

RESIDENTS HANDBOOK

Optometry Residency in Low Vision / Ocular Disease

Academic Year
2010-2011

Hampton VA Medical Center
Hampton, Virginia

Mission Statement
of the Hampton VA Medical Center
and Southern College of Optometry
Residency in Low Vision and Ocular Disease

The mission of this residency program is to provide residents with the clinical education necessary to become practitioners who are able to deliver low vision/rehabilitative eye care and therapeutic management of ocular disease in a multidisciplinary environment. This program will provide academic and clinical experiences that will enable residents to expand their knowledge base, strengthen their patient care skills, and participate in clinical and academic education. Individuals who complete the program are expected to be able to deliver a high level of clinical care and to serve as optometric educators. In addition, this program strives to enhance the access of veterans to low vision/rehabilitative and specialty optometric eye care in both the inpatient and outpatient settings.

RESIDENCY PROGRAM GOALS, OBJECTIVES, OUTCOMES, AND MEASURES

Goal 1: Strengthen the residents' confidence and clinical competence in delivering low vision/rehabilitative eye care

Objective 1: *Ensure the resident performs a minimum number of low vision/rehabilitative eye care evaluations*

Outcome: The resident will perform a minimum of 100 new and/or follow up low vision/rehabilitative eye exams

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the number and type of low vision/rehabilitative eye exams performed

Objective 2: *Expose the resident to a diverse range of low vision patient presentations*

Outcome: The resident will examine patients with a variety of levels of visual impairments, representative of the visually impaired population at the Hampton VAMC

Measure: Using data collected from the Encounter Forms, the resident will report quarterly on levels of visual impairments encountered as defined by the ICD-9 diagnostic codes.

Objective 3: *Ensure the resident gains experience in the prescribing of the full scope of low vision devices*

Outcome: The resident will prescribe the full range of nonoptical, optical, and electronic low vision devices as clinically indicated and appropriate for the visually impaired patient population

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the categories and types of low vision devices prescribed

Goal 2: Enhance the residents' understanding of their role within a multidisciplinary health care environment as well as part of the low vision rehabilitation team

Objective 1: *Enhance the resident's understanding of the team nature of low vision rehabilitation*

Outcome: The resident will spend a minimum of 20 hours observing and interacting with the low vision rehabilitation specialist

Measure: The resident will be scheduled for a minimum of 20 hours of observation of the low vision rehabilitation specialist's role. The resident will be evaluated by the preceptor for this rotation and will also evaluate the rotation.

Objective 2: *Ensure that the resident fully utilizes hospital clinical services and personnel outside of the Eye Clinic*

Outcome: The resident will refer patients and consult with other hospital ancillary, rehabilitative, and supportive health care service providers when indicated.

Measure: Using data collected from the patient care log, the resident will report quarterly on the number and types of referrals and consultations made. Review of the resident's records in accordance with the resident supervision policy will be used as an opportunity to educate the resident on the need for consultation and referral on a case-by-case basis

Objective 3: *Expose the resident to the clinical activities observing non-optometric hospital and rehabilitative health care providers within a multidisciplinary setting.*

Outcome: The resident will spend a minimum of 40 hrs observing non-optometric hospital and rehabilitative health care providers

Measure: The resident will be scheduled for a minimum of 40 hours of rotation through non-optometric clinics and for observation of hospital-based procedures. The resident will be evaluated by the preceptor for each rotation and will also evaluate each rotation.

Goal 3: Provide the resident with experience in therapeutics and in the diagnosis and management of complex ocular disease.

Objective 1: *Provide the resident with adequate experience and training in the management of complex ocular disease*

Outcome: The resident will manage and treat an adequate number of patients with complex ocular disease presentations.

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the numbers of patients seen with complex ocular disease presentations (as defined as those patients with three or more ICD-9 diagnoses relating to the eye).

Objective 2: *Ensure the resident gains adequate experience with advanced diagnostic ocular procedures.*

Outcome: The resident will perform advanced diagnostic procedures (including gonioscopy, fundus contact lens examination, optical coherence tomography, B-scan ultrasonography, posterior segment photography and fluorescein angiography) when clinically indicated.

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the number of advanced diagnostic procedures performed (including gonioscopy, fundus contact lens examination, optical coherence tomography, B-scan ultrasonography, posterior segment photography and fluorescein angiography)

Objective 3: *Ensure that the resident gains experience in ordering non-ophthalmic diagnostic tests and procedures necessary for the evaluation of complex ocular disease*

Outcome: The resident will order non-ophthalmic diagnostic tests and procedures when clinically indicated.

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the numbers and types of diagnostic tests and procedures ordered. Review of the resident's records in accordance with the resident supervision policy will be used as an opportunity to educate the resident on the need for special diagnostic tests and procedures on a case-by-case basis

Objective 4: *Provide the resident with experience in the fitting and management of medically indicated contact lenses for ocular disease*

Outcome: The resident will perform contact lens fittings and evaluations on patients with anterior segment disease requiring the use of contact lenses.

Measure: Using data collected from the Encounter Forms, the resident will report quarterly on the number and type of contact lens evaluations performed

Objective 5: *Provide the resident with experience in the triage and management of urgent ocular conditions*

Outcome: The resident will serve as a referral source for urgent eye care consultations requested of the Eye Clinic

Measure: Using data collected from the Encounter Forms and the patient care log, the resident will report quarterly on the number of urgent ocular consultations performed

Goal 4: Provide the resident with the experience and opportunity to become an effective educator

Objective 1: *Develop the residents ability to effectively share knowledge and disseminate information*

Outcome: The resident will prepare and present lectures for Grand Rounds conferences that involve the local optometric community.

Measure: Documentation of the resident's handouts for lectures presented.

Objective 2: *Develop the resident's instructional and clinical teaching skills.*

Outcome: The resident will participate in weekly optometric educational conferences and in the clinical supervision of optometric externs.

Measure: A record will be kept of the topics covered during teaching conferences and the resident will report quarterly on the number of patients precepted with the externs.

Goal 5: Instill in the resident an appreciation for the significance of research and other scholarly activity.

Objective 1: *Develop the residents ability to critically evaluate clinical research from the ophthalmic literature.*

Outcome: The resident will read clinically relevant ophthalmic research literature for discussion with the Program Supervisor and/or staff.

Measure: Documentation of the ophthalmic research literature read by the resident and discussed with the Program Supervisor and/or staff.

Objective 2: *Develop the residents ability to use library resources to investigate clinically relevant topics.*

Outcome: The resident will become familiar with methods of library research, including literature searches.

Measure: The resident will present a bibliography for each of his or her Grand Rounds presentations.

Objective 3: *Guide and educate the resident as to the process of preparation of a manuscript of publishable quality.*

Outcome: The resident must prepare of a manuscript of publishable quality.

Measure: The resident will be evaluated quarterly on the progress of his or research paper or case report manuscript preparation.

GENERAL INFORMATION

Duration and hours of program

The training program is one year in duration, beginning on July 1st and ending June 30th of the following year. Clinic hours are 7:30 am to 4:00pm Monday through Friday, with Grand Round conferences on the second Tuesday of each month in the evening. There is no call duty

Salary

The resident is provided a set annual stipend that is determined by the VA Office of Academic Affiliations. All VA residents receive the same stipend. The current stipend is \$31,965.

Health, professional and leave benefits

Residents accrue sick leave and annual leave at a rate of 4 hours per pay period, up to 13 days in the year. Recent federal policy entitles residents to participate in a federally sponsored health insurance plan of their choosing through FEHB (Federal Employees Health Benefits). Human Resources will give you a packet with information about FEHB when you first come on station; information about the health plans can be found online and you can also submit your health plan selection electronically. Residents are eligible for Workman's Compensation should they be injured during the performance of their duties.

Professional liability protection

Liability protection in the form of the Federal Tort Claims Act is provided to all residents for professional duties performed within the VA. Protection from personal liability while at the VA health care facility or agency is covered under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d), and VHA Directive 1402.1 Malpractice Coverage of Trainees in VA-sponsored Programs when they are Performing Professional Services at a non-VA Facility.

Requirements for residency completion and awarding of certificate

- 1) Completion of the entire 12 month program

- 2) Participation in scheduled activities designed to meet the mission, goals, and objectives of the program (clinical rotations, lectures, etc.) unless receiving advance approval to miss an activity.
- 3) Completion of required paperwork (maintenance of patient log, filling out of evaluations and quarterly reports) in a timely manner
- 4) Performance at an appropriate level throughout the program as evidenced by favorable evaluations (i.e. consistently at or above “expected” levels)
- 5) Completion of a manuscript of publishable quality on a topic of your choosing.

PROGRAM GOALS

1. To learn patient care
2. To develop strategies for clinical decision making
3. To develop life-long strategies for self-education
4. To develop the characteristics of a great doctor:
 - a. Compassion, caring, empathy, selflessness.
 - b. Intellectual honesty and accurate self-assessment.
 - c. Genuine enthusiasm for and interest in learning.
 - d. Ability to critically assess what you read and hear, and to use what you learn to better care for your patients
5. To develop your ability to share knowledge and information with others

PROGRAM REQUIREMENTS

1. Enthusiasm.
2. Hard work:
 - Daily, in clinic, as would be expected of an employed doctor.
 - Daily, outside clinic, as would be expected of a postgraduate student.
3. An interest in and willingness to learn.
4. Self-motivation and initiative.
5. First priority for the residency
6. Sense of community spirit.

EXPECTATIONS

Many of these should go without saying, but I will review them nonetheless:

1. All patients should be treated with respect and in a compassionate and kindly manner. This is first and foremost a medical facility, and patient care is our primary concern.
2. Be on time. Every day. For every thing. Certain routes in this area are notorious for traffic tie-ups. If you will be traveling these routes, be sure to leave yourself plenty of time.
3. You should be neatly dressed and well groomed while in the clinic. Dress as you would if you were seeing patients in your own private practice; this means no jeans, shorts, open-toed sandals or miniskirts!
Always wear your ID badge while on station as required by the VA.

4. Equipment should be cared for, cleaned, and treated as if it were your own. At the end of the day, if a technician is not available to do so, equipment that you have used should be disinfected, cleaned, and covered.
5. Courtesy and cooperation are expected of you in dealing with other Eye Clinic and hospital staff and personnel. Be a part of the team and help out in whatever way is necessary to help the clinic run smoothly. Others will appreciate your efforts and help you in return.
6. During clinic hours you should concern yourself primarily with patient care and learning--this means you should make every effort to take care of personal business after clinic hours.
7. Please limit incoming personal phone calls except in cases of emergency. You may make long distance phone calls from the VA if you need to call a patient. Long distance phone calls of a personal nature have been specifically prohibited by the hospital administration. The same holds true for the use of electronic mail; it should be used for work-related duties only.
8. Be responsible for your patients. If you see an emergency patient during the week that needs to be followed up on the weekend, it is YOUR responsibility to do so. If you cannot do so, then make arrangements for someone else to do so.
9. When seeing patients, organize your thoughts AND your notes to ensure that you--as well as all subsequent clinicians--will not be confused.
10. These are YOUR patients--this means you need to take care of them and follow up on them as appropriate: check on the results of tests you order, and call patients you have promised to call. If a patient you saw comes in or calls with a question or problem, help them.
11. Demonstrate to me WITH YOUR ACTIONS that you want to see as many patients as possible while you're here--this means looking for patient charts as they check in, picking up charts promptly, and being available when emergency consults come in.

CURRICULUM

CLINIC RESPONSIBILITIES

EYE CLINIC

Follow up examinations for patients with established ocular disease are scheduled all day Wednesday, and Tuesday mornings. For follow-up exams, the patient's electronic chart should be thoroughly reviewed so that you have a good understanding of the patient's past history and what needs to be addressed in your exam. It is highly recommended that you review your patient's charts at least one day PRIOR to the exam in case additional information needs to be obtained from the medical record, or if the patient has a condition that you are unfamiliar with. On some days the pace can be quite hectic; remember that thorough and complete evaluations are the main objective.

LOW VISION CLINIC

Low vision clinic is scheduled for all day Monday, all day Thursday, and Friday mornings. During this time we will be evaluating patients for initial exams, follow ups, and for final discharge exams. We work closely with the low vision therapist on those days. Since quite a bit of time is allotted for low vision exams, if a patient does not show, this does sometimes leave a gap in the day. During those times, you may also be expected to see patients in the regular eye clinic, particularly those who come in for urgent or emergency exams.

RETINA CLINIC

Retina clinic is specifically for patients with retinal disease. This clinic is staffed by one of the Retina attendings (Dr. Cauthen) who comes in Tuesdays to see Retina patients with the ophthalmology residents and to supervise laser treatments. Your primary responsibility will be to perform the fluorescein angiograms scheduled during this time. Once all the fluorescein angiograms are completed, you will have the opportunity to see some interesting retinal patients with Dr. Cauthen. If Retina clinic is running behind, please do also try to assist in preparing patients for Retina clinic (screening and dilation). You are expected to take full advantage of this opportunity to expand your knowledge of retinal disease, i.e. examining the retina patients with the retina attending and staying until she has examined all the patients.

FLUORESCEIN ANGIOGRAPHY AND FUNDUS PHOTOGRAPHY

The resident has primary responsibility for photography and fluorescein angiography. Fluorescein angiography (FA/IVF) clinic runs on Tuesday afternoons concurrent with Retina clinic. There are three

fluorescein slots: 1:00, 1:15 and 1:30 pm. Add-ons should only be scheduled at 12:30 pm. It is your responsibility to ensure the following:

- 1) Supplies needed for fluorescein clinic are available – at the end of every fluorescein clinic, ensure that there are adequate supplies for the following week and if there are not, then ask one of the technicians to obtain them for you
- 2) The fluorescein is drawn up in the syringes and ready to go prior to the start of FA/IVF clinic. The technician is usually able to assist you with this, but if she is not, you must make sure this gets done.
- 3) The progress notes are signed and the encounters finished for the FA/IVF patients by the end of the clinic.

All fluoresceins should be scheduled by Consult ONLY; if there is no consult already in place, you will need to generate one in order for the digital system to attach the patient's photos/FA to the patient's electronic medical chart. **Do NOT** take any photos if there is no consult generated!!

See the Fluorescein Angiography Guide for more detailed instructions on performing FAs. However, consistent with residency supervision policies, please keep in mind that initially you will be only **assisting** with the fluoresceins, and you will not be performing them yourself until after a period of closely supervised instruction.

CONTACT LENSES

Contact lenses are fit at the VA under the following circumstances: (1) the contact lenses are medically necessary, e.g. for aphakia, keratoconus, corneal irregularity, high myopia, or after corneal surgery (2) the patient is eligible for prosthetic devices (i.e. 10% or more service connected), and (3) the patient is an appropriate candidate for contact lens wear. We do not fit cosmetic contact lenses under any circumstances!!! Contact lens appointments are scheduled into the clinic when time is available, so this will usually be done during the Low Vision clinic times. You will be responsible for the fitting, ordering, verification, and dispensing of the contact lenses and for following up on these patients; which will give you an opportunity to gain experience in these complex contact lens fits.

ELECTRONIC PROGRESS NOTES/CPRS (Computerized Patient Records System)

The VA utilizes an essentially paperless (i.e. electronic) patient record. This means that ALL progress notes, documentation of discussions with patients, ordering of medications, lab tests, etc. must be done via CPRS and the computer.

All Eye Clinic notes must be entered as Electronic Progress Notes in the computer. *When entering a note, please use the appropriate template* to ensure uniformity of documentation and care. All patients' progress notes should be electronically sent to the Program Supervisor for review prior to being signed. This will ensure the completeness and accuracy of the note as well as maximize the potential for each patient case to be a clinically educational experience. Please also keep in mind that once a note is signed electronically, the body of the note cannot be altered in any way - only an Addendum can be added. ***Therefore, it is VERY important that you do NOT (electronically) sign any notes until you are sure of its thoroughness and accuracy.*** You can always go back and sign a note later, but once it's signed it becomes a permanent part of the patient's electronic medical record.

Specific instructions for navigating CRPS (e.g. instructions for ordering eyeglasses, carotid doppler studies, medications etc.) will be forwarded to you electronically as Word documents that you can keep on your desktop and print and/or refer to any time you need them.

Once you have completed and signed an electronic progress note, select "Identify Signer" from the menu at the bottom of the note, and select the appropriate attending. The note will then be forwarded to that attending for electronic co-signature. For the first quarter, all patient notes must be co-signed by the Program Supervisor (Dr. Tokumaru); thereafter, notes may be signed by either Dr. Tokumaru or one of the other Optometry attending (Drs. Sink or Smith). ***Per VHA Residency Supervision standards, all resident notes must be cosigned by an attending provider and all new patients must be discussed with an attending while the patient is still physically in the clinic. For coding/billing purposes, all visual field notes must also be co-signed by an attending provider.***

Copying and pasting

Copying and pasting portions of the electronic medical record is a terrific timesaver—but can also be dangerous in terms of accurate documentation. Therefore, the rule for copying and pasting is: ***You may copy and paste ONLY things that you yourself have personally entered or that are part of a template*** – this includes **clinical findings, assessments and plans**. If the patient has a very complicated problem list, you may copy and paste the problem list *only if you personally review each item on it and verify that it is correct*--either directly with the patient or with the past records.

Also, please be aware that whatever you type into the patient's electronic medical record is not only a **permanent, legal record**, but is also available for all other hospital personnel and health care providers to see. Therefore, please observe the following:

- 1) Do not type in all lower case or "shout" (i.e. use all capitals) – type with normal capitalization and punctuation *as would be expected when entering a legal medical document*.
- 2) Proofread what you have typed to ensure that there are no typographical or spelling errors. If spelling is an issue for you, then you can use spell check on your note by right-clicking while you are in edit mode.
- 3) Do not use abbreviations that are not approved by JCAHO – this includes virtually all "optometric" abbreviations, and many eye abbreviations and acronyms – a partial list of unapproved abbreviations can be found under "Tools" in CPRS. ***When in doubt, write it out.***
- 4) In cases where a patient was difficult, noncompliant, hostile or problematic in some other way, please thoroughly discuss your documentation with an attending **prior** to signing your note. Documentation of less than ideal circumstances or situations requires the use of appropriate terminology, which one of the staff attendings can help you with.
- 5) Keep in mind that you are in a hospital setting, and therefore many other healthcare providers (including physicians, nurses, pharmacists, etc.) will be reading your notes. In this setting, you represent the optometric profession, so *document findings, assessments, and plans in a professional manner at all times.*

PATIENT LOG

You are required to keep a patient log in order to document:

- 1) The number and types of patient encounters
- 2) The number and types of ancillary procedures you have performed
- 3) The number and types of consultations or referrals you have made for evaluation or special testing
- 4) Follow-up of your patients

Preferably, the log should be completed as you go along, and definitely no later than the end of each clinic day. Keeping an accurate patient log requires some time investment, but it is also the best way to document your experiences as a resident. This type of record will be of great benefit to you as well as to the program, so it is very important that your log be kept complete and up to date. The codes to use in the log book (as well as a sample Excel spreadsheet to use for your log) will be sent to you electronically during your first week.

MASTER EDUCATIONAL/CURRICULAR PLAN

Within the first two weeks of the start of your residency, we will sit down together and create a Master Educational/Curricular Plan (MEP) for your program year. This will be based upon the MEP of the previous resident along with revisions that we find mutually acceptable. This list is essentially an inventory of the subjects and topics we would like to make sure are covered or discussed during the period of your residency. In the course of the year, topics are usually covered as patients present with particular problems or disease processes. This list is to help ensure that if you do not encounter particular types of patients in the clinic, all topics will at least be covered via readings and/or discussion.

At the time of the quarterly evaluations we will go over the MEP to ensure that all agreed upon topics and subjects are being covered at a reasonable rate. Some of the MEP involves reading certain studies and papers; see the section on Readings.

CURRICULUM:

ACADEMIC RESPONSIBILITIES

AFTERNOON DISCUSSION

The clinic load is purposely heavily weighted towards early in the morning and early in the afternoon. This is to allow some time at end of the day for you and the Program Supervisor (or other faculty) to discuss cases, patients or clinical care questions that came up during that day. You are encouraged to utilize this time at the end of each day to bring up diagnosis and management questions and issues as they arise, as you will obtain maximal educational benefit by doing so.

FRIDAY CONFERENCE

Every Friday between 1 and 4 pm we participate in an Optometry Academic Clinical Conference. This consists of case presentations and lectures by the attending staff and the optometry resident and extern. Initially, most of the lectures will be given by the attending staff on basic topics. After that, you will be expected to research and present topics on a regular basis along with the optometry extern. Including in this conference time will also be Journal Club/literature review.

OPTOMETRY GRAND ROUNDS

Optometry Grand Rounds sponsored by the Virginia Chapter of the American Academy of Optometry are held monthly at the Hampton VA Eye Clinic. They are held the **SECOND TUESDAY** of the month from 7:00 to 9:30 pm and are attended by private practitioners in the area for continuing education credit. These presentations MUST involve "live" patients who are examined and evaluated by the attendees.

Patients presented could either be "show and tell" cases or clinical challenges in diagnosis, management, or treatment. Presentations should include a well-researched literature review of the topic, a 15-20 minute (minimum) discussion of the condition involved, and a handout. When an extern is rotating, he or she is required to present at least one patient for each Grand Rounds. However, the resident has primary responsibility for the Grand Rounds presentations, so you should be on the lookout for interesting, willing patients. It is your responsibility to find the patients for Grand Rounds, make sure they show up, and to have your presentation ready on time. You should keep the Program Supervisor updated on the progress of your presentations, and have her review your presentation well before the Grand Rounds date.

When preparing your handout for your Grand Rounds presentations, please be sure to put your name, the date, and "Hampton VAMC Grand Rounds" clearly visible on the handout. Your handout can either be in outline form or a print-out of your powerpoint slides. . Make 12 double-sided copies of your handouts and give me two copies. Copying and collating of your handouts should be completed **PRIOR** to the day of Grand Rounds.

READINGS

Periodically throughout the year we will be reading journal articles and discussing them during one of our afternoon conferences. These may include recently published clinical studies, major clinical trials, and literature pertaining to a particular topic of interest. Understanding and interpreting scientific literature is an important element of self-education, and a skill that is learned and developed. You will be introduced to this topic by a series of articles published in The Journal of the American Medical Association on how to read and use the medical literature. The goal of our readings is not only to learn more about the subject matter, but also to acquire the ability to critically analyze and evaluate study results. It is suggested that you refer to the handout, "Guide to Reviewing Journal Articles" to assist you in analyzing the literature. A list of the articles discussed the previous year will be available for your review. Many but not all of these same articles will be reviewed during your year. If at any time during the year you find an article you would like to discuss, please bring it to the attention of your Program Supervisor so that we may discuss it and add it to the list.

MANUSCRIPT

Completion of a manuscript of publishable quality is a requirement of the residency program. This paper may be a case report with literature review or a research project. Since this paper is a major undertaking, it is recommended that you start thinking of a topic early on. *Failure to complete a manuscript of publishable quality means you have not completed the requirements of the residency program, which may result in failure to receive a Residency Certificate.* The following deadlines must be met

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|--------------------|-----------|
| 1) Topic due | October 1 |
| 2) Outline due | January 1 |
| 3) Rough draft due | March 1 |
| 4) Final draft due | June 1 |

If your paper is published, you are expected to acknowledge the staff member(s) who assisted you in the production and/or editing of the paper. If a staff member played a more active role in the writing of the paper or the research study design and/or execution, that individual should be listed as a coauthor on the article.

ROTATIONS

You will be scheduled for rotations through other clinics and with other providers in the hospital. Your rotations may include (but are not be limited to): Primary Care, Diabetic Teaching, and Neurology. These rotations will be scheduled periodically throughout the year depending upon the clinic and staffing schedules. You will be expected to spend the entire day in the clinic to which you were assigned and follow whatever direction is provided to you by the attending for that rotation. You will be filling out evaluations of the rotation as well as being evaluated by the attending provider.

SCHEDULE

HOURS

7:30 am - 4:00 pm Mon-Fri. You should anticipate being here at least until 4:00 every afternoon, and later if necessary. Morning patients should be started promptly, so *you should have your room set up and ready to see your first patient by 7:30 am*. Please keep in mind that when we have Grand Rounds, they will take up the majority of your evening.

EMERGENCIES

Emergency consults often come in late in the day. Since one of the goals of the residency is to ensure your exposure to as many unusual and/or complex patients as possible, you should be prepared for the possibility of being here late on any given day. If you see an emergency patient during the week, you should also be prepared to follow up on the patient over the weekend if necessary. It goes without saying that once you assume responsibility for an emergency patient or perform a procedure on them (e.g. foreign body removal), you are expected to follow through on the weekend if necessary. However, you are not required to be on emergency call.

LUNCH

Try not to skip lunch! Lunch begins after your last morning patient and you have about 30 minutes (but oftentimes less), since all morning patients should be completed before having lunch, and *afternoon patients should be started promptly at 12:40 pm*. Since this is a busy clinic and we often run late, it is strongly advised that you bring your own lunch, and not plan to "run errands" during the lunch period.

TIMELINESS

It is important to try to see patients as close to their appointment time as possible; per VA guidelines, *all patients should be called within 20 minutes of their scheduled appointment time*. In order to accomplish this, it is essential that clinics begin on time, and even early if possible. In addition, it may often be necessary for you to start one or more patients while you have others dilating in order to call a patient as close to their clinic appointment time as possible

VACATION/ANNUAL LEAVE

For specific leave policies, see the section on Administrative Policies. It is the policy of this medical center that all clinic cancellation requests must be made *at least 45 days in advance*; therefore you should request your leave as far in advance as possible to ensure that it will be approved. When you would like to take leave, you must **first** request your leave via an e-mail to the Program Supervisor who must approve your leave request; this is a residency program requirement. Once the Program Supervisor approves your leave, you must then enter your leave request electronically via the "Employee menu" under VISTA in the

computer; this is a VA policy requirement. This is to ensure that patient care is not adversely affected and that changes can be made to the schedule in an appropriate and timely manner. If any patients scheduled in your clinic have to be cancelled so that you may take leave, you are responsible for ensuring that they are rescheduled in a timely manner; this may mean having to overbook your schedule and see some additional patients to accommodate the cancellations. Therefore, it is important that you **plan ahead** for your leave time and arrange to have your clinics blocked well before patients are scheduled into them. Unplanned sick leave requests for should be entered immediately upon your return to work.

DAILY SCHEDULE

	MON	TUES	WED	THURS	FRI
AM	Low Vision	F/U clinic	F/U clinic	Low Vision	Low Vision
PM	Low Vision	FA's (RETINA CLINIC)	F/U clinic	Low Vision	Academic Conference

FEDERAL HOLIDAYS

The VA Hospital (and therefore the Eye Clinic) will be closed on the following federal holidays:

- Fourth of July (first Friday in July)
- Labor Day (first Monday in September)
- Columbus Day (second Monday in October)
- Veterans Day (November 11)
- Thanksgiving Day (last Thursday in November)
- Christmas Day (Dec 25)
- New Year's Day (January 1)
- Martin Luther King Day (third Monday in January)
- Presidents' Day (third Monday in February)
- Memorial Day (last Monday in May)

EYE CLINIC PROTOCOL AND POLICIES

CHECK-IN

All patients must be check in at the centralized check-in desk downstairs prior to being examined or having any services. Patients who come directly into the Eye Clinic should be instructed to check in with the clerk on the first floor. Patients should NEVER be seen without 1) first checking in with the Clerk, and 2) proper documentation with an Electronic Progress Note.

ORDER OF PATIENTS

Patients should be seen in order of their appointment time FIRST, then by check in time. This means do not call a 9:30 (appointment time) patient before a 9:00 (appointment time) patient unless the 9:00 patient was late. This may seem like a minor detail to you, but can be a source of distress to patients who get called out of turn.

By VA regulations, patients who report up to 30 minutes late must be seen. However, in the interest of fairness and timelines, *patients who are late should be seen only AFTER all scheduled patients who were on time for their appointments.* If a patient reports to the check-in desk more than 30 minutes after their scheduled appointment time, they have missed their appointment and will be rescheduled. In your follow up clinic, it will be left up to your professional discretion and clinical judgment whether or not you see patients who are more than 30 minutes late and have extenuating circumstances. However, please keep in mind that accommodating a patient who is late does not absolve you from your responsibility to see other scheduled clinic patients on time; so try to keep the entire clinic schedule and big picture in mind.

If you repeatedly call a patient who has checked in but he/she is not in the waiting area, document the time you called the patient and move on to the next patient. If you still cannot locate the patient, you can ask the operator to page the patient via the overhead PA system. Dial "0", identify yourself to the operator, then ask them to page your patient to the second floor of the Clinical Addition (**Building 110B**) – due to privacy laws, the operators are not allowed to identify the name of the clinic.

MVDRIATIC SPECS

When you dilate a patient, please ensure they have sunglasses or give them some disposable mydriatic specs BEFORE they go out to the waiting area. It is YOUR responsibility to make sure your patients have some type of sun protection prior to leaving the clinic after being dilated.

ENCOUNTER INFORMATION

Encounter information (i.e ICD-9 and CPT codes) must be entered electronically on EVERY patient for whom any service is provided, and must be coded prior to your electronically signing your note. These

MUST be entered completely, including Provider, Status, Visit Type, Procedures, and Diagnosis. When filled out accurately and completely, these will provide a comprehensive record of your clinical experiences and workload. The most commonly used ICD-9 codes are listed on the Electronic Encounter Form. In addition, ICD-9 codes can be searched for electronically. The Primary diagnostic code should be the main reason the patient is here; as many secondary codes as you feel are relevant should be included.

CPT coding is somewhat more complex; you should thoroughly review the Appendix section on Coding to determine which CPT codes to use on the Encounter Forms. Initially, the Program Supervisor will assist you with filling out these forms. When in doubt, ASK...it is better to ask the same question several times than to code incorrectly.

RETURN APPOINTMENTS

Return appointments should be indicated in the “Plan” of your progress note with the designation "RTC..." **Always** indicate the clinic into which you want the patient scheduled when they return. There are a multitude of different eye clinics, so please be as specific as possible. All patients you see should be scheduled into your follow up clinic: **HAM-EYE-OPTOM-RES-RTC** clinic. In addition to putting this in your Plan, it should also be copied into a Text Order under the Orders tab and signed; if you do not do this, the clerks will be unable to view your orders and it is possible the patient will not obtain their return appointment in the appropriate time frame.

Except under special circumstances patients will be scheduled as “open access” – this means that they will NOT receive a return appt at the time they check out, but rather will receive a letter and/or phone call near the time of their appointment asking them to call the clinic for an appointment. If you need the patient to return in a fairly close time frame (i.e. within 4-5 weeks), or you want them to come back on a pre-determined date due to transportation or other issues, then indicate “SCHEDULE TODAY” after your RTC statement. However, this option should be utilized only when absolutely indicated.

In order to minimize the possibility that patients do not get “scheduled” for their open access appointments, you should have your patients check out with the clerk once you are done with them in order to have their “open access” appointments entered in the computer system.

SUPPLIES

Your room should be stocked with the supplies (i.e. tissues, alcohol pads, eyedrops etc.) you need to perform routine eye examinations. If you run out, ask one of the technicians OR get the supplies from the Eyeglass room. If you take the last one of an item, please let one of the technicians know IMMEDIATELY so they can restock that item. We have some pieces of equipment (e.g. Perkins hand-held tonometer, pachymeter, etc.) which everyone in the clinic must share. **IF YOU USE ANY OF THIS EQUIPMENT, PLEASE RETURN IT TO THE ROOM IMMEDIATELY AFTER YOU ARE DONE SO THAT OTHERS WHO WISH TO USE IT DON'T HAVE TO GO FROM ROOM TO ROOM LOOKING FOR IT.** In other words, **BE CONSIDERATE!!**

FOOD AND DRINK IN THE EYE CLINIC

In accordance with the hospital infection control policy, patients may not bring food or drink into the examination rooms. Similarly, YOU should also refrain from eating and drinking in the examination rooms or patient care areas during clinic hours.

INFECTION CONTROL AND CLINIC HYGIENE

One of the most basic tenets of infection control is HANDWASHING or use of alcohol-based hand sanitizers. To minimize cross-infection amongst patients, you should wash your hands or use alcohol-based hand sanitizers both after examining a patient and prior to examining another patient. You should also *disinfect equipment with alcohol **immediately** after it touches a patient*, e.g. phoropters, headbands on the slit lamp, etc. Equipment that directly contacts the patients' eye such as the tonometer tip, gonioscopy mirror, etc. should be put in the tray for appropriate disinfection by the technicians at the end of the day. Each of these pieces of equipment should be used only once and then left in the tray to be disinfected.

OBTAINING VISUAL FIELDS

If your patient needs a visual field test, you should need to write in the plan: "RTC next available EYE VISUAL FIELD clinic" – **and you should clearly indicate which visual field test you want run.** As with any part of the plan, be sure to copy it into your Text Orders so the clerks can schedule it. If you are seeing a patient in the clinic and feel a visual field is essential to appropriately diagnose and manage your patient, check with the technician to see if there are any cancellations or no-shows for that day, and/or to see if they can squeeze your patient in.

EYEGLOSS POLICIES

Eligibility:

Due to recent eligibility reform, the following patients are eligible for eyeglasses through the VA:

All patients SC 10% or more for any condition

All patients SC any % for any eye condition

All ex-POWs, A&A, HB, and Voc Rehab

All patients **MUST** fall into one of the above categories in order for the VA to supply them with glasses at no cost – this is also true of any eye-related prosthetic devices such as low vision devices, contact lenses, etc.

If a patient's service connection is not in the computer, then they are not SC, and it is their responsibility to bring the appropriate paperwork to the Benefits Advisors downstairs to have it changed. *When in doubt about eligibility issues, please do NOT "guess" or make a statement about eligibility that may not be true...* this will only cause confusion, dissatisfaction and frustration. Simply explain to the patient that you are not familiar with the eligibility issues and then discuss it with one of your attendings.

Patients are entitled to one pair of glasses per year. They may obtain two pair (one for distance and a separate pair for near) if--and only if-- they are unable to adapt to bifocal lenses and this is documented in their medical chart.

All eyeglass issues are handled through the Contract Optical Shop, which is on the first floor of this building. Patients who wish to obtain any "add-ons" (e.g. tints, coatings, "no-line" bifocals, additional pairs of glasses, etc.) can pay the difference – the VA does NOT supply any extras or add-ons that are NOT medically indicated.

TINTS

Tints are provided only when medically necessary, defined by the VA as patients who have had cataract surgery and are photophobic, or patients with significant chronic uveitis or severe corneal disease. Tints are NOT to be prescribed "solely for patient comfort," i.e. without a MEDICAL indication. This medical indication must be documented in the chart and on the eyeglass order form.

Photochromic lenses (plastic only) are only ordered when tints are medically indicated by the above criteria AND the patient has some physical disability that would prevent them from changing to a separate pair of sunglasses (e.g. quadriplegia, MS, etc.) outside.

Special lens types

Special lens types are also limited to medical indications, eg. polycarbonate lenses are indicated and SHOULD be ordered for all monocular patients. For other special lens types (e.g. occupational, double-D segs or high index plastic for high myopia), use your professional judgment. We do not provide progressive lenses or coatings, which are primarily for cosmesis.

RESIDENCY ADMINISTRATIVE POLICIES

SUPERVISION

It is the policy of the Department of Veterans Affairs to supervise all residents who train in its health care facilities. The level of supervision will change during the course of the 12 month program, reflecting the increasing skills and knowledge of the resident and the confidence the program supervisor has in an individual's demonstrated abilities. For general principles of resident supervision, see the Memorandum on Guidelines for the Supervision of Optometry Residents. Per VHA Residency Supervision guidelines, *all new patients must be discussed with an attending while the patient is in the clinic, i.e. prior to the patient being discharged.* For the first quarter, all cases must be reviewed directly *with the Program Supervisor* unless she is not present in the clinic, in which case you may discuss your case with another staff OD.

SUPERVISION POLICY

The following schedule of supervision levels is expected for each resident, recognizing that individual variations may occur:

Quarter one (Level A)

a. Weeks 1-2:

- i) Close supervision of patient encounters to include: review of case prior to dilation of patient, review of case prior to release of patient, and repeat of funduscopy examinations on all new patients.
- ii) Only observation and assistance with advanced diagnostic and therapeutic procedures.

b. Month one:

- i) Supervision of patient encounters to include: review of cases prior to documenting final disposition on all patients
- ii) Assisted and directly supervised performance of advanced diagnostic and therapeutic procedures

c. Months two-three:

- i) Supervision of patient encounters to include: review of cases prior to documenting final disposition on patients *in cases where a change in therapy or diagnosis is made.*
- ii) Directly observed but not necessarily assisted performance of advanced diagnostic and therapeutic procedures

Quarter two (Level A-B):

- i) Supervision of patient encounters only in cases where a change in therapy or diagnosis has been initiated or the diagnosis or case management is in question. Supervision of resident may be performed by any attending staff.
- ii) Attending staff is present in the clinic for consultation, but does not necessarily directly observe the performance of advanced diagnostic and therapeutic procedures

Quarter three (Level B):

- i) Supervision of patient encounters to include review of cases prior to release of the patient only when a change in therapy has been initiated, consultation outside the Eye Clinic is required, or an unusual or complex presentation is involved. Supervision of resident may be performed by any attending staff.
- i) Attending staff is present in the clinic for consultation, but does not necessarily directly observe the independent performance of advanced diagnostic and therapeutic procedures. Direct review of the results or findings with attending staff.

4. Quarter four (Level C):

- i) Supervision of patient encounters to include review of cases prior to release of the patient only when a change in therapy has been initiated, consultation outside the Eye Clinic is required, or an unusual or complex presentation is involved. Supervision of patient encounters only when indicated, and supervisor not necessarily present within the clinic.
- ii) Independently performed advanced diagnostic or therapeutic procedures, with findings reviewed directly with supervisor only when unusual or complex

EVALUATIONS

You will receive a written evaluation by the Program Supervisor at the end of every quarter (i.e. every three months). On a quarterly basis you will also be asked to evaluate the Program Supervisor, the program, and the other Optometry faculty. Copies of the evaluation forms that will be used will be provided to you at the start of the program. You should look these over soon after the start of your program and if you have any questions about the evaluation forms, feel free to ask the Program Supervisor. Copies of these evaluations will be forwarded to the Residency Director at our affiliate, the Southern College of Optometry (SCO).

You will also be asked to evaluate the rotations you do with other practitioners/staff in the hospital. The attending staff for these rotations will also evaluate you on your performance relative to the predefined goals and objectives for each rotation.

QUARTERLY REPORTS

In addition to the evaluation forms, quarterly reports will be made to the Residency Director at SCO on your patient encounters and activities. Included in these reports is a summary of:

- 1) The numbers and types of patient encounters
- 2) The number and types of ancillary procedures you performed
- 3) The number and types of referrals you made for consultation or special testing.
- 4) Your observational and didactic activities

You should have this information tabulated and ready to send in within one week of the end of the quarter.

QUARTERLY DIAGNOSTIC (ICD-9) REPORTS

On a quarterly basis, I will give you a printout of the numbers of patients you've seen by diagnostic category (ICD-9) and procedure performed (CPT-9). This report will be based on what you code on the Encounter forms, therefore it is critical that you accurately fill out the encounter forms where this information is recorded.

VA ADMINISTRATIVE POLICIES

LEAVE/ABSENCES

1. SICK LEAVE

Sick leave is intended for use when an employee is ill or has an appointment with a health care provider that cannot be scheduled outside clinic hours. Residents accumulate sick leave at a rate of 4 hours per pay period, up to 13 days in the year. Residents requesting sick leave may be asked to present a physician's certificate or note. Sick leave is not to be used for automobile emergencies, snow days, job interviews, etc. Sick leave not used during the course of the year is held over for three years and returned to the resident if he/she accepts employment in the VA system within that time.

If you are ill and are unable to report to work, you must contact the Program Supervisor directly as soon as possible. The Program Supervisor may be contacted at home or via cell phone if necessary.

2. ANNUAL LEAVE

Residents accumulate annual leave at a rate of 4 hours per pay period, up to 13 days of annual leave during the year. Annual leave is to be used for vacation, personal or family emergencies, interviews, attendance at other meetings, etc. Since clinics must be cancelled a minimum of 45 days ahead of time, you should inform the Program Supervisor via e-mail of any leave requests. Keep in mind that leave requests will be approved based on the clinic schedule and staff coverage. The earlier the request is made, the more likely it can be accommodated. Residents will be paid for any annual leave remaining after the completion of their residency program.

3. EDUCATIONAL LEAVE

Educational leave is granted to residents for educational purposes relating to the mission, goals, and objectives of the residency program. You must request educational leave as you do other types of leave as described below. The resident will automatically be granted three days of educational leave to attend the American Academy of Optometry Annual meeting *with proof of continuing education course attendance*. "Proof of continuing education attendance" means **seven hours** of continuing education activities per eight hour day of leave. Failure to meet this minimum standard of continuing education attendance will result in your time away from the clinic being considered annual leave rather than educational leave. Additional educational leave will be granted to attend other conferences and meetings **if** the resident is actively involved in an educational activity; i.e. is presenting a poster, lecture, etc. *that the Program Supervisor has deemed appropriate to the program*. Otherwise, you are welcome to use any annual leave for these activities.

4. APPLYING FOR LEAVE

When you would like to take leave, you must **first** request your leave via an e-mail to the Program Supervisor who must approve your leave request; this is a residency program requirement. Once the Program Supervisor approves your leave, you must then enter your leave request electronically via the “Employee menu” under VISTA in the computer; this is a VA policy requirement. This is to ensure that patient care is not adversely affected and so that changes can be made to the schedule in an appropriate and timely manner. It is the policy of this medical center that all clinic cancellation requests must be made **at least 45 days in advance**; therefore you should plan out your leave as far in advance as possible to ensure that it will be approved. If any patients scheduled in your clinic have to be cancelled so that you may take leave, you are responsible for ensuring that they are rescheduled in a timely manner; this may mean having to overbook your schedule and see some additional patients to accommodate the cancellations. Therefore, it is important that you **plan ahead** for your leave time and arrange to have your clinics blocked well before patients are scheduled into them. Unplanned sick leave requests should be entered immediately upon your return to work.

LIABILITY COVERAGE/LICENSURE

Liability protection is provided to all residents under the Federal Tort Claims Act. This coverage is valid **ONLY** while the resident is providing care at the Hampton VAMC and if the resident has a valid appointment to the staff as either a paid or without compensation (WOC) employee.

In order for you to write prescriptions which will be filled outside the VA (e.g. spectacle prescriptions), you must be licensed to practice in a state. In addition, you are required to obtain state licensure prior to completion of your residency.

CREDENTIALS AND PRIVILEGES

Optometry staff have their credentials reviewed and updated every two years and are repriviledged at this time. The resident's credentials are verified by the Director of Residencies at SCO and by the Hampton VAMC prior to July 1 of the residency year. Your credentials are the verification of your graduation from Optometry School and the materials submitted as part of your application to the residency program.

Residents are not granted independent clinical privileges. Optometry residents essentially practice under the privileges of their Program Supervisor. You will be given increasing degrees of responsibility and independence with increasing experience, ability, and skills. (See Section on Supervision). Please remember that even the most experienced and skilled residents must still consult with staff for certain advanced procedures or when requesting consultation outside the Eye Clinic.

MOONLIGHTING

Moonlighting is neither condoned nor recommended during your year of residency training.

EMPLOYEE HEALTH CLINIC

Residents seeking medical care while on duty will be given emergency treatment for minor illnesses or discomfort so that they may remain on duty. This care is available through Employee Health Monday through Friday. More serious emergency problems will be handled through the Emergency Room. If more extensive diagnosis or treatment is indicated, residents will be referred to their private physicians. Spouses, children, and other members of a resident's family are not eligible to receive emergency care evaluation, or treatment from the Medical Center or its staff.

FEDERAL EMPLOYEE ADMINISTRATIVE POLICIES

WORKMEN'S COMPENSATION

All residents are covered by Workmen's Compensation for injuries or illnesses incurred during the performance of expected duties while 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 Employee Health. The resident must report the episode to his/her Supervisor and Service Chief and within 24 hours complete either a CA-1 Form for a Traumatic Injury or a CA-2 Form for an Occupation Disease Injury.

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 full-time residents who are paid by the VAMC Hampton.

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 as possible to the source of the problem should be attempted. The Section and Service Chiefs are 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 appropriate person at the next higher supervisory level.

Grievances should be initiated and discussed with the immediate supervisor within 15 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 to the progressively next higher level until the Chief of Staff has given it consideration. The resident should receive an answer within five workdays after consideration of the grievance by the Chief of Staff. If the grievance 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 15 calendar days. The Medical Center Director's decision is binding and the house office has no further appeal action.

TERMINATION POLICY

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, honesty, 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 Chief, Optometry Section and reviewed by the Chief Medical Officer.

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 informed of the specific charges and given an opportunity to respond to them. If the resident feels that the action taken by the Chief, Optometry Section is inappropriate or unwarranted, a review by the Chief Medical Office may be requested. 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 7 days of the notification of the action. The information provided by the resident as well as all other information pertinent to the case will be reviewed by the Chief Medical Officer and a final decision will be made. This decision will be provided in writing to the resident.

TERMINATION OF EMPLOYMENT/CLEARANCE

Upon termination of your appointment as a VA paid resident, you must complete "Employee's Clearance from Indebtedness" Form 3248; this form is available from your Program Supervisor. As part of this clearance procedure you must complete your medical records and return all Medical Center property such as keys, uniforms, library books and your photo identification badge. Final paychecks will not be released until the clearance procedure and form are fully completed.

INFORMATIONAL RESOURCES

MEDICAL LIBRARY

The Medical Library is located on the 5th floor of the main hospital (Bldg 110) and is open from 8:00 am to 4:30 pm. The library can be accessed after hours and on the weekends by signing out the key to the library in the Emergency Room on the ground floor of the Clinical Addition. There is always an administrative person on duty in the Emergency Room who can give you the key; just be sure to have your VA ID with you. The ophthalmic journals the library has in their holdings are American Journal of Ophthalmology, and Archives of Ophthalmology. Materials (books, journals, or videotapes) not in their holdings can be requested via Sandy Dannenberg in Medical Media.

INTERNET ACCESS

You are given access to the Internet via the PC in your examination room and full access to use of the printer for purposes of academic and clinical pursuits. In accordance with VA policy, the internet is to be used **ONLY** for work and patient-care related activities. *Failure to adhere to this policy may result in*

loss of your internet access privileges. Access to the personal and/or private web-based e-mail accounts is blocked by the VA .The following NEI website is recommended as an excellent starting point in looking for eye-related information: <http://www.nei.nih.gov/>

AOA Clinical Practice Guidelines can be found at the following web address:

<http://www.aoanet.org/eweb/DynamicPage.aspx?site=AOAstage&WebCode=ClinicalPractice>

VA CLINICAL RESOURCES

Via the “Tools” option on CPRS, you have access to a number of different informational resources, including databases on basic medicine and pharmacy information.