oman, and have the knowledge, skills and attitude to independently manage clinical and surgical ophthalmic problems, conduct research, and teach.

GENERAL OBJECTIVES

The Residency program in Ophthalmology will incorporate the six general competencies for residents as endorsed by the ACGME (Accreditation Council for Graduate Medical Education) considered relevant to the practice of Ophthalmology in Oman;

1.1 Patient care
1.2 Medical knowledge
1.3 Practice-based learning and improvement
1.4 Interpersonal and communication skills
1.5 Professionalism
1.6 System based practice

SPECIALTY ADMISSION REQUIREMENTS

The Applicant

1. Must be a holder of Bachelors Degree in Medicine & Surgery or equivalent from a University recognized by the OMSB.

2. Must have successfully completed his / her Internship which requires submission of records of completion.

3. Must demonstrate interest in Ophthalmology.

4. Age must not exceed 30 years at the time of application.

5. Should be medically fit as per OMSB requirements. Additionally, he/she must also fulfill specialty specific requirements (visual acuity, binocularity, etc.).

6. Must provide three letters of recommendation from three consultants with whom he/she has worked commencing on his/her abilities.

7. Must submit a letter of approval from his/her sponsor confirming permission to join the OMSB Specialty Training Program on full time basis for the entire period of training.

8. Must pass the interview – Should two candidates be considered equally suitable on the basis of merit, then selection will be based on criteria such as:

    a) Regional needs
    b) Gender equality

STRUCTURE OF THE TRAINING PROGRAM

Duration of Program:
Five years program, total of 65 periods, 13 periods per year, each of 4 weeks duration.

Core Structure:

1. Ten ophthalmology courses over the 5 years will be covered.

2. Each course might extend up to maximum of 10 weeks duration and to be decided by the Course Director.

3. Exam at the end of each course will be conducted and is mandatory. Satisfactory performance is required and will be taken into consideration by the Course Director.

4. Teaching will take place either at Al-Nahdha Hospital or Sultan Qaboos Univeristy Hospital (SQUH).

5. As a protected teaching hours, the residents will be given one half a day teaching per week.

6. A visiting professor will be invited in each course to participate in the teaching whenever feasible.

7. Courses that will be covered are:
    - Optics and Refraction.
    - Cornea and external disease.
    - Glaucoma
    - Lens and cataract / Refractive Surgery
    - Oculoplastic
    - Retina
    - Pediatric
    - Uveitis
    - Neuro-ophthalmology
    - Pathology / Basic Science Course.
    - Others (2-3 weeks each) – the outline of each course will be designed by the Course Director;

        - Epidemiology/community ophthalmology and research methodology
        - Ethics
        - Auditing
        - Basic Life Support and Advanced Life Support courses.
        - Evidence-Based Medicine

Outline of Major & Minor Rotations

Year	1	2	3	4	5	6	7	8	9	10	11	12	13
Year 1	GO - 3 blocks			BSC - 7 weeks		AS - 2 blocks		G - 1 block	R- 1 block	OP - 1 block	PO - 3 blocks		
Year 2	GO - 2 blocks		AS - 1 block	G - 1 block	OP - 1 block	NO - 2 blocks		R - 3 blocks			E - 1 block	PO - 2 blocks	
Year 3	AS - 1 block	G - 1 block	OP - 1 block	R- 1 block	PO - 1 block	NO - 1 block	Surgery - 5 blocks						E - 1 block
Year 4	Surgery - 12 blocks												E - 1 block
Year 5	Elective - 7 blocks							AS - 1 block	G - 1 block	R- 1 block	NO - 1 block	PO - 1 block	OP - 1 block

SYLLABUS	ROTATION	COLOUR
GO	General Ophthalmology	
AS	Anterior Segment ,external disease and uveitis	
G	Gluacoma	
R	Retina	
NO	Neurophthalmology	
PO	Pediatric Ophthalmology	
OP	Oculoplastic	
E	Elective	
S	Surgery -SQUH	
S	Surgery -Al-Nahdha	

PARTICIPATING TEACHING CENTRES

The training will be conducted mainly at 2 hospitals;

1-Al-Nahda Hospital

2-Sultan Qaboos University Hospital (SQUH)

In addition, any centre considered to meet the accreditation requirements of OMSB will participate in the training program.

MEMBERS OF TEACHING FACULTY

Medical staff of the training centres who have the appropriate professional qualifications, teaching experience and are interested in participating in the training program will be appointed.

THE TEACHING STAFF

Dr. Abdullah Said Ali Al-Mujaini
Dr. Naila Salim Al-Harthi
Dr. Sana Saad Ali Al-Zuhaibi
Dr. Raheema Al-Mahrouqi
Dr. Bader Mohammed Hilal Al-Barwani
Dr. Abdullatif Mohammed Al-Raisi
Dr. Nadia Sulaiman Ali Al-Kharousi
Dr. Anuradha Ganesh
Dr. Hassan Mahad Al-Katheri
Dr. Chandra Shekar Nooyi
Dr. Rajiv Zutshi
Dr. Nasra Al Habsi
Dr. Subhash Betharia
Dr. Kishore H.
Dr. Rikin Shah

ROTATIONS

1. Maximum of 4 residents a year will be taken in the program.

2. A rotation consists of blocks of periods in each subspecialty.

3. Out of the 5 years, the first two years will be spent in medical ophthalmology, the third and fourth year will be surgical, and the fifth year is mainly electives, refinement in the subspecialties and preparation for the final exam, subject to modification.

5 Years resident's rotation plan

- Residents will be rotated in 2 teaching hospitals.
- Residents will be distributed according to the rotations.

MEDICAL OPHTHALMOLOGY (PGY-1)

Objectives:
During the first 12 months, as a junior resident, the main focus will be on medical Ophthalmology.

Resident will be expected to:

have the knowledge in **Ophthalmic**

- Anatomy
- Physiology
- Microbiology
- Optics/Refraction
- Pharmacology
- Biochemistry
- Pathology

During the first year of core training, resident should

- Be able to accurately recognize the presence of ocular pathology and determine the gravity of ocular conditions

- Have mastered the various techniques of eye examination, including accurately able to refract patients (objective and subjective) and (appropriately) prescribe ophthalmic lenses.

- Treat all routine conditions and have a good understanding of pharmacology and therapeutic uses of drugs.

- Know when to appropriately refer to a sub-specialist.

- Master the special techniques required to examine the visual system of a child or infant. As well as be aware of the special situations facing the pediatric ophthalmologist (e.g. amblyopia, etc.)

should be able to perform the following:

- Gonioscopy
- Cover test, measurement of strabismus in cardinal positions
- Schirmer test
- Color vision assessment
- Measurement of exophthalmos
- Measurement of corneal sensitivity
- Measurement of corneal astigmatism – keratometry
- Visual field examination: tangent screen and Goldman visual field
- Conjunctival and corneal scrapings for Gram and Giemsa Staining
- Recognition of organisms in smear and plates

should understand the **principles** and be able to accurately use the following instruments:

- Lensometer
- Slit Lamp
- Gonioscopy
- Tonometry
- Ophthalmoscopy
- Cross cylinders
- Prisms
- Perimetry
- Fundus photography
- Ishihara plates
- Placido disc Keratometer
- Exophthalmometer Distometer Worth 4 dot Titmus fly test
- Opticokinetic drum Fluorescein angiography

- Resident should understand the fundamentals of patient preparation for ophthalmic surgery as well as being aware of the different methods used for ophthalmic anesthesia.

PGY-1 Residents

Ward

Help with admissions:

- Make sure complete history in chart
- Make sure reason for surgery is well documented
- Follow up the lab results and other investigations
- Change dressing and follow post-op course
- Write progress notes with senior's supervision
- Resident should concentrate in the comprehensive ophthalmic care and extraneous duties such as collection of blood should be delegated to the laboratory and other concerned department

Operating Room

- Be able to prep/drape a patient and be familiar with the operating room.
- Learn how to do minor surgeries e.g. chalazion surgery, removal of corneal foreign body, lacrimal irrigation, simple lid surgery and temporal artery biopsy

Clinic

- Learn to examine patients carefully and be able to refract accurately
- Be able to see six to ten patients per clinic by the end of the first year with supervision
- Be able to handle ophthalmic emergencies

Consults

- Attend consultation rounds and do consults if requested by consult resident.

Teaching

- Be able to participate and present in the morning teaching hours, case presentation (including at Grand Rounds and journal club).

Rounds

Be able to present concise case histories for discussion

On-Call

- The resident should carry the on-call pager from the 8:00am of the on-call day till 8:00am next day
- Resident should be on call at a rate of every 3-4 days
- If any absence the on-call resident, he/she should inform the representative or the chief resident by 8:00 am on the day of the on-call.

- Any changes in the on-call schedule should be through the representative or the chief resident
- Resident should handle ophthalmic emergencies under supervision of a senior resident and teaching consultant staff

MEDICAL OPHTHALMOLOGY (PGY-2)

Objectives:
In addition to the aforementioned techniques, in this year Resident should

- Have a thorough knowledge of all ophthalmic procedures and instruments
- Accurately prescribe glasses and understand basic optics and use of low vision aids.
- Have been exposed to most forms of routine Ophthalmology cases in addition to subspecialty ophthalmic problems and know when to ask for assistance from third year residents or subspecialty staff

PGY-2 Residents

Ward
- Be familiar with post-op patients
- Help senior residents with any ward problems
- Help with admissions- make sure complete history is taken

Operating Room
- Must be able to prep, drape and give local anesthesia (retrobulbar, peribulbar, subtenon)
- Must have assisted at and seen a procedure before performing it for the first time
- Assist and participate in oculoplastics cases if rotating in that subspecialty
- Assist and participate strabismus cases if rotating in pediatric ophthalmology

Clinic
- Be able to see 8-12 patients
- Rotate through subspecialties clinics

Consults
- In charge of consultation service
- Urgent consults to be seen in Eye Clinic
- All consults to be reviewed with a staff person

Teaching
- Teach Ophthalmology medical students and PGY-1 residents
- Be able to participate and present in the morning teaching hours

Rounds
- Be prepared to present cases and participate in discussions

On-Call

- The resident should carry the on-call pager from the 8:00am of the on-call day till 8:00am next day
- Resident should be on call at a rate of every 3-4 days
- If any absence the on-call resident, he/she should inform the representative or the chief resident by 8:00 am on the day of the on-call.
- Any changes in the on-call schedule should be through the representative or the chief resident
- Resident should handle ophthalmic emergencies under supervision of a senior resident and teaching consultant staff

SURGICAL OPHTHALMOLOGY (PGY-3 and 4)

Objectives:
During this year, residents will rotate through the 2 teaching hospitals and will be exposed to intraocular surgery, oculoplastic surgery and laser surgery.

-Additional responsibilities include:
-Use of A & B scan
-Use of laser photocoagulator
-Extensive retina and vitreous examination and drawings
-Running the ward and organizing Grand Rounds
-Assisting in subspecialty surgery

PGY-3 Residents

Ward

- Responsible for admissions and discharges
- Ensure all residents are at rounds
- Make sure complete history, physical and eye exam in chart
- Make sure doctor's orders are completed each day
- Ensure OR consent signed and properly completed
- Make sure daily progress notes are written on each patient
- Arrange and be able to perform ocular investigations
- Communicate with the Head Nurse to ensure that the ward is running smoothly
- Responsible for all emergency surgery

Operating Room

- Senior resident will be in the operating room most of the time (at least 3 days a week) and 2 days clinic, participating and doing the cases

- It's the resident's responsibility to arrange post-op follow-ups for his/her patients under supervision

Clinic

- Responsible for post-op follow-ups
- Responsible for pre-op visits
- Participate in any clinical research studies currently in progress
- Be able to see 10-15 patients /clinic

Consultations

- Supervise the junior resident in the consultations

Teaching

- Help teach and supervise first and second year residents
- Stimulate residents to read around cases seen in the clinics
- Teach junior residents and medical students

On-Call

- The resident should carry the on-call pager from the 8:00am of the on-call day till 8:00am next day
- Resident should be on call at a rate of every 3-4 days
- If any absence the on-call resident, he/she should inform the representative or the chief resident by 8:00 am on the day of the on-call.
- Any changes in the on-call schedule should be through the representative or the chief resident
- Resident should handle ophthalmic emergencies under supervision of a senior resident and teaching consultant staff

PGY-4 Residents

During the surgical year resident should focus on lens and cataract.

Ward Round.

- Take care of pre-operative patient especially those going for cataract surgery.
- Make sure that they have full assessment of the cataract status, the surgery plan, type/power of intraocular lens (if any), type of anesthesia and surgical approach.
- Patient counseling ; make sure that the patient knows the risks, benefits and possible complications of the cataract surgery he/she will have

- Make sure that the patient are evaluated at the pre-operative clinic and his medical condition(s),if any, cleared by anaesthesia

Clinic

- The resident should have their cataract clinic.
- In this clinic cataract patients are seen during pre-operative, post operative and follow ups
- Participate in any clinical research studies currently in progress

Teaching

Resident in the surgical year is encourage if possible to

- Help teach and supervise first -third year residents
- Stimulate residents to read around cases seen in the clinics
- Teach junior residents and medical students

On-Call

- The senior resident should carry the senior on-call pager from the 8:00am of the on-call day till 8:00am next day
- The senior resident should supervise the year 1-3 residents during their on call at a rate of every 3-4 days
- If any absence the on-call resident he /she should inform the representative or the chief resident by 8:00 am on the day of the on-call.
- Any changes in the on-call schedule should be through the representative or the chief resident

ELECTIVES

Objectives:
The Ophthalmology Residency program consists of a series of electives chosen by the resident throughout the program except in year 1

(PGY-5)

The final year of the residency training will consist of a series of electives as chosen by the resident as well as time for resident to prepare for the final exam. The purpose of this elective rotation is to give the resident an opportunity to study in areas of personal interest, possibly as a prelude to undertake a fellowship after the completion of the residency. During this final year, resident will still be expected to attend and participate in regular clinics, operating room, teaching sessions, grand rounds and journal clubs in the hospital in which he/she is attached

It is of great importance that the resident understands the following:

1. The purpose of this year is to round off the Resident's training in areas where the Resident or his /her supervisor feels the need for extra training.

2. Involvement in one or several research projects during the PGY-5 year is mandatory.

One project must be written up as a paper for submission to peer reviewed journal

The basic and clinical science in Ophthalmology courses for the OMSB Ophthalmology training (residency)

The residents will have 10 courses in the Basic and Clinical science in ophthalmology during their 5 years of training (residency) in OMSB ophthalmology at a rate of 2-4 courses in a year. These courses will cover the thirteen manuals of the American Academy of Ophthalmology's Basic and Clinical Science Courses (AAO-BCSC).

The fundamental and principal Ophthalmology course (or the basic science in Ophthalmology course) +/- Optics and clinical Refraction and Pathology will be covered at the King Khalid Eye Specialty Hospital at Kingdom of Saudi Arabia. The course (s) will be covered in 7weeks from the 3rd of Oct to 19th of November 2009 for the 2009/2010 Ophthalmology academic year.

Copies of these manuals (AAO-BCSC) will be available in the medical library in the SQUH, Al-Nahdha Hospital and AFH.

These courses are essential resources for practicing ophthalmologists and residents and have been the standard of ophthalmic references for more than 35 years.

The AAO -BCSC manuals provide up-to-date clinical knowledge and are continually revised by a faculty of 90 leading ophthalmologists. They cover everything from basic anatomy, optics and pathology to such specialized topics as retina, glaucoma and cataract.

The AAO-BCSC manuals draw on a solid foundation of scientific research and clinical experience, and features thousands of photos and illustrations. Each section includes self-assessment study questions and answers.

1. Update in general medicine

This course includes the medical conditions most likely to affect the ophthalmology patients, such as

- Infectious diseases
- Metabolic diseases
- Cardiovascular diseases,
- Cancer diseases
- Rheumatologic disorders.
- Geriatrics and
- Statistics.
- Recent Advances
- This manual also contains numerous updated references as well as helpful tables listing the names, indications, and side effects of antibiotic, antihypertensive and anticancer drugs.

2. Fundamental and principal of Ophthalmology (or the basic science in Ophthalmology course)

This course provides the essential scientific grounding for current ophthalmic practice. It also covers;

- Ocular anatomy,
- Embryology, and
- Biochemistry and
- Metabolism of the eye,
- Developments in eye-related molecular and clinical genetics studies.
- A section on ocular pharmaco-therapeutics contains updated drug information and a discussion of the legal aspects of medical therapy.
- Recent Advances

3. Optics and clinical Refraction

This course contains the followings;

- The optical foundations of lasers, spectacles, IOLs and refractive surgery.
- Optics of the human eye and basic concepts of geometric optics
- The use of ophthalmic instruments
- The design, fitting and complications of contact lenses.
- Vision rehabilitation from the epidemiology of vision impairment and classification of visual function deficits to patient assessment
- Low vision management
- Recent Advances

4. Ophthalmic Pathology and Intraocular tumors

This course will discuss

- The diagnosis and classification of tumors.
- The guidelines in a logical, tissue-specific sequence that ranges from topography through disease process to general and differential diagnosis.
- Many new color pathologic and clinical photographs and diagrams.
- Wound repair; specimen handling, including processing and staining; and diagnostic techniques.
- A checklist for requesting ophthalmic pathologic consultation.
- Recent Advances

5. Neuro-ophthalmology

This course contains

- The overview of the anatomy of visual pathways.
- The diagnosis and treatment of major neuro-ophthalmic conditions.
- Examination and appropriate adjunctive studies in patients with neuro-ophthalmology conditions,
- Diagnostic imaging modalities
- Localizing the lesion and give definite diagnosis in a patient manifesting a neuro-ophthalmic disease.
- Recent Advances

6. Pediatric Ophthalmology

This course will give

- Introduction on strabismus with discussions of extraocular muscle anatomy and motor and sensory physiology.
- Information on the clinical features, diagnosis, and treatment of eso- and exodeviations, horizontal and vertical deviations, nystagmus, and amblyopia.
- Full range of pediatric ocular disorders, including those related to craniofacial malformations.
- Features on how to establish rapport with children during an ocular exam.
- Recent Advances

7. Orbit, eyelids and lacrimal system

This course will emphasize on

- The practical approach to diagnosis and treatment,
- The current information on congenital, infectious, inflammatory, neoplastic, and traumatic conditions of the orbit and adnexa.
- Thyroid-associated orbitopathy, lymphoproliferative disorders, and eyelid neoplasms.
- Recent Advances

8. Cornea and external disease

In this course the residents will be able to:

- Explore the basic and clinical concepts of corneal and external eye disease.
- Explore various ocular surface disorders
- Get knowledge on ;
- Surgery of the ocular surface disorders.
- Know the infectious ocular diseases
- Immune-mediated ocular disease
- Neoplastic disorders,
- Congenital anomalies of the cornea and sclera, and dystrophies and degenerations.
- Toxic and traumatic injuries and corneal transplantation.
- Recent Advances

9. Intraocular inflammation and uveitis

This course will cover the followings;

- The clinical approach to uveitis
- Noninfectious (autoimmune) and infectious forms of uveitis.
- Endophthalmitis,
- Masquerade syndromes
- Complications of uveitis.
- Updates in ocular involvement of AIDS.
- Ocular immunology and the human immune response.
- Recent Advances

10. Glaucoma

This course contains topics in

- The epidemiologic aspects of glaucoma
- Hereditary and genetic factors in glaucoma
- Intraocular pressure and aqueous humor dynamics
- Clinical evaluation; medical management of, and surgical therapy for glaucoma.
- Glaucoma as disease entities and its various surgical techniques.
- Recent Advances

11. Lens and cataract

This course will

- Review the anatomy, physiology, embryology, and pathology of the lens.
- It will cover the epidemiology of cataracts and their evaluation and management in adults.

- Give an overview of lens and cataract surgery.
- Discuss complications of cataract surgery.
- Explore special situations in cataract surgery.
- Recent Advances

12. Retina and vitreous

This course will

- Review basic anatomy of the retina.
- Examine diagnostic approaches to retinal disease.
- Examine disorders of the retina and vitreous, including retinal vascular and choroidal disease, focal and diffuse inflammation, hereditary dystrophies, peripheral abnormalities, and posterior segment manifestations of trauma.
- Discuss various laser therapies and vitreoretinal surgeries.
- Tumors and Infections
- Recent Advances

13. Refractive surgery

This course contains

- A review in the underlying concepts in refractive surgery
- The scientific basis of refractive surgery
- The role of the FDA, and patient evaluation.
- Specific procedures in refractive surgery
- The use of refractive surgery to treat presbyopia
- International perspectives in refractive surgery.
- Recent Advances

EDUCATIONAL ACTIVITIES AND WORKSHOP

Suggested didactic sessions at the home training centre will comprise of the following;

- Teaching sessions - rounds / journal clubs/ seminars /symposia.

Daily morning teaching: The Resident should present previous day's emergency cases and participate in the discussion of case management.

- Courses - 10 major and 3 minor

Wednesday Half -day teaching: The Resident should attend the Wednesday half-day teaching session (8:30am till 1:00pm). These sessions will be on regular basis during the academic year. During these sessions the American Academy Ophthalmology –Basic and Clinical Ophthalmology science (AAO-BCSC) manuals will be covered at a rate of two –four manuals per academic year. Please see the objectives of each course.

- Monthly Grand Rounds.

- Regular yearly events – Annual Research Day, National CME's, conferences.

1. The residents are encouraged to attend the courses, conferences, lectures, seminars and workshops related to the ophthalmology and conducted in the country.

2. Each resident is requested to attend 1 -2 international conferences and at least one course outside the country throughout the whole residency program.

3. Basic science course is recommended for PGY-1. The financial support for the course will be subjected to OMSB regulations.

4. With respect to outside conferences, priority will be determined on the basis of seniority, interest and contribution. Approval has to be obtained from the Ophthalmology Scientific Committee. Remaining residents are to be available to cover the clinics and emergencies.

- Electives

The purpose of this elective rotation is to;

- Round off the resident's training in areas where the resident or his / her supervisor feels the need for extra training. (Year 2-4)

- Give the residents an opportunity to study in areas of personal interest, possibly as a prelude to undertake a fellowship after the completion of the residency. (Year 5)

- Spend some time preparing for the year project/research.

- Give the residents time to prepare for the final exam.(Year 5).

It is of great importance that the resident understands that during the elective rotation, he/she will still be expected to attend regular clinics (of the selected elective), operating room, teaching sessions, grand rounds and journal clubs in the hospital in which he/she is attached.

Electives outside Oman can be undertaken under the following conditions:

1. Elective should be approved by a Program Director at least 3 months prior to the onset of the elective period.

2. It should be approved by the OMSB Training Committee.

3. It should be conducted in a recognized centre.

4. The duration of the elective rotations must not exceed one period a year (1 period out of 13) except for PGY5.

5. The Resident / Program Director will organize the elective and obtain the educational objectives for it.

6. A letter from the supervisor agreeing to the objectives, supervise and evaluate the resident while doing his/her elective.

VACATION AND LEAVES

Candidates must fulfill a minimum of 75% attendance in each period (3 weeks) – total absence not to exceed 10 weeks in the whole 5 years (including maternity leave, sick leave and other leaves of absence).

A maximum of 4 weeks annual leave will be allowed for each resident.

1. Leave in a year may be taken only in rotations which have > 1 block.

2. Leave should be taken in such a way that there is one resident at all times in Al-Nahdha and SQUH.

3. When the leave is taken in a rotation of only one block in a year, the candidate must fulfill 3 weeks of the rotation.

4. Leave can be split in the same year but cannot be accumulated or transferred to the next academic year.

5. Conference leave should not exceed 10 days a year provided that resident presents the proof of attendance of such activities and has prior approval from the Scientific Committee.

ON CALL DUTY

Rotations/on- call schedule will be designed at the beginning of each academic year.

On-call resident should be present in the hospital under the supervision of the supervisor.

- The resident should carry the on-call pager from the 8:00 a.m. of the on-call day till 8:00 a.m. next day.

- Resident should be on call at a rate of every 3-4 days, at the discretion of the Program Director.

- If any absence of the on-call resident, he/she should make alternate arrangements and should inform the representative or the chief resident about the same. Any changes in the on-call schedule should be through the representative or the chief resident.

- Resident should make sure that he/she hands over his/her patients to the next on duty group

- Resident should handle ophthalmic emergencies under supervision of a senior resident and/or teaching consultant staff.

EVALUATION AND PROMOTION

1. Each resident will have a monthly evaluation (i.e. after each period) by his or her supervisor.

2. The Program Director will design a six months evaluation, based on the feedback from each period and he / she will sit with the resident to discuss his / her performance.

3. The Program Director has the power to call the resident any time throughout the rotations if there is problem / complaint regarding his / her progress.

4. The Annual evaluation is a cumulative evaluation, based on the performance throughout the year (rotation evaluations and exams).

    1. Good performance, resident will be promoted to the next year

    2. Failed 2 periods, will repeat 6 months.

    3. Failed more than 2 periods, will repeat the whole year.

5. The logbook should be maintained for evaluation.

EXIT QUALIFICATION

1. A theory exam will be conducted at the end of each Course.

2. A practical exam will be conducted at the end of each academic year.

3. The residents are encouraged to sit for any of the International Ophthalmology exams.

The end of residency program exam should be a recognized exam (assessment and certificate exams) – exit exam

SUGGESTED READING MATERIALS

CORE JOURNALS

American Journal of Ophthalmology
Archives of Ophthalmology
Ophthalmology
British Journal of Ophthalmology
Survey of Ophthalmology
Comprehensive Ophthalmology Update
Oman Journal of Ophthalmology

TEXTBOOKS

1. Basic and Clinical Science Course (2009) (13 volumes) American Academy of Ophthalmology.

2. Ophthalmology 3rd ed. / Yanoff & Duker. (2008)

3. Basic and Clinical Science Course Color Atlas of Oculoplastic and Orbital Disorders (2009)
   Arnab Biswas

4. The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease – 5th edition (2008)

5. Manual of Ocular Diagnosis and Therapy (Spiral Manual Series)
   By: Deborah Pavan-Langston

ADDITIONAL LIST

An additional reading list will be updated by the program director at the beginning of each year.

RESEARCH

1. Each resident should participate in at least one research project during his / her Residency program.

2. This project should be presented in the annual research day and written up as a paper for submission to a Peer Reviewed Journal, after evaluation and approval by the committee.

3. The research activity is designed to fulfill the following objectives;

   - Acquisition of scientific method
   - Methodology of bibliographic research
   - Critical analysis of literature
   - Acquisition of computer science techniques
   - Basic knowledge of biostatistics
   - Communication of scientific results

4. The program aims to
   - Provide environment to encourage, support, and coordinate research in vision and ophthalmology.
   - Provide dedicated research time.
   - Encourage residents to pursue at least one clinical science research project in their areas of interest.
   - At the beginning of the second year of training, each resident is required to plan and design a research project under the guidance of a faculty member (preferably an OMSB Trainer). A project proposal has to be submitted to the OMSB and presented in the research round.
   - Periodic reviews and presentation in research rounds will ensure satisfactory progress in research activity.

- At the end of the final year - the results of the project are to be
    - Submitted to the examination committee.
    - Presented at the Annual Research Day and appropriate National / International Meetings after approval by the Scientific Committee. (If the paper is approved by the department and is accepted for presentation at an international meeting, OMSB will make every effort to support the activity).
    - Submitted to the Oman Journal of Ophthalmology for publication after approval by the Scientific Committee.

- Residents are also encouraged to report interesting and informative cases to appropriate journals.

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