

The Residency Program will be divided into 4 separate phases. To move from one phase to the next, proficiency must be demonstrated by the Resident in the prior phase. Also, allowing for variation in skill sets and the fact that some Residents may have previously done an externship at the clinic, the Residency Supervisor will determine when the next phase of the program will begin, based solely on demonstrated performance, not on any block of time. The Residency Supervisor will remain available to the Resident for the complete duration of the program for consultation and additional training, as needed/requested. The four phases are described below.

Phase I: The Resident will focus on becoming oriented to the Bond-Written Eye Clinic's office layout, policies, procedures, office forms, practice management software, and electronic medical records, in addition to understanding coding & billing and proper chart documentation. The Resident will also become acquainted with the administrative and professional staff of each office, as well as meet the clinic's surgeons and learn its referral networks. The Resident will begin working patients up and scribing for the Residency Supervisor, and will discuss case management. Additionally, the Resident will be expected to learn to independently and accurately operate all ophthalmic equipment in the practice (anterior and posterior segment cameras, visual acuity software, OCT's, topographers, wavefront aberrometers, etc). It is anticipated that Phase I will last 3-4 weeks for most Residents.

Phase II: The Resident will begin seeing patients independently, including beginning to serve in the Clinic's on-call rotation. The Residency Supervisor will review all charts for proper coding & billing, chart documentation, and adherence to standards of care for treatment plans, providing feedback as appropriate to the Resident. The Resident will begin training in advanced procedures (e.g. IVFA, foreign body removal, cyst drainage, etc.) and will learn how and when to order appropriate systemic labs and neuro-imaging procedures. It is anticipated that Phase II will last approximately 3 months for most Residents.

Phase III: The Resident will be given further increasing autonomy with patient care, with chart reviews becoming more random (on the order of approximately 1/3 of patient encounters, as randomly selected). Competency will be expected in the advanced procedures and orders learned in Phase II, and work on an education poster to be presented at a national meeting is expected to begin. It is anticipated that Phase III will last approximately 3 months for most Residents.

Phase IV: The Resident will be given full autonomy with regard to patient care, and charts will not be reviewed unless requested by the Resident. When available, the Resident will also be given opportunities to precept Student Externs. The Resident will be expected to present either a Clinical Case Report, a Grand Rounds Presentation, or an appropriate Continuing Education Lecture to the Clinic's doctors and externs. The Resident will be exposed to the practice management aspects of the practice and be expected to attend its bi-weekly manager's meetings. It is anticipated that Phase IV will last approximately 5 months for most Residents.