

ADMINISTRATIVE PROCEDURE MANUAL FOR FELLOWS



UNIVERSITY OF IOWA HEALTH CARE

**Department of Ophthalmology and
Visual Sciences
Eye Institute -- Pomerantz Family Pavilion
The University of Iowa
Roy J. and Lucille A. Carver College of Medicine
University of Iowa Hospitals and Clinics
Iowa City, Iowa**

July 2016



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Iowa City, Iowa

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FACULTY

Department Head:

Keith D. Carter, MD
Professor

Residency Director:

Thomas A Oetting, MS, MD
Clinical Professor

Departmental Administrator:

Denise Rettig, MHA/MBA

Comprehensive Ophthalmology Service:

A. Timothy Johnson, MD, PhD
Clinical Professor and Director
Michael Griess, MD
Clinical Assistant Professor
Thomas A. Oetting, MD
Clinical Professor
Khadija Shahid, OD, MD
Clinical Assistant Professor

Optometric Services:

Contact Lens:

Tressa Larson, OD
Clinical Assistant Professor
Christine W. Sindt, OD
Clinical Professor

Cornea and External Disease Clinic:

Kenneth M. Goins, MD
Clinical Professor
Mark Greiner, MD
Assistant Professor
John E. Sutphin, MD
Emeritus Professor

Echography:

H. Culver Boldt, MD
Professor

Electrodiagnostic Service:

Arlene V. Drack, MD
Professor, Electrodiagnosis Medical Director

Eye Pathology:

Patricia A. Kirby, MD
Professor
Nasreen A. Syed, MD
Associate Professor and Director

Glaucoma Clinic:

Wallace L. M. Alward, MD
Professor and Director
Daniel I. Bettis, MD
Clinical Assistant Professor
John Fingert, MD, PhD
Professor
Young H. Kwon, MD, PhD
Professor

Inherited Eye Diseases:

Adults:

Elliott H. Sohn, MD
Associate Professor
Edwin M. Stone, MD, PhD
Professor

Inherited Eye Diseases:

Children:

Arlene V. Drack, MD
Associate Professor
Alina V. Dumitrescu, MD
Clinical Assistant Professor
Richard J. Olson, MD
Clinical Associate Professor
William E. Scott, MD
Professor Emeritus

Neuro-ophthalmology Clinic:

Randy H. Kardon, MD, PhD
Professor and Director
Chris A. Johnson, PhD
Professor
H. Stanley Thompson, MD
Professor Emeritus
Matthew Thurtell, MD
Associate Professor
Michael Wall, MD
Professor (Neurology and Ophthalmology)

Oculoplastics and Orbital Surgery Clinic:

Keith D. Carter, MD
Professor
Erin M. Shriver, MD
Clinical Associate Professor

Pediatric Ophthalmology and Adult Strabismus Clinic:

Arlene V. Drack, MD
Associate Professor
Alina V. Dumitrescu, MD
Clinical Assistant Professor
Pavlina S. Kemp, MD
Clinical Assistant Professor
Scott A. Larson, MD
Associate Professor
Richard J. Olson, MD
Clinical Associate Professor and Director
William E. Scott, MD
Professor Emeritus

Refractive Surgery:

Kenneth M. Goins, MD, PhD
Clinical Professor
Mark Greiner, MD
Assistant Professor

Vascular Eye Disease Clinic:

Sohan S. Hayreh, MD, PhD, DSc
Professor Emeritus

Vision Rehabilitation Clinic:

Khadija Shahid, OD
Clinical Assistant Professor
Mark E. Wilkinson, OD
Clinical Professor and Director

Vitreoretinal Clinic:

Michael D. Abramoff, MD, PhD
Professor
H. Culver Boldt, MD
Professor
James C. Folk, MD
Professor
Karen M. Gehrs, MD
Clinical Professor
Ian Han, MD
Assistant Professor
Vinit B. Mahajan, MD, PhD
Clinical Assistant Professor
Stephen R. Russell, MD
Professor
Elliott H. Sohn, MD
Associate Professor
Edwin M. Stone, MD, PhD
Professor
Thomas A. Weingeist, PhD, MD
Emeritus Professor

RESEARCH:**Biomedical Engineering and Bioinformatics
(Seamans Center for the Engineering Arts &
Sciences):**

Terry A. Braun, PhD
Associate Professor
Thomas L. Casavant, PhD
Professor
Todd E. Scheetz, PhD
Professor

Blodi Eye Pathology Laboratory:

Nasreen A. Syed, MD
Associate Professor

**Carver Molecular Ophthalmology Laboratory
(Medical Education and Biomedical Research
Facility (MERF)):**

Edwin M. Stone, MD, PhD
Professor
Seongjin Seo, PhD
Assistant Professor
Milan Sonka, PhD
Professor
Luke A. Wiley, PhD
Research Assistant Professor

Chorioretinal Degenerations Laboratory (MERF):

Robert F. Mullins, PhD
Professor

**Molecular Physiology & Biophysics Research
(Bowen Science Building):**

Michael G. Anderson, PhD
Associate Professor

Glaucoma Genetics (MERF):

John H. Fingert, MD, PhD
Professor

**Glaucoma Research (Pomerantz Family Pavilion
(PFP)):**

Wallace L.M. Alward, MD
Professor
Young H. Kwon, MD, PhD
Professor

Glaucoma Research Laboratory (MERF):

Markus Kuehn, PhD
Associate Professor

Neurophysiology Laboratory (PFP):

Randy H. Kardon, MD, PhD
Professor

OMICS Laboratory (MERF):

Vinit B. Mahajan, MD, PhD
Clinical Assistant Professor

Ophthalmic and Medical Imaging:

Michael D. Abramoff, MD, PhD
Professor

Retina Basic Science, Stem Cell (MERF):

Budd Tucker, PhD
Associate Professor

**Veterans Administration Medical Center,
Iowa City:**

Thomas A. Oetting, MD
Chief of Ophthalmology Service
Deputy Director Surgical Service

Visual Fields Lab:

Michael Wall, MD
Professor

Wynn Institute for Vision Research (WIVR)

Michael D. Abramoff, MD, PhD, Ophthalmic and
Medical Imaging Analysis
Wallace L.M. Alward, MD, Glaucoma Research
Michael G. Anderson, PhD, Physiology
Sheila A. Baker, PhD, Biochemistry
H. Culver Boldt, MD, Retina
Terry A. Braun, PhD, Biomedical Engineering
Thomas L. Casavant, PhD, Bioinformatics
Arlene V. Drack, MD, Pediatric Ophthalmology &
Inherited Eye Diseases
John H. Fingert, MD, PhD, Glaucoma Genetics
Mark A. Greiner, MD, Cornea
James C. Folk, Retina
Ian Han, MD, Retina
Chris A. Johnson, PhD, Image Analysis / Perimetry
Randy H. Kardon, MD, PhD, Neuro-Ophthalmology
Markus H. Kuehn, PhD, Glaucoma Cell Biology
Young H. Kwon, PhD, Glaucoma
Robert F. Mullins, PhD, Chorioretinal Degenerations
Stephen R. Russell, MD, Retina
Todd E. Scheetz, PhD, Bioinformatics
Seongjin Seo, PhD, Cilia, Cell Biology
Val C. Sheffield, MD, PhD, Pediatrics, Genetics
Elliott H. Sohn, MD, Retina
Edwin M. Stone, MD, PhD, Molecular Genetics
Budd A. Tucker, PhD, Stem Cell Research
Michael A. Wagoner, MD, PhD, Cornea
Luke Wiley, PhD, Retina, Stem Cell Research
Mark E. Wilkinson, OD, Vision Rehabilitation

ADJUNCT CLINICAL FACULTY:

Des Moines:

Constance Grignon, MD
Adjunct Clinical Associate Professor
and Chief of Ophthalmology, VAMC
Christopher F. Blodi, MD
Adjunct Clinical Associate Professor
Elizabeth A. Brown, MD
Adjunct Clinical Assistant Professor
David S. Dwyer, MD
Adjunct Clinical Instructor
Christopher L. Haupt, MD
Adjunct Clinical Assistant Professor
Linda J. Lehman, MD
Adjunct Clinical Assistant Professor
Neil N. Silbermann, MD
Adjunct Clinical Assistant Professor
Andrew Steffensmeier, MD
Adjunct Clinical Assistant Professor

Houston, Texas:

Andrew G. Lee, MD
Adjunct Professor

Iowa City, Iowa:

John F. Stamler, MD, PhD
Adjunct Clinical Instructor
Lyse S. Strnad, MD
Adjunct Clinical Assistant Professor
Stephen H. Wolken, MD
Adjunct Clinical Assistant Professor

Thailand:

Puwat Charukamnoetkanok, MD
Adjunct Assistant Professor

ADJUNCT RESEARCH FACULTY:

Albuquerque, New Mexico

Peter Soliz, PhD
Adjunct Associate Professor

THE DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES

The University of Iowa Department of Ophthalmology and Visual Sciences has three major missions: 1) to provide excellent teaching of ophthalmology, 2) to provide skillful care of patients with eye disorders, and 3) to conduct research into the mechanisms, natural history, diagnosis, and treatment of eye diseases.

In training residents and fellows, the Department strives to do more than just produce excellent practitioners, although that, of course, is the most important objective. We also want our residents and fellows to learn to be good teachers and to learn a critical and inquiring approach to investigating the unsolved problems of ophthalmology.

Although the faculty has high expectations of the residents and fellows, we also believe that learning ophthalmology should be **fun!** For many years the Department has enjoyed the reputation of being a pleasant and congenial place to work. We value this reputation because we believe that the best atmosphere for learning ophthalmology is one that is friendly and supportive. The faculty is committed to teaching, enjoys working with the residents and fellows in the clinic and operating room, and welcomes their questions and ideas.

CONFERENCES

Morning Rounds

Morning rounds begin promptly at 8:00 a.m. each scheduled weekday. Attendance is required of all residents and fellows who do not have clinical or surgical obligations elsewhere. Participation by the residents and fellows is expected. They are moderated by a second-year resident. Pre-operative, post-operative, and other interesting cases are discussed. Short talks are also given by residents, fellows, or faculty.

These daily rounds are the heart of the teaching program of this department and set it apart from every other ophthalmology department in the country. They should be educational and stimulating.

Rounds should fulfill the following goals:

1. Presentation of interesting, instructive, or challenging patients
2. Discussion of clinical and laboratory findings
3. Elaboration of the diagnosis and differential diagnosis
4. Medicolegal, social, and ethical issues
5. Outline treatment alternatives
6. Discussion from the floor
7. Follow-up reports

Moderators are responsible for directing the discussion of cases. They should keep the discussion moving and encourage exchange among residents, fellows, and faculty alike. Moderators should seek out residents and fellows to make presentations of interesting cases and post-operative complications. Case presentations can be augmented by audiovisual material, but this is **not required**. Each service should select instructive cases, and residents and fellows should add additional pertinent cases.

The moderator is responsible for arranging the set up of the audiovisual equipment.

Operative procedures can be viewed live directly from the O.R. or recorded and edited. It is hoped that each physician will have a digital storage device available to record surgical procedures, and these can be critiqued by the faculty when appropriate.

RESEARCH

Research is an integral part of the training program. Of course, the primary goal of house staff is to become good ophthalmologists. This requires that house staff be in the clinic caring for patients during clinic hours. In this busy clinical training program, it is not always easy to find time to do research. House staff must plan carefully. Some clinical projects can be done during spare time in the clinics. Other projects can be done at the end of the day or on weekends.

Certain topics will seem of special interest and worthy of in-depth study. With a member of

the ophthalmology staff, a member of the university faculty, or another approved individual from outside of the university, the house staff will develop a research plan. They should prepare a budget for the project, if appropriate. Seed money is available from the department to support worthy initial or preliminary projects.

An assigned faculty member will act as general supervisor for all research activities. The faculty member will approve the topic, advise on suitable sponsors, and help the house staff arrange financial support for research activities.

Before submitting a paper for publication in a journal or presentation at a meeting, house staff must have the title and contents evaluated and approved by a member of the Ophthalmology faculty. Please read the Policy on Authorship.

POLICY ON AUTHORSHIP

Background

The Department of Ophthalmology and Visual Sciences encourages medical students, residents, and fellows to participate in various types of research and to take part in the preparation of research results for presentation at meetings and eventual publication. Everyone should have the opportunity to learn how to conduct clinical or basic research and how to assemble a scientific publication.

The following statements are intended to be *guidelines*, not regulations, concerning research and publication.

Guidelines

1. *Some research projects will not result in a publication.* Often, a project that appears to be promising in its design does not yield results that are worthy of publication. While this may be very disappointing, it does not follow that every research project generates a publication.

2. *The roles of various individuals in the design and execution of the project should be discussed freely with the faculty at the beginning*

and as the project evolves. Who generated the idea behind the project? Who designed the project? Who obtained the background information for the project (i.e., literature searches)? Who performed the work for the project? Who prepared the manuscript?

3. *In general, authorship on a paper should reflect **significant** contributions beyond that of technical support.* Many journals now require the justification of the roles of the authors. Merely being on the same service while a project is being done does not qualify an individual for authorship. Each author should be familiar with and assume responsibility for the paper's contents.

4. *The **first author** generally has played a highly significant role in the project and is the one who is writing the paper.* It is usually impractical to decide who will be the *first author* before a project is begun, because the roles of individuals in a project may change. The issue of first authorship is generally decided after all data are gathered and the manuscript is about to be written. If possible, the order of authorship should be agreed upon as early as possible to avoid problems later on.

5. *The intellectual property of any individual needs to be acknowledged.* For example, one should not use test results generated by a faculty member or another member of the department without considering how that individual's contributions should be acknowledged. In the cordial environment of this Department, it is appropriate to inform the individual of the intention to use information or a result and to negotiate a role for that individual (co-authorship or an acknowledgment; some journals do not permit the listing of acknowledgments).

6. *An individual who assumes the responsibility of first authorship also assumes the responsibility of participating in revisions before the submission of a manuscript to a journal.* The first draft of a manuscript is a starting point for a communication, not the final result. Learning how to refine and revise manuscripts is an important part of learning how to prepare a paper for publication. Individuals should allow for the time that it takes for a

faculty member to review manuscripts and to help with revisions. Individuals should, if possible, plan to participate in the revisions of such papers while they are still affiliated with the department. It is very difficult for faculty members to extensively revise manuscripts after the first author has left the department. In the event that the first author leaves the department and an *extensive* series of revisions (resulting in a re-writing of the paper) is performed by the faculty member or another participant, the person initially designated as "first author" may lose that designation.

7. *Faculty members should review manuscripts with the same promptness accorded to papers submitted for review by refereed journals.* The impact of learning how to revise a manuscript is significantly diminished if there is a long delay between the submission of a paper to a faculty member and its revision and return to the author. However, allowances should be made for other commitments by faculty (preparation for national meetings and grant deadlines).

8. *Differences in opinion should be resolved among the authors.* If the authors cannot agree on a point or series of points, the faculty member should resolve the difference. If the student/resident/fellow wishes to pursue publication over the objections of the faculty member, the faculty member has the right to withdraw his/her name from the publication and disavow all affiliation with the project.

9. *In the event of irreconcilable conflicts or in circumstances in which one party claims to have been improperly treated in the course of performing a project and authoring a manuscript, the aggrieved party may approach the Head of the Department.* The Department Head may choose to investigate the matter or to offer arbitration. In general, disagreements should be resolved among those directly involved.

10. *Individual services are encouraged to develop guidelines that supplement this document.* These supplemental guidelines should be discussed with participants in research on each service.

RESIDENTS/FELLOWS RESEARCH DAY

Fellows are responsible for one research paper with accompanying presentation during their training.

Fellows are strongly encouraged to submit at least one research paper on an original research before the end of the fellowship.

Each fellow is required to present the results of their research at the Department of Ophthalmology Residents and Fellows Research Day, held in the Spring each year. This can be either a paper or poster presentation. Once a fellow has submitted their research manuscript, they are not required to present at subsequent Research Days, but are welcome to do so. Two year fellows should plan on presenting at least during one year, but may present both years.

The objective of the fellow research project is for fellows to learn how to ask research questions and develop methods to answer them. Every fellow will work closely with a mentor on the faculty, who will be the supervisor of the research project and co-author on the submitted publication. The faculty sponsor will work with the fellow to ensure that the research is going as planned.

Summary of Research Requirement:

Presentations should be of original material (new observations, new findings, prospective clinical studies, or laboratory findings). Literature reviews are unacceptable. Case reports are *rarely* acceptable – only if they make new observations. The material should be instructive for the audience, but not too esoteric. Faculty sponsorship is required.

The fellows should submit a manuscript based on the research performed in a format acceptable for a peer-reviewed journal. **This is strongly recommended prior to completion of the fellowship.** An abstract of not more than 200 words should be included with the manuscript. The abstract will be retyped, collated, and printed in booklet form with the final program for the Residents/Fellows Research Day.

In the spring, the fellows will present the final results of their research in an oral format at the Resident/Fellow Research Day. The final program for the Residents/Fellows Research Day will be distributed prior to the meeting.

All residents, fellows, and faculty are expected to attend the meeting.

MEETINGS

Clinical Conferences

Each year, five clinical conferences are held. These are attended by ophthalmologists from the area who present interesting and puzzling ophthalmic cases. A guest lecturer is usually invited. **Attendance is mandatory.**

The current schedule may be found at <http://bit.ly/UI-eye-events>

Iowa Eye Association

In June, the alumni and friends of the department will gather in Iowa City for a reunion and a two- or three-day meeting. Residents and fellows are encouraged to participate in the program. **Attendance is mandatory.**

AMERICAN BOARD OF OPHTHALMOLOGY

House staff need to apply to take this examination by the **1st of August** in the year prior to taking the examination. Applications are distributed in the spring by the Program Director. The address is:

American Board of Ophthalmology
Executive Office
111 Presidential Boulevard, Suite 241
Bala Cynwyd, Pennsylvania 19004

Time away from the Department for Boards will count as meeting (only one day allowed).

TEACHING RESPONSIBILITIES

One of the objectives of this program is to train the future teachers of ophthalmology. To become a good teacher requires practice. Each house staff is expected to take part in teaching students, fellow house staff, and the department as a whole.

One of the best ways to learn a subject is to teach it. The fellows are expected to help teach the residents, and each fellow is expected to contribute to the educational activities of the department as a whole, in morning rounds, conferences, and seminars. Many residents and fellows have or develop special interests or talents and become the department's expert in a subject.

In addition, we are an academic department in a school of medicine. An important task of our department is to teach ophthalmology to medical students. Each house staff will be requested to teach direct ophthalmoscopy to first and second year medical students for an hour. House staff will also be expected to work with and teach third and fourth year students who are taking a clinical elective in the department.

FELLOW EVALUATIONS

Fellows are reviewed on a regular basis by service faculty. Feedback may be given to the fellow, if needed. Fellows may be asked to evaluate faculty preceptors as well.

ADMINISTRATIVE POLICIES

GENERAL PATIENT INFORMATION

➤ Scheduling patients

All scheduling is done through the Department's scheduling center. If a patient is scheduled at night or on the weekend, be sure to leave a voice mail message (2-0098) containing the date, time, name, hospital number, and clinic at the scheduling center, so the information can be entered into the computer and the patient's

chart will be available when the patient comes to the clinic.

Most new patients are referred by a physician or an optometrist. The telephone receptionist will often request a resident or fellow to talk with a referring physician who is requesting an appointment for a patient. Obtain as much history as possible. If the referring physician asks for an immediate appointment, try to work the patient in that day or the next, **even if you are not convinced the situation is urgent.**

When patients are to return within four months, they should schedule their return appointments at the time they leave the clinic. Have them take the pink discharge sheet to the scheduling center.

➤ **Communication with referring physicians**

We are dependent on the good will of a large number of loyal and supporting referring physicians to maintain an active teaching and clinical research program. The ophthalmologists in Iowa work closely with our department in patient care, and we are fortunate to enjoy an excellent relationship with them. This must be continually fostered!

Use tact and common sense when talking with patients about the physicians who have treated them previously. Put yourself in the position of the previous physician -- what would you want said to the patient about yourself? Apprise the faculty of any difficulties you become aware of between referring physicians and patients.

The consultation letter should be single page, brief, and informative. Avoid jargon and abbreviations. In general, the letter should have about four paragraphs: 1) Summarizes the history. 2) Lists the important physical findings. 3) Provides the diagnoses. 4) Details a Treatment plan. All notes and letters must be signed by a faculty member, if seen with faculty.

If a patient has been previously treated by an outside physician, but comes to us on his or her

own (not by referral), ask the patient for permission to write to the first physician.

A consultation letter should also be generated within 24 hours to in-house physicians for any patient presenting to the clinic with a blue consult (E1).

In May 2009, UIHC switched over to Epic Electronic Medical Record System. Specific Epic training will occur during the first week of fellowship. Further information is provided during training sessions.

➤ **Laser and Surgery**

Fellows in surgical subspecialties need to keep a careful, detailed log of their surgical experience at UIHC. This includes lasers. This will be important in the AUPO FCC approval process of each fellowship.

ATTENDANCE

Fellows are expected to attend all clinics, lectures, and scheduled on-call duties, unless excused in advance by their service director. Absences will only be excused for important reasons and if coverage of the fellow's duties is arranged in advance. Vacation, etc., must be arranged at least 60 days in advance and agreed upon by the **Service Directors** and **Fellow Program Director** in writing. A form outlining the procedure for making changes is available from the Fellow Program Director's office or from the website.

HEALTH SCREENING

Each new house staff has to complete a health screening examination within 30 days of the date of appointment. This includes a self-administered health questionnaire, a limited screening physical examination, urinalysis, tuberculin test (and chest x-ray, if positive), and a rubella antibody test (and vaccination, if negative).

Periodic health screening includes a tuberculin test annually and a follow-up health

screening exam, similar to the initial exam, every three years.

OUTSIDE EMPLOYMENT

In general, Moonlighting is not allowed. Occasionally, and in special circumstances, limited outside employment (e.g., Iowa City VA) will be allowed if it does not interfere with the fellow's clinical duties. Request for Moonlighting Form should be filled out and signed/approved by the **Service Director and the Fellowship Program Director**, prior to moonlighting work. Once approved, it is good for the duration of the fellowship. However, approval will be withdrawn if the work interferes with the fellow's primary responsibility to the department. Malpractice insurance typically **does not** cover activities outside the University Hospital systems.

STIPENDS AND BENEFITS

Stipends for all fellows at University Hospitals are developed annually following a thorough review of the cost of living in Iowa City, changes in the Consumer Price Index, and stipend levels at other major teaching hospitals in the midwest. House staff physicians and dentists also receive a substantial benefits package, including complimentary medical and hospital care at the University Hospitals and Clinics (including coverage for dependents), medical insurance coverage when away from Iowa City, disability income insurance, life insurance, and on-call meal allowances.

VACATION

During fellowship, each fellow will be allowed to take three weeks (15 working days) of vacation each year. There is **no carry-over or accrual** of unused vacation time from one year to the next.

The fellowship begins July 1st. Days used to travel between July 1 and July 7 count as vacation days. All fellows must be present by July 7th.

Written request for vacation or time off should be submitted **at least 60 days in advance**. Exception to this rule is made only with legitimate reason (e.g. job interview on short notice).

Absence is not allowed in the last week (five working days) of the fellowship.

No additional time is given for interviews or meetings unless the fellow is presenting a paper (see below for details under "Travel")

DEPARTMENTAL PARENTAL LEAVE POLICY

The following defines the parental leave policy for the Department of Ophthalmology and Visual Sciences within the constraints of The University of Iowa Hospitals and Clinics and the American Board of Ophthalmology. The following recommendations may be superseded by board requirements of the American Board of Ophthalmology. This policy is not intended to discriminate against sex, race, religion, multiple births, natural or adoptive parenthood. **This is the policy of the Department of Ophthalmology; the University of Iowa Hospitals and Clinics parental leave policy is available at Section 22.8 of the Operations Manual.**

1. CALL: There is a fixed schedule of call duty dictated by each service.

2. MATERNITY LEAVE: Six weeks of paid maternal leave is provided. Fellows are encouraged to return sooner if medically feasible. If a longer leave of absence is desired and is without medical justification, the additional leave would be from vacation time or unpaid leave of absence. Even with medical justification, rotations would be repeated and call repaid as previously stated. There is no provision for extended paid leave because of multiple births. Additionally, if prior to parturition the fellow requests leave, this would come from vacation time or be unpaid if for non-medical reasons. You will need to fill out a Fellow Request for Leave Paternity/Maternity as soon as possible after the birth.

3. **PATERNITY LEAVE:** Although we recognize that either parent may be the primary caregiver, parental leave is ultimately for the recuperation of the mother. Therefore, 5 consecutive days of paid leave is considered to be adequate. This could begin at delivery or the day following parturition, at the discretion of the involved parents. Further, a week of vacation time (5 work days) may be utilized even if given on short notice. Again, there is no provision for extended paid leave secondary to multiple births. You will need to fill out a Fellow Request for Leave Paternity/Maternity as soon as possible after the birth.

4. **ADOPTION LEAVE:** The addition of a new family member demands great readjustment regardless of the means of acquisition. However, adoption leave is considered similar to paternity leave, and therefore 5 consecutive days of paid time is allowed. Additional absences would come from vacation time or unpaid leave.

5. **FAMILY MEDICAL LEAVE ACT:** The Family Medical Leave Act (FMLA) allows eligible employees of a covered employer to take job-protected unpaid leave, or to substitute appropriate paid leave if the employee has earned or accrued it, for up to a total of 12 weeks in a 12 month period for:

- the birth of a child
- the placement of a child with the employee for adoption or foster care
- the needed care of a family member (child, spouse, or parent) with a serious health condition, or
- the employee's own serious health condition.

While on Family Medical Leave, the employee is entitled to have health benefits maintained as if the employee had continued to work. The employer may recover its share only if the employee does not return to work for a reason other than the serious health condition of the employee or the employee's immediate family, or other reason beyond the employee's control.

The employee is required to give a 30 day advance notice of the intent to use family medical leave where practicable. Departments

may require an employee to submit certification from a health care provider to substantiate that leave is due to the employee's serious health condition or that of an immediate family member. Departments may also require an employee to present a certificate of fitness before returning back to work. Requests for leave should be made in writing.

Who is eligible for medical family leave? To be eligible for family medical leave, an individual must have been employed by the University for at least 12 months. These 12 months need not be consecutive months. Time worked as a student or in a temporary appointment must be included in the 12 month calculation.

Definition of serious health condition: For purpose of FMLA, serious health condition means an illness, injury, impairment, physical or mental condition that involves:

- a) any period of incapacity due to pregnancy or for prenatal care;
- b) in-patient care in a hospital, hospice or residential medical care facility including any period of incapacity or any subsequent treatment in connection with such inpatient care; or
- c) continuing treatment by a health care provider which continues over an extended period of time or causes episodic rather than continuing periods of incapacity (i.e., asthma, diabetes, epilepsy, migraine headaches, etc.);
- d) a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective (i.e., Alzheimer's, a severe stroke or the terminal stages of a disease).

Leave availability: Each eligible employee will be allowed 12 weeks of protected unpaid leave per calendar year under the circumstances described above. However, if two employees have a spousal arrangement, are both employed by the University, and wish to take leave for a new child, the aggregate period of leave is limited to 12 weeks. Departments may need to

contact the spouse's employing department in order to coordinate the leave allowance. If the leave is requested because of a child's medical condition or because of the medical condition of one of the spouses, each spouse is entitled to 12 weeks of leave per calendar year.

Employee to supervisor notice requirements:

The employee must provide his/her department with at least 30 days advance notice before FMLA can begin for a foreseeable need (i.e., birth or placement of a child, or a planned medical treatment). If leave is anticipated but a definite date has not been determined due to lack of knowledge, the employee must give at least verbal notification to his/her supervisor within one or two business days of when need for leave became known. An employee giving notice of need for unpaid FMLA leave must explain the reasons for the needed leave so as to allow the employer to determine that the leave qualifies under the Act. If the employee fails to explain the reasons, leave may be denied. If an employee requesting to use paid leave for an FMLA-qualifying purpose does not explain the reason for the leave - consistent with the established policy or practice - and the employer denies the employee's request, the employee will need to provide sufficient information to establish an FMLA-qualifying reason for the needed leave so that the supervisor is aware of the employee's entitlement (i.e., that the leave may not be denied) and then may designate that the paid leave be appropriately counted against the employee's 12-week entitlement.

When an unforeseeable need arises, employees must give notice to their department within one or two working days of learning of the need for leave except in extraordinary circumstance (i.e., medical emergency). The employee should contact his/her supervisor either in person or by telephone, telegraph, or facsimile, or notice may be given by employee's spokesperson if employee is unable to do so personally.

Questions regarding the qualification for and use of FMLA leave should be directed to the Office of Staff Relations and Development, 356-2008.

TRAVEL

Fellows who present papers may be sent to meetings at the service expense if prior clearance is obtained from the **service director**.

Fellows may not submit abstracts or make commitments to attend meetings without first seeking approval from Service Directors and the Fellowship Program Director.

The service will provide a per diem determined on the basis of the meeting place, registration fees, and travel expenses. The service director should be consulted prior to making travel arrangements to determine what will be covered by the service.

"Permission to Travel" Forms are available in the Fellowship Program Director's office. Permission to travel will not be authorized until all fellow administrative duties are covered (e.g., chart dictations, clinic coverage, operative reports).

As with all absences, at least 60 days advance permission is required. Failure to do so may result in denial of travel. The maximum number of meeting days allowed is 5 work days per year. Absence for ABO exam can be counted towards "meeting" time. Additional meeting time if needed, can come from vacation time.

Request for Travel Guidelines and Forms:

1. Department of Ophthalmology Fellow Request for Leave Form

This form must be completed any time you are planning to be away from the Department for any reason. That includes vacations or business-related travel. The form requires your signature, the signature of the faculty Service Director on each service that will be affected by your travel, the department's scheduling supervisor, and finally, Fellowship Training Director.

This form must be completed 60 days prior to any absence.

2. Department of Ophthalmology Department Request and Permission to Travel Form

This form is to be completed whenever you are planning a business-related trip. This includes travel that is to be funded by the service or any other source.

If you are requesting funding from the service, then you will need to complete the “estimated expenses” area so that Administration is advised of the estimated cost of the trip. The maximum allowance for fellow travel is determined by the service. Since travel for fellows varies, with different specialties traveling to different meetings, the rate is set according to the destination and estimated expenses. This will be set by each service prior to the actual trip.

If another source is paying, then you do not need to complete the expense portion, just indicate who will support the travel. This form has to be signed by the Service Director and Department Chairman.

Approval on this form must be granted at least two weeks prior to submitting abstracts (i.e. AAO, ARVO).

3. The University of Iowa Request for Travel

This form is required by the Department if you are planning to be away from the University on any business-related travel. Signatures required are the traveler’s and the Department Chairman. You need to submit this form well in advance of your planned travel to allow time for processing.

You cannot be reimbursed for any business-related travel if one of these forms has not been processed before your trip.

4. The University of Iowa ProTrav

Reimbursements are done online through the Employee Self Service website. All reimbursement is obtained by the completion of the ProTrav online voucher. Please go to **the**

secretary of your service for assistance – they will set up a trip on ProTrav and submit your receipts for reimbursement when the trip is complete. When traveling, keep all of your receipts for documentation. If you purchase your airline tickets through the University, you will still need to turn in the stub with your expenses for verification. Any expense over \$24.99 cannot be reimbursed without an itemized receipt.

Travel Tips

Complete all the necessary forms for your planned travel as far in advance as possible. It is not unusual to submit the forms several months in advance of meetings. You will obtain a better airfare rate and hotel accommodations by planning ahead.

If you are attending a meeting that requires a registration, hotel deposit, or any other prepaid expense, you can submit those forms with your travel forms and the service will do the paperwork for payment. Plan far enough in advance that you do not have to pay a penalty registration fee as the service will not reimburse you for any penalties incurred.

The service will set a maximum reimbursement for each meeting and you will be advised prior to that meeting of the amount. Since the University of Iowa is regulated by the Board of Regents of the State of Iowa, the maximum lodging reimbursement is 150% of the federal guidelines for each major city in the U.S.A. and many foreign destinations. That rate can always be obtained prior to departure, so the traveler is aware of the reimbursement that can be expected.

If you have any travel questions the best solution is to ask BEFORE you make the trip. Any travel questions can be directed to Kathy Burkle in Ophthalmology Administration at 353-8681 or the Service Director.

Special Forms to be completed by Fellow prior to traveling are:

1. Department Request and Permission to Travel form – Residents/Fellows (pink paper).
2. Request for Travel form.
3. Fellow Request for Leave form.

CONDUCT TOWARDS OTHERS

Fellows are expected to treat patients, colleagues, personnel, and students with respect and courtesy.

Food and drink should not be consumed in front of patients, in the department library, or in the Braley Auditorium.

DRESS

Fellows are expected to be clean and to dress neatly. The general guideline is to dress so that the patients will feel comfortable with the fellow as their physician. Since many of our elderly patients are fairly conservative, this means that male fellows should wear a tie.

Fellows should wear a clean white lab coat when on duty.

TRUTHFULNESS

Honesty is expected at all times.

SOBRIETY

All medical personnel should avoid consumption of alcoholic beverages when they have clinical responsibilities.

LINKS TO REQUEST FORMS ONLINE

<http://webeye.ophth.uiowa.edu/res-fel-forms>

- **Department Request and Permission To Travel**
- **Request for Travel**
- **Fellow Request for Leave**
- **Fellow Request for Leave- Paternity/Maternity**
- **Fellow Request for Moonlighting**

- **ProTrav <https://protrav.bo.uiowa.edu/>**

TRAVEL EXPENSES FOR NON-FACULTY

Per Diem:

For most meetings, a *per diem* will be established for non-faculty members based on the averaging of accommodations plus consideration of the cost of meals and transportation, if required. The *per diem* will assume rooms and transportation will be shared whenever possible. The *per diem* will be provided in addition to your course and registration fees. Air transportation will be reimbursed at the lowest airfare available. An effort should be made to stay over Saturday whenever possible. In some situations, driving to the meeting may be appropriate. Under those circumstances, the lowest possible airfare or mileage (at the current University reimbursement rate) will be paid by the department (whichever is less). In selecting transportation to and from the Cedar Rapids airport, keep in mind that it is generally cheaper to take the shuttle than it is to drive and park if you stay longer than three days.

Receipts:

The following receipts should be submitted with the travel voucher following the meeting: airfare, hotel, course and registration fees paid at the meeting. Receipts are required for any expense over \$24.99; receipts for meals, local ground transportation, and telephone calls are usually not required. If in doubt, receipts should be submitted for any unusual expenses. Make sure, if you share a room, you pay separately and receive separate receipts.

Prior Approval*:

It will be necessary to obtain prior departmental approval for travel as follows:

1. Complete the *Department Request and Permission to Travel* form.
2. Once the request has been approved, complete and submit the *Request for Travel* form (if applicable).
3. Immediately after obtaining approval for travel from the department head, if you are flying, purchase the least expensive airfare possible (this is the rate for which you will be reimbursed).
4. Complete and submit the *Department of Ophthalmology and Visual Sciences Fellow Request for Leave* form.

****NO ABSTRACTS MAY BE SUBMITTED WITHOUT DEPARTMENT APPROVAL AT LEAST TWO (2) WEEKS PRIOR TO THE SUBMISSION DEADLINE.***