

Optometric Residency in Low Vision Rehabilitation

MISSION STATEMENT:

The mission of the Low Vision Rehabilitation Residency at The Eye Institute of the Pennsylvania College of Optometry at Salus University is to recruit a qualified graduating or graduate optometrist; to train the entry level graduate optometrist to provide patient care, including advanced low vision rehabilitative care, to patients with a broad range of ophthalmic disorders and ocular diseases; to train the resident to evaluate and manage patients with visual impairment, multiple impairments, and developmental disabilities; to provide an orientation and didactic program throughout the year; to promote development of skills as an educator and self-learner; and to provide a suitable environment in which the resident can flourish. The mission statement can be found on the Salus University website and in the Program Curriculum.

The nature of the patient population at The Eye Institute provides the foundation for the Resident to hone their entry level skills to an advanced level in addition to cultivating new skills and knowledge as the year progresses. The Resident will achieve the objectives of the program through an appropriate level of collaboration with highly-trained expert specialty clinical faculty. These faculty are comprised of optometrists and general and subspecialty physicians, leading to the Resident's gradual increased clinical autonomy in the area of Low Vision Rehabilitation.

PROGRAM GOALS AND OBJECTIVES:

Goal 1. To recruit qualified graduating or graduate optometrists to fill the position of Low Vision Rehabilitation Resident.

Objectives:

- a. Provide funding of the position through Salus University's annual budgeting process such that Resident salary is commensurate with the current market each year and that an appropriate budget is in place to support the program.
- b. Publication of a Residency Program Description that includes the goals and objectives of the program, application procedures, and other information relevant to the Residency Program.
- c. Advertisement of the position through electronic brochures that are sent to all accredited optometry schools and Residency Programs. Brochures are provided, and a program representative as available, to meet candidates at the AOA and AAO meetings for recruitment purposes.

- d. Interviewing of candidate by the Coordinator of the Primary Care/Ocular Disease Program and a committee of his/her choosing. All interviews will be completed by the end of February each cycle. Ranking of candidates will be completed by the end of February in accordance with the Optometry Residency Match (ORMatch) system.
- e. Offering of the position(s) to candidates in rank order until the position(s) is filled in accordance with the ORMatch system.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by filling the residency program position(s) with qualified applicants.

Goal 2. To enhance the Resident's skills in the management of patients with visual impairment, including rehabilitation goals and psychosocial issues, and to develop a knowledge and understanding of interdisciplinary and multi-disciplinary strategies for the habilitation/rehabilitation of visually impaired patients.

Objectives:

- a. Assign the Resident to the William Feinbloom Vision Rehabilitation Center in The Eye Institute an average of three days a week. This is both as a direct provider (with available faculty support) and as a supervisor of optometry interns. Care will be to patients with visual impairment resulting from such conditions as: age related macular degeneration; retinal disorders/dystrophies; retinal vascular disease; glaucoma; neuro-visual diseases/disorders; congenital/hereditary visual disorders.
- b. Participate in Patient Care Staffing when assigned to care in the William Feinbloom Vision Rehabilitation Center. This offers an interdisciplinary discussion between optometrists, optometry students, social workers, occupational therapist, and other providers on the visual, ocular, psychosocial, and vision rehabilitation issues that impact the management of cases to be seen in the service that day.
- c. Enhance the Resident's management skills in prescribing and fitting spectacle mounted magnification devices, Fresnel prisms, reverse telescope devices, and electronic magnification devices, in addition to, evaluating eccentric fixation, and training individuals with visual impairments in the use of residual vision with and without adaptive devices.
- d. Deliver specialized instruction from the optometrists, social workers, and rehabilitation professionals in the William Feinbloom Vision Rehabilitation Center to the Resident with each case encountered.

- e. Assign the Resident to satellite low vision programs at the Overbrook School for the Blind, Overbrook Educational Center, and several regional school systems' intermediate units in the Delaware Valley. The resident will participate as a member of a team that provides low vision evaluation and rehabilitation services to visually impaired school aged children. The resident will be under the direct supervision of the team members which include a staff optometrist and a member of the rehabilitation staff.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Low Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 3. To develop the knowledge and skills necessary for the evaluation, diagnosis, and management of patients with visual impairment associated with closed head trauma, stroke, and multiple impairments and/or developmental disabilities.

Objectives:

- a. Assign the Resident to the Special Populations and Rehabilitation Clinic in The Eye Institute to participate in a team that provides direct care to patients with multiple impairments. The resident will provide low vision rehabilitation services under the supervision of clinical faculty. The resident will be assigned to The Eye Institute's Neurovisual Disorders and Rehabilitation Program and/or the Neurovision Rehabilitation Service at Bryn Mawr Rehabilitation Hospital during the year to provide care in the co-management of patients with a variety of neurological disorders/diseases, which include stroke, closed head injury, multiple sclerosis, and brain tumors.
- b. Strengthen the Resident's skills to evaluate non-verbal, developmentally, and cognitively disabled patients in such areas as preferential looking testing procedures, specialized refractions, binocular vision assessments, and adaptive visual field assessment.

- f. Deliver specialized instruction from the optometrists, social workers, and rehabilitation professionals to the Resident with each case encountered.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Low Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 4. To enhance the resident's skills in the examination, diagnosis, treatment, and management of inherited and acquired ocular disease.

Objectives:

- a. Assign the Resident to the Emergency Service during normal operating hours an average of one half day per week. This is both as a direct provider (with designated emergency support) and as a supervisor of optometry interns for patients presenting for triage for urgent care. Assign Emergency On-Call 4-5 weeks during the year to provide direct care to patients presenting with urgent eye care needs when The Eye Institute clinic is closed.
- b. Assign the Resident to the following Specialty Services a minimum of 24 hours or six sessions during the year. This is as a direct provider (with designated support) in the co-management of patients alongside subspecialty optometrists and/or ophthalmologists.
 - 1) Vitreo-Retinal Disease Service
 - 2) Specialty Glaucoma Service
 - 3) Neuro-Eye Service

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Specialty Service Supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by

the resident under their supervision prior to signing off on the record. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 5. To enhance the resident's ability to co-manage secondary and tertiary care patients through inter-disciplinary consultation and referral.

Objectives:

- a. Encourage the Resident to take on the responsibility of making appropriate referrals for patients to other necessary Specialty Services within The Eye Institute and/or to outside practitioners for consultation and/or management.
- b. Coordinate care with rehabilitation agencies, educational facilities, and rehabilitative facilities as required. The Resident will make appropriate referrals to these agencies and successfully manage referrals from these agencies.
- c. Develop co-management skills by mentoring the Resident in preparation of detailed reports and correspondence for patients under their care as required.
- g. Instruct the Resident in appropriate documentation and coding of patient encounters in order to comply with HCFA standards.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by the Resident supervisors through EHR documentation and report review, as well as by direct observation, supervision, and discussion.

- The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

- A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This review includes a review of the Resident log.

Goal 6. To provide a substantive orientation program that will prepare the resident to assume their patient care responsibilities in The Eye Institute.

Objectives:

- a. Participation in an orientation program during the first 1-2 weeks of the Residency Program. The Resident attends presentations by key faculty and administrators and is provided with a Residency Handbook that includes comprehensive information on:
 - i. Organizational structure at PCO and Salus University
 - ii. Schedules and calendars for the residents and academic programs at the University
 - iii. Complete residency program descriptions, including mission, goals, objectives, and outcomes assessment, for their particular program
 - iv. A list of important program dates (start and end dates, dates of academic meetings, due dates for publishable papers, etc.)
 - v. Sample resident evaluation forms
 - vi. Attendance Policy for residents
 - vii. Supervision Policy for residency programs
 - viii. Grievance and Complaine Policy
 - ix. Termination and Dismissal Policy
 - x. Protocols for patient care services in The Eye Institute
 - xi. A Policies and Procedures Manual for students in The Eye Institute
 - xii. Sample Professional Practice course syllabi (the College's clinical education courses), including evaluation instruments

- b. Participate in patient care alongside the faculty during orientation in order to familiarize the Resident with the personnel and systems in the services to which they will be assigned.

Outcome Assessment:

-Achievement of this goal through the stated objectives is evidenced by production of the Resident Handbook and the residency orientation schedule.

Goal 7. To provide a didactic program throughout the year that will increase the resident's fund of knowledge regarding diagnosis and management of ophthalmic dysfunction and ocular disease.

Objectives:

- a. Increase the Resident knowledge base and clinical aptitude in patient care. The Resident attends multiple lectures/conferences related to the specialties ocular disease. These conferences are led by specialists in the respective fields. The conference schedule will be created and maintained by the Residency Director in harmonization with the TEI Residency Coordinators.

b. Attend on average one lecture conference per month presented by optometric and ophthalmologic sub-specialist in the following areas:

- 1) Glaucoma
- 2) Emergency Eye Care
- 3) Retina
- 4) Anterior Segment

c. Attend at least one major academic conference during the year. The Resident attends the American Academy of Optometry Meeting and has the opportunity to attend an additional academic conference in their specialty area, such as the annual Envision Conference.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by a selection and review of the didactic topics in each specialty area by the program Coordinator/Director.

-A log is maintained by the office of Optometric Clinical Affairs of all lectures and/or conferences attended by the Resident.

Goal 8. To promote development of the resident's skills as an educator and self-learner.

Objectives:

a. Develop skills as an educator through interaction with students both in the clinical setting and in the clinical skills laboratory. In the clinical setting, the Resident supervises patient care by optometry students. In the clinical skills laboratory, the Resident helps with facilitating laboratory sessions alongside laboratory faculty. All supervision responsibilities performed clinically and didactically by the Resident are under the guidance of an attending doctor/faculty.

b. Develop public speaking skills through participation in one COPE-approved Grand Rounds presentation and one COPE-approved Resident's Day presentation during the Residency. Both presentations are prepared for faculty, residents, students, and local optometrists.

c. Synthesize a paper of publishable quality before the end of the program.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by supervisors/Coordinator/Director observing the Resident's teaching in clinical and didactic settings. Observed activities include the Resident's Grand Rounds lecture presentations, laboratory teaching skills, clinical education skills, as well as by reviewing abstracts and manuscripts prior to submission.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for the Resident to understand their strengths and weaknesses, and provide feedback on their skills as an educator and self-learner.

Goal 9. To enhance the Resident's professional behavior and interpersonal skills.

Objectives:

- a. Demonstrate responsibility, respect, sensitivity, maturity, sound judgment, and ethical behavior in all interactions with faculty, co-residents, other medical professionals, students, staff and patients.

Outcomes Assessment:

-Achievement of this goal through the stated objective is determined by supervisors/Coordinator/Director, and other personnel observing and interacting with the Resident.

- A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for the Resident to understand their strengths and weaknesses, and provide feedback on their professional behavior or interpersonal skills.

Goal 10. To provide a suitable environment in which the resident can flourish.

Objectives:

- a. Supply an office with a workstation that includes a desk, a chair, a telephone, and storage space. The Resident has access to a computer, including internet access.
- b. Provide sufficient financial and personnel resources to support the educational objectives of this program through the University and The Eye Institute.
- c. Publicize and enforce non-discrimination policies, employee guidelines, and patient rights.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is evidenced by providing an appropriate work environment and sufficient funding.