

Residents only meeting

James Oliver

ERC Chair

21.05.21

*****MEETING WILL BE RECORDED*****

Representation

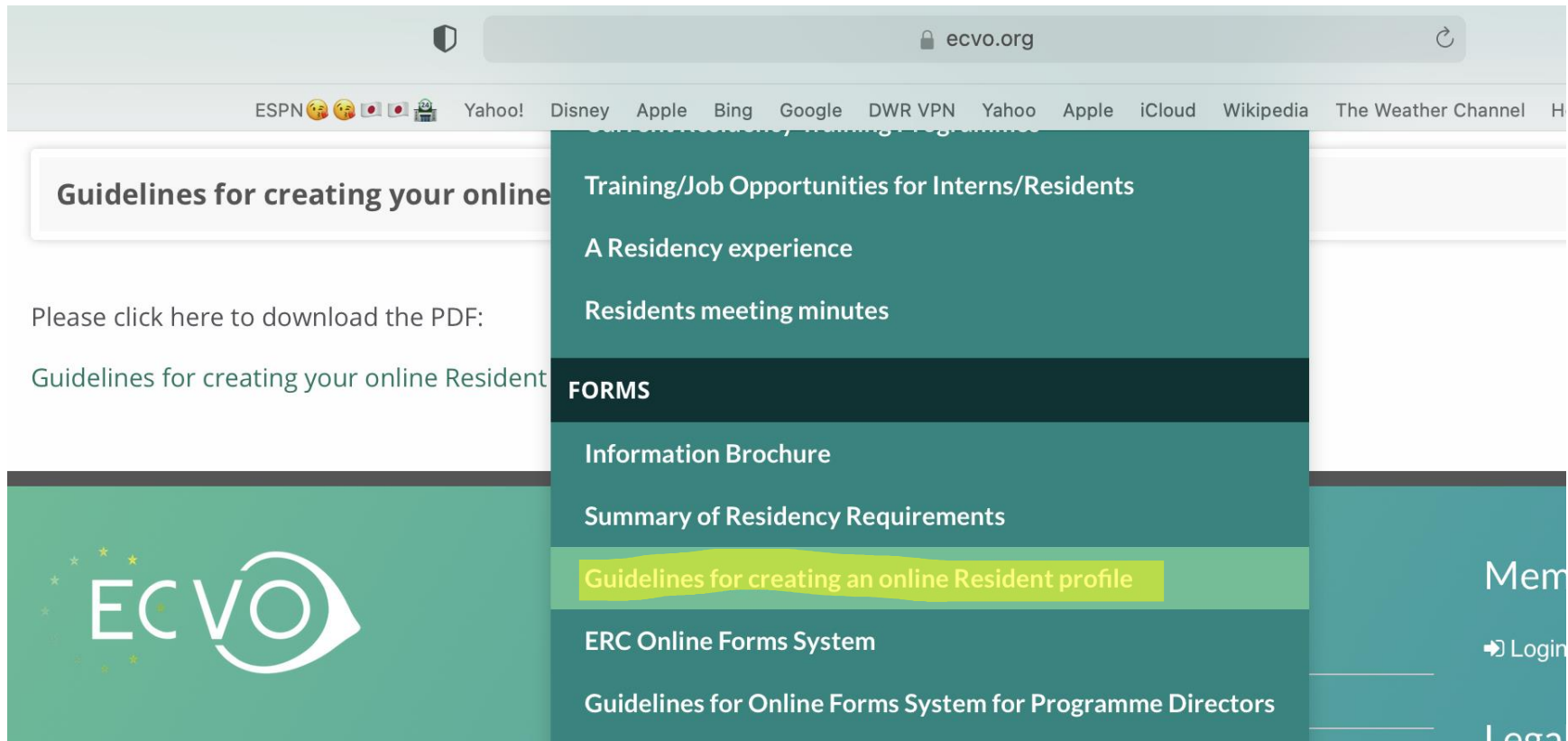
- Residents
- Education & Residency Committee
- Examinations Committee
- Communications Committee
- Credentials Committee
- Executive Committee

Agenda

- Access to online forms
- How to (correctly) fill out the online forms
- Questions & discussion to any represented committee

Access to online forms system

- Communications Committee
- Create resident profile (photo, biography & contact info)
- Email ecvoweb@hotmail.co.uk



The screenshot shows a web browser window with the URL ecvo.org. The browser's address bar and tabs are visible at the top. The main content area features a navigation menu on the right side, which is currently open. The menu items are:

- Training/Job Opportunities for Interns/Residents
- A Residency experience
- Residents meeting minutes
- FORMS**
- Information Brochure
- Summary of Residency Requirements
- Guidelines for creating an online Resident profile** (highlighted in yellow)
- ERC Online Forms System
- Guidelines for Online Forms System for Programme Directors

On the left side of the page, there is a link for "Guidelines for creating your online Resident profile" and a text prompt: "Please click here to download the PDF: Guidelines for creating your online Resident profile". The ECVO logo is visible in the bottom left corner of the page.


forms2018.ecvo.org

The screenshot shows a web browser window with the address bar containing "forms2018.ecvo.org". The browser's bookmark bar includes links to ESPN, Yahoo!, Disney, Apple, Bing, Google, DWR VPN, and others. The website's header features the ECVO logo, which consists of the letters "ECVO" in a stylized font with a circular graphic element. Below the header, a dark grey banner contains the text "Welcome to the ECVO Forms-System". A white box below the banner displays the text "Not logged in".

Login

Please Log in

1) Please select the desired form system (ERC forms or Re-evaluation form):

ECVO ERC forms-system 

2) Please enter your login details:

Login:

Password:

Login

[Forgot password?](#)

General form

[General form](#)[Species case entry](#)[Daily surgery log](#)[Summary surgery log](#)[HED case log](#)[Training entry](#)[Presentation log](#)[Research project](#)[Programme evaluation](#)[Progress evaluation](#)[Summary](#)[Signature forms](#)[Application/Review](#)[ERC reviewers - add/view](#)[ERC online evaluation center](#)[Change year](#)

General form

This form is locked.

Resident	Tom Large		
Programme start date	03-Jun-2019	Programme end date	02-Jun-2023
Following which IB:	2019	following a	RRTP
Programme director	James Oliver	Institution	Dick White Referrals
Supervisor(s) Note: All listed supervisors must have been pre-approved by the ERC	Ben Blacklock, Rachel Pittaway, Jane Sansom, Olivier Taeymans, Freddie Corletto, Georgina Fricker, Christiane Kafarnik	Year of residency	1
		Last year?	no

Species case entry

Species case entry

This form is locked.

Species	Primary exams year 1	Re-exams year 1	Total year 1	Total	Minimum required / year
Avian *	13	0	13	13	20
Bovine *	0	0	0	0	10
Canine	364	528	892	892	700
Caprine, ovine & new world camelids *	0	0	0	0	10
Equine *	2	0	2	2	40
Feline	81	91	172	172	150
Other exotic animals *	0	0	0	0	optional
Porcine *	0	0	0	0	optional
Primates *	0	0	0	0	optional
Rabbits *	5	3	8	8	15
Reptiles & amphibians *	5	2	7	7	5
Rodents *	17	0	17	17	15

*: Can include cases examined under diplomate supervision that do not present any ocular abnormality.

Daily surgery log

Daily surgery log

This form is locked.

Cont. #	Date	Type of patient	Clinic case #	Species	Please specify	Diagnosis	Eye	Surgical procedure	Specific procedure / additional procedure(s)	Supervisor	Level
159	09-Jun-2020	Clinical Patient	1060339	Canine		Pigmented lower eyelid mass.	Right eye	Adnexa -V/4sided-resection, V-Y-plasty	4 sided wedge resection to remove mass. Primary closure with figure of eight suture.	Fricker	2
158	14-Jun-2020	Clinical Patient	1063813	Canine		Suspected retrobulbar foreign body. Exophthalmos and retrobulbar abscessation.	Right eye	Orbit & Globe - Orbitotomy (temporal)*	Temporal orbitotomy- Rachel Hattersley BVetMed(Hons) CertSAS DECVS MRCVS performed the surgery at Dick White Referrals and I assisted.	James Oliver	1
154	16-Jun-2020	Clinical Patient	1063824	Canine		Spontaneous chronic corneal epithelial defect (SCCED).	Left Eye	Cornea - Keratoplasty	Superficial keratectomy.	James Oliver	2
153	16-Jun-2020	Clinical Patient	1063648	Canine		Stromal abscess and associated indolent corneal ulcer.	Left Eye	Cornea -Grafting procedure	Superficial keratectomy plus local deeper keratectomy at site of stromal abscess to deride and remove abnormal tissue. Conjunctival pedicle graft placed into deeper portion of corneal defect.	James Oliver	2
152	16-Jun-2020	Clinical Patient	1063608	Canine		Diabetic cataract.	Left Eye	Lens extraction - Phacoemulsification	Phacoemulsification and placement of an artificial intraocular lens.	James Oliver	1
151	16-Jun-2020	Clinical Patient	1063605	Canine		Diabetic cataract.	Right eye	Lens extraction - Phacoemulsification	Phacoemulsification and placement of an artificial intraocular lens.	James Oliver	1

Daily surgery log

- Avoid acronyms, use recognized terms in English
- Do not list non surgical procedures
 - Diamond burr debridement & other keratotomies
 - Intravitreal gentamicin injections
 - Tacking sutures
- Non-listed procedures should be listed as 'other'
- Only one surgical entry per condition
- Not necessary to list supervisor for Level 3
- List cadaver surgeries and training appropriately

Cadaver surgeries and training

60	18–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneoconjunctival transposition in a cadaver eye.	None	3
59	18–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneal laceration repair in a cadaver eye.	None	3
58	18–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneoconjunctival transposition in a cadaver eye.	None	3
57	18–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneoconjunctival transposition in a cadaver eye.	None	3
56	29–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneoconjunctival transposition in a cadaver eye.	James Oliver	2
55	29–Nov–2019	Cadaver/Cadaver eye	1	Porcine	surgical training	Right eye	Other – Specify	Corneoconjunctival transposition in a cadaver eye.	James Oliver	2
54	18–Oct–2019	Cadaver/Cadaver eye	1	Canine	RVC Resident's Glaucoma Surgery Training Day	Right eye	Glaucoma – Cyclodestructive technique	Endoscopic laser	None	3
53	18–Oct–2019	Cadaver/Cadaver eye	1	Canine	RVC Resident's Glaucoma Surgery Training Day	Right eye	Glaucoma – Cyclodestructive technique	Endoscopic laser	Kafarnik	2
52	18–Oct–2019	Cadaver/Cadaver eye	1	Canine	RVC Resident's Glaucoma Surgery Training Day	Right eye	Glaucoma – Cyclodestructive technique	Endoscopic laser	Kafarnik	1

Summary surgery log

Summary surgery log

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	Year 1			Total			ERC recommendations		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Lens extraction									
- ICLE and ECLE techniques*	0	0	0	5	1	0	5	5	(5)
- Phacoemulsification	15	0	0	26	6	0	10	10	(5)
Cornea									
- Keratoplasty	10	6	6	10	7	11	10	10	10
- Corneal laceration repair	2	0	1	3	0	1	3	3	3
- Grafting procedures	8	1	0	14	7	4	5	5	15
Glaucoma*									
- Filtering techniques	3	1	1	3	1	1	1	1	1
- Cyclodestructive techniques	3	2	1	3	2	1	1	1	1
Adnexa									
- Celsus-Hotz, Y-V-plasty	2	2	2	4	2	4	2	2	10
- V/4sided-resection, V-Y-plasty	3	4	0	3	4	7	2	2	10
- Upper lid trichiasis/entropion	0	0	0	0	0	0	3	3	6
- Reduction of palpebral fissure	6	2	3	8	2	9	2	2	4
- Reconstruction of eyelid	2	1	0	2	2	2	2	2	4
- Ectopic cilia (any surgical technique)	2	1	1	3	2	3	2	2	2
- Distichiasis (any surgical technique)	2	1	6	8	1	10	2	2	2
Lacrimal									

Summary surgery log

Other surgeries not listed

- Corneal foreign body removal under general anaesthesia.	0	1	0	0	1	0	0	0	0
- Corneal laceration repair in a cadaver eye.	0	0	1	0	0	1	0	0	0
- Corneoconjunctival transposition in a cadaver eye.	0	2	3	0	2	3	0	0	0
- Dissection of conjunctival cyst and revision of left enucleation wound.	0	0	0	1	0	0	0	0	0
- Eyelid mass very small and removed with sharp dissection. Left to heal by secondary intention.	1	0	0	1	0	0	0	0	0
- Had bilateral PDT but left stopped producing saliva after a few weeks. Revision surgery included dissecting the conjunctival papilla in case of external stenosis by fibrotic tissue. The site of the facial wound was also explored and cystic dilation of the parotid duct was found which communicated with the papilla.	0	0	0	0	1	0	0	0	0
- Removal of corneal foreign body with two insulin needles under operating microscope.	0	0	0	0	0	1	0	0	0
- Scleral biopsy and insertion of a sub-conjunctival ciclosporine implant at same site	0	0	0	1	0	0	0	0	0
- Scleral biopsy and insertion of a sub-conjunctival cyclosporine implant	0	0	0	1	0	0	0	0	0
- Scleral biopsy. Electrocautery used. Conjunctiva overlying biopsy site sutured.	1	0	0	1	0	0	0	0	0
- Thermocautery was applied to the posterior aspect of third eyelid cartilage to correct eversion.	0	0	0	0	1	1	0	0	0
- Wound breakdown following previous bilateral Grussendorf procedure. Wounds were surgically debrided and resutured where necessary.	1	0	0	1	0	0	0	0	0

HED case log

HED case log (Only to be completed by residents commencing RTPs on or after 1st June 2019)

This form is locked.

Disease	Number of official HED examinations (canine)	Number of clinical patients (canine)	Number of clinical patients (feline)	Use of photopgraphic slide material (canine and feline)	Total
No abnormalities listed below detected (official HED examinations only)	27	0	0	0	27
Microphthalmia	0	6	0	5	11
Cataract, complete	0	11	0	0	11
Cataract posterior cortical, including posterior polar	1	15	1	0	17
Cataract, anterior cortical / subcapsular	0	43	5	1	49
Cataract, anterior suture lines	0	1	0	0	1
Cataract, other (e.g. suture tips, equatorial)	0	2	0	0	2
Cataract, nuclear	0	19	0	10	29
Lens (sub)luxation	0	31	1	0	32
Asteroid hyalosis	0	21	0	0	21
Vitreous in anterior chamber	0	18	8	0	26
PHTVL/PHPV grade 1-6	0	2	0	9	11
Retinal detachment, Complete	0	8	1	0	9

HED case log

- Demonstrate ability to recognize all listed diseases
- Include
 - Official HED examinations (e.g. ECVO, BVA/KC, OFA)
 - Minimum 15 per year
 - Clinical patients
 - Photographic material
- Practice filling in ECVO HED forms

Training entry

- Journal club & Book club
 - Combined minimum 64 hours per year
- Anaesthesiology, Pathology & Diagnostic imaging
 - Minimum period to be logged is 15 mins (0.25 hours)
 - Minimum 12 hours per 12 months
 - Focused on CLINICAL CASES (or tissues thereof)
 - Can include patient discussions and clinical rounds (anaesthesia and DI)
 - Journal club, seminars, courses and lectures should NOT REPLACE training

Training entry

Training entry

This form is locked.

Training Field	Duration year 1	Total
anaesthesiology	12.25	12.25
book review	42	42
diagnostic imaging	12.75	12.75
journal club	30.5	30.5
ocular histopathology	14.75	14.75

Day	Type of training	Please specify	Duration of training (in hours)	Diplomate(s) present Select multiple: PC: ctrl+click Mac: Apple+click
10-Jun-2019	ocular histopathology		1	Rachel Pittaway
07-Jun-2019	book review		1	James Oliver
07-Jun-2019	journal club		1	James Oliver
14-Jun-2019	book review		2	Ben Blacklock
28-Jun-2019	journal club		1	James Oliver
12-Jul-2019	book review		1	Ben Blacklock
12-Jul-2019	journal club		1	Ben Blacklock
19-Jul-2019	book review		1.5	James Oliver
19-Jul-2019	journal club		0.5	James Oliver

Presentation log

- Minimum of 1 oral presentation and 1 poster presentation (or 2 oral presentations) at ECVO/ACVO during RTP
- Minimum of 2 additional presentations per year
 - Other conferences
 - Presentations to faculty
 - Seminars to students, interns, residents
 - Continuing education to general practitioners

Presentation log

Presentation log

This form is locked.

Date	Title of presentation	Type of presentation	Type of audience	No in attendance	Length of presentation
12-Jul-2019	Fundic examination for the uninitiated	In house presentation	Residents	11-50	<30 min
08-Oct-2019	'Fun in the fundus'	Continuing educ. course (Natl.)	General practitioners	51-100	30-60 min
10-Jan-2020	'Vitreo-retinal surgery: an overview' (to ophthalmology interns, residents, fellows and diplomates)	In house presentation	Residents	1-10	60-120 min
13-Mar-2020	'Glaucoma: anatomy, physiology and aetiology' (to ophthalmology interns, residents, fellows and diplomates)	In house presentation	Residents	1-10	60-120 min
10-Apr-2020	'The cellular and molecular mechanisms of corneal healing' (to ophthalmology interns, residents, fellows and diplomates)	In house presentation	Residents	1-10	60-120 min
05-Jun-2020	'Treatment options for Feline Herpes Virus: an overview' (to ophthalmology interns, residents, fellows and diplomates)	In house presentation	Residents	1-10	60-120 min

Research project

Research project

This form is locked.

<i>Title of project</i>	In-vitro susceptibility of common canine corneal bacterial pathogens to three corneal cross-linking protocols.
<i>Methods/experience that the resident will be acquiring</i>	-Prospective study design process. -Bacterial culture techniques in a microbiology lab. -Different corneal cross-linking protocols are applied to bacterial culture plates for in-vitro susceptibility testing.
<i>Progress made on project (eg. indicate whether at stage of study design, data acquisition, analysis, manuscript writing, etc...)</i>	The project is currently in the data collection stage. Unfortunately, due to COVID-19, data collection has been disrupted due to lab accessibility.
<i>Publication: indicate putative date of manuscript submission to peer-reviewed journal' or date of publication acceptance</i>	Aims: - Data collection aimed to be completed by: August 2020 - Written project aimed to be completed by: September 2020 - Application for publication by: October 2020 - Presentation aimed by: May 2021 (ECVO congress)

<i>Title of project</i>	Comparison of corneal culture and sensitivity testing results with E-swab vs. standard charcoal swabs.
<i>Methods/experience that the resident will be acquiring</i>	-Prospective study design. -Data collection and analysis.
<i>Progress made on project (eg. indicate whether at stage of study design, data acquisition, analysis, manuscript writing, etc...)</i>	-Data acquisition.
<i>Publication: indicate putative date of manuscript submission to peer-reviewed journal' or date of publication acceptance</i>	Aims: -To complete data collection by October 2020. -To complete project by December 2020. -Abstract submission January 2021. -Presentation aimed by May 2021(ECVO congress). -To submit project to peer-reviewed journal by January 2021.

Programme & progress evaluation forms

- Components filled out by both resident and Programme Director
- Includes details of equipment and training hours
- Ensure no discrepancies
- Helpful to have regular internal programme & progress evaluations
- Ability to leave bespoke comments
 - Areas which need improvement
 - Difficulties experienced

Signature forms

- From every DipECVO/DipACVO who has supervised over last 12m
- From the supervising diplomates of speciality disciplines
- Take signature forms with you for externships!

Signature forms

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[Download Signature form PDF](#)

Your uploaded forms

[194-1-Ben Blacklock, Rachel Pittaway, Jane Sansom, Olivier Taeymans, Freddie Corletto, Georgina Fricker, Christiane Kafarnik._1593092429.pdf](#)

[194-1-James Oliver _1593099491.pdf](#)

[194-1-Rachel Hattersley_1593183620.pdf](#)

Application/Review

Application/Review

This form is locked.

Uploaded forms:

Review forms

No forms have been uploaded yet.

Application form

[negar_hamzianpour-applicationform-2020-02-24_1582561922.pdf](#)

Approval form

[negar_hamzianpour-approvalform-2020-02-24_1582561540.pdf](#)

Certificate of RTP completion

[negar_hamzianpour-certificateofrtp-2021-03-05_1614939624.pdf](#)

ERC online evaluation centre

- Comments box for resident
- 3 ERC members review forms
- ERC chair collates reviews and summarises them
- If corrections/clarifications required then labelled 'Not Ok'
- Unlock forms to make corrections/provide clarifications (using comments box)
- Re-lock forms
- Re-review by ERC Chair
- Labelled 'Ok' when corrections/clarifications satisfactory
- No further action required (do not request form unlock)

Submission of final year forms

- Before 1st August of the year before intending to sit ECVO examination
 - E.g. July 2021 to sit ECVO exams in 2022
- Certificate of RTP completion provided when all requirements are met
- Significant deficiencies will lead to need to extend RTP
- Can submit forms early (to meet August 1st deadline) if:
 - RTP finishes before Dec 1st (of year before ECVO exams)
 - Minimum requirements met (or nearly met)
 - To receive provisional approval of training completion

Person	Action/Forms	Recipient	Email	Deadline
Step 1. Approval of RTP completion – certificate provided				
Resident	ECVO ERC online forms - All	ERC Chair	residency@ecvo.org	1 August
Supervisor	ECVO ERC online programme and progress evaluation forms	ERC Chair	residency@ecvo.org	
Step 2. Credentials application				
Resident	Form A	Credentials Chair Secretary	credential@ecvo.org secretary@ecvo.org	1 September
	Credentials documentation	Credentials Chair Secretary	credential@ecvo.org secretary@ecvo.org	
	Pay credentials fee (150 €) Inform Treasurer	Treasurer	treasurer@ecvo.org	
Supervisor	Reference letter	Credentials Chair	credential@ecvo.org	
Step 3. Exam application				
Resident	Form B	Credentials Chair Secretary	credential@ecvo.org secretary@ecvo.org	1 December
	Pay exam fee Inform Treasurer	Treasurer	treasurer@ecvo.org	

Discussion – Questions from residents and answers

Q. What format will the 2022 exams take? Will the theoretical and practical components be split and will the theoretical component be online?

A. David Gould responded that no decision has been made but if the online format of the 2021 theoretical exam works well then this will likely be continued and the practical will become the only 'in person' component.

Q. Concern expressed about sitting the theoretical examination during the night/early hours for those not located in Europe.

A. David Gould advised that there was no real solution for this currently and, as the programme is European, then the examinations should follow European times.

Q. How should cadaver surgical training without supervision be inputted in case logs?

A. James Oliver advised that if no supervisor present then these should be listed as Level 3 and should be added to daily surgical log in chronological order.

Q. Will it be possible to only sit part (theoretical or practical) components of the examination in one year?

A. David Gould replied to say that historically it has not been possible although 2021 has been an exception (candidates were allowed to sit either the theoretical or both). This will be discussed though. If it does become possible then the theoretical component would need to be done first.

Q. How do I differentiate between Level 1 and Level 2 phaco surgeries?

A. James Oliver replied to say that, for Level 2, the vast majority of the surgery needed to be performed by the resident. This should be discussed with supervisor but ERC was on hand to advise if needed.

Discussion – Questions from residents and answers

Q. Regarding the HED logs and clinical cases, should I input cases both in species and HED logs (e.g. clinical cases with distichia and cortical cataract)?

A. James Oliver advised that it is allowable to include the case in both logs. He pointed out that it was not, however, essential, for example, to list every single distichiasis case in the HED log. The key is to demonstrate ability to recognize all of the listed HEDs and not to forget that clinical cases can be used to make up these numbers (along with photographic slide material for rare diseases)

Q. Who should be listed as supervisor for the Basic Sciences course?

A. For ease, this should be Programme Director (even though they will not be physically present)