**Neurophthalmolic Pathology Competency**

**A. Clinical Components**

1. Be able to correctly identify and orient eyeballs, or document distorted eyes in such a manner to preserve location and extent of lesions in relation to key landmarks.
2. Be able to demonstrate appropriate knowledge of key anatomical landmarks, and correctly apply ophthalmological terminology to pathological changes of visual significance.
3. After learning how to perform gross examination and gaining facility with accurate reporting of pathological changes discussed during signout, the fellow will take a more active role in deciding what recuts or stains are necessary to finalize the case in advance of Tuesday signout. For limiting tissue cases, these should be verified with attending prior to ordering.
4. Independently examine, decide on necessary recuts or stains, and generate a written report on a minimum of 15 enucleations or orbital exenterations and 60 small ophthalmological specimens. The reports must accurately describe the gross and microscopic findings, indicate the diagnoses and provide clinical comments when appropriate.
5. Be able to describe key margins and anatomical structures that should be sampled in an orbital exenteration, and how to handle margins in skin/conjunctival ellipses.
6. If the fellow feels like their cases do not represent a cross-section of important neoplastic, infectious, genetic and other non-neoplastic eye or orbital entities, they should review additional cases from the digital slide collections (both virtual and EOPS scanned) or steaching slides in the signout room.
7. **Self-study and Non-clinical Components**
8. The fellow should read regularly to broaden medical knowledge in Ophthalmic Pathology, making sure to touch upon common or clinically important entities in each of the 8 general topic areas listed on the unknown spreadsheet.
9. Correctly identify the pathology in at least 80% of the weekly unknow digital slide cases centered around the 8-week reading topic cycle.
10. Identify one case to expand into a teaching clinicopathological correlation and/or case report if appropriate.

**Interpersonal and Communication Skills**- the fellow should be able to work with ophthalmology residents to supplement medical records in understanding patient history, clinical questions, and possible impact of diagnoses on patient care. The fellow should be able to succinctly present the clinical history and histopathologic findings along with the interpretation to the attending and be able to clearly deliver the diagnostic conclusions to the referring physicians