John F. Hardesty, MD, Department of Ophthalmology and Visual Sciences

The John F. Hardesty, MD, Department of Ophthalmology and Visual Sciences has a strong legacy and is a national leader in clinical ophthalmology and research. It is ranked among the top ten best overall programs in the United States, and it is also considered one of the top ten best research programs by U.S. News & World Report. Our ophthalmology department is fourth in National Institutes of Health funding for research and has one of the nation’s largest ophthalmology research faculty. The department’s mission is as follows: “As world leaders in patient care, teaching and research, we strive to touch lives and preserve and restore vision through innovation and compassionate service.” We hope that students will join us to enrich their medical education and to experience the collaborative culture of ophthalmology.

Although only a small percentage of physicians in the United States specialize in ophthalmology, there is no doubt that all physicians need a basic understanding of the eye and what it can reveal about a patient’s condition. In a recent article published in the journal Ophthalmology, it was stated that “ophthalmology-related issues arise in the diagnosis and treatment of inpatients and outpatients on internal medicine, pediatrics, trauma surgery, neurology, endocrinology, neurosurgery, otoaryngology, dermatology, oncology, and rheumatology services.”

The article went on to state that “[m]ost primary care program directors believe fewer than 50% of incoming residents have sufficient ophthalmology skills when entering the internship period of medical education. Ophthalmoscopy is one of many opthalmic skills in which there seems to be a gap in the training of medical students. [A study] demonstrated that emergency medicine physicians often do not perform an ophthalmoscopic examination when it is indicated, and when they do, they are unlikely to detect abnormal findings. This presents a serious issue, because patients with visual impairments are more likely to be hospitalized, and from 2006 through 2011, there were 12 million eye-related emergency department visits nationwide. If they are unable to view or interpret fundus findings with either an ophthalmoscope or fundus photography, the students must know when it is necessary to refer their patients to an ophthalmologist for further evaluation.” In other words, even if a physician does not plan to make ophthalmology their career, deepening their knowledge of this field will enhance their skills as a physician in any field.


Website: http://ophthalmology.wustl.edu

At Washington University School of Medicine, medical students under the Legacy Curriculum begin ophthalmology-based instruction during the first year with examination of the eye and a lecture on various aspects of ocular disease. During the second year, students receive a refresher lecture and lab on direct ophthalmoscopy as well as a lecture on ophthalmic manifestations of systemic disease and primary ocular disease. During the third year, students are given the opportunity during the surgery clerkship to spend four weeks on the ophthalmology services; in addition, there are lectures given to students during the Internal Medicine rotations. During the fourth year, a four-week intensive clinical rotation is tailored to students interested in pursuing ophthalmology as a career. Research electives are available under the guidance of numerous ophthalmology faculty members for fourth-year students. Newer medical students under the Gateway Curriculum have the option of choosing ophthalmology for a three-week long clinical experience during their first-year Procedural Immersion. More intensive clinical rotations will be available in later phases of the new curriculum.