



VITREO-RETINA FELLOWSHIP GUIDELINES 2023

VITREO-RETINA FELLOWSHIP GUIDELINES & CURRICULUM SEPTEMBER 2023

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I. INTRODUCTION

The Vitreo-Retina Society of the Philippines (VRSP) has developed this document to address the need for specialized training in the diagnosis and management of vitreoretinal diseases. This document provides both a framework for institutions offering fellowship programs in vitreoretinal diseases and a curriculum that standardizes medical and surgical vitreoretina training in the country.

This document also sets the Philippine minimum requirement and standards for graduates of retina training institutions to be accepted and recognized as a vitreo-retina specialist in country. It can be used to countercheck the the level of training and competency of Filipino ophthalmologists who trained abroad and are planning to practice vitreo-retina surgery in the Philippines.

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II. FELLOWSHIP PROGRAM

A. Overall Program Objectives

The program seeks to provide general ophthalmologists with enhanced competencies and skills in the diagnosis and management of vitreoretinal diseases. Such skills and competencies include:

1. The diagnosis of various vitreous and retinal diseases, whether acquired, inherited, congenital, degenerative, systemic disease-related, traumatic, and or iatrogenic.
2. Proper utilization and comprehensive interpretation of various imaging and diagnostic equipment in diagnosis and management of vitreoretinal diseases.
3. Performing lasers and utilizing cryotherapy for retinal diseases. Understanding the different indications and performing intravitreal injections of various medications and implant.
4. Mastering various steps, techniques and procedures utilized in vitreoretinal surgery such as pars plana vitrectomy, scleral buckling, membrane peeling, intraocular foreign body removal, use of endolasers and tamponades.
5. Development of interpersonal skills, professional behavior, and commitment to ethical standards.

B. Program Outcomes

Learning Outcome	CHED Program Outcomes	VRSP Operational Definition of Retina Fellowship Program Outcome	Core Competencies
LO1	Demonstrate high degree of clinical competence not only in comprehensive ophthalmology but most especially in the diagnosis and management of patients with retinal and vitreous disorders.	Competently diagnose and manage patients with vitreous and retinal diseases. Be an expert in performing the following: <ul style="list-style-type: none"> Extract an accurate and thorough history from retina patients; Demonstrate proficiency in basic and advanced ophthalmic and retinal examination in adults, children including infants; Request and interpret appropriate retinal diagnostic procedures that 	<ul style="list-style-type: none"> Medical knowledge Technical Skills Diagnostic Skills Patient Care Practice-Based Learning and Self-Improvement

		<p>will give additional information to ensure proper diagnosis and management plan for the patient.</p> <ul style="list-style-type: none"> • Formulate an appropriate and holistic surgical and/or medical treatment plan based on sound up-to-date evidence. • Perform the required surgical intervention in a competent, efficient, and most cost-effective way. • Guide and teach residents and students on the subject. 	
LO2	Communicate effectively	<p>Effectively convey all important information, in written or oral format, in a professional manner to patients, relatives, colleagues, and co-health workers.</p> <p>Present research paper in both local and international conferences.</p>	<ul style="list-style-type: none"> • Interpersonal skills • Interprofessional collaborative skills • Written, oral, para-verbal skills • Lecture, small group discussion and workshop facilitating skills
LO3	Lead and manage healthcare teams	<p>Actively participate, take initiatives to lead, in department, institutional and national organizations in the planning, formulating, implementing and evaluation of healthcare programs that involve retina patients.</p> <p>Focusing on improving and maintaining efficiency, affordability, and sustainability in their delivery.</p>	<ul style="list-style-type: none"> • Organizational skills • Managerial skills • Problem-solving skills • Decision-making skills • Interpersonal and interprofessional skills
LO4	Engage in research activities	<p>Develop a perpetually inquisitive attitude and constantly seek the answers to unanswered scientific and clinical questions. Appraise, criticize and utilize current scientific evidence in the formulation of sound medical</p>	<ul style="list-style-type: none"> • Critical appraisal of scientific literature • Produce scientific papers and case reports • Teaching skills

		and surgical management of retina patients. Participate in and conduct research. Guide ophthalmology residents in the course of their retina research. Submit a manuscript for publication in a local or international journal.	
LO5	Collaborate with interprofessional teams	Actively engage in interprofessional collaborative activities that involve retina patient care management, research, education, training.	<ul style="list-style-type: none"> • Teamwork skills • Interprofessional collaborative skills • Communication skills
LO6	Utilize systems-based approach to healthcare	Build and create linkages with other healthcare-related organizations and utilize their resources in order to effectively deliver integrated healthcare to retina patients in a most efficient and economical way. Awareness of how government health regulations, health insurance, and maintaining certification affect one's daily life as a health care provider.	<ul style="list-style-type: none"> • Network building skills • Work effectively in various health care delivery settings and systems • Coordinate patient care within the health care system • Incorporate cost awareness and risk/benefit analysis in patient care • Work in interprofessional teams • Participate in identifying systems errors and in implementing systems solutions
LO7	Engage in continuing personal and professional development	Advocate and practice lifelong learning through continuous education and training in the field of ophthalmology, retina, health systems and management, health policy, and politics of health among many things. Continuously and effectively impart knowledge to younger generations of ophthalmologists and retina trainees.	<ul style="list-style-type: none"> • Awareness about adult learning; Learning to learn • Utilization of information and communication technologies; digital skills • Self-motivation skills; sense of initiative • Open to innovations and change • Teaching skills
LO8	Adhere to ethical, professional,	Consistently uphold and follow the rule of law governing the practice of medicine. Practice	<ul style="list-style-type: none"> • Attitude development skills • Moral skills and

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	and legal standards	the profession of ophthalmology and retina surgery guided by the set of relevant rules, principles, norms and ethical standards.	<p>competence</p> <ul style="list-style-type: none"> • Ethical knowledge and awareness • Ethical decision-making skills • Ethical action and behavior • Maintenance of Patient Medical Records with integrity • Capacity to expose unethical practices of colleagues • Compassionate responsibility and accountability to patient welfare
LO9	Demonstrate nationalism, internationalism and dedication to service	<p>Demonstrate love of country by:</p> <ul style="list-style-type: none"> • Exhibiting readiness to serve the people without prejudice; • Show respect for people, their history, culture and language. • Advocating for their right to health. • Participate in activities of advocacy groups relating to eye and retina health. • The same should apply for members of the international community. • Training younger generations of ophthalmologists and retina specialists. 	<ul style="list-style-type: none"> • Awareness of the national and global healthcare problems and challenges. • Awareness of one's role in the provision of health for all. • Active role as advocate of patients' rights in policy-making bodies. • Teaching skills • Render service to humanity without prejudice
LO10	Community orientation and social accountability	Adhere to the principles of accessibility, relevance, equity, quality and cost effectiveness in the delivery of retina healthcare to patients in his/her area of practice as well as the community where he/she resides.	<ul style="list-style-type: none"> • Awareness of health systems • Deep and profound understanding of his/her community responsibilities as a retina specialist • Policy formulation skills to eliminate health inequities • Community integration



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			<div>skills</div> <ul style="list-style-type: none">• Interprofessional skills
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III. NATURE OF FELLOWSHIP

A. Scope and Definition

A fellowship in Vitreoretina is devoted to providing a comprehensive and advanced level of training skills in the evaluation, diagnosis, and management of adult and pediatric vitreoretinal disorders. Vitreoretinal fellows will be provided with the experience and skill set necessary to prosper in the worlds of academic medicine or public and private practice.

Medical retina fellows will be equipped with the required knowledge and clinical skills for the treatment of patients with vitreoretinal diseases. Comprehensive training will be comprised of clinical exposure in the evaluation and long-term follow-up of patients, evidence-based practice, didactics, advance treatment including laser and intravitreal injections. Medical retina fellows will also comprehend indications for surgery and recognize the appropriate and timely referral of patients to surgical colleagues if it is needed.

Additionally, surgical retina fellows will have adequate exposure to a variety of surgical cases and will be involved in patient evaluation, surgical planning and pre-operative counseling, surgery, and follow-up of care. The fellows will also be exposed to different surgical techniques and will have an opportunity to perform complex retinal surgeries under proper supervision.

In addition to clinical training, fellows are required to take part in clinical and/or basic science research projects.

B. Period of Training

The training period will be at least 12 months for a medical retina fellow and at least 24 months for a combined medical and surgical retina fellow.

C. Eligibility Criteria

Applicants should have adequately completed an Ophthalmology residency program that is duly accredited by the Philippine Board of Ophthalmology (PBO) and must have also successfully completed the Written and Oral Certifying Examinations of the PBO.

IV. CURRICULUM OF THE FELLOWSHIP

A. CORE CONTENT KNOWLEDGE

Instructional Goals	Performance Objectives	Instructional Method	Resources	Evaluation
Mastery of common and complex vitreous and retinal disease conditions and their complications.	<ol style="list-style-type: none"> Discuss the clinical presentation of each condition in terms of retinal anatomy and physiology. Demonstrate expert knowledge of the pathophysiology of retinal diseases. Analyze complex retinal conditions by applying advanced knowledge of anatomy, physiology, and pathophysiology 	<ul style="list-style-type: none"> Self-directed learning Case presentations Didactic Sessions Direct patient exposure 	<ul style="list-style-type: none"> Textbooks, journals, and other reading materials Online resources i.e. websites and webinars Department and Retina Service conferences VRSP conferences and other Instructional Courses Clinical Areas: OPD, Ward, ER 	<ul style="list-style-type: none"> Direct observation Retina Clinic Performance Rating Scale Written Exam Oral Exam Delivery of Lectures
Expertise in the evaluation of patients presenting with signs and symptoms of posterior segment pathology	<ol style="list-style-type: none"> Gather essential information in the clinical history. Recognize pertinent signs and symptoms of retinal diseases. Display mastery of posterior segment evaluation skills Record fundus findings through cartography. 	<ul style="list-style-type: none"> Self-directed learning Recording of clinical evaluation findings Case presentations Case consultations Didactic Sessions Direct patient exposure at the clinic and diagnostic center 	<ul style="list-style-type: none"> Textbooks, journals, and other reading materials Online resources i.e. websites and webinars Department and Retina Service conferences VRSP conferences and other Instructional Courses Clinical Areas: OPD, Ward, ER 	<ul style="list-style-type: none"> Chart review Direct observation Performance Rating Scale Written Exam Oral Exam
Gain proficiency	1. Integrate case	• Self-directed	• Textbooks,	• Chart review

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in the management of common and complex retinal diseases and its complications	<p>history, clinical findings and diagnostic results to arrive at a complete and accurate diagnosis.</p> <p>2. Formulate an appropriate medical and/ or surgical treatment plan for vitreo-retinal diseases based on current evidence and guidelines.</p> <p>3. Co-manage with other specialists and subspecialists.</p>	<ul style="list-style-type: none"> • learning • Case presentations • Case consultations • Didactic Sessions • Direct patient exposure at the clinic and diagnostic center 	<p>journals, and other reading materials</p> <ul style="list-style-type: none"> • Online resources i.e. websites and webinars • Department and Retina Service conferences • VRSP conferences and other Instructional Courses • Clinical Areas: OPD, Ward, ER 	<ul style="list-style-type: none"> • Direct observation • Performance Rating Scale • Written Exam • Oral Exam • Fellows Portfolio • Case Presentations
Gain proficiency in discussing the clinical behavior of different vitreo-retinal conditions affecting the patient.	<p>1. Explain the clinical presentation of each disease in terms of its anatomy, physiology, and biochemistry.</p> <p>2. Explain the pathophysiology of the different vitreo-retinal disease</p>	<ul style="list-style-type: none"> • Self-directed learning 	<p>Textbooks, journals, and other reading materials</p> <ul style="list-style-type: none"> • Online resources i.e. websites and webinars • Clinical Areas: OPD, Ward, ER 	<ul style="list-style-type: none"> • Written / Oral Exam
Acquire skills on proper documentation of patient findings.	<p>1. Maintain accurate and complete patient medical records.</p>	<ul style="list-style-type: none"> • Encoding and recording of patient data 	<ul style="list-style-type: none"> • Institutional records / EMR • Retina Clinic Logbook / Records 	<ul style="list-style-type: none"> • Chart Review
Develop a thorough understanding of the role of preventive medicine and community ophthalmology in field of retina diseases.	<p>1. Conceptualize health programs for the prevention of blindness from retinal diseases.</p>	<ul style="list-style-type: none"> • Self-directed learning • Literature search of various public health strategies • Guidance from faculty 	<ul style="list-style-type: none"> • Online library resources • Social media presence • 	<ul style="list-style-type: none"> • Portfolio • Self-reflection

B. TECHNICAL SKILLS

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Instructional Goals	Performance Objectives	Instructional Method	Resources	Evaluation
Gain proficiency in performing imaging and diagnostic studies on retina patients.	<ol style="list-style-type: none"> 1. Perform B Scan ultrasonography , OCT imaging, and fundus photography. 2. Expertise in the interpretation of imaging and diagnostic tests. 	<ul style="list-style-type: none"> • Self-directed learning • Didactic Sessions • Direct exposure to performance of imaging and diagnostic tests at the diagnostic center. • Guided performance of procedures. 	<p>Eye Instrument Center</p> <ul style="list-style-type: none"> • FA machine • OCT machine • B-Scan Ultrasound • ICG Angiography Camera • OCT- Angiography Equipment 	<ul style="list-style-type: none"> • Direct observation • Performance Rating Scale • Fellows Portfolio
Gain proficiency in performing surgical procedures and applying medical treatment for retinal diseases.	<ol style="list-style-type: none"> 1. Mastery of posterior segment photocoagulation in more complicated retinal cases. 2. Proficiency in cryotherapy of retinal holes and other more complex retinal pathologies. 3. Perform intraocular injection or implantation of a pharmacological agent. 4. Proficiency in the performance of vitreous-retinal procedures (ex. PPV, Membrane Peeling, Endolaser, SB, External Drainage, Complicated IOL implantation, IOFB Removal, Surgical 	<ul style="list-style-type: none"> • Direct exposure to consultant case (surgery assist) • Direct patient exposure. • Direct performance of various retina procedures. 	<ul style="list-style-type: none"> • Access to clinical areas: OPD, Ward, ER • Access to Outpatient/ Eye center facilities • Access to operating rooms and facilities • Textbooks: Ryan 	<ul style="list-style-type: none"> • Direct observation by a consultant during procedure • OSCAR for PPV and other procedures. • Evaluation of clinical results (outcome) and fellow's patient management program by the faculty • Morbidity and success rate • 360° evaluation • Fellows Portfolio • Surgical Video/ Case Presentation

	Management of Choroidal Detachments) 5. Provide pre and post-operative care. 6. Co-management of patients with other specialists and subspecialists			
Gain proficiency in teaching and mentoring residents and/ or medical students.	1. Create learning materials like lectures, quizzes. 2. Conduct case discussions, mini-lectures, journal clubs.	<ul style="list-style-type: none"> Small Group Discussions Lectures Interaction in the clinics, ward, ER 	<ul style="list-style-type: none"> OPD and Ward patients Conferences Electronic devices Library resources 	<ul style="list-style-type: none"> Direct observation Lecture evaluation tool

C. ATTITUDE and PERSONALITY DEVELOPMENT COMPETENCIES

Instructional Goals	Performance Objectives	Instructional Method	Resources	Evaluation
Demonstrate effective inter-professional collaboration, teamwork, communication skills in the delivery of patient care.	<ul style="list-style-type: none"> Work effectively with other healthcare professionals to develop and implement patient care plans. Communicate effectively with patients, families, and other healthcare professionals about the disease, prognosis, long term care so as to manage their expectations 	Direct exposure to consultants and other members of the healthcare team in the clinics and during teaching rounds. <ul style="list-style-type: none"> Fellows should refer their patients to health care professionals (ex. occupational therapists, low-vision specialists) as deemed necessary, to develop and 	<ul style="list-style-type: none"> Access to a variety of healthcare professionals such as nurses, therapists, social workers, non-government organizations providing material and financial support to the visually impaired. Training in communication skills. PERSONAL RESOURCES: Fellows must have self-awareness, open to feedback and committed to life-long learning. 	<ul style="list-style-type: none"> Direct observation during rounds, patient care conferences, or team meetings. 360° feedback from patients, families, hospital staff with direct contact, and other healthcare professionals. Self-assessment on their own skills and abilities in inter-

	<p>well.</p> <ul style="list-style-type: none"> • Reflect on their own interprofessional collaboration, teamwork, and communication skills to identify areas for improvement. 	<p>implement post-surgical overall patient well-being care plans.</p> <ul style="list-style-type: none"> • Reflecting on their own interprofessional collaboration, teamwork, and communication skills to identify areas for improvement. 	<p>They must also develop a positive attitude and a willingness to work hard to master these skills.</p>	<p>professional collaboration, teamwork, and communication.</p>
<p>Demonstrate ability to network, coordinate, build linkages with other healthcare organizations in order to deliver the best possible care in a seamless and cost-effective way.</p>	<ul style="list-style-type: none"> • Identify and develop relationships with key stakeholders in other healthcare organizations. • Facilitate communication and collaboration between healthcare professionals and different healthcare organizations. • Develop and implement strategies to improve the coordination of care across different healthcare organizations. • Reflect on the impact of their networking, 	<p>Direct exposure to consultants and other healthcare professionals. Fellows should:</p> <ul style="list-style-type: none"> • Identify and develop relationships hospital administrators, clinic directors, and social workers. • Organizing inter-hospital rounds or inter-organizational case discussions. • Develop and implement strategies by developing and institutionalizing a referral 	<ul style="list-style-type: none"> • Time: Networking, coordinating, and building linkages with other healthcare organizations takes time. Retina fellows need to be willing to invest the time necessary to develop these relationships. • Access to other healthcare organizations. • Training in networking, coordination, and building linkages. • Support from their mentors to help fellows navigate the challenges of networking, coordination, and building linkages. 	<ul style="list-style-type: none"> • Direct observation during rounds and patient care conferences. They could pay attention to how fellows interact with other healthcare professionals • 360-degree feedback: • Self-assessment on their own skills and abilities in networking, coordination, and building linkages. They could also be asked to set goals for

	<p>coordination, and linkages on the delivery of patient care.</p>	<p>process or by creating a shared care plan.</p> <ul style="list-style-type: none"> Tracking patient satisfaction or by measuring the cost-effectiveness of care. 		<p>improvement.</p>
<p>Acquisition of an ethical, dignified, respectful attitude when interacting with consultants, nurses, residents, students, members of the healthcare team, the patient, and family members.</p>	<ul style="list-style-type: none"> Demonstrate respect for the dignity and worth of all individuals, regardless of their position, role, or status. Adhere to the principles of ethical conduct, such as confidentiality, honesty, and integrity. Communicate in a clear, concise, and respectful manner. Being mindful of the impact of their words and actions on others. Reflect on their own interactions with others to identify areas for improvement. 	<p>Direct exposure to consultants and other members of the healthcare team. Fellows should:</p> <ul style="list-style-type: none"> Treat all patients and family members with respect, regardless of their age, race, ethnicity, religion, or socioeconomic status. Keep patient information confidential. Reflect on how one could be more respectful or how one could better communicate with others. 	<ul style="list-style-type: none"> Attend training sessions on ethics, communication, and cultural competence. Role-playing exercises with their mentors. This can help fellows to practice interacting with others in different situations and to receive feedback on their communication skills. Competent, experienced, and ethical consultants and healthcare professionals who can provide supervision and identify areas for improvement. Regular discussions are encouraged. Personal Journal 	<ul style="list-style-type: none"> Direct observation during rounds, patient care conferences, or team meetings. 360° feedback Self-assessment on their own skills and abilities in interprofessional collaboration, teamwork, and communication. Patient satisfaction surveys
<p>Deep understanding of nationalism,</p>	<ul style="list-style-type: none"> Explain how nationalism can influence 	<p>Discussions on the social aspects as to</p>	<p>Social histories of every case being encountered.</p>	<p>Observing the fellows' ability to explain,</p>

community-orientation, and social accountability.	<p>the way that retina care is delivered in different countries.</p> <ul style="list-style-type: none"> • Discuss how community-orientation can help to improve the quality of retina care in underserved communities. • Reflect on the social accountability of retina surgeons to ensure that their work is conducted in a way that benefits the community and society as a whole. 	<p>why preventable causes of blindness has progressed resulting to permanent visual impairment of the patient.</p> <p>Focus of discussion should revolve around the social determinants of health and the fellows' role in providing a solution.</p>		<p>apply, and reflect on the concepts of nationalism, community-orientation, and social accountability.</p>
Consistently uphold and follow the rule of law governing the ethical practice of medicine.	<ul style="list-style-type: none"> • Identify and understand the ethical principles that govern the practice of medicine. • Apply these principles to their own practice of medicine. • Recognize and avoid situations that could lead to ethical violations. • Report ethical violations that they observe. 	<ul style="list-style-type: none"> • Mentoring thru direct exposure to experienced consultants and other healthcare members who can provide guidance and support on ethical issues. • Case studies that illustrate ethical dilemmas in the practice of retina surgery. • Role-playing exercises dealing with 	<ul style="list-style-type: none"> • Faculty of experienced healthcare professionals who are knowledgeable about medical ethics principles and how to apply them to real-world cases. • Collection of case studies that illustrate ethical dilemmas. • Role-playing exercises • Workshops on informed consent and confidentiality. • Mentoring 	<ul style="list-style-type: none"> • Direct observation during rounds, patient care conferences, or team meetings. • 360° feedback • Self-assessment on their own skills and abilities, and to set goals for improvement. • Performance evaluation of the fellow during a role-



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	<ul style="list-style-type: none">• Reflect on their own ethical practice and identifying areas for improvement.	<p>real world ethical dilemmas.</p> <ul style="list-style-type: none">• Attend Ethics Workshops	<p>program (one-on-one)</p> <ul style="list-style-type: none">• Journaling, self-assessment, regular reflection sessions with faculty.	<p>playing exercise with an ethics case scenario, paying particular attention to the decision-making process.</p>
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V. EDUCATIONAL PROGRAM

A. CLINICAL COMPONENTS

1. Retina examination skills

The program shall provide advanced training that will allow the fellows to regularly perform and obtain proficiency in the clinical evaluation of both adult and pediatric/neonatal patients with various vitreo-retinal disorders. These would include eliciting a comprehensive but targeted history and conducting a systematic and thorough examination of the vitreous, retina, and choroid using various methods such as indirect ophthalmoscopy with scleral indentation or slit lamp bio microscopy using fundus lenses. They are expected to record and document findings accurately using standardized methods and be able to present clearly and concisely.

2. Skills in Performing and Interpreting Diagnostic Tests

Fellows should develop proficiency in requesting, performing, reading, and interpreting the various vitreo-retinal diagnostic tests and be able to correlate the findings with historical data and ophthalmic examination. These tests include the following: Fundus photography, fluorescein & indocyanine green angiography, optical coherence tomography & angiography, fundus autofluorescence, ocular ultrasonography, and electrophysiologic studies (visual evoked response, electroretinography, electrooculography). They should also be aware of the cost effectiveness and necessity when ordering such tests. Mastery of vitreo-retinal and choroidal anatomy/physiology and a thorough understanding of the basic principles and instrumentation for each test is necessary.

3. Management and Therapeutic

Fellows should exhibit mastery on the basic concepts, principles, and algorithms, (including instrumentation) of the various pharmacologic, laser, and surgical therapeutic modalities used in retina. These modalities include the judicious use of oral drugs, intravitreal medications (anti-vascular endothelial growth factors, steroids & immunosuppressants, antimicrobials), laser procedures, and vitreo-retinal surgery.

Decision making should be grounded on established clinical practice and safety guidelines and/or key expert opinions considering regional and sociocultural differences. Fellows should be able to recognize the urgency of treatment, offer cost effective alternatives, and give reasonable prognostication of the patient's condition. Collaboration with other specialties should be done for retina disorders with systemic associations.

Fellows are expected to keep abreast with the rapidly developing and changing retina therapeutic landscape.

4. Clinical Experiences



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Fellows should be exposed to a broad variety of retina and choroidal disorders. The following minimum number of visits/cases seen/procedures should be performed over a twelve-month period:

4.a MEDICAL RETINA

Medical Retina fellows shall rotate in the following areas:

1. Medical Retina Clinic

The medical retina fellow, under the supervision and mentorship of an assigned division consultant, shall be the lead attending physician who will oversee the medical retina clinic and directly participate in the care of its patients. The fellow's primary role is to evaluate, diagnose, and manage effectively the more complicated and complex forms of vitreoretinal conditions. He/she is also expected to monitor all the clinics undertakings which includes assisting residents and ensure efficient flow within the clinic. He/she should also make sure that charts/e-charts are accurately filled up, encoded, and secured.

2. Emergency Room, Ward, Adult/Pediatric/Neonatal ICU

The fellow shall see all referred retina cases in the ER, ward, adult, and pediatric/neonatal ICU, including referrals from other services or departments. He/she shall supervise the residents regarding management and proper follow-up of patients and is also expected to perform his/her own follow-up of these patients and refer patients to the assigned division consultant accordingly.

Retinopathy of prematurity screening is a required competency for the fellow. He/she is expected to know the most recent international and Philippine ROP screening guidelines and be able to perform indirect ophthalmoscopy safely and efficiently with scleral indentation in a neonate. He/she should coordinate with pediatrics/neonatology to ensure that all babies are screened and followed up on time even after discharge from the neonatal ICU/hospital.

3. Eye Instrument Center

Retina Diagnostics

The fellow is expected to know and be able to perform the various retina related diagnostics tests and be familiar in handling the equipment even in the presence of an ophthalmic technician. In case some of the machines are not available, the service should ensure learning activities that will expose the fellow to this required competency. The fellow's primary responsibility is to read and interpret results and make a formal written report which should be counterchecked by a service consultant prior to release. Fellows should keep in mind data privacy and ensure that all official readings are submitted on time depending on existing protocols of the eye center. As future educators, he/she is also expected to assist residents with their assigned reading and conduct lectures on retina diagnostics related topics.



Retina Laser Procedures

As standard laser procedures have been part of residency training programs, the fellows, under the direct guidance of assigned division consultants, are expected to hone their skills further particularly with the more complex and difficult cases. It is expected that the fellow should have a good grasp on basic theory including safety precautions in relation to laser procedures as well as equipment handling and instrumentation.

A thorough pre-laser and post laser planning and counseling should be done. All cases must be properly documented and logged in the fellow's individual portfolio. Patients should also be shown to a consultant after the procedure to confirm laser adequacy. The fellow is expected to guide and assist residents with their assigned laser procedures.

Laser indirect ophthalmoscopy for neonatal patients should be done under the direct supervision of a service consultant until such a time that the fellow is able to do the procedure on his/her own. Safety is of paramount importance hence this procedure should be done with close coordination with pediatrics/neonatology.

4. Operating Room

Aside from standard intravitreal injections (anti-VEGFs, antibiotics), fellows will do intravitreal steroids injections and/or implantations. The fellow is expected to have read and understood all the landmark studies related to these drugs and know the different treatment protocols and algorithms. He/she must be able to apply this knowledge with the Philippine setting in mind and must be able to offer alternatives if necessary. He/she must be able to recognize responders and non-responders and be able to adequately recognize and manage complications in a timely manner. The fellow is also expected to guide and assist residents with their assigned injection procedures.

5. External Rotations

As the retina and choroid can be affected by various uveitis and oncologic conditions, it would be beneficial for the fellow to rotate at the oncology and uveitis clinics to be able gain experience in handling these cases.

4.b SURGICAL RETINA

Surgical Retina fellows shall rotate in the following areas:

3. Surgical Retina Clinic

The surgical retina fellow, under the supervision and mentorship of an assigned service consultant, shall be the lead attending physician who will oversee the surgical retina clinic and directly participate in the care of its patients. The fellow's primary



role is to evaluate, diagnose, and manage effectively the more complicated and complex forms of vitreoretinal conditions requiring retina surgical interventions. He/she is also expected to monitor all the clinics undertakings which includes assisting residents and ensure efficient flow within the clinic. He/she should also make sure that charts/e-charts are accurately filled up, encoded, and secured.

4. Emergency Room, Ward, Adult/Pediatric/Neonatal ICU

The fellow shall see all retina cases in the ER, ward, adult, and pediatric/neonatal ICU, including referrals from other services or departments. He/she shall supervise the residents regarding management and proper follow-up of patients. He/she is also expected to perform his own follow-up of these patients.

5. Eye Instrument Center

Retina Diagnostics

While it is the primary responsibility of the medical retina fellow to read and interpret retina diagnostics, the surgical fellow is expected to further hone their skills in the use of these diagnostic exams, particularly for surgical cases.

Retinal Laser Procedures

Laser procedures done in surgical retina patients will be performed by the surgical retina fellow to ensure continuity of care. While these may include standard retina laser techniques, this will be done on the more difficult cases such as pneumatic laser retinopexy or laser on post operative eyes with tamponade and poor visualization.

6. Operating Room

The surgical fellow shall begin his/her surgical training by initially assisting consultants and senior surgical retina fellows and gradually transitioning as main surgeon depending on the evaluation by the consultant. It is essential that a consultant should always be on standby during surgical days and that surgical fellows should assist consultants on their retina surgeries. Basic theory and the intricacy of each surgical option is a must know.

The fellow is expected to do meticulous preoperative planning and patient counseling. He/she should be familiar with the different equipment, instruments, and devices used for surgical retina procedures and be able to operate them properly and troubleshoot when problems occur. He/she should be able to provide clear post operative instructions to the patient and check for compliance during follow-ups. The fellow should also be able to recognize and address complications arising from surgical retina procedures in a timely manner with due guidance from his/her consultants.



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Proper and complete documentation of the surgery and surgical technique should be accomplished. All patients and procedures done should be logged in the fellow's procedure portfolios and verified and signed by the consultant.

B. DIDACTIC COMPONENTS

The fellow should participate in clinical conferences, photo interactive and diagnostic sessions, interesting case presentations related to retina.

C. DUTY HOURS AND WORK CONDITIONS

Duty Hours. This will be in concordance with the labor code and hospital/department policies. The fellow should adhere to the set schedule of the retina clinic. He/she should also comply with the set schedule of department conferences and required hours in posts other than the retina clinic (e.g., general clinic, operating room).

Supervision of Fellows. All patient care must be supervised by qualified faculty at all times. Faculty schedules must be structured to provide fellows with adequate supervision and/or consultation. Faculty and fellows must be educated to recognize the signs of fatigue and adopt proper intervention to ensure patient safety, as well as faculty and fellow well-being.

Graded Responsibility. Fellows will only be given responsibility depending on their current knowledge and skill level, problem-solving ability, and experience. Complex medical and surgical cases beyond their capabilities should be handled by the faculty to ensure patient safety.

D. SCHOLARLY ACTIVITY, TEACHING, RESEARCH, and ETHICS

The fellow is encouraged to attend retina related post graduate courses and seminars, as well as international and local conventions. They are required to attend and actively participate in Continuing Medical Education (CME) activities prepared by the VRSP like the Fellows' Forum, Quarterly VRSP meetings, and the VR channel.

Fellows are encouraged to teach, and impart skills to ophthalmology residents, medical students, and ophthalmic support staff. He/she is expected to be advocates of general eye and retina health and conduct lay fora in this regard.

The fellow should also participate in the generation and dissemination of new knowledge through research, review articles, chapters in textbooks, publication, or presentation at local, regional, or national specialty society meetings. The fellowship program shall provide the resources to equip the fellow to assume this responsibility.

He/she is required to complete one research paper as well as one case presentation to develop his/her research skills. A specific block of time may be set aside for clinical or laboratory research, which may require that the fellowship be extended beyond twelve months.



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The fellowship director and faculty must emphasize the principles of ethics, professionalism and humane treatment of patients in accordance with relevant guidelines including the Code of Ethics of the Philippine Academy of Ophthalmology and the Declaration of Helsinki Standards.

VI. DUTIES AND RESPONSIBILITIES OF A MEDICAL RETINA FELLOW

The Medical Retina Fellow should:

DUTY HOURS

Report daily to his/her post on designated working hours.

CLINICAL EXPERIENCE

1. See all patients in the retina clinic, receive urgent referrals, perform in-patient rounds if applicable.
2. Participate in case presentations and discussions during rounds with consultants.
3. Attendance in all regularly scheduled morbidity, pathology, and complication conferences.
4. Make sure that patients needing opinions from consultants are presented and seen by consultants.
5. Proper disposition should be carried out for every patient at the end of each consult.
6. Check the accuracy and completeness of patient medical records.
7. Perform screening of infants-at-risk for, and deliver treatment for, retinopathy of prematurity.
8. Understand the different principles, indications, and contraindications to various therapeutic modalities (Laser photocoagulation, intravitreal and pericocular injections, and Cryotherapy)
9. Be exposed to the diagnosis and treatment of patients with posterior uveitis and intraocular tumors.
10. Understand the presentation and diagnosis of hereditary retinal disorders.
11. Work with various interprofessional teams (see learning outcomes part C)
12. Maintain a personal portfolio containing the cases and evaluation forms. The portfolio must be regularly inspected and countersigned by the FTO.

DIAGNOSTICS

1. Be knowledgeable in interpreting various retina imaging procedures (fluorescein angiography, indocyanine angiography, optical coherence tomography, OCT A, etc).
2. Be familiar with the details of performing these imaging procedures, as well as their complications.
3. Understand the indications for and interpretations of electrophysiological tests.
4. Perform and interpret A- and B-Scan ultrasonography.
5. Basic understanding of the indications for and interpretations of orbital x-rays, CT scans, and MRI studies.



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6. Submit/ present to consultants initial reading of diagnostic tests assigned to him/her in a timely manner.

DIDACTICS

1. Participate in and deliver in at least one service wide conferences in a month as well as at least 1 other teaching learning activity in a month (not necessarily involving whole service)
2. Organize and conduct retina diagnostic conferences.
3. Attend all Retina Fellows' Forum organized by the VRSP and should present cases as assigned by the organizers.
4. Organize and actively take part in journal conferences.
5. The fellow is required to attend and actively participate in major local retina conferences.
6. Attendance and active participation in international conferences are highly encouraged.
7. Be involved in teaching residents, post-graduate interns, medical students (if applicable) and staff.
8. Maintain a log of all attended conferences, lectures delivered, journal clubs, research activities, publications, and meetings attended.

RESEARCH

1. The fellow is expected to participate in research activities as primary author.
2. Fellow is expected to finish and produce a manuscript of at least one of the following types of research as primary author
 - a. Descriptive studies with statistical analysis (e.g. observational analytical studies) except case reports and case series
 - b. Retrospective studies with statistical analysis except case reports and case series
 - c. Prospective studies (e.g. case control studies, cohort studies, randomized clinical trials)
 - d. Systematic review and meta analysis
3. Create at least 1 publication ready interesting case report.

VII. DUTIES AND RESPONSIBILITIES OF A SURGICAL RETINA FELLOW

In addition to the duties and responsibilities stated above, as deemed appropriate by the training officer and division chief, the surgical retina fellow should:

1. See all surgical retina patients in the retina clinic, receive urgent surgical referrals, perform in-patient rounds when applicable and participate in case presentations and discussions.
2. Make sure that the processes at the retina clinic proceed smoothly and that patients needing opinions from consultants are presented. Proper disposition should be carried out for every patient at the end of each consult.
3. Prepare all necessary materials and equipment for surgery. Along with the residents, the fellow should secure necessary clearances and work-up for the patient and coordinate with the operating room and consultant for the scheduling of cases.
4. Present treatment plans with the consultant-in-charge and discuss alternatives.
5. Conduct pre-operative and post op counselling with the patient and their relatives and secure the consent for surgery.
6. Assist in retina surgeries of their consultants.
7. Perform retinal surgeries as primary surgeon under the supervision of the retina consultant.
8. Maintain a surgical log of all procedures as primary surgeon and as assist. All surgeries should be acknowledged by the consultant in charge. The logbook will be provided by the VRSP.
9. Present surgical videos in their respective service conferences and VRSP as required by the program director
10. Work with various interprofessional team (see learning outcomes part C)

VIII. TOPICS TO BE UNDERTAKEN DURING FELLOWSHIP

- A. Anatomy and physiology of the vitreous and retina
- B. Pathophysiology of vitreo-retinal diseases
- C. Physical Examination Techniques
- D. Diagnostic Modalities
 - The fellow should be knowledgeable about the principles and interpretation of the following diagnostic modalities.
 - a. Ultrasonography
 - b. Fundus Photo, FA, FAF
 - c. OCT
 - d. OCTA
 - e. ICG
 - f. ERG, EOG, VEP
 - g. Color Vision, Contrast sensitivity
- E. Disease Conditions
 - The fellow should be knowledgeable and proficient in the physical findings, diagnostic findings, pathophysiology, and treatment modalities of the following disease conditions
 - a. Age- Related Macular Degeneration and other causes of Choroidal Neovascularization
 - b. Retinal Vascular Diseases
 - 1. Diabetic Retinopathy
 - 2. Diseases associated with cardiovascular disease
 - c. Retinal Vascular Diseases (less common)
 - d. Retinopathy of Prematurity
 - e. Choroidal Diseases
 - f. Myopia and Pathologic Myopia
 - g. Focal and Diffuse Choroidal and Retinal Inflammation
 - h. Congenital and Stationary Retinal Disease
 - i. Hereditary Retinal and Macular Dystrophies
 - j. Retinal Degenerations Associated with Systemic Disease
 - k. Systemic Drug-induced Retinal Toxicity
 - l. Retinal Detachment and predisposing lesions
 - m. Disease of the Vitreous and Vitreoretinal interface
 - n. Posterior Segment Manifestations of trauma
- F. Treatment Modalities
 - a. Laser Therapy for Posterior Segment Diseases
 - i. Photocoagulation
 - ii. Transpupillary Thermotherapy
 - iii. Photodynamic Therapy
 - b. Intravitreal Injections
 - c. Vitreoretinal Surgery
- G. Principles of low-vision management.
- H. Principles of intraocular tumor management.
- I. Surgical Retina Cases (minimum basic requirements):
 - a. Retinal detachment (simple and complicated)
 - b. Choroidal detachment

- c. Dropped-IntraOcular Lens
- d. Dislocated Lens
- e. Endophthalmitis
- f. Traction Retinal Detachments (e.g. Diabetic Retinopathy)
- g. Vitreous Hemorrhage
- h. Macular Hole
- i. Posterior pole trauma (including intraocular foreign body removal)
- j. Stage 4 / 5 retinopathy of prematurity
- k. Subretinal membrane dissection
- l. Macular schisis
- m. Simple combined phaco and vitrectomy cases
- n. Vitrectomy with combined scleral or iris-fixated IOL implantation cases
- o. Keratoprosthesis-assisted (combined penetrating keratoplasty) vitrectomy cases (optional: depending of availability of cornea and keratoprosthesis)

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IX. EVALUATION

A. EVALUATION OF FELLOWS

Based on the US Accreditation Council for Graduate Medical Education (ACGME), there are six domain areas wherein the retina fellow must demonstrate **competency**: (1) patient care, (2) medical knowledge, (3) professionalism and attitude, (4) practice based learning and improvement, (5) interpersonal and communication skills, (6) system-based practice. (Guerrero et al., 2012)

The core competencies are evaluated using the following tools:

EVALUATION TOOL	COMPETENCY DOMAIN	FREQUENCY	EVALUATORS
Retina Clinical Performance Rating Tool	1, 2, 3, 4, 5, 6	At least Semi Annual	Retina Faculty
ICO 360° Evaluation Tool (Palis et al., 2018)	1, 3, 4, 5, 6	Semi-annual	All Faculty, Peers, Hospital Staff, Patient, Self
Patient Satisfaction Questionnaire (Jagadeesan et al., 2008)	3, 5, 6	Annual (included in the 360°)	Patient, Companion
Practical / Oral Exam	2, 4	Annual	Retina Faculty
Written Exam	1	Semi-annual	Retina Faculty
Portfolio	4, 6	Continuous	Retina Training Team

Fellows are monitored daily by a consultant in each area of his active hospital duties: Retina Subspecialty Clinic (Retina Consultant on Duty), Eye Center (Retina Consultant Reader) and Operating Room (OR Consultant In Charge).

AREA	EVALUATION TOOL	FREQUENCY	EVALUATOR
Clinical Activities in: 1. Retina Clinic 2. Emergency Room 3. Ward Referrals	Clinical Performance Rating Tool for Retina Fellows	Semi annual	Retina Faculty
Eye Instrument Center	Portfolio, Log of Procedures, ICO Evaluation Tool for Pan Retinal Photocoagulation (Law et al., 2018)	Continuous	

Operating Room	OSCAR for Vitrectomy (Golnik et al., 2017) Scleral Buckling ICO Evaluation Tool for Intravitreal Injections (Kiew et al., 2021)	For all surgeries within minimum number required	
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CLINICS. In the Retina Subspecialty Clinic, the Retina Consultant physically visits the fellows on their assigned time and receives retina clinic referrals where the completeness of clinical history, accuracy of ocular examination, appropriateness of ancillary diagnostic procedures and their interpretations are checked to come up with the correct diagnosis and management.

WRITTEN EXAM. Retina Fellows are given major examinations twice a year, (one mid-year written exam and a year-end) exam consisting of a written, slides, practical and oral examination. The result of the examination is discussed by the program director and the fellow.

SURGICAL PERFORMANCE. Case and surgical presentations during retina service conferences are evaluated by the consultants who are present. Results are discussed by the consultant assigned or training officer with the fellow concerned.

OSCAR for Vitrectomy and Global Rating Assessment in Intraocular Surgery (GRASIS) evaluation forms are accomplished after surgery.

It is highly encouraged that all assessment tools be made electronically for accuracy, ease of use, and rapid collation at the end of the year. (Hasani et al., 2021)

In summary, the fellows level of competence are assessed using the following parameters:

- 1) Written, Practical and Oral Examinations
- 2) Retina In-Service Examinations (RISE)
- 3) Semi Annual Retina Clinic Evaluations
- 4) Direct Observation of Fellows Surgery and Patient Examinations
- 5) Review of Retina Logbook
- 6) The ICO 360° Evaluation (Palis et al., 2018)

FELLOWS' PORTFOLIO

All the results are recorded in the Fellows Progress Summary and kept in the Fellows Portfolio. This portfolio is used to monitor and record the fellows progress in each competency area.

The program director is responsible for maintaining the fellow's file, either in digital or hard copy format. The file also includes: application materials, for fellowship,



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letters of recommendation, evaluation, incident reports, exam scores, licenses, reflections, research paper, clinical case reports, surgical videos, lectures created, surgical log, portfolio, and other documents deemed important in the final evaluation of the fellow. This file is confidential and should be accessible only by the chairman, service chief, program director and the fellow.

B. EVALUATION OF FACULTY

The fellows are required to evaluate the faculty in an anonymous and confidential manner, annually. To keep these evaluations anonymous, the program director compiles the report that includes both objective data as well as subjective comments. The program director will submit the complied report to the service chief service chief who then relays any pertinent information to the individual faculty members.

The program director should also review the evaluations, faculty consultants. They can also discuss faculty performance and can offer constructive criticism to improve the caliber of teaching in the program.

C. PROGRAM EVALUATION

By the Fellows. The fellowship training program is also anonymously evaluated by the fellows semi-annually. A yearly informal review by the entire group of fellow is a helpful source of valuable feedback and areas of improvement.

Exit questionnaire and interviews by graduating fellows provides feedback regarding training, faculty and general issues in the department.

All information gathered are discussed formally by the training committee to help initiate program and curriculum changes.

By the Consultants. The training program should likewise evaluate the program annually. The survey focuses on strengths, weaknesses and suggestions for improvements in the program.

By the Alumni. The training program should also be evaluated by the graduates of the institution to further improve fellows preparation in the real world clinical scenarios. This can be done every 5-10 years as deemed necessary by the Program Director.

By a Retina Fellowship Accreditation Board. Upon the creation of a Philippine Retina Fellowship Accreditation Board, all fellowship programs shall be independently evaluated every three years.

X. PROGRAM DIRECTOR AND FACULTY

PROGRAM DIRECTOR

A. Qualifications

1. Diplomate of the Philippine Board of Ophthalmology.
2. Possess the required subspecialty expertise as well as documented educational and subspecialty training in medical and surgical retina.
3. Minimum of 5 years of private practice as retina specialist.
4. Member of good standing of Philippine Medical Association (PMA), Philippine Academy of Ophthalmology (PAO) and VRSP.
5. Be appointed in good standing, with part-time or full time consultant appointments as part of the staff of the training institution and/or affiliated institutions.
6. Must be able to ensure commitment to the fellowship training program.
7. Background in Education for Health Professionals is encouraged, but not required.

B. Duties and Responsibilities

1. Responsible for the general administration of the program.
2. Must ensure direct and adequate supervision of the fellow at all times.
3. Must provide the fellow with timely and reliable system for communicating with the program's faculty.
4. Should organize, establish and maintain an outstanding and stable learning environment for the development of the necessary knowledge and technical skill.
5. Must ensure documentation, evaluation and feedback of the fellow's progress.
6. Prepare an accurate report to the service chief regarding the faculty. The evaluation should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.
7. Implement grievance procedures and due process as stated in the institution's policies and procedures.
8. Provide a final evaluation for each fellow who completes the program. A review of the fellow's performance during the final period of education.
9. Mentoring of the fellow to ensure over-all well-being.

FACULTY

A. Number of Faculty

1. Each program should have at least 3 active faculty members with an additional minimum of 2 active faculty members per fellow for programs with more than one fellow.
2. Definition of Active faculty: able to devote 4 hours a week to fellowship training activities including but not limited to consults, conferences, surgical mentoring, research, administrative work



B. Qualifications

1. Diplomate of the Philippine Board of Ophthalmology.
2. Possess the required subspecialty expertise as well as documented education and subspecialty training in medical and surgical retina.
3. Minimum of 1 year of practice as a retina specialist.
4. Member of good standing of PMA, PAO, and VRSP.
5. Be appointed in good standing, with part-time or full time consultant appointments as part of the staff of the training institution and/or affiliated institutions.
6. Must be able to ensure commitment to the fellowship training program.
7. Basic knowledge in educational learning theories, instructional design, test construction, evaluation, and mentoring is encouraged, but not required.

C. Duties and Responsibilities

1. Demonstrate steadfast interest in the fellow's training
2. Aside from the Fellowship Program Director, there should be at least one full-time, or two part-time faculty, for every fellow in the program.
3. Support goals and objectives of the program.
4. Devote sufficient time for close supervision and teaching of fellow.
5. Discuss cases, give direct feedback, enhance and clarify clinical findings.
6. Supervise medical and surgical retinal patient care services.
7. Observe, supervise and assist surgeries for eventual independence in technique and intraoperative decisions.
8. Create evaluation tools for the fellow.
9. Evaluate fellows and communicate results in a timely manner.
10. Should be open to evaluation by peers and students.
11. Mentoring duties to the fellows.
12. Should undertake self-improvement and attend academic activities of the subspecialty societies, local and international.

OTHER PERSONNEL:

Administrative personnel (can be shared)

XI. RESOURCE REQUIREMENTS

The following resources are the basic requirements in starting a retina fellowship program.

A. FACILITIES

Retina Clinic

Visual Acuity Chart
Slitlamp Biomicroscope
Tonometer
Indirect Ophthalmoscope
Relevant Examination Lenses

Eye Center

Fundus Camera with Fluorescein and Indocyanine Green* Angiography capability
Optical Coherence Tomography
Laser Photocoagulator with LIO capability
B Scan Ultrasound
OCT Angiography*
Electrophysiology (not required to be hospital owned)

**Institution should endeavor to have these equipment onsite but if not available, a MOA should be executed with an institution with the equipment to allow fellow to utilize the equipment and read/interpret findings*

Operating Room

Standard Operating room equipment (Lights/Defibrillators, anesthesia machines) conforming to DOH Standards
Operating Microscope with assist scope
Video Monitor with recording capabilities
Posterior Vitrectomy Machine with Fragmatome
Phacoemulsification Machine
Retina Set/Scleral Buckle Set
Endolaser and Cryotherapy machine
Vitrectomy Lenses/ widefield viewing system
Relevant surgical peripherals and supplies including but not limited to (Gases, Heavy liquids, Oils, Forceps, Scissors etc)

Administrative Services

Facility for administrative functions including cabinets, computers etc to store relevant files (201 files, contracts, VRSP curriculum, etc)

B. LIBRARY RESOURCES

1. Journal Access – Fellows must have ready access to electronic retrieval of information (books and journals) from medical databases and/or online libraries.

2. Retina Books – Fellows must have access to a sizeable inventory of books from a library, either in the same institution or from another through a memorandum.
3. Ophthalmology Library – Fellows should have access to an institutional on-site, or a subscription to an online collection of ophthalmology and retina vitreous journals, texts, videos, and/ or audio tapes.

C. CLINICAL CASE RESOURCE REQUIREMENTS (MEDICAL)

Procedure	Recommended Number of Interpretations
Fundus Photo, Red-free Photo Fundus Auto Fluorescence	250 patients/fellow
Fluorescein Angiography (Fellow should be able to handle allergic reactions)	150 patients /fellow
Optical Coherence Tomography	500 patients/fellow
OCT Angiography*	50 patients/fellow
Ocular Ultrasonography (A and B scan)	100 eyes/fellow
Electrophysiologic studies	Must know 10/fellow
Indocyanine Green Angiography (ICG-A)*	10 patients/fellow
Radiologic Imaging Techniques: Xray, CT Scan, MRI	Must Know 10/program
Recommended number of patients seen at the OPD: 50 per month (new and follow-up)	

**Institution should endeavor to have these equipment onsite but if not available, a MOA should be executed with an institution with the equipment to allow fellow to utilize the equipment and read/interpret findings*

D. CLINICAL CASE RESOURCE REQUIREMENTS (SURGICAL) (50% home institution)

Procedure	Recommended Number
Scleral buckling as part of pars plana or as a separate procedure	20/fellow
Pars Plana Vitrectomy	100/fellow*
Intraocular Injections (anti-VEGF, steroid implant, neonatal anti-VEGF)	20 Adults/Fellow 2 Intravitreal Steroid Implant/Fellow 2 Neonatal Intravitreal Injection/Fellow
Pneumatic Retinopexy	5/fellow
Advanced Laser Photocoagulation , Macular Laser	20/fellow
Laser Indirect Ophthalmoscopy Treatment for retinopathy of prematurity	10 eyes/fellow
Laser Retinopexy	10/fellow
Focal Laser other than retinopexy	10/fellow

**The surgical case log of each fellow should reflect a broad and well-balanced distribution of core vitreoretinal procedures, including but not limited to diabetic vitrectomy, rhegmatogenous retinal detachment, complex retinal detachment, and macular surgery, to ensure comprehensive surgical competency upon completion of training.*

XII. REFERENCES

- Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R. A., Congdon, N., Jones, I., Ah Tong, B. A. M., Arunga, S., Bachani, D., Bascaran, C., Bastawrous, A., Blanchet, K., Braithwaite, T., Buchan, J. C., Cairns, J., Cama, A., Chagunda, M., Chuluunkhuu, C., Cooper, A., ... Faal, H. B. (2021). The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. *The Lancet. Global Health*, 9(4), e489. [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5)
- Congress, P. (2018, January). Philippine Qualifications Framework (PQF): Republic Act No. 10968. *Philippine Gazette*. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.officialgazette.gov.ph/downloads/2018/01jan/20180116-RA-10968-RRD.pdf>
- Fuller, J. C., & Woods, M. E. (2021). The Science of Learning: Why Learning Theories Matter in Graduate Medical Education. *HCA Healthcare Journal of Medicine*, 2(4). <https://doi.org/10.36518/2689-0216.1203>
- Golnik, K. C., Law, J. C., Ramasamy, K., Mahmoud, T. H., Okonkwo, O. N., Singh, J., Arevalo, J. F., & Golnik, K. C. (2017). The Ophthalmology Surgical Competency Assessment Rubric for Vitrectomy. *Retina (Philadelphia, Pa.)*, 37(9), 1797–1804. <https://doi.org/10.1097/IAE.0000000000001455>
- Guerrero, L. R., Baillie, S., Wimmers, P., & Parker, N. (2012). Educational Experiences Residents Perceive As Most Helpful for the Acquisition of the ACGME Competencies. *Journal of Graduate Medical Education*, 4(2), 176–183. <https://doi.org/10.4300/JGME-D-11-00058.1>
- Hasani, H., Khoshnoodifar, M., Khavandegar, A., Ahmadi, S., Alijani, S., Mobedi, A., Tarani, S., Vafadar, B., Tajbakhsh, R., Rezaei, M., Parvari, S., Shamsoddini, S., & Silbert, D. I. (2021). Comparison of electronic versus conventional assessment methods in ophthalmology residents; a learner assessment scholarship study. *BMC Medical Education*, 21(1). <https://doi.org/10.1186/S12909-021-02759-9>
- Jagadeesan, R., Kalyan, D. N., Lee, P., Stinnett, S., & Challa, P. (2008). Use of a standardized patient satisfaction questionnaire to assess the quality of care provided by ophthalmology residents. *Ophthalmology*, 115(4). <https://doi.org/10.1016/J.OPHTHA.2007.05.033>
- Kiew, S. Y., Yeo, I. Y. S., Golnik, K. C., Muriel-Herrero, M. A., Fuertes-Barahona, V., & Grzybowski, A. (2021). The Ophthalmology Surgical Competency Assessment Rubric for Intravitreal Injections (ICO-OSCAR:IVI). *Journal of Clinical Medicine*, 10(7). <https://doi.org/10.3390/jcm10071476>
- Kretz, A. M., deSante-Bertkau, J. E., Boland, M. V., Guo, X., & Collins, M. E. (2021). Teaching Ethics and Professionalism: A National Survey of Ophthalmology Residency Program Directors. *Journal of Academic Ophthalmology* (2017), 13(1), e82–e88. <https://doi.org/10.1055/S-0040-1722741>
- Law, J. C., Golnik, K. C., Cherney, E. F., Arevalo, J. F., Li, X., & Ramasamy, K. (2018). The Ophthalmology Surgical Competency Assessment Rubric for Panretinal Photocoagulation. *Ophthalmology. Retina*, 2(2), 162–167. <https://doi.org/10.1016/j.oret.2017.06.002>
- Palis, A. G., Golnik, K. C., Mayorga, E. P., Filipe, H. P., & Garg, P. (2018). The International Council of Ophthalmology 360-degree assessment tool: development and validation. *Canadian Journal of Ophthalmology. Journal Canadien d'ophtalmologie*, 53(2), 145–149. <https://doi.org/10.1016/J.JCJO.2017.09.002>
- Thapa, R., Khanal, S., Tan, H. S., Thapa, S. S., & van Rens, G. H. M. B. (2020). Prevalence,



Pattern and Risk Factors of Retinal Diseases Among an Elderly Population in Nepal: The Bhaktapur Retina Study. *Clinical Ophthalmology (Auckland, N.Z.)*, 14, 2109.

<https://doi.org/10.2147/OPTH.S262131>

Van Der Hem-Stokroos, H. H., Van Der Vleuten, C. P. M., Daelmans, H. E. M., Haarman, H. J. T. M., & Scherpbier, A. J. J. A. (2005). Reliability of the clinical teaching effectiveness instrument. *Medical Education*, 39(9), 904–910. <https://doi.org/10.1111/J.1365-2929.2005.02245.X>

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APPENDIX 1 Instructional Design for Retina Fellowship

OBJECTIVES	CONTENT	ACTIVITIES	DURATION	RESOURCES	EVALUATION
CORE CONTENT KNOWLEDGE					
<p>1. Master common and complex vitreous and retinal disease conditions and their complications.</p> <p>1.1. Discuss the clinical presentation of each condition in terms of retinal anatomy and physiology.</p> <p>1.2. Demonstrate expert knowledge of the pathophysiology of retinal diseases.</p> <p>1.3. Analyze complex retinal conditions by applying advanced knowledge of anatomy, physiology, and pathophysiology.</p>	<p>Epidemiology of vitreo-retinal diseases in the country and the world.</p> <p>Typical demographic features, clinical features, and differential diagnosis of vitreo-retinal diseases. (examples)</p> <ul style="list-style-type: none"> Diabetic Retinopathy Vaso Occlusive diseases Age-Related Macular Degeneration Macular Hole CSR ROP Vitreous hemorrhage Retinal Detachment <p>Uveitis</p> <ul style="list-style-type: none"> TB uveitis HIV/CMV retinitis <p>Tumors</p> <ul style="list-style-type: none"> Retinoblastoma Melanoma 	<ul style="list-style-type: none"> Exposure to patients at the outpatient clinics Didactic sessions (consultant rounds, case conferences, diagnostic conferences) Self-directed learning 	Whole duration of the fellowship program	<p>Clinical Areas</p> <ul style="list-style-type: none"> OPD ER Ward <p>Library (electronic and physical)</p> <p>Curated YouTube lectures</p> <p>Online Resources for Case Reports</p> <p>International Case presentations</p> <p>VRSP, Department, Division Conferences</p>	<p>Direct observation.</p> <p>Chart review</p> <p>Performance Rating Scale</p> <p>Written Exam</p> <p>Oral Exam</p>
<p>2. Be an expert in the evaluation of patients presenting with signs and symptoms of posterior segment pathology.</p> <p>2.1. Accurately gather essential information in the clinical history.</p> <p>2.2. Recognize pertinent signs and symptoms of retinal diseases.</p> <p>2.3. Display mastery of posterior segment evaluation skills.</p> <p>2.4. Record fundus findings through cartography.</p>	<p>Clinical History</p> <ul style="list-style-type: none"> Symptomatology of a patient with vitreo-retinal disease. Interview skills <p>Eye Examination</p> <ul style="list-style-type: none"> 5-point ophthalmologic exam Indirect ophthalmoscopy, slit lamp bio microscopy using contact and non-contact fundus lens Amsler Grid Color Vision testing 	<ul style="list-style-type: none"> Exposure to patients in the outpatient clinics, wards, and emergency room. Obtain a thorough and relevant clinical history from a patient. Perform systematic physical examination. Record and present clinical evaluation 	Whole duration of the fellowship program	<p>Clinical Areas: OPD, Ward, ER</p> <p>Indirect ophthalmoscope</p> <p>Slit-lamp</p> <p>90-D lens, Goldman 3-mirror lens</p> <p>Color-testing Device</p>	<p>Direct observation.</p> <p>Chart review</p> <p>Performance Rating Scale</p> <p>360° Evaluation</p> <p>Written Exam</p> <p>Oral Exam</p>
<p>3. Be proficient in the management of common and complex retinal diseases and its complications.</p> <p>3.1. Integrate case history, clinical findings, and diagnostic results to arrive at a complete and accurate diagnosis.</p> <p>3.2. Formulate an appropriate medical and/or surgical treatment plan for vitreo-retinal diseases based on current evidence and guidelines.</p> <p>3.3. Co-manage with other specialists and subspecialists.</p>	<p>Goals in the treatment of retinal diseases. Endpoints in management are equally important.</p> <p>Indications, advantages/disadvantages for both medical and surgical management options.</p> <p>Formulation of management options for vision-threatening retinal diseases with: (samples)</p> <ul style="list-style-type: none"> Macular edema Retinal ischemia Choroidal, retinal and iris neovascularization Vitreous hemorrhage Retinal detachment Macular detachment Macular hole Epi-retinal membrane Associated systemic 	<ul style="list-style-type: none"> Exposure to patients at the outpatient clinics Didactic sessions (consultant rounds, case conferences, diagnostic conferences, morbidity conferences) Self-directed learning 	Whole duration of the fellowship program	<p>Clinical Areas</p> <ul style="list-style-type: none"> OPD ER Ward <p>Library (electronic and physical)</p> <p>Online Resources for Case Reports</p> <p>VRSP, Department, Division Conferences</p>	<p>Direct observation by a consultant.</p> <p>Chart review</p> <p>Performance Rating Scale</p> <p>Oral Exam</p> <p>Morbidity logbook</p>

VITREO-RETINA FELLOWSHIP GUIDELINES 2023

OBJECTIVES	CONTENT	ACTIVITIES	DURATION	RESOURCES	EVALUATION
	diseases. <ul style="list-style-type: none"> Associated infection Communication and inter-professional collaboration skills				
4. Be proficient in discussing the clinical behavior of different vitreo-retinal conditions affecting the patient. 4.1. Explain the clinical presentation of each disease in terms of its anatomy, physiology, and biochemistry. 4.2. Explain the pathophysiology of the different vitreo-retinal disease.	Communication skills Presentation skills	Self-directed learning Exposure to consultants	Whole duration of the fellowship program	Textbooks, journals Online resources	Direct observation Oral Exam
5. Competent to accurately document of patient findings. 5.1. Maintain accurate and complete patient medical records.	Documentation skills (EMR, Database, Digital Photo Library) Ethics in record-keeping Data Privacy Act	Encoding and recording of patient data. Cloud storage of photos	Whole duration of the fellowship program	EMR Hospital Records Cloud-based Storage Registries	Chart reviews
6. Understands the role of preventive medicine and community ophthalmology in field of retina diseases. 6.1. Conceptualize health programs for the prevention of blindness from retinal diseases.	Epidemiology of preventable causes of blindness due to retinal diseases WHO programs for the prevention of blindness. Effective screening methods	Participation in a screening program for retinal disease (ex. diabetic retinopathy)	When the opportunity arises	WHO, DOH, NGO, other groups involved in blindness prevention	Direct observation Portfolio
TECHNICAL SKILLS					
7. Proficient in performing imaging and diagnostic studies on retina patients. 7.1. Perform B Scan ultrasonography, OCT imaging, and fundus photography. 7.2. Expertise in the interpretation of imaging and diagnostic tests. 7.3. Correlate diagnostic test results with clinical findings.	Indications for the tests. Retinal anatomy. Pathophysiology of retinal diseases. Diagnostic Tests <ul style="list-style-type: none"> Fundus photography B-scan ultrasonography Fluorescein Angiography Optical Computed Tomography ERG, EOG, VEP, dark adaptation 	<ul style="list-style-type: none"> Didactic sessions Self-directed learning Exposure to consultants Case presentation Direct performance of ultrasonography on a patient. Perform fundus photography and OCT. 	Whole duration of the fellowship program	Textbooks, Atlases Online resources FA machine B-Scan machine OCT machine	Direct observation Quality of images Fellows' portfolio
8. Proficient in performing surgical procedures and applying medical treatment for retinal diseases. 8.1. Proficient of posterior segment photocoagulation in more complicated retinal cases. 8.2. Competent in cryotherapy of retinal holes and other more complex retinal pathologies. 8.3. Competent in intraocular injection or implantation of a pharmacological agent. 8.4. Proficiency in the performance of vitreous-retinal procedures (ex. PPV,	<ul style="list-style-type: none"> Proper patient selection for the procedure Choice of treatment procedure for a particular pathology Recognition and management of intra- and post-operative complications of each procedure Pre- and post-operative care When to refer for co-management LASER TREATMENT <ul style="list-style-type: none"> Focal/grid macular treatment Pan retinal photocoagulation Laser Retinopexy Laser Indirect Ophthalmoscopy 	<ul style="list-style-type: none"> Process of formulating management & surgical plans Direct exposure to consultant case (surgery assist) Direct patient exposure. Direct performance of various retina procedures. Self-directed learning 	Whole duration of the fellowship program	<ul style="list-style-type: none"> Access to clinical areas: OPD, Ward, ER Access to Outpatient/ Eye center facilities Access to operating rooms and facilities Surgical video libraries (online) Textbooks: Ryan	Participation in pre-op conferences Direct observation Performance rating scale (OSCAR for PPV, PRP, injections) Oral Exams Written Exams

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OBJECTIVES	CONTENT	ACTIVITIES	DURATION	RESOURCES	EVALUATION
8.5. SB, External Drainage, Complicated IOL implantation) 8.6. Competent in providing pre and post-operative care. 8.6. Co-management of patients with other specialist and subspecialist	<ul style="list-style-type: none"> Cryotherapy SURGICAL Intravitreal injections/ implantation of a pharmacologic agent Pneumatic retinopexy Scleral buckling as a primary repair Pars plana vitrectomy with retinopexy Selection of appropriate tamponade agent. Membrane peeling and ILM peeling 				
9. Proficient in teaching and mentoring residents and/or medical students. 9.1. Competent in creating learning materials like lectures, quizzes. 9.2. Proficient in conducting case discussions, mini-lectures, journal club, etc.	<ul style="list-style-type: none"> Notes and tips on effective lecture delivery Teaching principles Public speaking skills Test Construction Evaluation Tools construction 	<ul style="list-style-type: none"> Small group discussions Lectures in conferences Clinics 	Whole duration of the fellowship program Scheduled lectures and didactic activities	Online Videos on effective teaching, public speaking, test construction, evaluation Division, Department, & VRSP Conferences	Direct observation Clinical Teaching Effectiveness Instrument (CTEI) 360° Evaluation
ATTITUDE AND PERSONALITY DEVELOPMENT COMPETENCIES					
10. Demonstrates effective interprofessional collaboration, teamwork, communication skills in the delivery of patient care. 10.1. Works effectively with other healthcare professionals to develop and implement patient care plans. 10.2. Communicates effectively with patients, families, and other healthcare professionals about the disease, prognosis, long term care so as to manage their expectations well. 10.3. Reflects on their own interprofessional collaboration, teamwork, and communication skills to identify areas for improvement.	Communication Skills Interprofessional Collaboration Skills Teamwork Skills	Self-introspection Self-directed learning Clinical patient exposure with various health professionals Multi-specialty/ interprofessional conferences	Whole duration of the fellowship program	Clinical Areas <ul style="list-style-type: none"> OPD ER Ward YouTube self-help videos on: <ul style="list-style-type: none"> techniques for effective communication orientation to interprofessional collaboration effective teamwork 	Direct observation 360° Evaluation Clinical Performance Rating Tool Patient Satisfaction Questionnaire
11. Demonstrates ability to network, coordinate, build linkages with other healthcare organizations in order to deliver the best possible care in a seamless and cost-effective way. 11.1. Identifies and develops relationships with key stakeholders in other healthcare organizations. 11.2. Facilitates communication and collaboration between healthcare	Identification of key stakeholders in other healthcare organizations. Effective networking skills	Direct observation on how to coordinate indigent patients who are: <ul style="list-style-type: none"> needing treatment in other institutions in need of financial aid from donors seeking rehabilitation assistance from NGOs needing similar care near their home (province) 	Whole duration of the fellowship program	Social Media connections Tri-Media contacts List of government institutions, non-government institutions, religious institutions, private individuals, eye health facilities, that can be sources of: <ul style="list-style-type: none"> funds technical 	Direct observation by faculty Patient Satisfaction Questionnaire

VITREO-RETINA FELLOWSHIP GUIDELINES 2023

OBJECTIVES	CONTENT	ACTIVITIES	DURATION	RESOURCES	EVALUATION
<p>professionals and different healthcare organizations.</p> <p>11.3. Develops and implements strategies to improve the coordination of care across different healthcare organizations.</p> <p>11.4. Reflects on the impact of their networking, coordination, and linkages on the delivery of patient care.</p>		<p>Institutionalizing a referral process.</p> <p>Organizing inter-hospital rounds or inter-organizational case discussions.</p>		<p>expertise</p> <ul style="list-style-type: none"> treatment facility home care needs continuing care 	
<p>12. Displays an ethical, dignified, respectful attitude when interacting with consultants, nurses, residents, students, members of the healthcare team, the patient, and family members.</p> <p>12.1. Demonstrates respect for the dignity and worth of all individuals, regardless of their position, role, or status.</p> <p>12.2. Adheres to the principles of ethical conduct, such as confidentiality, honesty, and integrity.</p> <p>12.3. Communicates in a clear, concise, and respectful manner.</p> <p>12.4. Is mindful of the impact of their words and actions on others.</p> <p>12.5. Reflects on their own interactions with others to identify areas for improvement.</p>	<p>Input on professionalism</p> <p>Ethics in the medical profession</p> <p>Communication Skills</p>	<p>Exposure to consultants</p> <p>Exposure to patients in the OPD, Ward, ER</p> <p>Self-Reflection</p> <p>Workshops on professionalism and self-development (when available)</p>	<p>Whole duration of the fellowship program</p>	<p>Clinical Areas</p> <ul style="list-style-type: none"> OPD ER Ward 	<p>Direct observation</p> <p>360° Evaluation</p> <p>Clinical Performance Rating Tool</p> <p>Patient Satisfaction Questionnaire</p>
<p>13. Understands nationalism, community-orientation, and social accountability.</p> <p>13.1. Explains how nationalism can influence the way that retina care is delivered in different countries.</p> <p>13.2. Discusses how community-orientation can help to improve the quality of retina care in underserved communities.</p> <p>13.3. Reflects on the social accountability of retina surgeons to ensure that their work is conducted in a way that benefits the community and</p>	<p>Updated on current events.</p> <p>Issues surrounding Universal Health Care Law</p> <p>PHILHEALTH issues.</p> <p>Community-oriented medical education</p> <p>Social Determinants of Health</p>	<p>Informal sharing of experiences and opinions on everyday issues.</p> <p>In-depth discussion of socio-economic-political issues affecting health care delivery.</p> <p>Discussion on the social determinants of health and the fellows' role in providing a solution.</p>	<p>Whole duration of the fellowship program</p>	<p>Social histories of indigent patients encountered.</p>	<p>Direct observation and social interactions.</p>

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OBJECTIVES	CONTENT	ACTIVITIES	DURATION	RESOURCES	EVALUATION
<p>society as a whole.</p> <p>14. Consistently upholds and follows the rule of law governing the ethical practice of medicine.</p> <p>14.1. Identifies and understands the ethical principles that govern the practice of medicine.</p> <p>14.2. Applies these principles to their own practice of medicine.</p> <p>14.3. Recognizes and avoids situations that could lead to ethical violations.</p> <p>14.4. Reports ethical violations that they observe.</p> <p>14.5. Reflects on their own ethical practice and identifying areas for improvement.</p>	<p>PAO Code of Ethics</p> <p>1948 Geneva Declaration</p> <p>International Code of Medical Ethics</p> <p>UN Declaration of Human Rights</p> <p>Helsinki Declaration</p> <p>CONCEPTS AND LAWS: Informed Consent Confidentiality Autonomy Non-maleficence Beneficence Justice</p>	<ul style="list-style-type: none"> Mentoring thru direct exposure to experienced consultants and other healthcare members who can provide guidance and support on ethical issues. Case studies that illustrate ethical dilemmas in the practice of retina surgery. Role-playing exercises dealing with real world ethical dilemmas. Attend Ethics Workshops 	<p>Whole duration of the fellowship program</p>	<p>YouTube videos on ethics</p> <p>Digital copies of the various declarations</p> <p>Clinical cases seen in the OPD, Ward, ER.</p> <p>Articles in newspapers (local and international)</p>	<p>Direct observation</p> <p>360° Evaluation</p> <p>Clinical Performance Rating Tool</p> <p>Patient Satisfaction Questionnaire</p> <p>Incident Reports</p>

APPENDIX 2

Sample Evaluation Tools for Ophthalmology

FIGURE 1. Patient satisfaction form, section 1 & 2. (Jagadeesan et al., 2008)

Ophthalmology Volume 115, Number 4, April 2008

SECTION 1: Below are some things people say about medical care. Please read each one carefully, keeping in mind the medical care you (*the patient*) are receiving now at the **Duke Eye clinic**. We are interested in your feelings, good and bad, about the medical care you (*the patient*) have received.

How strongly do you AGREE or DISAGREE with each of the following statements?

(Circle One Number on Each Line)

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. My Duke Eye clinic doctor is good about explaining the reason for medical tests (PSQ-18. Q1)	1	2	3	4	5
2. My Duke Eye clinic doctor acts too businesslike and impersonal towards me (PSQ-18. Q10)	1	2	3	4	5
3. My Duke Eye clinic doctor treats me in a very friendly and courteous manner (PSQ-18. Q11)	1	2	3	4	5
4. My Duke Eye clinic doctor sometimes ignores what I tell them (PSQ-18. Q13)	1	2	3	4	5
5. My Duke Eye clinic doctor acts professional at all times (new question)	1	2	3	4	5
6. I think my Duke Eye doctor's office has everything needed to provide complete medical care (PSQ-18. Q2)	1	2	3	4	5
7. Sometimes Duke Eye clinic doctors make me wonder if their diagnosis is correct (PSQ-18. Q4)	1	2	3	4	5
8. When I go for medical care at the Duke Eye clinic , they are careful to check everything when treating and examining me (PSQ-18. Q6)	1	2	3	4	5
9. I have some doubts about the ability of the Duke Eye clinic doctors who treat me (PSQ-18. Q14)	1	2	3	4	5

Figure 1. The Duke Eye Clinic Patient Satisfaction Questionnaire. CAHPS ACQ = Consumer Assessment of Health Plans Survey Ambulatory Care Questionnaire; HMO = health maintenance organization; PPO = preferred provider organization; PSQ-18 = Patient Satisfaction Questionnaire Short-Form; VA = Veterans Administration.

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SECTION 2: For the following section, consider the medical care you have received at the **Duke Eye clinic** in the last 12 months. Please answer all the questions by checking the box to the left of your answer.

10. In the last 12 months, when you called the **Duke Eye clinic** during regular office hours, how often did you get the help or advice you needed? (CAHPS ACQ. Q15)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice during regular office hours in the last 12 months

11. In the last 12 months, how often did you get an appointment for regular or routine health care in the **Duke Eye clinic** as soon as you wanted? (CAHPS ACQ. Q17)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't need an appointment for regular or routine care in the last 12 months

12. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care in the **Duke Eye clinic** as soon as you wanted? (CAHPS ACQ. Q19)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't need care right away for an illness or injury in the last 12 months

13. In the last 12 months, when you arrived for your appointment at the **Duke Eye clinic**, how often was it easy for you to locate the clinic

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ I didn't need to go to the clinic; it was a lab-only visit

If Never or Sometimes, I had trouble due to:

- ☐ Could not find parking space
- ☐ Directions to facility were unclear or confusing
- ☐ Inaccessible to handicapped patients
- ☐ Directions to appointment location were unclear
- ☐ Clinic has moved since the last time I was here
- ☐ Other _____

14. In the last 12 months, how often did you wait in the **Duke Eye clinic** more than 15 minutes past your appointment time to see the person you went to see? (CAHPS ACQ. Q24)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months

15. In the last 12 months, how often did office staff at the **Duke Eye clinic** treat you with courtesy and respect? (CAHPS ACQ. Q25)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months

If Never or Sometimes, please specify

who did not treat you with courtesy and respect.

Check all that apply:

- ☐ Service representative(s) at check in/check out
- ☐ Clinic financial representative
- ☐ Billing account representative
- ☐ Lab technician
- ☐ Nurse
- ☐ Provider
- ☐ Other _____

16. In the last 12 months, how often were office staff at the **Duke Eye clinic** as helpful as you thought they should be? (CAHPS ACQ. Q26)

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months

Overall the clinic staff (doctors, nurses, receptionist, etc.) seemed to work well together as a team.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 12 months, how often did you feel valued and appreciated as a patient at **Duke Eye clinic**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months

18. Would you return as a patient to the **Duke Eye clinic** should the need arise?

- ☐ Yes
- ☐ No
- ☐ Undecided

19. We want to know your rating of all your health care in the last 12 months from the **Duke Eye clinic**. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care? (CAHPS ACQ. Q31)

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ I had no visits in the last 12 months

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FIGURE 2. Partial image capture of the ICO-Ophthalmology Surgical Competency Assessment Rubric (OSCAR) for Vitrectomy. (Golnik et al., 2017)

Date: _____	Trainee		Evaluator		
	Novice (Score = 2)	Beginner (Score = 3)	Advanced Beginner (Score = 4)	Competent (Score = 5)	NA*
1. Draping	Unable to start draping without help.	Drapes with minimal verbal instruction. Incomplete lash coverage or unable to keep out moisture from viewing lens.	Lashes mostly covered, drape at most minimally obstructing view. Lid speculum in good position with good exposure. Moisture collects minimally on viewing lens.	Lashes completely covered and clear of incision site, drape not obstructing view. Lid speculum maintains good exposure and there is little to no moisture on viewing lens apparatus.	
2. Trocar placement—positioning	Unable to create wounds at correct distance for phakic or pseudo/aphakic eyes. Conjunctiva is not adequately displaced. Trocars are closer than "10 and 2" o'clock. Dominant hand is used to place all 3 trocars.	Creates wounds 3.0 mm (pseudo/aphakic) or 3.5 mm (phakic) from the limbus. Conjunctiva is not adequately displaced some of the time. Trocars are at least "10 and 2" o'clock apart. Dominant hand is frequently used to place all 3 trocars.	Creates wounds 3.0 mm (pseudo or aphakic) or 3.5 mm (phakic) from the limbus while adequately displacing conjunctiva. Countertraction is adequate some of the time with a second instrument. Trocars are placed comfortably for proper access to the macula or pathology, at least "10 and 2" o'clock apart. Right hand is used to place right side trocars and left hand is used to place left side trocars most of the time.	Consistently creates wounds 3.0 mm (pseudo or aphakic) or 3.5 mm (phakic) from the limbus while adequately displacing conjunctiva. Right hand is used to place right side trocars and left hand is used to place left side trocars every time.	
3. Trocar placement—beveled wounds	Unable to create beveled wounds in normotensive eyes and normal scleral thickness. The globe is severely torqued or rotated.	Inconsistently creates beveled wounds in normotensive eyes and normal scleral thickness. The globe is somewhat torqued or rotated.	Smoothly creates beveled wounds in normal eyes but has difficulty with low-pressure eyes or thick sclera and often causes torquing or globe rotation.	Consistently creates beveled wounds even in low-pressure eyes or thick sclera with minimal torquing or globe rotation.	
4. Infusion placement	Connects the infusion to the inferotemporal cannula without checking positioning.	Visualizes the cannula tip but does not observe its position while turning on infusion, risking infusion into subretinal space or cannula touching the crystalline lens. Ensure the infusion line is fluid filled before it is turned on.	Visualizes the cannula while turning on infusion: being sure the tip did not reposition to subretinal space or touch the crystalline lens most of the time. Unable to identify situations when a 6-mm infusion tip or anterior chamber maintainer is needed.	Uses a 6 mm infusion tip or anterior chamber maintainer as needed.	

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RETINA, THE JOURNAL OF RETINAL AND VITREOUS DISEASES • 2016 • VOLUME 0 • NUMBER 0

FIGURE 3. ICO-OSCAR for Pan Retinal Photocoagulation. (Law et al., 2018)

Date: _____ Resident _____ Evaluator _____	Novice (Score = 2)	Beginner (Score = 3)	Advanced Beginner (Score = 4)	Competent (Score = 5)	Not Applicable; Done by Preceptor (Score = 0)
Laser safety and procedure preparation					
1	Laser radiation safety	No safety sign posted or indicator turned on.	Laser radiation safety sign posted or indicator light turned with prompting.	Inconsistently posts laser radiation safety sign or indicator light turned on without prompting.	Consistently posts without prompting laser radiation safety sign or turns on indicator light.
2	Safety goggle choice	Does not offer goggles to bystanders (observers and assistants).	Offers goggles to observers and assistants, but may need prompting and may not know the appropriate goggle for the specific laser wavelength.	Can identify the correct goggle wavelength to use but <u>inconsistently</u> offers goggles to all bystanders (observers and assistants).	Can identify the correct goggle wavelength to use and <u>consistently</u> offers goggles to all bystanders (observers and assistants).
3	Lens choice	Cannot choose appropriate lens.	Chooses appropriate lens with prompting or guidance.	Is unable to choose other lenses in different circumstances or in mid treatment.	Changes lenses mid treatment depending on circumstances.
4	Contact lens preparation	Does not choose a coupling agent.	Applies a coupling agent, but will get <u>numerous</u> bubbles in the well.	Can use a variety of coupling agents with <u>minimal</u> bubbles in the well.	Places coupling agent in the well with minimal to no bubbles and does not lose any during transfer to the eye.
Laser procedure					
5	Site verification	Shows unawareness of site verification.	Verifies laterality but does not mark the eye.	Verifies correct eye and marks properly <u>most of the time</u> .	Verifies correct eye and marks properly <u>every time</u> .
6	Anesthesia	Does not instill anesthetic drop.	<u>Inconsistently</u> instills anesthetic drop or ensures eye is numb if significant time has passed with prompting.	<u>Consistently</u> ensures eye is numb and reappplies anesthetic as needed.	Offers alternatives such as peribulbar or retrobulbar anesthesia or oral medications as needed.
7	Contact lens placement	Has multiple unsuccessful attempts at positioning contact lens on the eye; often causes corneal abrasions or loses coupling agent.	Places contact lens on eyes with large palpebral fissures or floppy eyelids without difficulty, but may have significant air bubbles; occasionally may cause a corneal abrasion or lose coupling agent.	Places contact lens on eyes in setting of some eyelid squeezing or a moderately small palpebral fissure. Removes air bubbles by tilting lens, massage, or putting pressure on the eye.	Does not lose coupling agent during transfer to an eye with strong squeezing reflex or small palpebral fissure.
8	Laser spot size	Is unsure of lens magnification and does not adjust laser spot size for chosen lens.	Aware of varying lens magnifications but needs assistance to adjust laser spot size for chosen lens.	Rarely needs assistance to achieve 400- to 500- μ m final spot size with 3-mirror lens (500 μ m) or wide-field lens (200- to 300- μ m setting).	No difficulty adjusting the laser spot size if lens magnification changes mid-treatment.
9	Power setting	Is unsure of appropriate initial power settings and how or when to adjust. Does not know the unit of power.	Knows the unit of power and starts at 100 mW, but does not know to titrate power in small increments to achieve a grey-white burn.	Knows how to change the energy setting on the laser and starts at 100 mW and slowly titrates up the energy in small increments to achieve a grey-white burn <u>with some hesitation</u> .	Starts at 100 mW and knows how to titrate energy level to achieve a grey-white burn based on clarity of ocular media and fundus pigmentation <u>without hesitation</u> . No difficulty retitrating the laser energy if lens magnification changes mid treatment.
10	Exposure setting	Cannot change the laser exposure setting on the laser and does not know unit for exposure.	Can change the laser exposure on the laser and starts between 100 and 200 ms.	Can change the laser exposure and starts between 100 and 200 ms, and knows when to adjust up or down <u>with hesitation</u> .	Starts with 100- to 200-ms laser exposure and increases or decreases <u>without hesitation</u> while adjusting laser power for optimal burn intensity.

Law et al. • Surgical Competency for PRP

FIGURE 4. ICO-OSCAR for Intravitreal Injections. (Kiew et al., 2021)

Appendix A

Table A1. ICO-Ophthalmology Surgical Competency Assessment Rubric for Intravitreal Injections (ICO-OSCAR:IVI).

ICO-Ophthalmology Surgical Competency Assessment Rubric for Intravitreal Injections (ICO-OSCAR:IVI)					
Date Clinician Evaluator	Novice (Score = 2)	Beginner (Score = 3)	Advanced Beginner (Score = 4)	Competent (Score = 5)	Not Applicable. Done by Preceptor. (Score = 0)
PRE-PROCEDURE CONSIDERATIONS:					
1 Preprocedure checklist -Patient identity -Consent validity -Allergies -Pre-existing glaucoma -Site (Right/Left/Both) -Procedure -Drug/Dose -Site Marking	Does not check consent validity; patient identity, site, procedure, or drug before beginning. Site not marked or wrong site marked.	Requires prompting to complete checklist. Site marking completed.	Performs checklist without prompting; no more than one item incomplete/missed. Site clearly marked.	Performs complete checklist without prompting. Confirms patient identity using 2 identifying factors. Confirms procedure, site, drug, and dose with patient. Site clearly marked with surgical marker.	
2 Preprocedure examination (Ocular surface and adnexal examination)	No examination done before beginning procedure.	Requires prompting to complete this step. Misses red-flag signs.	Examines eye and lids/lashes without prompting. Red-flag signs such as injection, lid swelling, and inflammation noted, but unsure of appropriate action.	Examines eye and lids/lashes for contraindications. Does not proceed if any injection or swelling/inflammation noted and prompts clinician review.	
3 Positioning	Needs prompting to position patient correctly. Unaware of correct position.	Needs prompting to position patient correctly. Aware of correct position but does not position patient correctly.	Positions patient comfortably in patient's preferred position with assistance.	Patient positioned comfortably in patient's preferred position for the procedure. Where optimal head positioning not possible, trainee is able to perform procedure competently even in difficult head positions, or in a slit-lamp.	
4 Application of local anesthetic (topical/subconjunctival)	Does not apply anaesthetic without prompting. Unsure of when, what type, and how much medication to be used.	Does not require prompting to anaesthetize eye. Poor eyedrop technique or inadequate local anaesthetic given.	Requires minimal instruction. Adequate eyedrop technique, and an appropriate amount of local anaesthetic given.	Correctly applies a suitable amount of an appropriate local anaesthetic agent.	
5 Skin Cleaning (optional) Draping (optional) Speculum Use (optional) Conjunctival preparation and asepsis	Unable to clean without help. Does not use lid speculum appropriately.	Cleans with minimal verbal instruction/prompting. Unsure or incorrect insertion of speculum or any other effective way to avoid lid closure.	Cleans without prompting; misses some areas. Correct use of drape where indicated and speculum or alternative method of ensuring eyelashes are everted and adequate exposure of injection site.	Instills 5% povidone-iodine to conjunctival fornix over at least 30 s, after appropriate local anesthesia. Topical chlorhexidine solution used for patients with local irritation/allergy to povidone-iodine.	