



Virginia Eyecare Clinic

Optometry Residency Handbook

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Table of Contents:

Mission Statement	Page 3
Program Goals and Objectives	Page 4
Clinical Curriculum	Page 6
Selection Procedure	Page 8
Duration of the Residency	Page 8
Salary and Benefits	Page 8
Academic Calendar	Page 9
Clinical Practice Protocols	Page 10
Requirements for Residency Completion	Page 13
Remediation and Dismissal	Page 14
Grievance Procedure	Page 15
Clinic Policies	Page 15
Appendix	Page 18

Virginia Eyecare Clinic Mission Statement:

The Virginia Eyecare Clinic's mission is to provide exceptional eye care by compassionate professionals to the residents of Buchanan and nearby counties through the delivery of high quality clinical care, relatable patient education and communication, and interaction with highly skilled and trained doctors, staff, optometric residents and optometric students.

- Goals:
- Goal A To achieve 3800 patient visits in 2017-18.
 - Goal B To increase the number of patient visits annually by 10 percent above the previous year.
 - Goal C To participate annually in the Remote Area Medical of Virginia clinic in Buchanan County.
 - Goal D To become actively involved in the screening and eye care of the children/youth of Buchanan County.
 - Goal E Successfully achieve/maintain accreditation by ACOE for the Optometric Residency Program through Pennsylvania College of Optometry at Salus University.
 - Goal F Empower team members to achieve the highest levels of certification and training possible for the positions they fulfill.
 - Goal G Implement and certify a clinical quality assurance program as sufficient to appease insurance payors and the criteria set forth by ACOE in developing a residency program.

Virginia Eyecare Clinic Residency Program Mission Statement:

The mission of the Residency in Family Practice/Ocular Disease with an Emphasis on Rural Health Care 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 disorders; to promote development of skills as a self-learner; and to provide a suitable environment in which the resident can flourish.

Residents from a qualified and diverse pool will be selected in a fair and impartial manner. Residents who complete the program are expected to attain advanced clinical competencies in a variety of aspects of optometric care including contact lens, low vision, pediatrics and binocular vision, and treatment and management of ocular disease.

Program Goals and Objectives:

Goal 1: Seek and maintain accreditation from the Accreditation Council for Optometric Education (ACOE) of the American Optometric Association (AOA).

- **Objective 1:** Virginia Eyecare Clinic will maintain an educational affiliation with Pennsylvania College of Optometry (PCO) at Salus University in support of the residency and its accreditation.
- **Objective 2:** Virginia Eyecare Clinic will seek and maintain ACOE accreditation.

Goal 2: The program will recruit qualified candidates to fill the residency position.

- **Objective 1:** The program will attract candidates using a variety of methods, including developing and updating the program website, maintaining working relationships with optometry schools, and utilizing word of mouth via the student externship program and/or at educational conferences such as the AOA, VOA and American Academy of Optometry (AAO).
- **Objective 2:** The program will interview all qualified candidates in person, or by phone in special circumstances, and the candidates will be ranked according to the Optometric Residency Matching Service (ORMS) guidelines.

Goal 3: The resident will strengthen his/her entry level clinical skills in the examination, evaluation, and management of patients, and develop advanced core competencies.

- **Objective 1:** The resident will provide direct care to patients exhibiting a wide variety of ocular, systemic, and psychiatric diseases with varying levels of case complexities at Perry Point VA Medical Center.
- **Objective 2:** The resident will study advanced skills, such as gonioscopy, scleral depression, fundus photography/imaging, pachymetry, topography, and Ocular Coherence Tomography.
- **Objective 3:** The resident will participate in sub-specialty external rotations, including, but not limited to, retina, glaucoma, and cornea/anterior segment/refractive surgery, pediatrics, oculoplastics, ocularist clinics and observations of home visits with the Virginia Department of the Blind and Visually Impaired.
- **Objective 4:** The resident will provide direct patient care on a minimum of 1000-1200 patients.

Goal 4: The resident will develop the ability to function in a multidisciplinary environment.

- **Objective 1:** The resident may rotate with other non-optometric providers based on interest.
- **Objective 2:** As the resident develops clinical autonomy during the program, he/she will discuss and accept consults from other health care providers on an emergency basis.
- **Objective 3:** The resident will consult non-optometric providers when indicated.
- **Objective 4:** The resident will utilize the ability to order lab, imaging, and other procedures when indicated.

Goal 5: The resident will expand his/her knowledge of ocular and systemic conditions.

- **Objective 1:** The resident may participate in regularly scheduled meetings of the Lonesome Pine Optometric Society and the Northeast Tennessee Society of Optometric Physicians (NETSOP) meetings.
- **Objective 2:** The resident will attend monthly grand rounds at Virginia Eyecare Clinic.
- **Objective 3:** The resident will participate in twice annual multidisciplinary grand rounds held with local students of the Appalachian College of Pharmacy and the Appalachian School of Law.
- **Objective 4:** The resident will review recently published literature from peer-reviewed medical and optometric journals during monthly journal club presentations at Virginia Eyecare Clinic.

Goal 6: The resident will develop an interest in, and appreciation for, scholarly activity.

- **Objective 1:** The resident will make a clinical case presentation at PCO at Salus University's Residency Day.
- **Objective 2:** The resident will prepare a manuscript of publishable quality.
- **Objective 3:** The resident will be encouraged to attend AOA, AAO and local VOA conferences.
- **Objective 4:** The resident will be encouraged to submit an abstract for a poster/paper presentation at a regional/national optometry conference.
- **Objective 5:** The resident will be encouraged to submit a poster/paper to the Virginia Academy of Optometry and present to the Academy if chosen.

Goal 7: The resident will develop skills to be an effective role model to optometry externs.

- **Objective 1:** In developing clinical autonomy, the resident will serve as a preceptor to fourth year optometry students rotating at Virginia Eyecare Clinic.

- **Objective 2:** The resident will maintain a high standard of professionalism at all times in the clinic and will urge students to do the same.

Program Curriculum

Overview

The educational objectives, learning activities, and expected outcomes of the Residency in Family Practice Optometry and Ocular Disease, with an emphasis on Rural Health Care include:

- Provision of optometric care to a large number and diversity of patients at Virginia Eye Care Clinic.
- Appropriate referral and co-management of patients with other health care providers. External rotations may be arranged if likely to enhance expertise in ocular disease.
- Clinical supervision and education of optometry students and optometry externs during fourth quarter of residency.
- Lecture and workshop presentations in the form of continuing education, grand rounds, optometry classroom, etc.
- Participation in scholarly residency activities including literature review, journal club, and local case presentations.
- Attendance of continuing education courses with encouragement to fulfill opportunities to lecture for Resident Rapid Fire Presentations and submit paper/poster abstracts.
- Completion of a research paper, literature review, or case report of publishable quality.
- Active involvement in the optometric community through membership and participation in optometric organizations as well as political involvement and interactions with local politicians.

Patient Care

- The resident will see patients in clinic Monday - Friday on a weekly basis.
- The resident will accrue a minimum of 1000 patient encounters. Subdivided patient treatment goals include 200 pediatric cases, 500 anterior segment cases, 400 posterior segment cases, 150 Diabetic cases, 100 glaucoma cases, 100 post operative cases, 125 contact lens cases. These numbers do not add up to 1000 due to significant patient crossover within categories.
- The Resident will work up to seeing a full caseload of 10+ patients per day, to include a variety of patient needs and encounters. The ocular disease will include a caseload heavy in cataract, PCIOL, posterior capsular opacification, glaucoma, macular degeneration of all forms, diabetes of varying severity, optic nerve disorders, peripheral retinal disorders, PVD and retinal detachment, dry eye, various forms of conjunctivitis, blepharitis, meibomian gland dysfunction, corneal dystrophy and degeneration, herpetic eye disease, corneal ulcer and infection, external and internal ocular neoplasm, uveitis. The family practice will include a caseload heavy in refractive and contact lens patients, ocular muscle misalignment, amblyopia, accommodative disorders. The resident will become proficient in advanced ophthalmic techniques and minor procedures, including but not limited to: epilation, punctal occlusion, corneal foreign body removal utilizing varied techniques, gonioscopy, specialty contact lens fitting, ocular imaging such as OCT, digital anterior and posterior segment photography, Prokera placement, injection of chalazia with a steroid, bandage contact lens placement, corneal debridement.
- The Resident will rotate on call duties after hours with the Residency supervisor per supervision policy

Supervisory experiences

- Allow the resident to participate in the clinical supervision and education of optometry students and externs during the fourth quarter of the residency if resident is able to practice in accordance with the full extent of fourth quarter supervision policy.

Didactic Learning: Grand Rounds / Presentations

- The Resident will participate in monthly grand rounds, at least two of these grand rounds will involve interdisciplinary residents, students and/or professionals. Resident is encouraged to regularly engage in self-study and independent learning in any area that the resident does not feel clinically or diagnostically confident.
- The Resident will participate in monthly journal club with the residency supervisor and any available onsite students.
- Resident will participate in PCOSU's Residents Day Grand Rounds Presentations.
- The resident will attend conferences and join optometric organizations as desired and as able.
- Resident will complete a research paper, literature review or case report of publishable quality by the end of the residency program.
- Resident will have online access to Blackboard, which includes all current journals through Salus University Pennsylvania College of Optometry.

Scholarly Learning

- The resident will keep a record of all Scholarly activities undertaken in an external spreadsheet log.
- The Resident will participate in PCOSU's Residents Day.
- The Resident will participate in Grand Rounds monthly at VECC
- The Resident will participate in Journal Club monthly at VECC
- The Resident will be offered the opportunity to participate in lecturing opportunities as available.
- The Resident will produce a publishable quality paper, case report or research by the end of the Residency Program.
- The Resident will be encouraged to participate in local, state and national meetings by submitting papers and/or poster abstracts and will participate if selected by meeting

Community Involvement

- The resident will participate in various school and health screenings, volunteer clinics and other local optometric volunteer opportunities as they arise.
- Encourage involvement in statewide optometric outreach programs and optometric mission trips as opportunities arise.
- Residents will participate in InfantSEE screenings and education of local health providers and patients regarding optometry's role in health care.
- Encourage membership and participation in optometric organizations.
- Encourage involvement and interaction with local politicians.

Core Competencies Goals

- The resident will be able to display sound clinical judgment in patient care
- The resident will be able to provide quality patient care in a time efficient manner
- The resident will be able to provide compassionate, empathetic health care
- The resident will participate as an active team member in the professional environment of the clinic and facility
- The resident will display interest in self-motivated independent study to further knowledge
- The resident will demonstrate communication skills with patients and clinical colleagues at a level commensurate with the professional situation

Selection Procedure:

Prospective residents must apply through the Optometric Residency Matching Service (ORMS). Required application documents include the ORMS application form, curriculum vitae/resume, National Board of Examiners in Optometry (NBE) transcript, optometry school transcripts, three letters of recommendation and a statement of interest. The completed applications will be reviewed by the residency supervisor. Candidates will be offered an on-site interview (preferred) or a remote teleconference interview if travel is a challenge for the candidate. Qualified candidates will be ranked according to merit and preference as determined by the residency supervisor, considering factors such as clinical and academic competence, interest in the program area, recommendations and interpersonal skills. Residents from a qualified and diverse pool will be selected in a fair and impartial manner. All applicants will be evaluated without regard to age, sex, race, religion, sexual orientation, national origin or physical or mental disabilities. There is currently one position available each year.

Eligibility criteria include the following:

- The applicant must have earned an O.D. degree from an accredited school or college of optometry prior to the start date of the program
- The applicant must have taken and passed parts I, II, and III of the NBE exams
- The applicant must be a citizen of the United States

Duration of the residency:

The residency program runs from July 1st of each year and runs until June 30th of the following year. Clinic starts at 8:30am and generally finishes by 5:30pm (or later if patients are still present), Monday through Friday, with a 60 minute lunch. There are no weekend hours. On-call duties will be expected on a rotating basis.

Salary and Benefits:

The salary for the 2018-2019 academic year is \$35,000, which is set by the President of the Board of Trustees. This stipend is not contingent upon resident productivity. Residents are paid on a bimonthly basis.

Additionally, residents may participate in the company sponsored health insurance plan. Any health plan premiums will be deducted directly from the resident's paycheck. Professional liability insurance is provided through the Federal Tort Claims Act and the Federal Employees Liability Reform and Tort Compensation Act. This covers duties performed within the Virginia Eyecare Clinic premises as well as duties performed on behalf of the clinic which occur off of clinic premises.

Residents earn 10 (ten) days of annual leave and 5 (five) days of sick leave as needed. Sufficient advanced notice for annual leave must be given to allow time for cancelling the resident clinic – 6-8 weeks is generally requested. Sick leave of greater than two days requires a note from a physician.

Special authorized absence is granted as professional leave for attendance at professional meetings, such as the American Academy of Optometry, AOA or VOA meetings.

All residents are covered by Workers' Compensation for injuries or illnesses incurred in the performance of duty at Virginia Eyecare Clinic. If a resident is injured or incurs a job-related illness while on duty at the clinic, the resident should seek immediate medical attention from the nearest emergency care facility. The resident must report the episode to his/her Residency Coordinator/Supervisor and perform due diligence in reporting the incident to the clinic's insurance carrier. An incident form must be completed which can be found in the Virginia Eyecare Clinic Policies and Procedures manual.

Academic Calendar:

Prospective residents should apply to ORMS by February 1st of the match year. Interviews for qualified candidates are generally held in January and February, preferably on Fridays. The match deadline is always the first Friday in March.

- July 1st --- Residency starts
- November 11th (approximate)--- First resident/program/supervisor evaluation deadline
- February 15th --- Publishable paper title & abstract due
- March 16th (approximate) --- Second resident/program/supervisor evaluation deadline
- April 15th --- First draft of publishable paper due
- June 1st --- Final draft of publishable paper due
- June 28th --- Final resident/program/supervisor evaluation due
- June 30th --- Residency ends
- ***Note: The date of the final presentation given at PCO at Salus University is variable, but will be determined several months in advance – typically occurs in April/May.

No clinics are scheduled on the following federal holidays and residents are not expected to be in clinic on these days:

Fourth of July	Christmas
Labor Day	New Year's Day
Thanksgiving Day	Memorial Day

Clinical Practice Protocols:

Residents will spend at least four days a week participating in direct patient care. At a minimum, 1000 patient encounters are required to successfully complete the program. As the residency is considered family practice/ocular disease there are no set minimums per disease entity, but given the clinic patient population, a caseload heavy in glaucoma, diabetic eye disease, macular degeneration, cataracts, other anterior segment abnormalities, pediatrics, contact lenses and routine examination is to be expected.

Residents will examine patients under the direct supervision of a staff optometrist. As the residency progresses, there will be graduated levels of responsibility. These graduated levels will follow the program's established Optometry Residency Supervision Policy which is as follows:

Optometry Residency Supervision Policy – Virginia Eyecare Clinic, Grundy Virginia

The residency supervision policy at Virginia Eyecare Clinic (VEC) ensures that the resident receives graduated levels of responsibility, which increase with each passing quarter as following:

First Quarter:

- 1.) Resident will present all patients to the attending faculty to check on the accuracy of clinical data collected, diagnosis and management plans. Presentation must occur prior to dilation.
- 2.) Residents will also become more skilled in the use of advanced diagnostic equipment and procedures under the guidance of clinical faculty.
- 3.) Resident gains experience in dealing with post-operative patients with VEC faculty overseeing all encounters.
- 4.) All after-hours emergencies, when the resident is on call, are discussed with the residency program supervisor or the attending on-call. If the attending deems that the patient should be seen, he/she may accompany the resident to the clinic and supervise the delivery of care.
- 5.) Resident will undergo sub-specialty observations within the first 4-6 weeks of the start of the residency year.
- 6.) Resident will perform patient work up as needed and will perform all ordered ancillary testing on resident patients.

Reviewed with Resident:

Resident Signature and Date

Second Quarter:

- 1.) VEC supervising faculty will directly oversee all resident patient encounters involving insured patients. The resident may see uninsured patients with supervision from the attendings, as needed.
- 2.) Post-surgical follow up patients are released by resident, if indicated, without staff intervention.
- 3.) All after-hours emergencies, when the resident is on call, are discussed with the residency program supervisor or the attending on-call. If the attending deems that the patient should be seen, he/she will not likely accompany the resident to the clinic nor supervise the delivery of care.
- 4.) Resident will have full technician support for work up and ancillary testing.

Reviewed with Resident: _____

Resident Signature and Date

Third Quarter:

- 1.) VEC supervising faculty will still be directly involved in the care provided to insured patients, although on a *minimal level*.
- 2.) Patients referred in without insurance will have all care provided by the resident without faculty oversight, unless required.
- 3.) Postoperative patients released by the resident, even those with more complex surgeries, provided the appropriate follow up is in place.
- 4.) Resident begins to field on call emergencies deemed routine in nature without intervention of VEC faculty, unless requested.
- 5.) Resident may be able to independently sign for medication and other orders after discussing with the attending.
- 6.) Resident may be granted the ability to supervise fourth year clinical externs at the discretion of the residency supervisor and after all core competencies are established.
- 7.) Resident will have full technician support.

Reviewed with Resident: _____

Resident Signature and Date

Fourth Quarter:

- 1.) As above with the insured patients, although minimal patient interaction.

- 2.) As above with self-pay patients, with VEC faculty interaction only if requested.
- 3.) As above with post-operative patients, with VEC faculty interaction only if requested.
- 4.) As above for on call emergencies, with reports to VEC faculty (back-up) if requested.
- 5.) As above with student externs.
- 6.) Resident will have full technician support.

Reviewed with Resident: _____
Resident Signature and Date

During the first four to six weeks of the residency program residents will have the opportunity to attend external specialist observations. Residents may be granted the ability to supervise fourth year optometry externs at the discretion of the residency director during their fourth quarter of the residency program. Residents will undergo a formal evaluation at least semi-annually by the residency supervisor, and they will be expected to complete a review of the program and staff semi-annually (See Appendix). Residents will also be required to keep logs of patient encounters, didactic and scholarly activities as well as community involvement.

Sub-specialty external clinical observations may include:

- **Cornea/anterior segment/refractive surgery**
- **Retina**
- **Glaucoma**
- **Low vision**
- **Cataract, Oculoplastics and Pediatrics**
- **Ocularist**
- **Refractive Surgery**
- **Other non-optometric providers** may be shadowed based on resident interest

In addition to providing patient care, residents will be expected to broaden their knowledge bases through self-study, lecture attendance, and other scholarly activities. Many optometric and ophthalmologic journals are available through electronic access through the PCO library. Any journal articles not available through these means may be obtained by submitting a written request.

Lecture/seminar attendance includes:

- Thursday morning grand rounds (approximately 1x/month at Virginia Eyecare Clinic)
- Thursday morning journal club (approximately 1x/month at Virginia Eyecare Clinic)
- Evening educational seminars as available in local area

- The resident may attend conferences and/or grand rounds at external sites as desired

Residents will prepare monthly grand rounds presentations to provide to the Virginia Eyecare Clinic doctors, staff and students during grand rounds. Resident will produce an article monthly for discussion in journal club and will review and be prepared to discuss articles submitted by other participants. They will make a clinical case presentation at PCOSU Residents Day and prepare a manuscript of publishable quality as fulfillment of their completion requirement. Finally, they will be encouraged to attend, and/or submit an abstract for a poster presentation at, a regional/national optometry conference.

Other clinic responsibilities include composing letters to specialists regarding patient outcomes – all diabetics, pediatrics, high risk medication and referrals should have a letter to accompany patient records prior to the patient being seen in the clinic to which they were referred. Pediatrics, diabetics, high risk medication and any other patient the resident or attending sees fit should have summary letters sent to primary care providers after every visit. The resident may draft their own template, use an existing software template or manually type letters as they prefer.

Maintenance and repair:

The clinic equipment is maintained and repaired by the clinic or an outside contracted source as needed. If repair or maintenance is indicated, please discuss with Dana Smith who will troubleshoot the problem. Non-technical repairs such as plumbing, lighting, painting, etc. are handled by building management. Any staff member can be notified of the task request and will address the issue with building management.

Requirements for Residency Completion:

In order to successfully complete the residency program and receive a residency certificate, the resident will:

- Attend and complete all assigned clinic sessions in a professional manner and remain in clinic until all patients are cared for or the clinic preceptor states otherwise
- Maintain and complete patient care log (minimum of 1000 patient encounters)
- Attend and document all other assigned activities, including external observations, didactic, scholarly and community activities
- Complete the required manuscript of publishable quality
- Present a clinical case at PCOSU Residents Day
- Participate in monthly grand rounds and journal club
- Achieve satisfactory performance evaluations
- Complete all assigned evaluations of the residency program and faculty

Upon termination of the appointment as a Virginia Eyecare Clinic paid resident, all medical records must be completed and all items of Virginia Eyecare Clinic must be returned, including keys, textbooks and computers. Final paychecks will not be released until the clearance procedure is fully completed.

Remediation and Dismissal:

Any rating of “below expected levels” on the resident’s evaluation in any of the categories of Clinical Skills, Interpersonal Skills, or Ethics and Professionalism, as well as any patient encounter where care is deemed to be seriously inadequate or dangerous, necessitates remediation. The remediation plan will be developed by the Program Coordinator and approved by the Program Supervisor, and should include specific “benchmark” goals (e.g. performance of gonioscopy with accurate findings documented on four patients, examination of ten diabetic patients with accurate findings confirmed by attending, etc.), and specific activities to reach these goals, such as supervised workshop in procedures, selected assigned readings, etc. The plan must specify a completion date, at which time the Program Coordinator will evaluate and notify the resident as to whether remediation was satisfactorily completed.

Failure to complete a remediation program may be grounds for dismissal. Violations of residency or affiliate policy may also be grounds for dismissal. Certain violations such as endangering a patient or patient abuse will be grounds for immediate dismissal. In other cases, such as repeated failure to complete clinic assignments, the resident would generally be counseled verbally after the first occurrence, notified of a subsequent violation in writing, and finally dismissed if the violation is repeated. Copies of written notifications of violations would be sent to the Program Supervisor and the PCO Director of Off-Site Residency Programs.

Conduct Violation:

Each resident is expected to abide by office regulations and policies so that the highest possible standards of conduct, honest, integrity, impartiality, and ethical behavior are maintained at all times. When these standards are not met, prompt and just corrective action will be taken by the Residency Coordinator and reviewed by the PCO Director of Off-Site Residency Programs.

Disciplinary Action/Termination:

Action taken may include closer supervision and counseling, formal written censure, or dismissal based on, and in proportion to, the severity of the infraction. Progressive discipline will be used for repeated minor offenses and may result in dismissal from the residency program. In all cases, the resident will be specifically informed of the charges and given an opportunity to respond to them. If the resident feels that the action taken by the Residency Coordinator is inappropriate or unwarranted, a review by the President of the Board of Trustees may be requested. If the matter remains unresolved, the resident may request a review by the PCO Director of Off-Site Residency Programs. This request must be made in writing giving the specific reasons why the resident feels that the action is unjust and must be filed within seven days of their notification of the action. The information provided by the resident and all

other information pertinent to the case will be reviewed by the PCO Director of Off-Site Residency Programs and a final decision will be made. This decision will be provided to the resident in writing.

Grievance Procedure:

A grievance is a specific complaint by a resident that the established policies and procedures pertaining to employment conditions and disciplinary actions are not being properly applied in his/her situation. A grievance is not a minor irritation or gripe that can and should be tolerated, nor is it a complaint that the established benefits, policies, or procedures are unsatisfactory. This grievance procedure is available to all full-time residents and fellows who are paid by the Virginia Eyecare Clinic.

A resident who believes he/she is being treated unfairly may raise a question in the form of a grievance and will receive an answer from management. Whenever possible, informed resolution of complaints at a level as close to the source of the problem as possible should be attempted. The Residency Coordinator is always available for advice, discussion, or consultation on any matter a resident considers pertinent. If the nature of the grievance is such that the resident feels the matter cannot be taken up with his/her first-level supervisor, it may be presented to the appropriate person at the next higher supervisory level.

Grievances should be initiated and discussed with the immediate supervisor within fifteen days of the date of the incident. The basis of the grievance and the corrective action desired should be carefully presented and discussed. If the matter cannot be resolved, the resident will be advised to present his/her grievance progressively to the next higher level until the President of the Board of Trustees has given it consideration. The resident should receive an answer within five work days after consideration of the grievance by the President of the Board of Trustees. If it cannot be satisfactorily resolved by the President of the Board of Trustees, the resident may then present the grievance, in writing, to the PCO Director of Off-Site Residency Programs for a decision. The PCO Director of Off-Site Residency Programs will render a decision to the resident within fifteen calendar days. The PCO Director of Off-Site Residency Programs' decision is binding and the resident has no further appeal action. The Residency Coordinator will maintain written records of receiving, adjudicating, and resolving any resident complaints.

Clinic Policies:

Infection control:

All health care workers in direct patient contact areas must:

- Use an alcohol-based hand rub or antimicrobial soap and water to routinely decontaminate their hands before and after having direct contact with patient

- Put gloves on when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur. Remove gloves after caring for patient. Do not wear the same pair gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
- Use an alcohol-based hand rub or antimicrobial soap and water to decontaminate hands before and after removing gloves
- Wash hands with non-antimicrobial or antimicrobial soap and water whenever hands are visibly soiled or contaminated with body fluids, before eating, and after using the restroom.
- Use an alcohol-based hand rub or antimicrobial soap and water after contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient).
- Use an alcohol-based hand rub if moving from a contaminated body site to a clean site doing patient care.

Contaminated needles and other sharps are not bent, recapped, or removed unless:

- It can be demonstrated that there is no feasible alternative.
- The action is required by specific medical/dental procedures.
- In the two situations above, the recapping or needle removal are accomplished through the use of a medical device or one-handed technique. *(This technique involves placing the cap on a flat surface where it will not roll. The resident holds the syringe in one hand and places the other hand behind his or her back. The syringe is slid into the cap. Once accomplished, the other hand may be used to secure the cap in place.)*

Contaminated sharps will be placed in rigid puncture-resistant containers designed for sharp disposal. Other contaminated instruments will be placed immediately in a puncture-resistant, leak-proof container labeled with a biohazard warning, and will be disposed of by a contracted service.

Personal protective equipment is provided by the clinic. Gloves are worn for anticipated contact with blood, pus, feces, urine, or oral secretions. Employees with dermatitis, cuts, open areas, etc., should wear gloves when there is risk of drainage. Alternative gloves are available to employees who are allergic to the gloves normally used.

Routine cleaning and disinfection of environmental surfaces (especially frequently touched surfaces) is required. Diagnostic equipment that comes in contact with a patient's eye must be properly disinfected or disposed of in a safe manner.

- Tonometry: Using aseptic technique, apply a new tonometer tip to the holder before measuring intraocular pressure. Replace the tip in the hydrogen-peroxide containing sterilization container to repeat disinfection.
- Gonioscopy/Fundus contact lens: clean the gonioscopy/fundus contact lens with a sterile alcohol wipe prior to using. After the procedure, wash the lens with antimicrobial soap and water. Place the lens back in its case.

Facility safety:

- Accidents/Injuries: If you are injured, immediately notify your supervisor.
- Electrical safety: Inspect all electrically powered equipment before use. Do not use equipment with frayed cords or broken plugs. Report defective equipment to your supervisor.
- Equipment safety: Know how to use equipment properly and inspect for defects prior to use. Remove any defective/inoperative equipment from use and report it to your supervisor.
- Fire: Upon discovering or suspecting a fire in the area: 1) Rescue anyone in danger from the fire, 2) Activate the nearest fire alarm pull station and have someone call the fire department (extension: 222), 3) Confine fire spread by closing all doors, and 4) Extinguish if the fire is small and you are properly trained.
- Hazardous materials: Become familiar with the hazards associated with the chemicals you use before you use them. Ensure all containers are properly labeled with the name of the product, manufacturer's name and address, and appropriate hazard warnings. Know the location of your chemical inventory and material safety data sheets (MSDS). In the event of a chemical spill, notify the fire department (extension: 222).

Appendix:

Evaluation of the Resident	Page 15
Evaluation of the Residency Program by the Resident	Page 18
Faculty Evaluation by the Resident	Page 21

Pennsylvania College of Optometry

Affiliated Residencies

Evaluation of the Resident

Resident _____ Program _____

Evaluation (circle one): Fall Midyear Final Date _____

Please complete the following by circling the most appropriate response code as follows:

- 4 = Excellent
- 3 = Above Expected Levels
- 2 = At Expected Levels
- 1 = Below Expected Levels
- 0 = Not Acceptable
- N/A = Not Applicable or Don't Know

I-Clinical Skills – The resident has demonstrated proficiency in:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Managing routine cases | 4 | 3 | 2 | 1 | 0 | N/A |
| 2. Managing complex cases | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Management of refractive care | 4 | 3 | 2 | 1 | 0 | N/A |
| 4. Management of ocular disease | 4 | 3 | 2 | 1 | 0 | N/A |
| 5. Management of binocular problems | 4 | 3 | 2 | 1 | 0 | N/A |
| 6. Cases requiring referral and/or consecutive management | 4 | 3 | 2 | 1 | 0 | N/A |

- | | | | | | | |
|---------------------------------------|---|---|---|---|---|-----|
| 7. Verbal professional communication | 4 | 3 | 2 | 1 | 0 | N/A |
| 8. Written professional communication | 4 | 3 | 2 | 1 | 0 | N/A |

II- Interpersonal Skills- The resident has demonstrated appropriate behavior in:

- | | | | | | | |
|----------------------------|---|---|---|---|---|-----|
| 1. Patient interaction | 4 | 3 | 2 | 1 | 0 | N/A |
| 2. Staff interaction | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Acceptance of criticism | 4 | 3 | 2 | 1 | 0 | N/A |

III- Teaching and supervision- The resident has demonstrated appropriate attitudes and skills in:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Working with students | 4 | 3 | 2 | 1 | 0 | N/A |
| 2. Supervising students | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Providing a role model to students | 4 | 3 | 2 | 1 | 0 | N/A |
| 4. Providing educational assistance to students | 4 | 3 | 2 | 1 | 0 | N/A |

IV- Scholarship – The resident has demonstrated an appropriate interest in life-long learning by:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Using reference sources in patient management | 4 | 3 | 2 | 1 | 0 | N/A |
| 2. Self- Study | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Participation in scheduled academic conferences | 4 | 3 | 2 | 1 | 0 | N/A |

4. Participation in CE programs	4	3	2	1	0	N/A
5. Academic presentations	4	3	2	1	0	N/A
6. Professional writing and publication	4	3	2	1	0	N/A
V- Demonstrates appropriate ethics and professionalism	4	3	2	1	0	N/A

VI- Overall evaluation (circle one)

Initial Evaluation Same as previous evaluation

Performance declining Improving

Comments:

Signed _____
Residency Supervisor

Resident signature indicates review
of evaluation with Supervisor

Countersigned _____ Date _____
Resident

b. Planned didactic presentations	4	3	2	1	0	N/A
c. CE Conferences	4	3	2	1	0	N/A
d. PCO Conferences	4	3	2	1	0	N/A
e. Your case presentation experience	4	3	2	1	0	N/A
f. Writing paper	4	3	2	1	0	N/A
g. Self- study	4	3	2	1	0	N/A
h. Other non-clinical activities	4	3	2	1	0	N/A
8. PCO Participation						
a. Support by PCO and Residency Director	4	3	2	1	0	N/A
b. PCO Educational programs	4	3	2	1	0	N/A
c. Library Services by PCO	4	3	2	1	0	N/A
9. Facilities and professional environment						
a. Building and environment	4	3	2	1	0	N/A
b. Professional equipment	4	3	2	1	0	N/A
c. Support personnel	4	3	2	1	0	N/A
d. Local library support	4	3	2	1	0	N/A
6. Precepting of students	4	3	2	1	0	N/A

STRENGTHS

WEAKNESSES

SUGGESTIONS FOR IMPROVEMENT

OTHER COMMENTS

Signed _____ DATE: _____
RESIDENT

Pennsylvania College of Optometry

Affiliated Residencies

Faculty Evaluation by the Resident

Faculty _____ Program _____

Evaluation (circle one) Fall Midyear Final Date_____

Please complete the following by circling the most appropriate response code as follows:

- 6 = Excellent
- 5 = Above Expected Levels
- 4 = At Expected Levels
- 3 = Below Expected Levels
- 2 = Not Acceptable
- N/A = Not Applicable or Don't Know

The faculty member:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Is knowledgeable in his/her clinical area(s) | 4 | 3 | 2 | 1 | 0 | N/A |
| 10. Demonstrates appropriate clinical skills | 4 | 3 | 2 | 1 | 0 | N/A |
| 11. Demonstrates/shares knowledge and skills with resident | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Is a good role model | 4 | 3 | 2 | 1 | 0 | N/A |
| 4. Is available | 4 | 3 | 2 | 1 | 0 | N/A |
| 5. Is approachable | 4 | 3 | 2 | 1 | 0 | N/A |

6. Provides regular counseling	4	3	2	1	0	N/A
7. Demonstrates active interest in new information and scholarship	4	3	2	1	0	N/A
8. Encourages resident in his/her academic pursuit	4	3	2	1	0	N/A
9. Fosters an environment of learning	4	3	2	1	0	N/A
10. Treats Resident with collegial respect	4	3	2	1	0	N/A
11. Demonstrates appropriate ethics and professionalism	4	3	2	1	0	N/A
12. Demonstrates appropriate flexibility	4	3	2	1	0	N/A

COMMENTS:

STRENGTHS

WEAKNESSES

SUGGESTIONS FOR IMPROVEMENT

OTHER COMMENTS

Signed _____ DATE: _____
RESIDENT