Virginia Eyecare Clinic

Optometry Residency Handbook

Last update: June 30, 2018
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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 Goals and Objectives

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

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.
- Lecture and workshop presentations in the form of continuing education, grand rounds, optometry classroom, etc.
- Participation in residency seminar 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.
- 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.

Selection Procedure:

Prospective residents must apply through the Optometric Residency Matching Service (ORMS). Required application documents include the ORMS application form, curriculum vitae, National Board of Examiners in Optometry (NBEO) scores, optometry school transcript, three letters of recommendation, and a statement of interest. Qualified candidates will be invited to visit the facility for an interview. Alternatively, a telephone interview may be conducted in lieu of the personal interview under certain circumstances. 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 NBEO exams
• The applicant must be a citizen of the United States
• All applicants will be evaluated without regard to sex, race, religion, age, or handicap

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
- October 30th --- First resident evaluation
- February 15th --- Publishable paper title & abstract due
- February 28th --- Second evaluation and resident evaluation of program/coordinator
- April 15th --- First draft of publishable paper due
- June 1st --- Final draft of publishable paper due
- June 30th --- Final evaluation and resident evaluation of program/coordinator
- 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:

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
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<tbody>
<tr>
<td>Fourth of July</td>
<td>Christmas</td>
</tr>
<tr>
<td>Labor Day</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Memorial Day</td>
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Clinical Practice Protocols:

Residents will spend at least four days a week participating in direct patient care. At a minimum, 1200 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; however, all medical records will be reviewed and co-signed by a staff attending. During the first four to six weeks, residents will attend external specialist observations. After six months, they will be given the ability to independently sign for medications and other orders after discussion with an attending. Complicated cases will be referred and/or co-managed with the appropriate specialist. Residents may be granted the ability to supervise fourth year optometry externs at the discretion of the residency director. Residents will undergo a formal evaluation three times a year by the residency supervisor, and they will be expected to complete
a review of the program and staff biannually (See Appendix). Residents will also keep logs of patient encounters and didactic activities.

Sub-specialty external clinical observations include:

- **Cornea/anterior segment/refractive surgery** – Dr. Alan McCartt, Johnson City Eye Clinic (JCEC), Johnson City TN
- **Retina** – Dr. Joseph Brown, Retina Consultants PLLC Pikeville KY
- **Glaucoma** – Dr. James Battle, JCEC, Johnson City TN
- **Low vision** – in home assessment observations with Virginia Department of the Blind and Visually Impaired
- **Cataract, Oculoplastics and Pediatrics** – Dr. Jeffrey Carlsen, JCEC, Johnson City TN
- **Ocularist** – will observe fittings and onsite protocol with ________________
- **Refractive Surgery** – will observe pre-op, post-op and surgical procedures at TLC Johnson City TN
- **Other non-optometric providers** within the VA may be shadowed based on resident interest
- Observations will consist of ½-1 day clinical observation and ½-1 day surgery observation per provider

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 at least five presentations (and generally many more) to give to the Virginia Eyecare Clinic doctors, staff and students during grand rounds and journal club. They will make a clinical case presentation at PCO and prepare a manuscript of publishable quality. 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 clinic. 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 patient care log as assigned (with a minimum of 1000-1200 patient encounters)
- Attend and document all other assigned activities, including external rotations, didactic, and scholarly activities
- Complete the required manuscript of publishable quality
- Present a clinical case at PCO, as well as 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 _____________________________  Resident signature indicates review
Residency Supervisor                  of evaluation with Supervisor

Countersigned ______________________ Date _______________
Resident
Pennsylvania College of Optometry

Affiliated Residencies

**Evaluation of the Residency Program by the Resident**

Residency Program__________________________________________________________

Evaluation (circle one) Fall Midyear Final Date________

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

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

1. Number of patient encounters

   |   4 |   3 |   2 |   1 |   0 | N/A |

6. Quality of patient encounters related to:

   a. Diagnostic type

      |   4 |   3 |   2 |   1 |   0 | N/A |

   b. Level of participation

      |   4 |   3 |   2 |   1 |   0 | N/A |

   c. Faculty involvement

      |   4 |   3 |   2 |   1 |   0 | N/A |

7. Quantity of non-clinical educational activities

   a. Individual consultation by faculty

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<tr>
<td>b. Planned didactic presentations</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>c. CE Conferences</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
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<tr>
<td>d. PCO Conferences</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>e. Your case presentation experience</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
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<tr>
<td>f. Writing paper</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
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<tr>
<td>g. Self- study</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
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<tr>
<td>h. Other non-clinical activities</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
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**8. PCO Participation**

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<tbody>
<tr>
<td>a. Support by PCO and Residency Director</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>b. PCO Educational programs</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>c. Library Services by PCO</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
</tbody>
</table>

**9. Facilities and professional environment**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Building and environment</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>b. Professional equipment</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>c. Support personnel</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
<tr>
<td>d. Local library support</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0 N/A</td>
</tr>
</tbody>
</table>

6. Precepting of students | 4 | 3 | 2 | 1 | 0 N/A
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