

# Ophthalmology Clerkship Tracker – MS 4 Elective

Name (optional):

Required Activities	done?	
	Y <input type="checkbox"/>	N <input type="checkbox"/>
Professional behavior	Y <input type="checkbox"/>	N <input type="checkbox"/>
Timeliness to clinics & ORs	Y <input type="checkbox"/>	N <input type="checkbox"/>
Attendance at all teaching sessions	Y <input type="checkbox"/>	N <input type="checkbox"/>
Night call 1x/week	Y <input type="checkbox"/>	N <input type="checkbox"/>
All quizzes done	Y <input type="checkbox"/>	N <input type="checkbox"/>
Medical Student Grand Rounds	Y <input type="checkbox"/>	N <input type="checkbox"/>
Social media post	Y <input type="checkbox"/>	N <input type="checkbox"/>
Community service activity	Y <input type="checkbox"/>	N <input type="checkbox"/>

Required Reading					
<i>Basic Ophthalmology</i> textbook					
Chapter 1	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chapter 6	Y <input type="checkbox"/>	N <input type="checkbox"/>
Chapter 2	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chapter 7	Y <input type="checkbox"/>	N <input type="checkbox"/>
Chapter 3	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chapter 8	Y <input type="checkbox"/>	N <input type="checkbox"/>
Chapter 4	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chapter 9	Y <input type="checkbox"/>	N <input type="checkbox"/>
Chapter 5	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chapter 10	Y <input type="checkbox"/>	N <input type="checkbox"/>

Recommended Activities	done?	
	Y <input type="checkbox"/>	N <input type="checkbox"/>
Departmental Lectures	Y <input type="checkbox"/>	N <input type="checkbox"/>
Resident Lectures	Y <input type="checkbox"/>	N <input type="checkbox"/>
Wet lab with resident	Y <input type="checkbox"/>	N <input type="checkbox"/>
Additional reading – <i>Manual for Eye Examination and Diagnosis</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Additional reading – Clerkship website	Y <input type="checkbox"/>	N <input type="checkbox"/>
Additional reading – other on-line	Y <input type="checkbox"/>	N <input type="checkbox"/>
Additional reading – other	Y <input type="checkbox"/>	N <input type="checkbox"/>

Clinical Skills	seen?	done?
	<input type="checkbox"/>	<input type="checkbox"/>
Visual acuity – distance vision	<input type="checkbox"/>	<input type="checkbox"/>
Visual acuity – near vision	<input type="checkbox"/>	<input type="checkbox"/>
Pupil exam	<input type="checkbox"/>	<input type="checkbox"/>
IOP – tonopen	<input type="checkbox"/>	<input type="checkbox"/>
IOP – iCare	<input type="checkbox"/>	<input type="checkbox"/>
IOP – Goldman	<input type="checkbox"/>	n/a
Confrontational visual fields	<input type="checkbox"/>	<input type="checkbox"/>
Extraocular muscles, motility	<input type="checkbox"/>	<input type="checkbox"/>
Slit lamp exam	<input type="checkbox"/>	<input type="checkbox"/>
Direct ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Indirect ophthalmoscopy	<input type="checkbox"/>	n/a
Color vision	<input type="checkbox"/>	<input type="checkbox"/>
Stereo vision	<input type="checkbox"/>	<input type="checkbox"/>
Deviations	<input type="checkbox"/>	n/a
Refraction	<input type="checkbox"/>	n/a
Gonioscopy	<input type="checkbox"/>	n/a
Scleral depression	<input type="checkbox"/>	n/a

Clinical Exposure – Surgeries	seen?
	<input type="checkbox"/>
Cataract surgery	<input type="checkbox"/>
Glaucoma surgery	<input type="checkbox"/>
Cornea surgery	<input type="checkbox"/>
Retina surgery	<input type="checkbox"/>
Oculoplastics surgery	<input type="checkbox"/>
Pediatric ophthalmic surgery	<input type="checkbox"/>

Clinical Exposure Complaints & Diagnoses	seen? if yes
	<input checked="" type="checkbox"/>
Red eye	<input type="checkbox"/>
Eye pain	<input type="checkbox"/>
Acute vision loss	<input type="checkbox"/>
Chronic vision loss	<input type="checkbox"/>
Double vision	<input type="checkbox"/>
Eye trauma	<input type="checkbox"/>
Low vision	<input type="checkbox"/>
Child with eye complaint	<input type="checkbox"/>
Refractive error	<input type="checkbox"/>
Cataract	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>
Macular degeneration	<input type="checkbox"/>
Diabetic retinopathy	<input type="checkbox"/>
Corneal disorder	<input type="checkbox"/>
Uveitis	<input type="checkbox"/>
Non-glaucomatous optic neuropathy	<input type="checkbox"/>
Retinal vascular (BRAO/BRVO/CRAO/CRVO)	<input type="checkbox"/>
Retinal detachment	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>
Thyroid eye disease	<input type="checkbox"/>
Eyelid disorder	<input type="checkbox"/>
Cranial nerve disorder	<input type="checkbox"/>

**Duke Eye Center**