

Optometric Residency in Primary Eye Care/Ocular Disease

MISSION STATEMENT:

The mission of the Residency in Primary Care/Ocular Disease is to recruit qualified graduating or graduate optometrists; to train the entry level graduate optometrist in advanced patient care through clinical management and co-management experiences in a broad range of ophthalmic diseases and disorders; to provide an orientation and an ongoing 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 areas of Primary Care and Ocular Disease.

PROGRAM GOALS AND OBJECTIVES:

Goal 1. To recruit qualified graduating or graduate optometrists to fill the positions of Primary Care/Ocular Disease 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 examination, diagnosis, treatment, and management of diseases and disorders of the eyes and associated structures, as well as in the diagnosis of related systemic conditions.

Objectives:

- a. Expose the Resident to a variety of conditions by assigning the Resident to Primary Care Services an average of 2 days per week. This is both as a direct provider (with available faculty support) and as a supervisor of optometry interns for patients presenting for comprehensive primary care eye examination and follow-up care. These visits include, but are not limited to: patients with refractive disorders, binocular disorders, and/or ocular disease, and patients requiring contact lens management.
- b. 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.
- c. Expose the Resident to advanced disease by assigning the Resident to the following Specialty Services a minimum of 24 hours over the course of the year. The Resident will provide direct care in the co-management of patients along with subspecialty optometrists and/or ophthalmologists. The resident will directly participate in the management of the patients, including pre-/post-surgical care as required.
 - 1) Cornea and Anterior Segment Disease Service
 - 2) Vitreo-Retinal Disease Service
 - 3) Specialty Glaucoma Service
 - 4) Neuro-Eye Service
 - 5) Other Ophthalmic Co-Management Service(s)

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Primary Care Chief of Service, 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 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 enhance skills necessary for the diagnosis and management of complex clinical cases through the performance and/or interpretation of various procedures and tests.

Objectives:

- a. Increase proficiency of clinical skills by having the Resident perform the following procedures on patients for whom they are indicated:
 - 1) Binocular indirect ophthalmoscopy
 - 2) Slit lamp ophthalmoscopy (78D/90D fundus examination)
 - 3) Scleral indentation
 - 4) Gonioscopy
 - 5) Ocular photography / Imaging
 - 6) Dilation and irrigation of the lacrimal system
 - 7) Punctual plug management

- b. Familiarize the Resident with the rationale for ordering and/or technique for performing ancillary testing, including assessing and interpreting findings in such procedures as:
 - 1) Automated visual fields
 - 2) Optical coherence tomography
 - 3) Corneal topography
 - 4) Fluorescein angiography
 - 5) Ultrasonography of the globe and orbit
 - 6) Electrodiagnostic testing (ERG/EOG/VEP)
 - 7) Laboratory testing
 - 8) MRI/MRA MRV/CT/X-RAY

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Primary Care Chief of Service, 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 with heavy emphasis on procedural and clinical case review especially in the first 2-3 months of the program. Chiefs of Service will review specific clinical procedures with the resident as indicated.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient. These logs are analyzed on a yearly basis by the program Coordinator and adjustments are made as needed to ensure exposure to all diagnostic studies.

-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 4. 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. Develop co-management skills by mentoring the Resident in preparation of detailed reports and correspondence for patients under their care.

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 5. To provide a substantive orientation program that prepares 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 Compliance 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 6. To provide a didactic program throughout the year that will increase the Resident's fund of knowledge regarding diagnosis and management of ocular disease, ocular dysfunction, and primary eye care.

Objectives:

- a. Increase the Resident knowledge base and clinical aptitude in primary eye care and ocular/systemic disease. The Resident attends multiple lectures/conferences related to the specialties of primary care and 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-specialists in the following specialty 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 AOA Optometry's Meeting, SECO, or other conference approved by the Residency Director and Coordinator.

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 7. To increase 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 8. 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 9. 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.