**Perry Point VA Medical Center**

**Optometry Residency Handbook**

Last update: June 2020

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**Mission Statement:**

The mission of the VA Maryland Health Care System, Perry Point VA residency program in primary care/ocular disease is to provide advanced clinical training in treating and managing a broad range of ophthalmic conditions of varying levels of complexity including, but not limited to, anterior segment disease, retina, glaucoma, and neuro-ophthalmic disease. Residents will further develop entry level skills to attain advanced core competencies and strengthen their patient care skills by encountering a diverse clinical population. The program will expose residents to a multidisciplinary environment by fostering a team-based approach to managing patients’ ocular and systemic health. Residents will expand their knowledge bases through a robust and challenging academic environment, and will be encouraged to pursue life-long learning as well as the advancement of the profession.

**Program Goals and Objectives:**

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

* **Objective 1:** VA Maryland Health Care System (VAMHCS) will maintain an educational affiliation with Pennsylvania College of Optometry (PCO) at Salus University in support of the residency and its accreditation.
* **Objective 2:** Perry Point VA Medical Center 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 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 ORMatch 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, fundus contact lens, scleral depression, fundus photography/imaging, and B-scan ultrasonography.
* **Objective 3:** The resident will participate in sub-specialty external rotations, including, but not limited to, retina, glaucoma, and cornea/anterior segment/refractive surgery clinics.
* **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 conferences in association with the residency program at the Baltimore VA Medical Center.
  + **Objective 2:** The resident may attend Thursday morning grand rounds at Wilmer Eye Institute (WEI).
  + **Objective 3:** The resident may attend regularly scheduled conferences and grand rounds at PCO at Salus University.
  + **Objective 4:** The resident will review reports from the National Eye Institute’s clinical studies and become familiar with the salient points of major studies.
  + **Objective 5:** The resident will review recently published literature from peer-reviewed medical and optometric journals.

**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.
  + **Objective 2:** The resident will prepare a manuscript of publishable quality.
  + **Objective 3:** The resident will be encouraged to attend at least one regional/national optometry conference.
  + **Objective 4:** The resident will be encouraged to submit an abstract for a poster/paper presentation at a regional/national optometry conference.

**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 Perry Point VA Medical Center.
* **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.

**Selection Procedure:**

Prospective residents must apply through the Optometric Residency Matching Service (ORMatch). Required application documents include the ORMatch 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 age, sex, race, religion, sexual orientation, national origin, or physical or mental disabilities

**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 8am and generally finishes by 4:30pm (or later if patients are still present), Monday through Friday, with a 30 minute lunch. There are no weekend hours or on-call duties.

**Salary and Benefits:**

The salary for the 2020-2021 academic year is $39,106, which is set by the Office of Academic Affairs at VA Headquarters. This stipend is not contingent upon resident productivity. Residents are paid on a two week basis.

Additionally, residents may participate in a VA-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 both duties performed within the VA Maryland Health Care System as well as duties performed while on external rotations.

Residents earn four hours of annual leave and four hours of sick leave each pay period, for a total of thirteen days of each. Sufficient advanced notice for annual leave must be given to allow time for cancelling the resident clinic. Sick leave of greater than two days requires a note from a physician. Special authorized absence may be granted for attendance at professional meetings, such as the American Academy of Optometry.

All residents are covered by Workers’ Compensation for injuries or illnesses incurred in the performance of duty at the VA Medical Center, provided they have been properly processed as an employee. If a resident is injured or incurs a job-related illness while on duty at the Medical Center, the resident should seek immediate medical attention from the Personnel Health Clinic. The resident must report the episode to his/her Service Chief and complete within 24 hours either a CA-1 Form for a traumatic injury or a CA-2 Form for an occupational disease or illness.

Professional liability protection is covered by the Federal Tort Claims Act and the Federal Employees Liability Reform and Tort Compensation Act. This protection applies to both internal and external clinical rotation sites. It does not include “moonlighting”, or settings outside of the residency program.

**Academic Calendar:**

Prospective residents should apply to ORMatch by January 31st of the match year. Interviews for qualified candidates are generally held in January and February, preferably on Fridays. The match deadline is published on the ORMatch website (<https://natmatch.com/ormatch/aboutdates.html>).

* 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.

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

Fourth of July Christmas

Labor Day New Year’s Day

Columbus Day Martin Luther King’s Birthday

Veteran’s Day Presidents’ Day

Thanksgiving Day Memorial Day

**Clinical Practice Protocols:**

Residents will spend at least four days a week participating in direct patient care. At a minimum, 1000-1200 patient encounters are required to successfully complete the program. As the residency is considered primary care/ocular disease, there are no set minimums per disease entity, but given the VA-patient population, a caseload heavy in glaucoma, diabetic eye disease, macular degeneration, neuro-ophthalmic disease, cataracts, and other anterior segment abnormalities 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. After four to six weeks, residents will begin external rotations. 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 (See Appendix). Residents will also keep logs of patient encounters and didactic activities.

Resident’s Typical Weekly Schedule:

**Monday a.m.** Patient care

**p.m.** Patient care

**Tuesday a.m.** Patient care

**p.m.** Patient care

**Wednesday a.m.** Patient care

**p.m.** Patient care / administrative or library time if needed

**Thursday a.m.** Patient care (Wilmer Grand Rounds attendance in a.m. is encouraged)

**p.m.** Patient care

**Friday a.m.** Patient care

**p.m.** Friday afternoon conference / administrative or library time if needed

Sub-specialty external clinical rotations include:

* **Cornea/anterior segment/refractive surgery** – Wilmer Eye Institute – select Thursdays (direct care)
* **Retina** – The Retina Care Center – select Fridays (observation/direct care)
* **Glaucoma** – Wilmer Eye Institute – select Wednesdays (direct care)
* **Low vision** – Loch Raven Advanced Low Vision Clinic – based on resident interest, up to once a month (direct care)
* **Primary care** – Primary Care Clinics and/or Acute Medical Ward, Perry Point VA – based on resident interest, up to once a month (observation of direct care)
* **Other non-optometric providers** within the VA may be shadowed based on availability and resident interest (e.g. neurology)

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 the VA library, as well as electronic access through the PCO library. Any journal articles not available through these means may be obtained by submitting a written request to either library.

Lecture/seminar attendance includes:

* Friday afternoon conference (teleconference with Baltimore VA)
* Thursday morning grand rounds at Wilmer Eye Institute (2-4x/month)
* Occasional evening CE conferences at Seidenberg-Protzko or Retina Care Center (as scheduled by their staff)
* The resident may attend conferences and/or grand rounds at PCO

Residents will prepare at least three presentations (and generally many more) to give to the Perry Point student externs and Baltimore VA students/residents at Friday afternoon conferences. They will make a clinical case presentation at PCO and prepare a manuscript of publishable quality. Finally, they will be encouraged to both attend and/or submit an abstract for a poster presentation at a regional or national optometry conference.

Other clinic responsibilities include keeping exam rooms stocked with the necessary supplies and maintaining the necessary medications for the clinic. These include diagnostic medications and any medications that might be needed in the treatment of acute ocular problems. Fluress and proparacaine are kept in the refrigerator in the dental clinic, while the other medications are kept in the cabinet in the visual field room.

*Maintenance and repair:*

The clinic equipment is maintained and repaired by Biomedical Engineering. If repair or maintenance is indicated, please have the clinic clerk contact Biomed directly. Non-technical repairs such as plumbing, lighting, painting, etc. are handled by Engineering Service. The clinic clerk can enter a task request in the computer or phone Engineering directly if it is an emergency.

**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 lectures to students at Friday afternoon conferences
* Achieve satisfactory performance evaluations
* Complete all assigned evaluations of the residency program and faculty

Upon termination of the appointment as a VA paid resident, the resident must complete “Employee’s Clearance from Indebtedness” Form 3248. This form is available from the Residency Coordinator. As part of this clearance procedure, all medical records must be completed and all items of Medical Center property must be returned, including keys, uniforms, library books, parking pass, and photo-identification badge. Final paychecks will not be released until the clearance procedure and the form are 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, VA, 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 Chief of the Optometry Section.

*Conduct Violation:*

Each resident is expected to abide by the Department of Veterans Affairs’ 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 Residency Supervisor and the Chief of the Optometry Section.

*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 Chief of the Optometry Section may be requested. If the matter remains unresolved, the resident may request a review by the Chief of Staff. 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 Chief of Staff 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 VA Maryland Health Care System.

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 Director of Off-Campus Residencies at the Pennsylvania College of Optometry at Salus University. The Director will then contact the Chief of the Optometry Section within the VA Maryland Health Care System and then the Dean or Associate Dean at the Pennsylvania College of Optometry at Salus University.

Grievances should be initiated and discussed with either the Residency Coordinator or the Director of Off-Campus Residencies 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 Chief of Staff has given it consideration. The resident should receive an answer within five work days after consideration of the grievance by the Chief of Staff. If it cannot be satisfactorily resolved by the Chief of Staff, the resident may then present the grievance, in writing, to the Medical Center Director for a decision. The Director will render a decision to the resident within fifteen calendar days. The Medical Center Director’s 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:**

***Optometry Resident Supervision Policy***

1. The Department of Veterans Affairs mandates that all residents receiving training at a VA hospital be supervised by an attending staff doctor who must be physically present in the clinic. Residents will complete full examinations for each patient and present the case to one of the attending doctors in the clinic. The level of supervision will change during the course of the residency year, as the staff doctors become more confident in the resident’s clinical and management skills.
2. The resident will start and complete a chart note for each patient they examine. The resident will sign the chart note after completion of the examination and discussion of the case with a staff attending. The staff attending is required to co-sign all resident’s chart notes.
3. There will be four levels of supervision:
   1. Level 1 – This will be the entry level for all residents. At this level, residents will perform ocular examinations of patients and formulate diagnosis and treatment plans. The attending doctor will verify clinical findings by physically examining the same patient and assessing the accuracy of the diagnosis and treatment plan.
   2. Level 2 – This level of supervision allows the resident to discuss routine cases without physical examination of the patient by the staff attending. More complex cases require the staff attending to also examine the patient. Minor invasive procedures (foreign body removal, punctual plug insertion) are performed with an attending in the examination room. This level of supervision also allows the resident to rotate outside of the VA clinic in the external rotation clinics.
   3. Level 3 – At the six month evaluation with concurrence of the program director, the residents are granted therapeutic prescription privileges for uncomplicated cases with staff consultation. If the diagnosis or management is in question, or if the condition is refractory to treatment, consultation with, or referral to, an appropriate subspecialist will be obtained with proper documentation in the patient's chart.
   4. Level 4 – With approval of the program director, the residents are permitted to supervise 4th year optometry students. Each case must be reviewed with one of the staff attendings and the patient record must be co-signed by the staff attending per VA supervision guidelines.
4. It is expected that the resident will have Level 1 supervision for the first four to six weeks of the residency program with Level 2 supervision for the next four to five months. At six months, the resident will generally receive Level 3 supervision, and Level 4 supervision will be obtained at the discretion of the residency supervisor. The residency program director will have final say on the level of supervision depending on the individual competency of each resident.

***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 hand 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.

Additionally, all health care workers who provide direct, hands-on care to patients shall not wear artificial fingernails or extenders. Natural nail tips will be kept less than **1/4** inch in length. Nail polish, if worn, must be in good repair with no cracks or chips.

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 then transported to Supply, Processing, and Distribution Section (SPD).

Personal protective equipment is provided by the VA. 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. Dispose of the tip in a regular garbage bag immediately after the procedure.
* Gonioscopy/Fundus contact lens: Using aseptic technique, remove the disposable gonioscopy lens from the sterile packaging. Dispose of the lens in a regular garbage bag immediately after the procedure.
* Jeweler’s forceps for epilation:

1. Prep a clean, red  biohazard bin by placing towel or gauze pads along bottom of bin
2. Moisten the towel/gauze pads with sterile water
3. Put on gloves
4. Open any hinged instruments and DO NOT re-cap instruments with caps or tip covers (these should be discarded)
5. Use gauze or caviwipes to remove gross debris, if any
6. Place instruments on top of moistened towel/gauze to keep instruments moist until transported to SPS
7. Place biohazard bin in transport cart
8. Remove and discard gloves
9. Perform hand hygiene

***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).

Additional infection control and facility safety policies are always available on the VA Maryland Health Care System intranet at:

<http://vaww.maryland.va.gov/departments/infectioncontrol/policies.asp>

<http://vaww.maryland.va.gov/departments/engineering/Safety.asp>

***Privacy and Confidentiality Policies:***

Privacy policies are always available on the VA Maryland Health Care System intranet at:

<http://vaww.maryland.va.gov/notice_of_privacy.asp>

**Appendix:**

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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:

1. = Excellent
2. = Above Expected Levels
3. = At Expected Levels
4. = Below Expected Levels
5. = 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

1. Managing complex cases 4 3 2 1 0 N/A
2. Management of refractive care 4 3 2 1 0 N/A
3. Management of ocular disease 4 3 2 1 0 N/A
4. 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

1. Verbal professional communication 4 3 2 1 0 N/A
2. 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

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

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

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

4. Providing educational assistance to students 4 3 2 1 0 N/A

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

1. Using reference sources in patient management 4 3 2 1 0 N/A
2. Self- Study 4 3 2 1 0 N/A
3. Participation in scheduled academic conferences 4 3 2 1 0 N/A
4. Participation in CE programs 4 3 2 1 0 N/A
5. Academic presentations 4 3 2 1 0 N/A
6. Professional writing and publication 4 3 2 1 0 N/A

V- Demonstrates appropriate ethics and professionalism 4 3 2 1 0 N/A

VI- Overall evaluation (circle one)

Initial Evaluation Same as previous evaluation

Performance declining Improving

Comments:

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Residency Supervisor Resident signature indicates review

### of evaluation with Supervisor

### Countersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

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:

1. = Excellent
2. = Above Expected Levels
3. = At Expected Levels
4. = Below Expected Levels
5. = Not Acceptable

N/A = Not Applicable or Don’t Know

1. Number of patient encounters 4 3 2 1 0 N/A

1. Quality of patient encounters related to:
2. 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

1. Quantity of non-clinical educational activities
2. Individual consultation by faculty 4 3 2 1 0 N/A
3. Planned didactic presentations 4 3 2 1 0 N/A

1. CE Conferences 4 3 2 1 0 N/A
2. PCO Conferences 4 3 2 1 0 N/A
3. Your case presentation experience 4 3 2 1 0 N/A
4. Writing paper 4 3 2 1 0 N/A
5. Self- study 4 3 2 1 0 N/A
6. Other non-clinical activities 4 3 2 1 0 N/A
7. PCO Participation
8. Support by PCO and Residency Director 4 3 2 1 0 N/A
9. PCO Educational programs 4 3 2 1 0 N/A
10. Library Services by PCO 4 3 2 1 0 N/A
11. Facilities and professional environment
12. Building and environment 4 3 2 1 0 N/A
13. Professional equipment 4 3 2 1 0 N/A
14. Support personnel 4 3 2 1 0 N/A
15. Local library support 4 3 2 1 0 N/A

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

STRENGTHS

WEAKNESSES

SUGGESTIONS FOR IMPROVEMENT

OTHER COMMENTS

## Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT

Pennsylvania College of Optometry

Affiliated Residencies

# **Faculty Evaluation by the Resident**

## Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Evaluation (circle one) Fall Midyear Final Date\_\_\_\_\_\_\_\_\_

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

1. = Excellent
2. = Above Expected Levels
3. = At Expected Levels
4. = Below Expected Levels
5. = 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

1. Demonstrates appropriate clinical skills 4 3 2 1 0 N/A
2. 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

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

COMMENTS:

STRENGTHS

WEAKNESSES

SUGGESTIONS FOR IMPROVEMENT

OTHER COMMENTS

## Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT