AOCS Residency Manual 2013

Advanced Ocular Care Service Residency Program

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Mission and Goals

Mission Statement

The mission of the Residency program in Ocular Disease is to provide advanced competency in eye care in the areas of ocular disease and primary care, through education, patient care and scholarship. Upon completion of the program the resident will be qualified to pursue professional opportunities which require a high level of clinical proficiency in the treatment and management of ocular and associated systemic conditions. The resident will also receive training which will serve to prepare them for careers with emphasis in ocular disease management and as an optometric educator.

Goal 1

To provide the highest quality of ocular disease care utilizing currently accepted standards of care, techniques, and technology.

Objectives:

1. The resident will provide patient care consistent with the American Optometric Association clinical care guidelines and other current evidence based guidelines.

2. The resident will learn to use current technology to aid in the diagnosis and management of ophthalmic disease, including the OCT, HRT (if desired), digital photography, Humphrey visual fields, Matrix visual fields, fluorescein angiography, and B scan ultrasound.

Goal 2

To provide advanced clinical training in ocular disease, including the diagnosis and management of ocular conditions, the management of ocular emergencies and trauma, while also gaining exposure to primary care optometry.

Objectives:

1. The resident will examine and treat patients throughout their residency. The majority of these patients will be comprised of patients with glaucoma, diabetes, cataracts and macular degeneration. Other areas of emphasis will include surgical glaucoma, peripheral retina, “red eyes” and primary care examinations.

2. The resident will see patients in the walk in IU Health Center Eye Clinic. At the health center the resident will advise optometry students and see their own patients with emergent red eye situations as well as ocular trauma.

3. The resident will see patients in the primary care setting while advising students and helping them diagnose and manage the patient.

4. The resident will be expected to provide after-hours call coverage a maximum of one week for every three to four week period.

5. The resident will become proficient with therapeutic agents used to manage and treat anterior and posterior ocular disease.

6. The resident will interact with a variety of ophthalmologic specialists including retinal specialists, glaucoma specialists and, if desired, corneal specialists. These subspecialty interactions will occur at IU Department of Ophthalmology and surrounding referral centers. While with these specialists, the resident will get to observe a variety of different surgical procedures.
7. The resident will learn standard protocols for treatment of glaucoma, macular degeneration, retinal disorders, and anterior segment conditions.

**Goal 3**

**To expose the resident to didactic and teaching experiences which will serve to prepare the resident for careers in advanced areas of optometric practice and/or academics.**

**Objectives:**

1. The resident will be required to provide clinical supervision of optometric interns in a primary care setting under the mentorship of primary care clinical faculty.
2. The resident will be required to assist in the organization and participate in the weekly Case Conference Seminars for fourth year IUSO optometric interns.
3. The resident will be required to give one or more lectures in upper level didactic courses offered at the IUSO.
4. The resident will remain current with the ocular disease specialty by attending continuing education classes and seminars related to ocular disease topics, reviewing pertinent articles and books, and actively engaging in discussions of relevant topics with program faculty.
5. The resident will attend at least one scholarly meeting devoted to ocular disease, such as the AAO, AOA, or the Optometric Glaucoma Society Meeting.
6. The resident will be encouraged to learn of ongoing research at the IUSO through attendance of Oxyopia seminars. Additionally, the resident may become familiar with research methods, policies and procedures depending upon their interests.

**Goal 4**

**To attract a large, diversified and well qualified applicant pool, and to select the best applicant from that pool.**

**Objectives:**

1. The on-site resident will visit with the IUSO upper level classes and discuss their experiences in the program at least once during their residency year.
2. The Indiana University School of Optometry Director of Residencies will correspond annually with residency coordinators at all schools and colleges of optometry in the United States concerning current residency offerings of the school.
3. A brochure will be utilized to highlight the program’s characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be reviewed annually.
4. The residency program will be promoted in the AOA Newsletter and other appropriate optometric publications each year.
5. The residency program will be listed and described on the Indiana University School of Optometry web site.
6. To be considered for the program, each candidate must apply through the Optometry Residency Matching System (ORMatch) and submit the following by the application deadline:
   a. Letter of intent stating reasons for applying to the program.
   b. Curriculum vitae or resume
   c. Official transcripts from all optometric education and other graduate school work. Scores from Parts I and II of the National Board of Examiners in Optometry
d. Letters of reference from three faculty or adjunct faculty members who have been most familiar with the applicant’s clinical performance, and the applicant’s professional abilities and academic performance.

7. To be considered for selection, all qualified applicants must be interviewed by the residency coordinator, pertinent faculty members and clinical coordinator. This group will rate each applicant in the areas of didactic/clinical experience, interpersonal skills, knowledge, patient management skills, integrity and motivational status.

8. To allow candidates the opportunity to visit Indiana University School of Optometry, tour the clinical facility, become more familiar with the program and speak directly with the resident currently enrolled in the program.

9. The selected resident will have a GPA of at least 3.00 out of a 4.00, and have passed all parts of National Board Exams.

**Goal 5**

*To provide the resident with the opportunity to learn about and participate in clinical research in ocular disease.*

**Objectives:**

1. The resident is required to complete a research paper, literature review or a case report of publishable quality by the end of the program, with the goal of presenting the results as a paper, poster or publishable article during the program year, or within one year of the program’s completion.

**Goal 6**

*To stimulate a commitment to service in the resident.*

**Objectives:**

1. The resident will be encouraged to become actively involved in the optometric community by encouraging membership and participation in national, state, and local optometric organizations.

2. The resident will participate in various volunteer activities such as various community health fairs and screenings, community educational opportunities, and other similar events.

3. The resident will be highly encouraged to be an active participant in the IUSO VOSH trip to Guanajuato, Mexico.

**Goal 7**

*To provide administrative support commensurate with the needs of the program and the resident.*

**Objectives:**

1. The resident will have a designated office space for their use. When necessary, the resident will have an examination room available for direct patient care.

2. The resident will be provided with a computer for the exclusive use of the resident. It will be used for academic pursuits such as poster presentations, continuing education classes, residency logs, students grades and writing papers and/or abstracts and any other academic pursuits the resident or coordinator deem necessary.

3. The resident will be provided with the clinical equipment necessary for primary care optometry and ocular disease diagnosis and treatment.

4. The resident will be provided with reference material for study and research through the optometry library, other IU related libraries, clinical staff and the internet.
Goal 8

To provide adequate record-keeping to help document the performance of the program in meeting the above goals and objectives, as well as any other basic record-keeping requirements of the program.

Objectives:

1. The resident will perform a review of the residency coordinator at least three times a year.
2. The resident will perform a review of each non-coordinator faculty member at least three times a year.
3. The resident will perform review of the residency program at least three times a year.
4. The residency coordinator will perform a review of the resident three times a year.
5. The residency coordinator will be updated on the status of the resident's paper quarterly.
6. The residency program will conduct an annual program review.
7. The residency coordinator will perform a quality assurance review of the resident to ensure the resident is providing quality patient care three times a year.
8. The resident will provide a listing of all patient encounters three times a year.
9. The resident will provide a listing of the resident’s teaching and didactic experiences three times a year.

CURRICULM

This is a full-time, 53-week residency program, beginning on June 24th and ending on June 30th of each residency year. The first two weeks of the program are devoted to resident orientation. The focus of the program is on clinical care, but also includes didactic education and scholarly activity. The resident is involved in patient care a minimum of 4.5 days each week. The remainder of the resident's time is devoted to academic interests such as student case conference supervision, independent study and lecturing. The resident is also required to be available for after-hours emergency care on a rotating basis. Below is a description of the curriculum.

CLINICAL

Patient Care (approximately 85% of the program)

The resident is required to complete rotations in the Ocular Disease Clinic, Vitreo-Retinal Service and ophthalmology sub-specialty clinics, Indiana University Health Center Eye Clinic as well as the Primary Care Clinic. Advanced competency achievement goals for each rotation are listed below.

The resident will provide patient care to ocular disease patients in the Advanced Ocular Care Service, IU Health Center and Primary Care Clinics. The resident will spend time with ophthalmology subspecialty clinics to gain knowledge and skill in the management and co-management of various ocular disease and surgical cases.

Advanced Ocular Disease Service: approximately 18 hours per week
IU Health Center Eye Clinic: approximately 9 hours per week
Primary Care Clinic: approximately 6 hours per week
Ophthalmology Clinic: approximately 8 hours per week
Additional responsibilities include on-call emergency service rotation. The residents rotate the on-call pager weekly. The ocular disease resident is on call once every 3 to 4 weeks.

Goals for Ocular Disease Clinic:

1. To enhance the resident's skills and efficiency in the diagnosis and management of:
   - glaucoma
   - retinal vascular disorders
   - vitreo-retinal disorders
   - age related macular degeneration
   - corneal and external ocular disease
   - cataracts and post-operative complications of cataract surgery
   - systemic disease correlation

2. To become proficient in the testing and interpretation of the following advanced diagnostic equipment:
   - OCT
   - Automated Perimetry (Matrix and Humphrey Visual Field Technology)
   - Ultrasonography
   - Digital Photography
   - Pachymetry

3. To enhance skills of advanced diagnostic procedures including:
   - Gonioscopy
   - Scleral Indentation

4. To enhance decision making for appropriate referrals to ophthalmic and non-ophthalmic medical providers, and for appropriate laboratory and neuro-imaging studies.

These goals are met through regular resident patient encounters in the Ocular Disease Clinic. This is a full-year rotation of two full days of Advanced Ocular Care Service per week, supervised by Jane Ann Grogg, OD, FAAO and Brett King, OD, FAAO.

Goals for Indiana University Health Center

1. To enhance the resident's skills in the diagnosis and management of:
   - ocular trauma
   - anterior segment infections
   - foreign bodies
   - ocular allergies
   - neuro-ophthalmic emergencies (including neurological exam screenings)
   - contact lens related problems
   - ear, nose and throat examinations

2. To become proficient in the interpretation of laboratory and imaging studies

3. To enhance the intra and inter-professional communication with nurse practitioners, physician
assistants and family practice physicians

These goals are achieved through a yearlong rotation of two half-day rotations at the Indiana University Student Health Center. The resident is supervised by the attending optometrist Jane Ann Grogg, OD. The resident also works in coordination with the family practitioners, nurse practitioners, physician assistants, and pharmacists employed at the student Health Center.

Supervision Policy

The residency must follow a written supervision policy that affords the resident progressively increasing responsibility based upon demonstrated clinical competence. The resident will be supervised during his/her residency experience in a graduated manner. The goal of this policy is to allow the resident to become increasingly independent in both patient care and supervising optometry students in the clinic. During the orientation the residency supervisor and the resident will discuss the supervision policy, and review the clinical privileging form, (see appendix 31). This is the same form that all faculty members who want to work within the clinical services must complete. A residency at IUSO will also include attending of optometry students within the clinical service. The supervision policy is written to oversee the resident while he/she is developing the skills to teach and the expertise to manage various clinical cases within the service.

The resident will begin the residency by observing faculty members attending optometry students engaged in patient care. During this time the faculty member and resident will discuss the cases at the end of the day or during the clinic session, as time allows. The faculty members will also provide the resident instruction on how to properly consult and educate the students. After the first few weeks the residency supervisor will have individual meetings with the resident and with the faculty members who have worked with the resident. Based on these conversations a decision will be made to move into the next phase, co-managing the patient with the clinic faculty and the student. At this point the optometry students will be instructed to present the clinical case to both the resident and the faculty member assigned to work with the resident. The resident will be given the opportunity to ask questions of the students, and direct the examination sequence. The faculty member will provide additional comments and direction as needed. For those cases considered entry level the resident will perform the appropriate examination tests, then provide the clinical education to the patient/parents with the faculty member in the room to provide additional education if necessary. Again, after a few weeks the residency supervisor will meet with the faculty and the resident separately. The clinical privileging form will be reviewed with the resident. If, based on these discussions, the resident has shown the ability to be an attending for students and direct the care of patients he/she will be assigned a group of students. In the past few years this initial process has taken between four to six weeks to complete but there is no definite time period assigned. All decisions will be made on an individual basis.

During the next phase of the residency supervision, the resident will be assigned be an attending for a group of students. At the same time another faculty member will be assigned to work with a second group within the same clinic. This guarantees that a faculty member is always available to the resident. The resident will be instructed to communicate with the second faculty member on those cases where questions exist. The faculty member’s responsibility is to provide as much assistance as needed to the resident. During this time the residency supervisor will review all charts of the resident before insurance is billed. The goal of this review is to verify that the resident’s assessment and plan accurately reflects the documentation in the patient’s chart. This review will also allow the residency supervisor to better gauge the resident’s ability to provide quality care to the patients and provide quality education to the students. This review is expected to occur through the first quarter of the residency. This will be done during the first quarter in addition to the IUSO quality assurance plan. For the remainder of the residency the residency supervisor will officially review 5 charts per month during the residency, which falls under the quality assurance plan for IUSO. Additional chart reviews will be done according to the situation.

At the end of each quarter the residency supervisor and resident will meet to discuss the resident’s progress. The clinical privileging form will be reviewed and for those areas where competency has been attained, the supervision will be relaxed and the resident not be required to discuss each case with the residency supervisor/assigned faculty
member. This process of review will occur at the end of each quarter. While the supervision will be relaxed as the resident has shown competency he/she will always have access to faculty members during his/her clinic assignments throughout the residency.

There will be times the resident is assigned to provide direct patient care. The supervision policy for this care will parallel the policy as it concerns their status as an attending. During the first few weeks of the residency the resident will consult with a faculty member during the clinical examination and the faculty member will review the examination findings, perform necessary examination elements and provide the clinical education to the patient/parents. As the resident has shown increased competence through multiple patient care experiences this should translate to increased responsibilities in direct care of patients. This aspect will be reviewed separately during the meetings with the residency supervisor. While the supervision for direct care will relax in the same manner as the attending responsibilities faculty will be available for consultation when the resident provides direct patient care.

**Physical facilities**

**Atwater Eye Care Center, 744 East Third Street, Bloomington, IN**

The IU Atwater Eye Care Center (AECC) is located at 744 East Third Street, across the street from the Optometry Building on the Bloomington campus of Indiana University. There is a total of 19202 ft² (9262 ft² first floor and 9940 ft² second floor). Thirty examination lanes are utilized to provide clinical training and education for students and residents in the areas of Binocular Vision/Pediatrics, Contact Lenses, Ocular Disease and Primary Care. Third and Fourth Year OD students rotate through this clinic along with Optician/Technician students. There are 9 auxiliary testing rooms for visual fields, photography, and corneal topography. The AOCS clinic section has 8 examination rooms for students. Faculty offices are located within the building. There is a lounge for Faculty, Staff, and Students, in addition to Faculty offices and billing and administrative offices. Two focal points of AECC include an exceptional Eyewear Center and The Vision Care Institute Satellite Center. TVCI Satellite Center will offer professional-level training opportunities through a direct link to distance learning and live programming with the most up-to-date video conferencing center. It is also ideal for Faculty and Staff meetings between the Bloomington Campus and our regional sites. With the closing of CECC this facility will become the primary location for the ocular disease clinic. We will have the same number of exam rooms devoted to patient care, office space for the resident, and the same equipment available.

**The Indiana University Health Center**

The Indiana University Health Center (IUHC) is a stand-alone, four-story, 66,000 square foot facility providing medical, mental health, and wellness services to the 42,000 students on the Bloomington campus of Indiana University. In addition to our direct service to students, the Health Center supports the campus and Bloomington community on behalf of the students through a variety of services and activities.

Within the Health Center, multiple services are provided including the following: Medical Clinic, Women’s Health Clinic, Counseling and Psychological Services, and Health & Wellness Services providing health education outreach, nutrition services, massage therapy, smoking cessation, and sexual health education. Other services available on-site include: physical therapy, optometry, clinical laboratory, retail pharmacy, radiology, allergy and immunization clinic, and a travel clinic.

The Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), the International Association of Counseling Centers (IACS), the American Psychology Association, and COLA accredit the services and facilities of the Indiana University Health Center.

**Optometry Services:** The Health Center provides non-routine optometric services in association with the Indiana University School of Optometry. School of Optometry faculty employed by the Health Center supervises fourth year optometry students during a twelve-week clinical rotation. During this period, students provide direct, but supervised eye care for problems such as contact lens related red eyes, conjunctivitis, styes, dry eye, allergies,
injuries, retina problems relating to diabetes and hypertension, and eye inflammation caused by rheumatologic disorders.

The Health Center’s Eye Clinic is open during the Fall and Spring academic semesters in the mornings on Monday and Tuesday, and in the afternoon on Wednesday, Thursday, and Friday. There are two (2) exam rooms, each containing the following equipment: stand and chair, BIO and slit lamp. One room contains a phoropter. There is one large office featuring room for four (4) workstations for both faculty and students to document encounters and for consultation. A waiting room provides sufficient space for patients to await appointments.

Clinical Staffing & Utilization: The Health Center’s medical clinics utilize a mix of 7 physicians, 11 nurse practitioners, and 2 physician assistants. Each of these providers works with a care team featuring a registered nurse and a shared medical assistant. Currently, there are 12 registered nurses and 10 medical assistants providing support for Health Center medical providers in both the Medical Clinic and Women’s Health Clinic. The Health Center’s mental health clinic or CAPS (Counseling and Psychological Services) features 2 psychiatrists, 9 psychologists, and 9 clinical social workers. The Health Center other services are provided by 1 physical therapist, 2 dieticians, 4 health educators, 4 massage therapists, and 2 registered nurses administering immunizations and allergy injections.

During fiscal year 2011-12, the Health Center served 27,626 distinct students. This means that 70 percent of the students on campus utilized Health Center services at least once. The following table provides a breakdown of encounters by service for this period.

<table>
<thead>
<tr>
<th>IUHC Service</th>
<th>Utilization</th>
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<tbody>
<tr>
<td>Medical Clinic</td>
<td>29,239 visits</td>
</tr>
<tr>
<td>Counseling and Psychological Service (CAPS)</td>
<td>16,975 visits</td>
</tr>
<tr>
<td>Women’s Clinic</td>
<td>5,459 visits</td>
</tr>
<tr>
<td>Acute Care</td>
<td>1,080 visits</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>1,312 visits</td>
</tr>
<tr>
<td>Health &amp; Wellness Education</td>
<td>1,671 visits,</td>
</tr>
<tr>
<td></td>
<td>32,580 outreach contacts</td>
</tr>
<tr>
<td>Eye Clinic</td>
<td>876 visits</td>
</tr>
<tr>
<td>Immunization/Travel/Allergy Clinic</td>
<td>5,617 visits</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>53,493 prescriptions</td>
</tr>
<tr>
<td>Clinical Lab</td>
<td>38,949 lab tests</td>
</tr>
<tr>
<td>Radiology</td>
<td>2,088 x-rays</td>
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</tbody>
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**REQUIREMENTS FOR RESIDENCY COMPLETION**

1. Submission of a poster of paper to the AAO meeting or other national meeting.
2. One paper of publishable quality done by the end of the residency.
3. External rotations done to the satisfaction of the residency coordinator and supervising ophthalmologist.
4. Completion of the required lecture for Ocular Disease class.
5. Performing to the satisfaction of Drs. Grogg and King at IUSO and IU Health Center as well as all clinical rotations.
6. Receiving satisfactory evaluations by Dr. Grogg and King throughout the residency.
7. Attendance at scheduled case conferences.
8. Participation in Grand Rounds or other lecture assignments.