

## Oculo Plastics Fellow – further information

### Core competencies (based upon established ASOPRS competencies)

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Fellows:

- (1) must directly evaluate, and provide diagnosis and treatment plans in the care of a minimum of 1000 patients per year during the course of training. These patients must have oculoplastic-related problems. The fellow must be able to demonstrate that the history and examination were accurate and appropriate, the use of laboratory and imaging tests was directed by the history and physical examination, and that the differential diagnosis and management were appropriate;
- (2) should teach oculoplastic surgery to visiting ophthalmology specialist registrars and other trainees;
- (3) should have experience in the following specific areas:
  - a. anatomy and physiology of the orbit, eyelids, lacrimal system, nose, sinuses, and head and neck as it relates to the orbits and adnexa;
  - b. orbit;
    - i. common orbital problems of children, including: congenital anomalies, cellulitis, benign and malignant tumours, and orbital inflammations.
    - ii. Common orbital disorders of adults including orbital cellulitis, thyroid orbitopathy, idiopathic orbital inflammation, vasculitis, congenital tumours, vascular tumours, neural tumours, lacrimal gland tumours, fibro-osseous tumours, histiocytic diseases, lymphoid tumours, metastatic tumours, blunt and penetrating trauma, orbital and facial fractures, anophthalmic socket problems and skull base disease
  - c. eyelid including congenital syndromes, inflammation, trauma, ectropion, entropion, trichiasis, blepharoptosis, eyelid retraction, dermatochalasis, blepharochalasis, eyelid tumours, blepharospasm, facial nerve palsy, eyebrow, midface and lower face function and aesthetics, and histology and pathology of the facial skin including medical and surgical management of these conditions;
  - d. lacrimal system including congenital tearing, acquired tearing and trauma;
  - e. ocular surface pathology including cicatricial processes affecting the bulbar and palpebral conjunctiva, management of corneal and conjunctival exposure, and relationship of the lids, mid-face and brow to ocular exposure;
  - f. regional anatomy including graft donor sites frequently used such as cranial bone, ear, nose, temporal area, mouth and neck, abdomen, buttocks, legs, supraclavicular area and arm.
  - g. fundamentals of ocular and orbital anatomy, chemistry, physiology, microbiology, immunology, and wound healing;
  - h. experience in neuroradiology for radiologic interpretation of images (CT, MRI, MRA, arteriography, ultrasound)
  - i. Ocular Pathology to interpret ocular and periorbital pathology and dermatopathology
  - j. Fellows should aim to have devoted up to 5 hours of pathology slide review with clinical correlation with a pathologist;
  - k. diagnostic and therapeutic procedures with comprehensive examination of the eyelids and periorbital region should be documented;
  - l. examination of the lacrimal system, nasal exam with speculum and endoscope;
  - m. eyebrow and face examination assessing the eyebrow position for brow

ptosis, paralysis, and determining its relation to upper eyelid dermatochalasis, assessing facial paralysis and evaluation of the effects of mid-face cicatricial, paralytic and involuntional changes on lower eyelid position. Also assess the face in terms of harmonious aesthetic units and evaluation of the inter-relationships of each;

- n. examination and measurement of orbital structures and functions;
  - o. understanding and interpreting imaging techniques;
  - p. the principles of plain films, CT, MRI, and ultrasound imaging relating to the head and neck with particular emphasis on the orbit;
  - q. the type of scan/imaging to order, given the clinical setting and be able to read the film or scan; and,
  - r. skills in the use of information technology for study of reference material, including electronic searching and retrieval of relevant articles, monographs, and abstracts.
1. are expected to maintain a surgical log including Surgeon (primary surgeon) and Assistant (assisting and/or observing surgeon) cases;
  2. must have a minimum number of 200 cases plus 150 minor outpatient procedures (biopsies and incision/curettage);
  3. must have a sufficient number and distribution of complex cases for Surgeon (fellow as the primary surgeon) and Assistant (fellow as the first assistant), for the achievement of adequate operative skill and surgical judgment;
  4. will have the following required procedures:
    - a) Enucleation, evisceration, exenteration, secondary implants of the orbit
    - b) Orbitotomy for exploration, biopsy, and tumour removal using anterior, lateral, medial and superior approaches and orbital reconstruction
    - c) Fracture repair of bones involving the periorbital region and orbit
    - d) Eyelid retraction repair
    - e) Blepharoptosis repair, including anterior and posterior approaches and by brow suspension, with autologous and /or biomaterials.
    - f) Ectropion and Entropion Repair, including retractor plication or recession, scar release and with the use of skin, mucosal or other grafts.
    - g) Blepharoplasty (upper eyelids, functional and aesthetic. Lower eyelid, where appropriate on NHS)
    - h) Eyelid reconstruction (following congenital defects, trauma or tumour excision)
    - i) Repair of trichiasis (electrolysis, lid split and excision, mucous membrane graft)
    - j) Conjunctivoplasty
    - k) Trauma and laceration repairs
    - l) Tissue transfer, grafts and flaps
    - m) Dacryocystorhinostomy (endonasal and external) and other lacrimal procedures, including Lester Jones conjunctivo-dacryocystorhinostomy.
    - n) Excision of tumours involving the periorbital and adjacent regions-benign and malignant
    - o) Facial flaps including temporal, midface, lower face/neck for functional and aesthetic conditions related to the management of periorbital processes.
    - p) Management of upper face and brow conditions including brow ptosis Repair
    - q) Turbinectomy and nasal surgery as related to the management of lacrimal and periorbital processes
    - r) Nasal endoscopy as related to the management of lacrimal and periorbital processes.

- s) Sinus surgery and endoscopy as related to periorbital and lacrimal processes
  - t) Use of neuromodulators (botulinum toxin), dermal fillers, other technologies (eg. laser) and chemical/pharmaceutical agents for the management of contour and skin quality abnormalities (functional and aesthetic)
  - u) Use of fillers for periorbital and orbital rehabilitation, including orbital volume replacement, eyelid malposition and periorbital volume deficiency.
  - v) Use of autologous fat grafting for orbitofacial volume restoration.
5. Should actively participate in the preoperative and postoperative management of surgical cases in which they are part of the surgical team;
  6. must learn the fundamentals of cosmetic surgery and its complications with emphasis on brows and mid-face as well as alloplastic inserts; and,
  7. must learn the team approach to orbital and periorbital trauma.

### Medical knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Fellows will be required to prepare and present teaching conferences and participate in the teaching of fellows, residents and/or medical students. The fellow must participate in a minimum of 40 hours of didactic instruction, including seminars, lectures, approved basic science courses, and hands on skilled courses. These should include the following:

1. attendance at grand rounds: The fellow is to actively participate in case presentation conferences and discussions of patients with oculoplastic disorders;
2. mandatory attendance at regularly scheduled case presentation conferences: The fellow must prepare and present a minimum of two case presentations per year and present a minimum of 2 long-cases per week to the consultant in the out-patient clinic;
3. attendance at lectures on oculoplastic surgery topics given by the faculty during the fellowship teaching program; These must include at least six lecture hours per year. The fellow is required to prepare and present a minimum of two didactic lectures per year on the diagnosis/treatment of entities afflicting the eyelids, tear system, orbit, or face. These talks will be presented to faculty, other fellows, and trainees and nurses;
4. attendance and participation in at least two courses or meetings devoted to Oculofacial Plastic Surgery, tumour resection, lacrimal disease, or cosmetic surgery.

### Evaluation

Fellows are continuously informally assessed and given feedback. Every six months, each fellow is evaluated on medical and surgical skills, administrative duties, relationships with staff and patients, research and teaching at a formal appraisal.