

# Optometric Residency in Pediatric Optometry/Vision Therapy

## **MISSION STATEMENT:**

The mission of the Residency in Pediatric Optometry/Vision Therapy at The Eye Institute is to recruit qualified graduating or graduate optometrists; to train the entry level graduate optometrist to provide competent and efficient care to the routine pediatric and infant patient through the application and elevation of entry level knowledge and skills; to prepare the resident to competently diagnose and manage accommodative and non-strabismic binocular vision disorders, strabismus and amblyopia, learning-related vision problems, vision problems associated with acquired brain injury, and ocular diseases; to provide an orientation and didactic program throughout the year; to promote development of skills as an educator and self-learner; and to provide a suitable environment in which the resident can flourish. The mission statement can be found on the Salus University website and in the Program Curriculum.

The nature of the patient population at The Eye Institute provides the foundation for the Resident to hone their entry level skills to an advanced level in addition to cultivating new skills and knowledge as the year progresses. The Resident will achieve the objectives of the program through an appropriate level of collaboration with highly-trained expert specialty clinical faculty. These faculty are comprised of optometrists and general and subspecialty physicians, leading to the Resident's gradual increased clinical autonomy in the areas of Pediatric Optometry and Vision Therapy.

## **PROGRAM GOALS AND OBJECTIVES:**

Goal 1. To recruit qualified graduating or graduate optometrists to fill the positions of Pediatric Optometry/Vision Therapy Resident.

### Objectives:

- a. Provide funding of the position through Salus University's annual budgeting process such that Resident salary is commensurate with the current market each year and that an appropriate budget is in place to support the program.
  
- a. Publication of a Residency Program Description that includes the goals and objectives of the program, application procedures, and other information relevant to the Residency Program.

- b. Advertisement of the position through electronic brochures that are sent to all accredited optometry schools and Residency Programs. Brochures are provided, and a program representative as available, to meet candidates at the AOA and AAO meetings for recruitment purposes.
- d. Interviewing of candidate by the Coordinator of the Pediatric Optometry/Vision Therapy Residency Program and a committee of his/her choosing. All interviews will be completed by the end of February each cycle. Ranking of candidates will be completed by the end of February in accordance with the Optometry Residency Match (ORMatch) system.
- e. Offering of the position(s) to candidates in rank order until the position(s) is filled in accordance with the ORMATCH system.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by filling the residency program position(s) with qualified applicants.

Goal 2. To enhance the Resident's skills in examination and management of routine pediatric and/or infant patients.

Objectives:

- a. Assign the Resident to the Pediatrics and Binocular Vision Service in The Eye Institute an average of three and one half days a week. This is both as a direct provider (with available faculty support) and as a supervisor of optometry interns examination and management of children and infants.
- b. Expose the Resident to a variety of pediatric/infant vision conditions through routine comprehensive eye care. The Resident will examine, diagnose, and develop management plans for children and infants examined.
- c. Enhance the Resident's proficiency in the use of both subjective and objective testing to assess visual function in children and infants.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Pediatric/Binocular Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

**Goal 3.** To prepare the resident to competently diagnose and manage accommodative and non-strabismic binocular vision disorders in patients of all ages.

**Objectives:**

- a. Enhance the Resident's skills in performing and interpreting tests to evaluate binocular vision, accommodation, and ocular motility. This will include the following:
  - 1) Vergence amplitudes and facility
  - 2) Accommodative amplitude and facility
  - 3) Fixation disparity testing
  - 4) Assessment of ocular movement
- b. Synthesize and implement a plan for vision therapy for patients determined to have accommodative/non-strabismic binocular vision disorders.

**Outcomes Assessment:**

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Pediatric/Binocular Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

**Goal 4.** To prepare the resident to competently diagnose and manage amblyopia and strabismus.

Objectives:

- a. Strengthen the Resident's ability to evaluate amblyopia using current technology to assess visual acuity, eccentric fixation, accommodation, and eye movement ability.
- b. Enhance the Resident's capacity to perform motor and sensory assessment of strabismus using cover testing and objective and subjective assessments of comitancy, ARC, suppression, and stereopsis testing.
- c. Synthesize and implement a plan for vision therapy for patients determined to have amblyopia and strabismus.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Pediatric/Binocular Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 5. To prepare the resident to competently diagnose and manage learning related vision problems.

Objectives:

- a. Enhance the Resident's skills in performing and interpreting tests to evaluate learning related vision problems, including the following:
  - 1) Visual spatial analysis skills
  - 2) Visual analysis skills
  - 3) Visual motor-integration skills
  - 4) Attention and concentration
  - 5) Intelligence screening
  - 6) Reading screening
- b. Synthesize and implement a plan for vision therapy for patients determined to have learning related vision disorders.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Pediatric/Binocular Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 6. To develop the knowledge and skills necessary for the evaluation, diagnosis, and management of patients with vision disorders secondary to head trauma, stroke, and other brain damage.

Objective:

- a. Assign the Resident to provide care to patients with these conditions under the supervision of more experienced clinical faculty in The Eye Institute and/or at an area rehabilitation facility a minimum of 6 days during the year.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Pediatric/Binocular Vision Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record with greater emphasis placed on the first 6 months. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient

encounters. If by the February review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 7. To enhance the resident's skills in the examination, diagnosis, treatment, and management of ocular disease.

Objectives:

- a. Assign the Resident to the Emergency Service an average of one day per month (2 session). This is both as a direct provider (with designated emergency support) and as a supervisor of optometry interns for patients presenting for triage for urgent care. Assign Emergency On-Call 4-5 weeks during the year to provide direct care to patients presenting with urgent eye care needs when The Eye Institute clinic is closed.
- b. Assign the Resident to the Neuro-Ophthalmic Disease Service a minimum of 12 hours or three sessions during the year. The Resident will function as a direct provider (with designated support) in the co-management of patients alongside subspecialty optometrists and/or ophthalmologists.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined in part by regular discussions between the Resident, Neuro-Ophthalmic Disease Chief of Service, shift supervisor, Program Coordinator, and Program Director. Supervising faculty will conduct chart reviews of patients seen by the resident under their supervision prior to signing off on the record. Much emphasis is placed on direct observation, chart review, and communication with fellow providers.

-The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This evaluation also includes a review of the Resident log of patient encounters. If review the variety of conditions encountered is not as diverse or as robust as expected, independent learning topics are assigned.

Goal 8. To enhance the resident's ability to co-manage secondary and tertiary care patients through inter-disciplinary consultation and referral.

Objectives:

- a. Encourage the Resident to take on the responsibility of making appropriate referrals for patients to other necessary Specialty Services within The Eye Institute and/or to outside practitioners for consultation and/or management.

- b. Develop co-management skills by mentoring the Resident in preparation of detailed reports and correspondence for patients under their care as required.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by the Resident supervisors through EHR documentation and report review, as well as by direct observation, supervision, and discussion.

- The Resident keeps a log of patient encounters with diagnoses, level of participation in care, testing ordered/interpreted, and management plan for each patient.

- A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for them to understand their strengths and weaknesses, and evaluate how they progress as the program proceeds. This review includes a review of the Resident log.

Goal 9. To provide a substantive orientation program that will prepare the resident to assume their patient care responsibilities in The Eye Institute.

Objectives:

- a. Participation in an orientation program during the first 1-2 weeks of the Residency Program. The Resident attends presentations by key faculty and administrators and is provided with a Residency Handbook that includes comprehensive information on:
  - i. Organizational structure at PCO and Salus University
  - ii. Schedules and calendars for the residents and academic programs at the University
  - iii. Complete residency program descriptions, including mission, goals, objectives, and outcomes assessment, for their particular program
  - iv. A list of important program dates (start and end dates, dates of academic meetings, due dates for publishable papers, etc.)
  - v. Sample resident evaluation forms
  - vi. Attendance Policy for residents
  - vii. Supervision Policy for residency programs
  - viii. Grievance and Compliance Policy
  - ix. Termination and Dismissal Policy
  - x. Protocols for patient care services in The Eye Institute
  - xi. A Policies and Procedures Manual for students in The Eye Institute
  - xii. Sample Professional Practice course syllabi (the College's clinical education courses), including evaluation instruments
- b. Participate in patient care alongside the faculty during orientation in order to familiarize the Resident with the personnel and systems in the services to which they will be assigned.

Outcome Assessment:

-Achievement of this goal through the stated objectives is evidenced by production of the Resident Handbook and the residency orientation schedule.

Goal 10. To provide a didactic program throughout the year that will increase the resident's fund of knowledge regarding diagnosis and management of accommodative and binocular vision problems, amblyopia, strabismus, learning related vision disorders, ophthalmic dysfunction, and ocular disease.

Objectives:

- a. Increase the Resident knowledge base and clinical aptitude in patient care. The Resident attends multiple lectures/conferences related to the specialties of primary care and ocular disease. These conferences are led by specialists in the respective fields. The conference schedule will be created and maintained by the Residency Director in harmonization with the TEI Residency Coordinators.
- b. Participate in seminars held on a bi-weekly basis in which Pediatric/Binocular Vision clinical faculty will present various topics related to accommodative and binocular vision disorders, amblyopia, strabismus, learning related vision disorders, infants, and pediatric eye care.
- d. Attend on average one lecture conference per month presented by optometric and ophthalmologic sub-specialists in the following specialty areas:
  - 1) Glaucoma
  - 2) Emergency Eye Care
- e. Attend at least one major academic conference during the year. The Resident attends the American Academy of Optometry Meeting and has the opportunity to attend an additional academic conference in their specialty area, such as the College of Optometrists in Vision Development Meeting.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by a selection and review of the didactic topics in each specialty area by the program Coordinator/Director.

-A log is maintained by the office of Optometric Clinical Affairs of all lectures and/or conferences attended by the Resident.



Goal 11. To promote development of the resident's skills as an educator and self-learner.

Objectives:

- a. Develop skills as an educator through interaction with students in the clinical setting. The Resident supervises patient care by optometry students under the guidance of clinical faculty.
- b. Develop public speaking skills through participation in one COPE-approved Grand Rounds presentation and one COPE-approved Resident's Day presentation during the Residency. Both presentations are prepared for faculty, residents, students, and local optometrists.
- c. Synthesize a paper of publishable quality before the end of the program.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is determined by supervisors/Coordinator/Director observing the Resident's teaching in clinical and didactic settings. Observed activities include the Resident's Grand Rounds lecture presentations, laboratory teaching skills, clinical education skills, as well as by reviewing abstracts and manuscripts prior to submission.

-A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for the Resident to understand their strengths and weaknesses, and provide feedback on their skills as an educator and self-learner.

Goal 12. To enhance the Resident's professional behavior and interpersonal skills.

Objectives:

- a. Demonstrate responsibility, respect, sensitivity, maturity, sound judgment, and ethical behavior in all interactions with faculty, co-residents, other medical professionals, students, staff and patients.

Outcomes Assessment:

-Achievement of this goal through the stated objective is determined by supervisors/Coordinator/Director, and other personnel observing and interacting with the Resident.

- A formal written evaluation is completed by the residency Coordinator and reviewed with the Resident in October, February, and June of each year. This allows for the Resident to understand their strengths and weaknesses, and provide feedback on their professional behavior or interpersonal skills.

Goal 13. To provide a suitable environment in which the resident can flourish.

Objectives:

- a. Supply an office with a workstation that includes a desk, a chair, a telephone, and storage space. The Resident has access to a computer, including internet access.
- b. Provide sufficient financial and personnel resources to support the educational objectives of this program through the University and The Eye Institute.
- c. Publicize and enforce non-discrimination policies, employee guidelines, and patient rights.

Outcomes Assessment:

-Achievement of this goal through the stated objectives is evidenced by providing an appropriate work environment and sufficient funding.