



School of Optometry

INDIANA UNIVERSITY

Ocular Disease Residency Program

Information Manual 2005-2006

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OCULAR DISEASE RESIDENCY INFORMATION MANUAL

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**Ocular Disease Residency Program
Key Personnel**

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Indiana University School of Optometry

Mission Statement 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.

Goals

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, stereo photographs, digital photography, Humphrey visual fields, Matrix visual fields, fluorescein angiography, and B scan ultrasound.

Goal 2

To provide a diverse clinical patient base to assure advanced clinical competency in ocular disease, including the diagnosis and management of ocular conditions, the management of ocular emergencies and trauma, and advanced clinical competency in primary care optometry.

Objectives:

1. The resident will examine and treat approximately 1200 patients throughout their residency. Approximately 600 of those patients will be glaucoma patients, 120 will be diabetic patients, 240 will be ARMD patients, 36 will be HIV patients and the rest will be made up of red eyes, neurological cases and primary care examinations.
2. The resident will see approximately 100 patients in the walk-in IU Health Center Eye Clinic. At the 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 approximately 360 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 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 at the IU Eye Clinic in Carmel, Indiana associated through the IU Department of Ophthalmology and at the Eye Center of Southern Indiana. 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 organize and participate in 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 learn of ongoing research at the IUSO through attendance of regular Oxyopia seminars. Additionally, the resident will become familiar with research methods, policies and procedures.
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To attract a large, diversified and well qualified applicant pool, and to select the best applicant from that pool.

Objectives:

1. To inform all fourth year students in the schools and colleges of optometry in the United States and Canada about the residency program.
2. To have an IUSO representative available to answer questions and discuss the program at national meetings, such as the AOA and the Academy, attended by optometry students
3. A brochure will be created to highlight the program's characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be updated 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 Service (ORMS) 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.
 - d. Scores from Parts I and II of the National Board of Examiners in Optometry
 - e. 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 Selection Committee. The Committee 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. To rank the applicants following review of all application materials and the interview, to submit the rankings to ORMS and to accept the ORMS-matched resident.

Goal 5

To provide the resident with the opportunity to learn about and participate in scholarly activities 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 an active participant in the IUSO VOSH trip to Guanajuato, Mexico.

Goal 7

To provide facilities and equipment appropriate to meet the needs of the Program.

Objectives:

1. To provide an office and telephone for the resident's exclusive use.
2. To provide an IBM-compatible networked computer and printer access for the resident.
3. To provide state-of-the-art clinical equipment to the program.

4. To provide clinical rooms for each resident's use during direct patient care activities.
5. To provide full use *of* and easy access to the on-campus IUSO library and all its

Goal 8

To provide faculty and administrative support appropriate with the needs of the residency program.

Objectives:

1. To provide residency trained faculty who will be available at all times for consultation, case discussion and assistance for the resident's entire patient care experiences. This includes availability after regularly scheduled clinic hours for emergency cases.
2. To make available all support services and staff who are typically available for the faculty.
3. To meet weekly with the Program Coordinator to discuss issues of concern
4. To meet with Director of Residencies from IUSO at least 3 times per year to discuss any issue of the residency year and more often if the need arises.
5. To provide residency trained faculty who will be available at all times for consultation, case discussion and assistance for the resident's entire patient care experiences. This includes availability after regularly scheduled clinic hours for emergency cases.
6. To make available all support services and staff who are typically available for the faculty.
7. To meet weekly with the Program Coordinator to discuss issues of concern
8. To meet with Director of Residencies from IUSO at least 3 times per year to discuss any issue of the residency year and more often if the need arises.

Goal 9

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 quarterly review of the residency coordinator.

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

Goal 10

To evaluate and enhance the residency program on an on-going basis and to conduct a program of such quality as to merit accreditation by the Accreditation Council on Optometric Education (ACOE).

Objectives:

1. For the Program Coordinator and Director of Residencies to continuously monitor and evaluate the program and to have semi-annual meetings to review and discuss the status of the program and proposed changes.
2. For each resident to complete an evaluation of all aspects of the residency program at mid-year and at the end of the program.
3. For the program coordinator and director or residencies to meet at the end of each year to review the recently completed year, determine if the program is meeting ACOE's optometric residency standards, and to address any deficiencies.

Evaluations/Annual Review Process

The resident is evaluated quarterly during meetings with the Program Supervisor. At the six-month and final review periods, the resident receives a written evaluation. The resident must complete the requirements listed on the Curriculum Description in order to successfully complete the residency.

The review process is as follows: In the beginning of the year the resident meets with the program supervisor. The goals are determined by both the resident and supervisor. Half way through the residency, the Supervisor and resident meet to discuss how well the goals are being met and if any adjustments need to be made. They also discuss possible problems and make adjustments to the program to ensure that all goals and objectives are going to be met by the end of the residency. At the end of the year, the supervisor and resident evaluate the residency in terms of the mission, goals and objectives. The end of year evaluation forms are filled out by both parties. There is also an end of year meeting as well as end of year letters written by both parties. All meetings between the resident and supervisor are recorded in the resident's activity log. A sample of the evaluation forms can be found in the Appendix (5-9).

Residency Completion Rate

The Indiana University Ocular Disease residency has a 100% completion rate since its inception in July 2001. Post-residency placement since the beginning of the program is as follows:

- Faculty Position 1
- OD/MD Practice 1
- Private Practice 1

Curriculum Description

This is a full-time, 52-week residency program, beginning on July 1st 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 direct 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 (one week out of every three weeks). Below is a description of the curriculum.

Patient Care (approximately 85% of the program)

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

Goals for Ocular Disease Clinic:

1. To enhance the resident's skills and efficiency in the diagnosis and management of:
 - glaucoma (approximately 60% of the patient base of this clinic)
 - retinal vascular disorders
 - vitreo-retinal disorders
 - age related macular degeneration
 - corneal and external disease
 - cataracts and post-operative complications of cataract surgery
2. To become proficient in the testing and interpretation of the following advanced diagnostic equipment:
 - HRT
 - OCT
 - Automated Perimetry (Matrix and Humphrey Visual Field Technology)
 - Ultrasonography
 - Stereo and Digital Photography
 - Pachymetry
3. To enhance skills of advanced diagnostic procedures including:
 - Gonioscopy
 - Scleral Indentation
 - Pascal Dynamic Contour Tonometry
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 Ocular Disease Clinic per week, supervised by Victor Malinovsky, OD, FAAO and Jane Ann Grogg, OD, FAAO.

Goals for Vitreo-Retinal Service

1. To enhance the residents' skills in the diagnosis and management of:
 - retinal vascular disorders,
 - vitreo-retinal disorders
 - peripheral retinal disorders
 - intraocular tumors
 - age related macular degeneration
 - macular holes
 - hereditary choroidal disease
 - posterior uveitis
 - retinal tears and detachments
 - co-management of post-operative and post-injection retinal patients

2. To enhance skills of an advanced diagnostic testing
 - interpretation of Fluorescein Angiography
 - ultrasonography
 - OCT
 - scleral Indentation

3. To enhance the resident's skill in the indications for:
 - laser and surgical intervention
 - intra-vitreous injections
 - electro-diagnostic testing
 - appropriate referrals to a vitreo-retinal subspecialist

These goals are met through patient encounters as well as surgical observation in the retinal service. The retinal specialist, Hua Gao, M.D. of the Indiana University Department of Ophthalmology, sees patients in the Ocular Disease Clinic one day, each month throughout the entire residency. Drs. Malinovsky and Grogg are supervising the retinal clinic as well.

Goals for Indiana University Student 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 year long rotation of one half-day rotation at the Indiana University Student Health Center. The resident is supervised by the attending optometrist Jane Ann Grogg, OD and nurse practitioner Lois Kauffman. The resident also works in coordination with the family practitioners, nurse practitioners, physician assistants, and pharmacists employed at the student Health Center.

Goals for Ophthalmology Sub-specialty Clinic Rotations:

1. To enhance the resident's skills in the diagnosis and management of advanced corneal diseases including:

- Keratoconus
- infectious keratitis
- hereditary corneal diseases
- auto-immune related anterior segment disease
- anterior segment trauma
- dry eye
- refractive surgery management.

2. To enhance the resident's skills in the diagnosis and management of glaucoma and postoperative management cases in a tertiary setting including:

- ocular hypertensive patients
- primary open angle glaucoma
- normal tension glaucoma
- angle closure glaucoma
- congenital glaucoma
- secondary glaucoma
- post-op management and indications for trabeculectomy
- post-op management and indications for tube-shunt filtration devices
- post-op management and indications for SLT
- post-op management and indications for LPI
- post-op management and indications for iridoplasty
- interpretation of glaucomatous visual fields using Humphrey Visual Field SITA-FAST 24-2
- OCT technology

3. To enhance the resident's skills in the diagnosis and management of neuro-ophthalmic disease which includes:

- pupil disorders
- Cranial nerve III, IV, VI and VII palsies
- papilledema and pseudo-tumor cerebri
- ischemic optic neuropathy
- optic neuritis
- thyroid eye disease
- myasthenia gravis
- nystagmus
- intra-orbital tumors other visual pathway disorders

- interpretation skills neuro-imaging studies (CT and MRI)
- forced duction testing
- oculo-motor motility measurement
- neurological visual field interpretation using confrontation fields and Humphrey SITA-FAST 30-2 technology
- tensilon testing

These goals are achieved through a year long rotation through each sub-specialty clinic at the Indiana University Medical Center Carmel Eye Clinic. Each sub-specialty area (Cornea, Glaucoma and Neuro-ophthalmology) is divided into approximately 14 week rotations, meeting one full day a week for 14 weeks. The resident participates in direct patient care with supervision by the ophthalmology sub-specialist (Clark Springs, M.D.-Cornea; Lou Cantor, M.D.-Glaucoma; Robert Yee, M.D.-Neuro-ophthalmology).

Goals for Primary Care Clinic

1. To enhance skills in diagnosis and management of:

- refractive disorders
- binocular vision and accommodative disorders
- contact lens fitting and management
- ocular disease

These goals are met through a year long rotation, two half-days per week of regular patient encounters in the Primary Eye Care Clinic. The resident is supervised by Primary Care faculty at all times.

Goals for On Call Service

1. To enhance the resident's skill in triage of patients based upon presenting complaints

- Indications for immediate vs. scheduled evaluation
- Indications for immediate referral

2. To enhance the resident's skill in the diagnosis and immediate management of:

- ocular trauma
- anterior segment infections
- foreign body removal
- retinal and neuro-ophthalmic emergencies
- ocular allergies
- contact lens related problems
- ocular chemical burns

These goals are achieved by a year long rotation of after-hour on-call service of which the resident is responsible one week out of every three week period. This is supervised by the attending optometrist Drs. Malinovsky and Grogg.

Teaching/Didactic/Scholarly Program (overlaps with patient care; lecturing and case conference, and other non-patient related activities is approximately 15% of the program)

The resident gains experience in teaching not only by consulting with 3rd and 4th year students throughout the residency program, but also through regular case conference, grand round presentations and 2nd year optometry student class lectures.

Goals for Teaching:

1. To enhance the resident's skills in clinical consulting with optometry students:
Early in the residency year, prior to beginning 3rd year primary care clinic consulting, the resident participates in an orientation meeting lead by the chief of the Primary Care Clinic. The resident is given a hand out of expectations, policies and procedures (including grading) for consulting in primary care clinic. (Appendix II-C)
2. To enhance the resident's skills in preparing and delivering lectures
 - Guest lecture in Ocular Disease I (a minimum of two lectures)
 - Prepare and deliver a minimum of one grand round presentation to the 4th year Case Conference lecture series
3. To enhance the resident's skill in leading small group discussions:
 - Supervise and critique all 4th year student case conference presentations
 - Lead case conference discussions on patient care, diagnosis and management, at the end of each 3rd year primary care clinic day.

Didactic Program

It is the goal of the didactic portion of the curriculum to enhance the other aspects of the program. The resident spends the equivalent of one full day each week in didactic studies. The didactic program includes Literature Review/Discussion, Slide Review/Case Discussion, and 4th year Case Conference. A discussion of each component is listed below.

1. Literature Review

The resident is given weekly, current, journal articles on various ocular disease topics by the residency program director. These articles are discussed and reviewed with the program director on Thursday's, after 4th year case conference.

2. Slide Review/Case Discussion

Once every two months, the resident participates in slide review/case discussion. During these sessions the resident is presented with a variety of ocular disease cases, including relevant information directly from the patient chart such as OCT, HVF, photos, lab results etc. Residents must interpret findings and ask appropriate questions in order to arrive at an appropriate diagnoses and management of the patient.

3.4th Year Student Case Conference

Each 4th year student must give a 10 minute presentation on a subject related to optometry and the resident is in charge of supervising and critiquing these presentations each week. The resident also organizes slide quizzes for the 4th year students to be administered at least two times during each 12 week rotation. Finally, the resident is required to give a minimum of one, 30 minute presentation to the 4th year class during Case Conference.

Scholarly Activity

The resident is required to write a research paper or case report of publishable quality as part of their completion of the residency. The resident also has the opportunity to work with faculty members who are involved in research projects and are encouraged to come up with their own research project. To facilitate this development the resident has full access to the Borish Center, the school's library and computer facilities. The resident may choose and is encouraged to present their work at professional meetings such as: AAO, AOA, SECO, COVD and/or ARVO meetings.

Procedural Policy for Selecting the Ocular Disease Resident

The applicants are received through the ORMS process. Once the applications have been given to Dr. Victor Malinovsky he first reads their letters of recommendation and reviews their files. Academically strong candidates with a GPA of at least 3.0 are then first to be considered. After reviewing all of the applicants, the most qualified are then brought for an interview with Drs. Victor Malinovsky, Jane Ann Grogg and Steve Hitzeman. After the interview process, Drs. Malinovsky and Grogg discuss the pros and cons of each applicant. The selection of a candidate is based on academic performance, references and the applicants ability to communicate well with the interviewers. The applicant needs to be an outgoing individual with a certain amount of independence due to the types of external rotations they will be going through. After Drs. Malinovsky and Grogg make their selection, they will send their recommendations to Dr. Hitzeman and then they send their rankings to the ORMS system.

Quality Assurance and Clinical Practice Guideline Description

The residency site subscribes to the tenants of evidence-based patient care as expressed in the AOA Clinical practice guidelines. We also use such references as The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease (Fourth Edition), the Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology (Second Edition), and current optometric and ophthalmologic texts and journal articles. Training sessions for faculty, residents and students are given on blood borne pathogens and hazardous materials management. Clinical faculty is required to maintain current CPR certification to the American Heart Association training guidelines. Additionally, the resident is bound by the protocols and policies outlined in the Indiana University School of Optometry Clinic Policy manual, located online at www.opt.indiana.edu/manual. A copy of this manual is also given to the resident at the beginning of the residency to review.

The resident undergoes routine case review that is done by the supervisor of the residency. The supervisor will select randomly records the resident has worked on and evaluate the record. The records will be evaluated qualitatively according to the Clinical Practice Guidelines. Once the charts are reviewed, the supervisor will give the evaluations to the resident and they will discuss any problems found within the records. A sample of the QA form can be found in Appendix (5).

In order to assure that the School of Optometry is delivering patient care according to acceptable standards, an ongoing process of quality assessment and monitoring has been developed. It is monitored in all of our clinics for all faculty, residents, staff, and students. The Chair of the Quality Assurance Committee and the Director of Clinics work together to continually update the Quality Assurance Program. The QA is done by using two protocols. The first is a Routine Case Review. Each chart is qualitatively assessed according to the published Clinical Practice Guidelines, reviewing the quality of care provided and determines if the accepted standard of clinical care was provided. The chart is first reviewed by a fourth year clinician which is strictly objective in nature. This allows the student to develop a greater appreciation for the importance of appropriate medical record keeping and allows them to learn from reviewing case records. The record is then peer reviewed. All faculty undergo the review process by having 10 records randomly selected and examined. The second protocol is an Incident Review. This is built in for an unexpected occurrence or variation involving serious physical or psychological injury, or the risk thereof. A root Cause Analysis will be done to investigate such an incident.

Resident Supervision Policy

The resident has independent privileges identical to those of faculty. However, he/she is supervised in a controlled and graduated manner. There is close, full time supervision at the onset of the program gradually giving way to full autonomy monitored by the regular Quality Assurance protocol of the clinic. The Program Supervisor or other faculty members are always accessible for consultation when patient care is rendered. Further discussion of the supervision and orientation policy is found under the orientation curriculum description.

The resident is allowed an increasing amount of independence throughout the academic year as his or her clinical skills develop. Because the program is set in a teaching clinic environment, the organization and design are conducive to the support and development of optometric practitioners.

Residency Term, Benefits and Completion

Term and Benefits:

The academic term of the residency is one year, which begins on July 1 and ends on June 30.

The resident is expected to work a minimum fifty (50) hours per week. In addition, the resident is expected to provide emergency on-call service a maximum of one week, every two-week period. The resident's annual compensation is \$27,000. This is not contingent upon the productivity of the resident. In addition to their annual salary, the resident is compensated \$100 for every week spent on emergency call service.

Health, professional and leave benefits provided to the resident are equivalent to those provided to all faculty members of Indiana University. These include medical and dental insurance, life insurance, disability insurance, retirement contributions, paid time off and sick time. The Faculty Human Resources Policy is available on the web (www.indiana.edu/~hrm/) and will also be available on site. In addition, the School provides the resident with a \$900 travel stipend and time off for attendance at professional optometric organization meetings and continuing education courses.

Full professional liability insurance protection is provided to the resident for both internal and external clinical settings.

Completion:

The requirements for the completion of the residency are as follows:

1. One poster presented at an Optometric academic meeting.
2. One paper of publishable quality done by the end of the residency.
3. Resident must meet patient requirements as established by the ACOE self study (1000-1500 patients) by the end of the residency.
4. External rotations done to the satisfaction of the residency Coordinator and supervising ophthalmologist.
5. Weekly, one hour meetings with Dr. Malinovsky.
6. Completion of Mexico VOSH trip.
7. Completing the required lectures for Dr. Malinovsky's Ocular Disease I class.
8. Performing to the satisfaction of Drs. Malinovsky and Grogg at the IU Health Center as well as all IU clinics throughout the residency.
9. Receiving satisfactory evaluations by Dr. Malinovsky throughout the residency.

Orientation

The resident will meet with the residency coordinator (Dr. Malinovsky) during their first week to discuss goals, scheduling, insurance credentialing and clinical policies and procedures.

The resident will be eligible to receive an “A” parking pass, available at Franklin Hall. The resident will receive this pass the first week. During the first week as well, the resident must supply the office with a copy of their Indiana License, CPR/AED certification, vaccination record. Insurance credentialing paper work will also begin. Teresa Seely will be in contact with the resident the first week to begin this process. There will also be a beginning of year residency meeting within the first month of the residency to discuss goals, policies and on call procedures.

During the first 4-6 weeks the resident will be primarily shadowing the clinical faculty to learn how to appropriately consult and interact with students, as well as learning how to operate the equipment. The goal during this initial period is to allow the resident a transition between being a fourth year student and a becoming a member of the faculty at Indiana University School of Optometry. The residency coordinator will determine when direct patient care will begin, typically after 4-6 weeks of orientation. The resident will begin On-Call service in August

The resident will meet with the primary care coordinator to review consulting expectations and procedures. Handouts reviewing these expectations, including grading procedures of the students, are given. After 6 weeks, the resident will begin consulting in primary care with third year students. The resident is always paired with another clinical faculty member, and is never alone in the clinic. Also at that time, the resident will begin working one day a week with an ophthalmology sub-specialist.

Counseling, remediation, and dismissal of the resident

A resident whose performance in any area is below the expected level should receive counseling from the immediate supervisor at the site. The counseling should be done as soon as the problem becomes apparent. Counseling may include information about outside resources if appropriate.

Specific performance problems may require remediation in addition to counseling. Performance problems shall be documented and reviewed with the resident. The nature and duration of the remediation must be specific to the problem, and must be at the convenience of the site itself. Design and implementation of the remediation plan is the responsibility of the resident’s supervisor, in consultation with the resident and with any other appropriate personnel at the site. The IU School of Optometry’s Director of Residencies should be informed and consulted in each situation requiring remediation. The plan, including the consequences of failure to meet expected levels, must be described thoroughly and understood by all those involved before the remediation begins. The plan must be in place within 15 days of the identification of the problem.

If the resident shows little or no improvement within the specified time, the resident will be dismissed. If the resident has shown improvement but has not raised performance to the expected level within the specified time, the remediation may be repeated. If the resident does not achieve desired performance levels after two sessions of remediation, the resident will be dismissed.

Residents may also be dismissed for falsification of records, patient endangerment, and for repeated violations of federal anti-discrimination laws - i.e., refusal to provide care to a specific population. In each instance, the offense must be carefully documented, the facts established, and the IU School of Optometry’s Director of Residencies consulted before the dismissal is finalized.

Receiving adjudicating and resolving resident complaints

A resident must present a complaint in writing to the immediate supervisor. The supervisor and the resident will discuss the complaint; the discussion will be documented and the resident should review the documentation and agree to its accuracy before the supervisor proceeds. The supervisor should investigate the complaint, and document the steps taken and the findings that result; that documentation and the complaint, which prompted it, should be made available to all concerned parties. If the complaint is one of discrimination, the supervisor should seek the assistance of the site's human resources person in planning any investigation.

In all cases, residents and personnel at Indiana University-affiliated sites are governed by the Equal Employment/Affirmative Action Policy of Indiana University.

Once the complaint has been investigated and judged by the immediate supervisor and by other appropriate people consulted by the supervisor, the decision should be delivered in writing within 30 days of the filing date to the resident and to any parties named in the complaint. Complaints vary in nature, and the methods of resolution should be appropriate to the verified complaint. If the complaint is found to be based in misunderstanding, then the supervisor shall meet with the resident and the named party (or parties) and facilitate understanding by all concerned. In any case, action taken to resolve a substantiated complaint should be documented and made available, and the resident will be made aware of due process.

Due process provided to the resident on adverse decisions

If the a resident wishes to appeal a decision by the supervisor, whether regarding remediation/dismissal or the resolution of a complaint, the resident should present the appeal in writing within 15 days of the decision jointly to the person at the next level of authority at the site and to the IU School of Optometry's Director of Residencies, with a copy to the immediate supervisor. Those parties will conduct an investigation on the handling of the situation; the investigation will be documented as well. A joint decision shall be issued in writing within 15 days to all parties involved.

A resident who wishes to appeal this joint decision should present the appeal in writing within 10 days to the Dean of the IU School of Optometry. The Dean shall conduct an investigation, with full record of documentation reviewed and steps taken. The decision of the Dean is final.

Physical Facilities and Resources

Patient care is provided by the resident in the three Indiana University School of Optometry eye clinics: Atwater Eye Care Center, Community Eye Care Center, IU Student Health Center, and IU Medical Center Carmel Eye Clinic.

The Atwater Eye Care Center (AECC) is located in the School of Optometry building at 800 East Atwater Avenue on the Bloomington campus of Indiana University. The building was constructed in 1967 and 1968 with grant support from the Department of Health, Education and Welfare and the National Science Foundation, along with funds from the State of Indiana. It occupies 80,519 square feet of gross space. The building also has twelve teaching laboratories (including a fully functional ophthalmic technology training lab), a library, a research floor, four support laboratories/shops, faculty/staff offices, a student lounge, a staff lounge, and an administrative complex. The building provides the primary space for didactic and clinical education and training for the Professional (O.D.) program, the Optometric Technology (A.S.) program, and the Graduate (M.S./Ph.D.) program in Vision Science. The Atwater Eye Care Center occupies 11,849 square feet, and is located on the second floor. Twenty-six examination lanes are utilized to provide clinical training and education for interns and residents in the areas of Primary Care, Binocular Vision/Pediatrics and Contact Lenses.

The Community Eye Care Center (CECC) is a refurbished off-campus leased clinic site located on the west side of Bloomington at 803 North Monroe Street. It includes 8,472 square feet, has now been expanded twice in the last six years, and is three times its original size. The expansions allowed CECC to add 12 new examination lanes, for a total of 18, to provide clinical training for interns and residents as well as space for new state-of-the-art equipment including Humphrey and Matrix Visual Field machines, OCT, HRT. Retinal stereo, digital and video cameras, and Ultrasound. Most importantly, the new space allowed for the addition or expansion of four clinical services, providing the latest in optometric care and optometric training. These new and/or expanded services include low vision services for the partially sighted, pediatric and visual therapy services for children and adults, a sports vision clinic and an ocular disease service to care for patients with ocular emergencies and sight-threatening conditions. The clinic is located on one level and parking is close and convenient, providing better accessibility for the community's aging population.

The Indiana University Student Health Center (IUHC), located at 600 North Jordan Ave. in Bloomington, IN, is an acute care facility which includes ten family practice practitioners, two physician assistant's and ten nurse practitioners. The optometry clinic is located on the bottom floor of the IUHC, which includes 2 exam lanes, an office with computers, systemic and ocular references available for the optometrist, resident and student use. The optometry clinic also has access to and works in coordination with the walk in clinic, women's clinic, X-ray department, in house laboratory, pharmacy, vaccination department, dietician and counseling and psychological services. The optometry resident gains much experience in emergency ocular examinations, as well as experience with ear, nose and throat examinations and neurological screening exams.

The IU Medical Center Carmel Eye Clinic (IUEYE) is located at 200 West 103rd Street, Suite 2200 in Indianapolis, IN. It is a new facility built in 2003-2004, and houses ophthalmology, optometry as well as other medical specialties including radiology, neurology. The Eye department is located on the second floor of the building. It includes 10 examination lanes, 3 rooms of advanced diagnostic equipment and a temperature controlled room for LASIK eye surgeries. It also is attached to a surgical suite area where all doctors in the building conduct surgeries. The optometry department consists of 4 examination lanes as well as a large dispensary. IUEYE gives the resident the opportunity to work with some of the leading ophthalmologists in their field, participating in direct patient care, as well as observing surgeries. It is a clinic of great benefit to the ocular disease residency.

Equipment:

The professional equipment in all the eye care clinics mentioned above is up-to-date and of good quality. Each examination room is fully equipped with standard refracting units including chair, stand, projector, phoropter, biomicroscope, Goldmann style tonometer, and keratometer. Other state-of-the-art equipment is available including visual field units, non-contact tonometers, tonopens, lensometers, autorefractors/autokeratometers, fundus cameras, biomicroscopy cameras, A/B-scan ultrasound units, and digital imaging technology.

The specific diagnostic equipment available at CECC includes: OCT, HRT, Humphrey and Matrix Visual Field, stereo and digital cameras, video taping capabilities, Ultrasound, and IV fluorescein angiography.

Support from Ancillary Staff:

The Ocular Disease Clinic staff, as well as the front desk and billing staff, at each clinical site are available to the resident for all clinical administrative duties such as scheduling, record keeping and filing, billing, and equipment maintenance. The administrative secretary in the Dean's office is available to provide secretarial support to the resident.

The Optometry Library is a branch of the IU-Bloomington Libraries. Its mission is to support the teaching and research programs of the School of Optometry, including the Professional Optometry Degree Program, the Optician/Technician Program, the graduate Program in Vision Science, the residency programs, and all vision-related studies at Indiana University. In addition, the Library serves as a visual science resource and information center for residents of the State of Indiana, for alumni of the School, and for vision professionals internationally.

The Optometry Library is open 74 hours per week during the regular semester and 45 hours per week during summer sessions. The annual report of the IU Libraries for 1996-97 shows that the Optometry Library holds 19,306 volumes. The Library is not a historical archive and does not retain every volume indefinitely. Since 1990 the Library has participated in an approval plan, which ensures that it will receive the vision-related output of over 90 trade publishers. Members of the faculty frequently suggest materials for purchase and often are consulted by the library staff when decision for materials and purchases are made. The Library also holds paid and gift subscriptions to over 200 serial titles, including most of the important optometry-related titles published in the English language.

The Optometry Library offers the same type of services as are offered in any conventional library – reference assistance, circulation, and reserves – as well as several progressive services. Residents are provided with assistance in broad-based electronic literature searches and full access to internet resources. The School of Optometry’s website provides the resident with links to optometry and vision research resources on the Web, as well as links to other optometry schools and vision science libraries

Ocular Disease Residency Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Direct patient Care Ocular Disease CECC	Direct Patient Care IU Med Center Ophthalmology	Direct Patient Care Ocular Disease CECC	Case Conference AECC	Direct Patient Care Ocular Disease CECC	Primary care Consulting (3 rd year interns) CECC
Afternoon	Ocular Disease Consulting CECC	Direct Patient Care IU Med Center Ophthalmology	Academic/Research Time CECC or AECC	Academic/Research Time	IU Student Health Center	
Evening			Primary Care Consulting (3 rd yr Interns) AECC			

MONDAY **a.m./p.m.** - Arrive at CECC no later than 7:00 am; the latest appointment is 4:00pm

TUESDAY **a.m./p.m.** – IU Medical Center Eye Clinic, hours may vary with each subspecialty, but most clinics arrive by 9:00am, and the last appointment time is 4:00pm.

WEDNESDAY **a.m.** – Arrive CECC no later than 7:00am; latest appointment is 10:30am
12:00pm-4:00pm Academic/research time at either CECC or AECC.
4:30pm-8:00pm Consult in Primary Care third year clinic at AECC.

THURSDAY **a.m.**-Arrive at AECC by 8:00am for Case Conference supervision and lectures

FRIDAY **a.m.** – Arrive at CECC no later than 7:00am; latest appointment is 10:30am.
p.m. – Arrive at IUHC no later than 1:00pm; latest appointment is 4:30pm.

SATURDAY **a.m.**-Arrive at CECC no later than 8:00am to consult in Primary Care clinic.

Statistical Information for the 2004-2005 Residency

Total Number of Patients: 1204

Number of Months: 12

Average: 100pts/month

TIME DISTRIBUTION

Ocular Disease (CECC): 45%

Specialty Doc's (OMD): 12%

Heath Center: 10.5%

Primary Care: 31.9%

TYPE OF CARE GIVEN BY THE RESIDENT (including all sites)

Direct Care (seeing patients): 16.5%

Observation: 12.6%

Supervising: 67.2%

Direct Care with Supervision: 3.2%

TYPE OF CARE GIVEN BY RESIDENT (ODC only)

Direct Care (seeing patients): 34%

Direct Care with Supervision: 2.4%

Observation: 4.2%

Supervision: 59%

TYPE OF PATIENTS SEEN (ODC only)

Glaucoma: 39.6%

Diabetes: 4.6%

ARMD: 4.4%

Abbreviated Biographical Sketch for Faculty Members

1. Dr. Jane Ann Grogg attended Indiana University and received both her Bachelor of Science Degree and Doctor of Optometry Degree from Indiana University School of Optometry. After graduate school, she accepted a staff position at the world-renowned Bascom Palmer Eye Institute. For a short period of time, Jane Ann was Director of the student externship program at Bascom Palmer, before accepting a position with Indiana University. Currently, she is a clinical instructor in the ophthalmic disease service at the Community Eye Care Center, lecturer in the school's ocular disease courses, and the staff optometrist at the IU Health Center. In addition to her clinical and classroom teaching responsibilities, she has lectured at continuing education courses on local, state, and national levels.

2. Dr. Patricia Henderson received her B.A. in Chemistry in 1982 and her O.D. degree in 1985-both from Indiana University. She completed a residency in hospital-based optometry at the Danville VA Medical Center in Danville, Illinois, in 1986. She has been with the Indiana University School of Optometry since August 1986 and is now a Clinical Associate Professor. She has served as Director of the IU Community Eye Care Center since January 1996. She currently teaches third-year optometric interns in the Primary Care Clinic which also includes the treatment and management of ocular disease and contact lens fittings. Her didactic teaching includes lecturing in the Ocular Disease courses and she is course coordinator of the Ocular Disease III Course on Neuro-Optometry.

3. Dr. Steven A. Hitzeman received his AB in Biology in 1972 and his OD in 1976 from Indiana University. He is Clinical Associate Professor and has been on the IU School of Optometry faculty for over 20 years. He is presently Director of Clinics, Director of the External Rotation Program, Director of Residencies, and Director of the Sports Vision Program at the School of Optometry. He is Past-Chair of the American Optometric Association's Sports Vision Section as well as Chair of Screening Services for the AOA Sports Vision Section. He is chair of the AAU Junior Olympics Screening Team and was on the vision screening team for the 1991, 1995, and 1999 International Special Olympics and the 1996 Olympic Games in Atlanta. He serves on the American Optometric Association's Congress Committee as a member of the Continuing Education Committee. He continues to serve as Southeastern Trustee to the Indiana Optometric Association, being elected to that position in 1999.

In addition to his other duties, he teaches sports vision in the optometry program, sees patients regularly in the school's clinics, and conducts screenings of athletes for all sports for the Indiana University Athletic Department. The Indiana Optometric Association recognized him *Optometrist of the Year* in Indiana for year 2000. He was awarded this honor for outstanding service to the IOA, the AOA, and the profession in the areas of teaching, community service, and volunteerism. He has taught numerous continuing education courses for the American Optometric Association, the American Academy of Optometry, the Indiana Optometric Association, other state association meetings, and the IU School of Optometry continuing education programs. From 1998-2001 Steve was the coordinator of the Vision USA for the IOA. He is also editor of the IU School of Optometry alumni newsletter.

4. Dr. Elli J. Kollbaum received her Bachelor of Arts degree from University of Notre Dame in 1993 prior to her Doctor of Optometry degree from Indiana University in 1997. During the following year, she completed residency training in hospital-based optometry and low vision rehabilitation with the Chicago Veterans Administration Healthcare System. From 1998-2000, she practiced primary care optometry and low vision in a large multi-disciplinary clinic in Iowa. She joined the IU faculty as a Clinical Assistant Professor in 2000 and became the Chief of Primary Care at the Atwater Eye Care Center in 2001. Her primary teaching responsibilities include clinical instruction and patient care in the primary care clinic and the low vision rehabilitation clinic. Her classroom teaching includes courses in history-taking, low vision rehabilitation, and geriatrics.

In the School of Optometry, Dr. Kollbaum is currently a member of the Admissions Committee, the Honors and Awards Committee, and the Clinics Advisory Committee. She has presented summer continuing education lectures the past two years at the School of Optometry.

Dr. Kollbaum is a member of the American Optometric Association and the AOA Low Vision Section. She is a Fellow in the American Academy of Optometry and has presented several times at the AAO meetings. Dr. Kollbaum serves as a clinical skills examiner for the National Board of Examiners in Optometry. She enjoys volunteering with IU-VOSH during

5. Dr. Don Lyon is the Chief of Pediatrics/Binocular Vision Services for the Indiana University School of Optometry. He graduated with his O.D. degree from IU in 1999 and completed a residency in pediatric optometry and binocular vision in 2000. Dr. Lyon has lectured extensively, both to students and in continuing education programs, on pediatric optometry, amblyopia, and binocular vision disorders. Dr. Lyon is the local principal investigator for the Amblyopia Treatment Studies which are being performed by the Pediatric Eye Disease Investigator Group (PEDIG). PEDIG is a national group of optometrists and ophthalmologists that performs clinical research on the treatment of amblyopia among other areas within pediatric eye care. It has annual mission trips to Guanajuato, Mexico.

6. Dr. Victor E. Malinovsky is a graduate of Indiana University School of Optometry with a B.S. degree in Optometry and an O.D. degree. He was a clinical instructor at the College of Optometry at The Ohio State University and then Professor of Optometry at Ferris State University College of Optometry where he taught courses in the areas of ocular disease and was the chief of the ocular disease service. He is presently a Clinical Associate Professor of Optometry, School of Optometry, Indiana University, where he served as Associate Dean for Clinics for six years. At the Indiana University School of Optometry, he teaches courses in ocular disease and now serves as the Chief of Ophthalmic Disease Services. Dr. Malinovsky has lectured extensively in areas of ocular disease since 1978. He is a member of the Ellerbrock Continuing Education Committee and serves on the AOA Systemic Disease Committee.

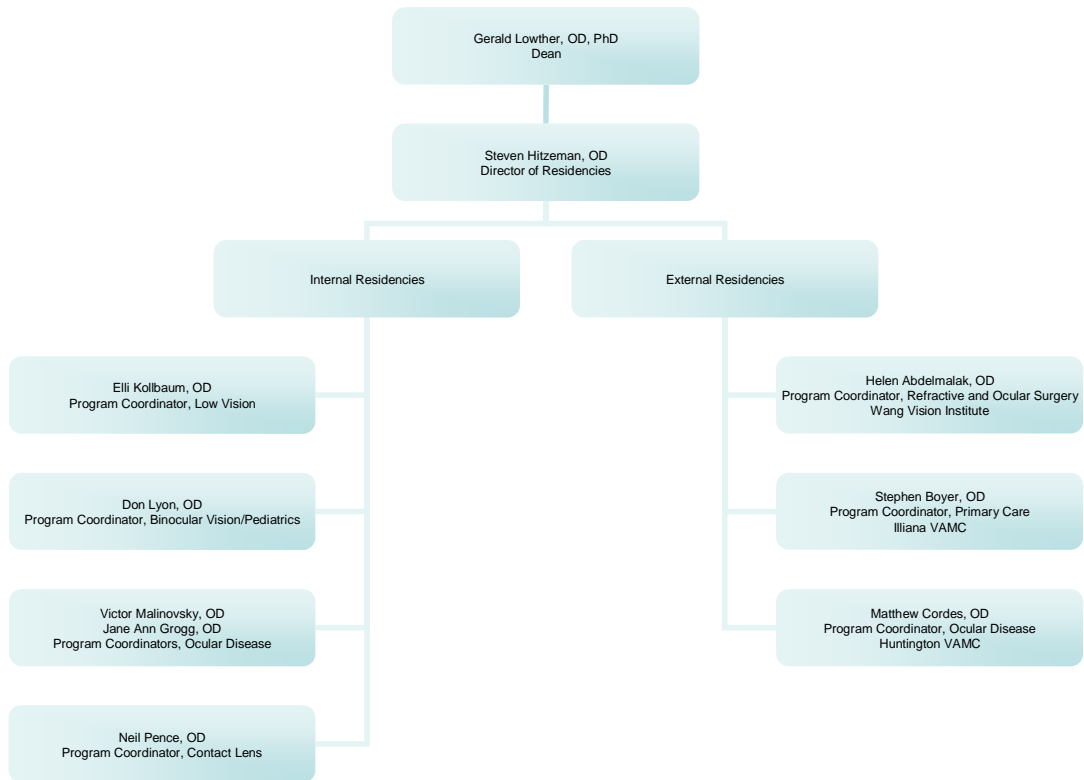
Journals in the Optometry Library for Resident Use

**For a list of all Journals Available electronically go to: www.opt.indiana.edu/optlib/elecjour.htm

Acta Ophthalmologica Scandinavica
Annals of Ophthalmology
AOA News
Applied Journal of Public Health
Applied Opticxs
Archives of ophthalmology
Binocular Vision and Strabismus Quarterly
Brain
British Journal of Ophthalmology
Chiniese Ophthalmic Research
CJO-JCO
CL Spectrum
CL Update
Clinical and Experimental Ophthalmology
Clinical and Experimental Optometry
Comprehensive Ophthalmology Update
Cornea
Current Eye Research
Cutaneous and Ocular Toxicology
Dispensing Optics
Drug Facts and Comparisons News
Evidenced-based Ophthalmology
Eye and Contact Lens
Eye Science
Eyecare Business
EyeNet
Focal Points
Headache
High Performance Optometry
Indiana Journal of Optometry
International Ophthalmology
Investigative Ophthalmology and Visual Science
Journal of AAPOS
Journal of Behavioral Optometry
Journal of Biomedical Optics
Journal of Experimental Psychology and Human Perception and Performance
Journal of Glaucoma
Journal of Japan Optometric Association
Journal of neuro-Ophthalmology
Journal of Neurophysiology
Journal of Ocular Pharmacology and Therapeutics
Journal of Optics A
Journal of Optics, Image, Science and Vision
Journal of Pediatric Ophthalmology and Strabismus
Journal of Refractive Surgery
Journal of the Optical Society of America
Journal of Vestibular Research
Journal of Visual Communication and Image Representation

Journal of Visular Impairment and Blindness
Lighting and Design and Application
Lighting Research and Technology
Metabolic, Pediatric and Systemic Ophthalmology
Molecular Biology of the Cell
Neuro-Ophthalmology
Neuroscience Research New England Journal of Medicine
Ocular Surgery News
Ophthalmic and Physiological Optics
Ophthalmic Epidemiology
Ophthalmic Research
Ophthalmic Surgery Lasers and Imaging
Ophthalmologica
Ophthalmology
Optical Engineering
Optical World
Optician
Optics and Laser Technology
Optics and Photomics News
Optics Letters
Optikerer
Optometric Education
Optometric Management
Optometric Vision Development
Optometry
Optometry and vision Science
Optometry Today
Perception and Psychophysics
Perception and Psychophysics
Points de Vue
Primary Care Optometry News
Refractive EyeCare
Retina
Retinal and Eye Research
Review of Optometry
Seminars in Ophthalmology
Spatial Vision
Strabismus
Survey of Ophthalmology
The Ocular Surface
Tyler's uarterly
Vision Research
Visual Neuroscience

Residency Organizational Chart Indiana University School of Optometry



Appendices

1. Ocular Disease Articles and Information Handbook 2004-2005
**Available On Site
2. HRT “How to read the printout” manual
**Available On Site
3. GPA analysis manual
**Available On Site
4. Stratus OCT “How to Read the Printouts” manual
**Available On Site
5. Residency Supervision QA Form
**Available On Site
6. Clinical Evaluation of Residency Form
**Available On Site
7. Evaluation of Residency Program Form
**Available On Site
8. Evaluation of Resident Coordinator Form
**Available On Site
9. Year-in Review Statement
**Available On Site
10. IUSO Clinical Policy and Protocol Manual
** Available online at: www.opt.indiana.edu/manual/index.htm and Available On Site
11. Primary Care Service Clinical Course Handouts
**Available On Site
12. 24 Hour On-Call Service Policies and Protocols
**Available On Site
13. Infectious Control
**Available in Clinical Policy and Protocol Manual (see above)
14. Emergency Plan
**Available in Clinical Policy and Protocol Manual (see above)
15. Case Conference Schedule/On Call schedule/Faculty Schedule
**Available at www.opt.indiana.edu/misc/index.htm