



**Residents only Meeting**

**Minutes**

James Oliver started the meeting at 13.23 welcoming all those present. He explained that there was no predicted agenda for this meeting and asked the Residents to feel free to ask any question they may have. He noted that there were representatives from the ERC (himself and Franziska Mattheis) as well as from the Exam Committee (Simon Pot) and the Credentials Committee (Teresa Pena) present to answer questions regarding Exam, Residency Training and Credentials.

**Q1: Clara Verdenius (2<sup>nd</sup> year Resident, Utrecht, Netherlands)** asked if the Case Log could be also updated, like the online forms, as she feared that the website would not save the changes for the number of species cases. She noted that there was only a box for the number of case and if this is not saved it would be difficult to allocate the cases again. She added that she was unsure if she understood as it looks unspecific to just add up the number of cases.

**A1:** It was suggested to make a screen shot and to also keep a copy and do not trust the website.

**Q2: Eline Vercruyse (2<sup>nd</sup> year Resident, Liège, Belgium)** suggested to do an introduction round, as everyone missed two congresses and they miss to know which Residents are in the same year?

**A2:** JO suggested to do that at the end of the meeting if there was enough time.

**Q3: Sarah Coall** (final year Resident, Sydney, Australia) asked if advice, presentation on aspects of the exam, exam info documents and recommendations would be provided on the website as before?

**A3:** SP noted that it is on the website and is currently being updated and then uploaded again. He added that there are many rumours ongoing and apparently many other questions about the details of the exam. He asked everybody to ask these questions now.

Referring to the announcement of exam dates, he added that the fixed month for examinations only applies to the theoretical Examination (March/April every year). For the Practical they cannot specify it to a certain month, it will be in the months after the theoretical exam, but they will communicate it about a year in advance. The Resident thanks for the online exam as she is from Australia, and this makes it easier for Residents from oversees.

SP noted that the committee was asked if the examinations could be time delayed or advanced in different time zones. He explained that with regards to the working hours of the Exam Manager, this was unfortunately not possible.

**Q5: Sarah Coall (final year Resident, Sydney, Australia)** Referring to the online exam, Sarah Coall asked: can you go back and forward in the exam and can you re-assess them ,flag etc.

**A5:** SP confirmed that you can, but that there is one exception. There are two session types (MCQs and Slides) with breaks, including a lunch-break, in between. If you need to go to the restroom during a session, please note that you cannot go back to questions you have visited prior to the restroom-break. If you go back to questions you have visited before, they will be marked as wrong. So if you need to take a restroom break during a session, please make sure that all questions that you have visited up to that point have been marked with your final answer.



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He explained that you can generally highlight, cross off pieces of text, and flag and cross off answers. At some questions, you might not know the answer straight away and so you can cross off answers you are sure are incorrect.

He strongly advised all Residents to read the questions carefully. Double negative questions are avoided – still make sure to read them well.

**Q6: Sarah Coall (final year Resident, Sydney, Australia)**

Referred to the surgical exam and asked how the actual pigs' eyes are being fixed? She wanted to know what happens if something goes wrong with the preparations during the exam or if there are complications arising. How should one deal with that?

**A6:** SP answered that there is a relatively simple system: there is a plate of foam on which the eye will be pinned. Typically, the eye would have been inflated or infused with a little bit of fluid to make it more firm. He invited all Residents to practice the surgical procedures, including the ECLE and corneal procedures, on both softer and harder eyes. For example, performing an ECLE procedure will be different, depending on whether you have a hard or a soft eye. The same as for an intracapsular lens extraction on a live patient. He suggested to practice all these procedures as often as you can. He added that everyone must deal with the situation, including surgical complications, at hand. Complications might not mean immediate failure, but you need to solve the situation. Try to solve the problem and then go ahead.

If there is a problem, aka a complication during the surgery, make sure you describe what happened to the examiners, and find a solution. Just re-organise and replan your situation. He added that also, tissue handling is very important. If you make a mistake in it, mention it. If you handle a complication well, it must not be a fail. Mention your mistakes, explain what happened and try to solve the problem. He added that there are many details you can get points for, please also take care of: make sure your table is not a mess, not do sloppy work, avoid touching the endothelium, especially repeatedly, avoid inconsistent suture placement (placement of both shallow and deep sutures, loose suture line etc.). If there are many smaller mistakes like these, this can also result in the deduction of a significant amount of points.

Practice on cadaver eyes and cadaver heads a lot. Practice on cadaver heads because cadaver tissue handles differently compared to live tissue.

Comment from SP: Always take the opportunity to practice solving problems. Even if one has created a big problem in a cadaver eye, try to continue with this eye and turn the situation around, or create a plan how to deal with the complication in a live patient. Practice different situations. Do mistakes and learn from it. Get yourself in trouble when practicing the procedures, also for example with the capsulorrhesis.

**Q7: Eline Vercruyse (2<sup>nd</sup> year Resident, Liège, Belgium)**

Regarding the preparation of the table, it was asked when you know your topic. You know it when you enter the examination. Will you have time to think about how to prepare your table?

**A7:** SP: Confirmed that they will know it when they enter the examination. Get the setup ready for the surgeries, maybe label your instruments, make sure the table is tidy, place your instruments as you wish, but take the correct ones. How you organise your table is up to you.

**Q8: (unidentified Resident)**

With regards to Residents who have started during the pandemic it was noted that the caseload is quite high. It was asked if there was some flexibility in case log numbers regarding canine and feline cases?



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**A8:** JO answered that yes, it can be taken into consideration if you acquire more cases in one species than in another, but he strongly advised to try to compensate that over the years. He noted that the small species numbers are important, but if you are missing a few dogs due to the location of the clinic for example, that would be taken into consideration

### **Q9: Katharina Thieme (final year Resident, Berlin, Germany)**

She noted that she had difficulties to multitask and ask if the candidate had to speak during the practical and continuously explain what (s)he is doing, or if (s)he can explain afterwards?

**A9:** SP answered that to a certain extent, you should explain what you are doing and why, so please practice that. You do not need to speak all the time.

Re the surgery part: Please practice to explain what you do, not necessarily every single small step. But if something happens that should not happen, please announce immediately. Also, there will be questions from time to time from the Exam Committee, but not so many.

Re the live animal part: Please explain what you do and do it in a logical way. The examiners score based on two things: 1 what you have stated orally during the examination. 2) what you have written down on the animal examination form.

Perform the examination in a structured way and tell the examiners what you are doing while doing it. Practice that with your mentor. Get into a structure. You start with a, then b, c etc.. Make sure that the examiners know that you have examined all parts of the eye and adnexa and that you have not missed any structures. If you identify abnormalities, do mention them.

Things that were either written down on the form or narrated during the examination will be taken into account and marked by the examiners.

### **Q10: Aleksandra Rawicka (final year Resident, Rome)**

Regarding the clinical examination she asked if they could ask for additional tests, like retinoscopy/gonioscopy during the first visit examination and if they can take their own instruments

**A10:** SP confirmed that this was possible and yes, there will be a set of instruments on site, sufficient to perform the clinical examinations asked, but candidates can bring their own clinical examination instruments.

He added that this information, including the clinical examination instruments provided on site, has already been sent out to this year's candidates. The information on the exact exam time as well as the extra time that they are welcome for the microscope view ahead of the examination will be sent shortly. Make sure that your setup does not take too much time.

### **Q11: (unidentified Resident)**

Follow up question you do not have to bring to bring special instruments, like slit lamps, condensing lens, gonio lens, you are specifically fond of.

**A11:** SP: You do not have to bring such things (see previous Q and A). However, if you have specific clinical examination instruments that you like and are fond of, you can certainly bring them. You will be able to do the examination with the clinical examination instruments provided on site.

### **Q12 (unidentified Resident)**



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For the surgical part, you bring your own instruments, do you need to bring wet material as well such as viscoelastic, saline?

**A12 SP:** Yes, bring all of that.

**Q13: (unidentified Resident)**

And if the globe gets deflated, not from your own perforation and is too soft, from the beginning, can you inflate it with saline before the surgery start.

**A13:**

SP: Yes, this might be possible, so please mention if it is ridiculously soft to your examiner.

He added that with regards to gloves, please bring them if you need specific gloves There will be the common surgical gloves provided on site. If you prefer other ones, please bring them.

James Oliver emphasized that the liaison officer is Franzi (Franziska Mattheis) and asked all Residents to feel free to contact her if they have any concern or question during their residency. She will handle all enquiries confidential and referring to the online forms, it is important to be honest and if you have problems during your residency, please mention it. The committee will be happy to help and support you where they can. He also encouraged all Residents to have a good work relationship with their mentors and if you have problem, then discuss it with your mentor and not only use the online forms. can be contacted at any time if there are more questions.

If you have problems in your training, with forms or whatever, please feel free to contact us.

The committee members are very happy to help,

JO asked of there were any other question?

**Q14: Joy Ioannides (Post Resident, Bristol)**

Referring to what has been said before, she noted that for the live animal exam do your examination, talk through it and write down afterwards. She noted that she would rather do it step by step, do one examination, write it down, continue, write it down and so on. Is that ok?

**A14:**

SP confirmed that he had said write down afterwards, but you can write your findings down throughout.

**Q13: Ben (UK)**

Is it a Standardized examination sheet form that you fill out as you go?

**A13:** SP confirmed and noted that the examinees are going to receive a standardized examination form and you can also draw things in there – it is not a work of art though.

**Q14:Ben (UK)**

Can you be asked in the live animal examination to fill in HED forms?

**A14:**

SP: No.

JO tanked everybody for this interactive meeting and the constructive questions, which hopefully help everybody. He added that unfortunately there was no time for an introductory round, but it was probably more important for people to ask questions. He reminded that questions regarding training, credentials and exam can also be sent by email to the respective committee chairs. The meeting was closed at 13.59.