



STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY

**State University of New York
State College of Optometry**

**MANUAL OF PROCEDURES FOR
RESIDENCY PROGRAMS**

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**STATE UNIVERSITY OF NEW YORK
STATE COLLEGE OF OPTOMETRY**

Manual of Procedures for Residency Programs

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**State University of New York
State College of Optometry**

Manual of Procedures for Residency Programs

I. Introduction

A. SUNY, State College of Optometry: Residency Program Mission, Goals and Objectives:

Mission:

The Mission of the Office of Residency Education is to provide the following to its residency programs, either sponsored at SUNY or affiliated with the College: educational direction, a didactic program and guidance in meeting accreditation requirements.

Goal 1: To have a didactic curriculum for all programs to participate in.

Objective 1: Establish and organize the SUNY didactic program (referred to as the “Friday Program”), which includes workshops, lectures, and seminars.

Objective 2: Establish and organize the “Core Curriculum” of the Friday Program.

Goal 2: To have all residency programs meet accreditation requirements, including achieving accreditation within one year of its establishment.

Objective 1: Each residency program’s annual review will be reviewed to assure that each program is meeting ACOE requirements, along with meeting the program’s mission, goals and objective.

Objective 2: New programs will become fully accredited within 1 year of its establishment.

Goal 3: To establish and expand residency programs which will train individuals to develop unique skills and competencies in one or more areas of optometric practice for current and future health care needs.

Objective 1: Establish new residency programs based on needs assessment.

Objective 2: Provide residency programs which train an individual to achieve advanced clinical competencies.

Objective 3: Establish relationships with outside healthcare facilities to complement internal residency training.

Goal 4: To have well qualified residency supervisors.

Objective 1: Assess the residency supervisors on a yearly basis.

Objective 2: Meet with the supervisors on a yearly basis to form assessment and improvement

plans for both the program and themselves as supervisors.

Goal 5: To have a well-qualified residency director to provide assistance and direction to the programs in the areas of accreditation, education, growth and recruitment.

Objective 1: The residency supervisor or their representative will attend recruitment meetings at national meetings such as the Academy and AOSA.

Objective 2: The Residency Director will provide assistance and direction to the residency supervisors for annual reviews and accreditation site visits.

Objective 3: The Residency Director will oversee the educational component provided and work with the residency supervisors to assure and maintain the highest quality program, including its educational component.

Goal 6: To provide educational support to the residents.

Objective 1: Provide access to informational resources (eg. articles, research, papers, etc.) that will assist the resident in meeting both their clinical and didactic requirements.

Objective 2: Provide the resident with funding for conferences.

Goal 7: To provide networking support to the residents.

Objective 1: Establish a center for networking opportunities in conjunction with the College's overall strategic plan that residents can access in order to assist and direct them to opportunities where they can utilize their residency training.

Objective 2: Provide resources (eg. an individual or a workshop) on how to best market themselves and their educational background, including how to put together a CV/resume, interview, etc.

Objective 3: Invite guest lecturers of national repute to meet with and/or lecture to the residents, as well as visit their practices.

Goal 8: To provide practice management opportunities and training.

Objective 1: Provide at least one Friday/didactic program on a practice management related issue.

Objective 2: Provide opportunities for the resident to participate in or visit practice settings, including private practices, as it may relate to their area of training.

Goal 9: To train leaders in their field.

Objective 1: Assess former residents every 7 years to determine their involvement on a local, national and international area, as it relates to their area of training.

Objective 2: Assess former residents every 7 years to determine local and national organizations for which they are members, fellows, or hold other roles in.

Goal 10: To have the residents become members of national organizations, such as the American Academy of Optometry, American Optometric Association, COVD, etc.

Objective 1: Provide membership material to the residents from various optometric organizations.

Objective 2: Assess membership of residents to various optometric organizations after their residency, on a 7 year basis.

Goal 11: Have a value added mechanism to assess if the resident is achieving advanced clinical competencies.

Objective 1: Assess pass rate for those taking the ACMO.

Objective 2: Assess fellowship status of resident in various organizations, post residency.

B. History of SUNY State College of Optometry's Residency Programs

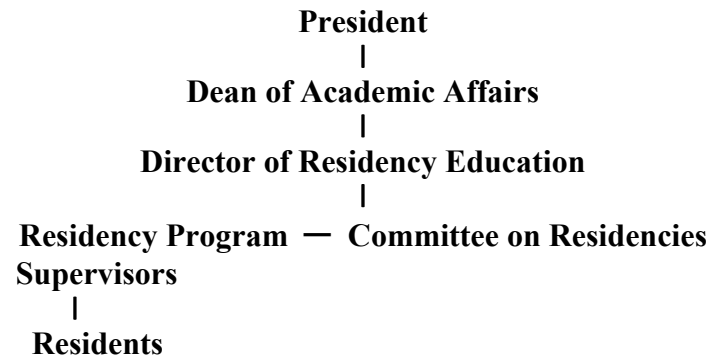
SUNY, State College of Optometry has been conducting year-long optometric residencies since 1974 (1974-1975 first class year), when the in-house Vision Therapy Residency was instituted. This was the first optometric residency program in the country and the third to receive accreditation status. Since that time, the residency programs affiliated with and at the College have expanded to include programs in Cornea and Contact Lenses, Family Practice/Ocular Disease Optometry, Family Practice Optometry, Low Vision Rehabilitation, Ocular Disease, Ocular Disease/Primary Eye Care (2), Pediatric Optometry, Primary Eye Care/Ocular Disease (2), Primary Eye Care, Primary Eye Care/Vision Therapy and Low Vision Rehabilitation, Vision Rehabilitation (Acquired Brain Injury)/Primary Eye Care and Vision Therapy and Rehabilitation. Program sites include East New York Diagnostic and Treatment Center, The Lighthouse International, SUNY College of Optometry, U.S. Military Academy at West Point, Bronx-Lebanon Hospital Center and four V.A. facilities in New York and New Jersey. All programs affiliated with or at SUNY are fully accredited or pending accreditation (**Appendix J**).

The residencies are clinically-based, patient care oriented programs. Along with the clinical component there are formal didactic activities which are an integral part of the residency program. All residency programs have the common goal of developing unique skills and competencies in one or more areas of optometric practice. Each program provides a body of knowledge that goes beyond that which is effectively covered in the professional optometric (O.D.) program. SUNY Optometry's library, research, administrative and curricular resources serve to augment the clinical facilities, patient population, and other resources available at the residency program sites.

C. Administrative Structure:

The College, in conjunction with the Program Supervisor is responsible for the quality and policy making of the curricular content of its residency programs. Residency Program Supervisors are directly responsible for each individual program's clinical, didactic and curriculum components. In all residencies, there is a direct relationship between SUNY Optometry's Director of Residency Education and the Residency Program Supervisor. The Director of Residency Education reports directly to the Dean of Academic Affairs.

D. **Organizational Chart:**



II. Procedures for Selecting and Implementing New Residency Programs

1. Initial contact is made by the sponsoring institution's prospective residency program supervisor with the Director of Residency Education, at SUNY State College of Optometry.
2. A formal proposal must be produced by the sponsoring institution that includes, but is not limited to:
 - a) a statement of needs assessment for the residency
 - b) a mission statement for the program
 - c) goals and objectives of the program
3. The Director of Residency Education sends an application form (**Appendix A**) to the prospective program supervisor. The application form is completed and returned to the Director of Residencies.
4. The Director of Residency Education conducts a site visit, if the program is off-campus.
5. After the site visitation, a report and recommendation is written for the Dean of Academic Affairs.
6. The Dean communicates with the President as to whether the new program should be approved.
7. If the program is approved, the Program Supervisor is notified by the Director of Residency Education.
8. The Director of Residency Education, in conjunction with the Executive Director of Clinical Administration and/or the Vice President and Dean of Academic Affairs, works with the appropriate officer of the sponsoring institution to develop a formal agreement between the two institutions.
9. The Director of Residency Education provides the President with supportive information on the residency program. The President can then notify the Accreditation Council on Optometric Education of the College's affiliation (or sponsorship) of the program, and its intent to achieve accreditation.

III. Recruitment of Residents

- A. SUNY Optometry students provide a viable pool for all residencies. Students are made aware of these programs starting with their initial orientation and in each subsequent school year. Faculty are educated about residencies in general, and updated on a continuing basis about SUNY Optometry programs in particular.
- B. Students are informed of the commitment SUNY Optometry has made to residencies. The Director of Residency Education gives a presentation on residencies to the first and third year classes.
- C. Residency Supervisors discuss their programs with prospective candidates including interns/externs rotating through their clinics.
- D. Descriptions of each residency program and application guidelines have been incorporated into the residency website and a manual. Materials are sent to those who inquire about any SUNY Residency and are mailed to key faculty at other colleges. They are also distributed at various residency networking meetings such as the AOSA and Academy meetings. A Residency Program Information Sheet is also provided to prospective candidates (**Appendix N**).
- E. Information on all SUNY Residency Programs including each program's mission, goals and objective, is available from our website at:
<http://www.sunyopt.edu/academics/residency.shtml>
- F. In addition, the college advertises all programs in the AOA News during the late Fall or early Winter of each year, and in the AOSA Foresight publication in the fall.
- G. When possible, the Director of Residency Education, or a representative of the residency programs will attend recruitment initiatives held at national meetings (eg. The American Academy of Optometry, American Optometric Student Association).

IV. Application Procedure

A. Eligibility

SUNY Optometry affiliated residency programs are available to graduates of accredited schools and colleges of optometry.

B. Process

Candidates must follow the guidelines established by the Optometry Residency Matching Service (ORMS). This matching service is utilized for all affiliated programs (Except for the West Point Residency program – please refer to the website <http://kach.amedd.army.mil/index03tl.htm>)

The website for information and application through ORMS is: **<http://www.orms.org>**. (Please refer to this website for the latest of information). A summary of application instructions, as provided by the ORMS website is as follows:

1. Contact the supervisors of the programs that interest you.
(It is recommended that this be done prior to January 15).
2. Submit to ORMS a completed application and the processing fee. The application and application fee must be received by ORMS on or before February 1. ORMS will forward the application to all programs indicated to be of interest.

3. Assemble a packet that contains:

- Curriculum vitae
- NBEO scores (also sent via ORMS)
- Optometry school transcripts
- Brief statement of interest

These materials should be received by the program supervisors (at each program that interests you) on or before February 1. ORMS will forward your submitted application form to your programs of interest. Proof of successful completion of optometry school (official transcripts or diploma) and NBEO scores (or evidence of passing) are required by all programs upon acceptance and prior to the start of the program. However, some programs may require official paperwork during the application process prior to the match (please check each individual program to see if they have any program specific requirements).

4. Arrange for three (3) letters of recommendation to be forwarded to each program supervisor on or before February 1.
5. After completing the interview process, complete the Applicant's Ranking Form. This form must be received by ORMS on or before the close of business (5 PM PT) on the first Friday in March.

C. Records

Application documents are processed and filed in the office of each Residency Program Supervisor, but are available upon request to the Director of Residency Education and/or the Dean or President.

V. Selection of Residents

A. Selection Committees

A Selection Committee is designated by each Resident Program Supervisor. It is composed of on-site faculty or other appropriate health care personnel.

B. Selection Process

The Supervisor (and/or program specific Selection Committee) screens all completed applications and determines which of the candidates will be invited to the selection process. When feasible, all candidates should be scheduled to appear before the Selection Committee on the same day. The process is typically composed of:

- 1) Interview
- 2) Clinical Practical (as specified by the Program Supervisor)

C. Records

Evaluation forms, using a uniform scoring system and a clinical practical/test may be used as part of the interview process. **Appendix B** in the Manual of Procedures is an example of a generic interview form.

D. ORMs

The program supervisor submits candidate ranking to ORM's.

E. Requirements for SUNY Residency programs:

Veteran Administration/Military Based Program:

- *United States Citizen (unless a Without Compensation position at the VA)
- *OD degree from an accredited school of optometry
- *Successful completion of Parts 1 and 2 of the National Board
- *Licensure before completion of the first year of VA/Military residency

SUNY Optometry/Bronx-Lebanon Hospital Based Programs:

- *OD degree from an accredited school of optometry
- *Successful completion of Parts 1, 2, 3 and TMOD of the National Board
- *NY State Licensure

F. Non-Discrimination Policy: SUNY, State College of Optometry, and its affiliated programs are an Equal Opportunity Employer.

G. Resident salary and compensation is not contingent on productivity.

VI. Recommendation and Appointment Process

- A. Upon completion of the selection/matching process, the Program Supervisor sends a letter to the Director of Residency Education specifying the following:

- 1) The date(s) of the selection process
- 2) The names of the Selection Committee members
- 3) Results of the matching process (ORMS) and the individual's:
 - a. current and permanent mailing addresses
 - b. copies of their completed applications, which should include:
 - Curriculum vitae
 - NBEO scores
 - Optometry school transcripts
 - 3 letters of recommendation
 - Brief statement of interest
 - List of selected individuals' optometry school GPA and Board scores
- 4) Total number of applicants and the college of optometry they attended
- 5) The range, mean and median optometry school GPA and Board scores of all applicants

(**Appendix S** is an example of the data collection grids.)

- B. If the Director deems the selection appropriate, he/she sends a letter to those candidates who matched with the program. Copies of these letters will be sent to the Dean of Academic Affairs and the Program Supervisor.

Letters sent by the Director to the selected candidate will indicate that **before** the appointment can be finalized, the candidate must complete the **Credentialing Package** by a specified date for the Credentialing Department. The credentialing package includes a health status assessment to be completed by the candidate's physician and requires proof that the individual has received an O.D. degree from an optometric institution accredited by the ACOE. The Credentialing Department will notify candidates of any missing required documents.

Note: Appointment to a residency position is contingent upon the requirements delineated above (Under Selection of Residents: V).

- C. No resident will be credentialed, and thus permitted to start the program unless all required materials are obtained. Particularly important are the physical examination and tangible proof that the individual has received an O.D. degree from an ACOE accredited school or college.
- D. Clinical Administration will notify the Director of Residency Education, in writing, when each resident is fully credentialed. The Director will inform the Dean of this information and the Director of Personnel. The Personnel Office will then send out a letter of faculty appointment. Copies of the appointment letter will be sent to the Dean of Academic Affairs, Program Supervisor, Director of Residencies, Chair of Department of Clinical Sciences, Vice President for Clinical Affairs and the Executive Director of Clinical Administration.

VII. **Orientation**

A. An orientation is held on July 1 for all residents on the State Payroll and is typically two days. During this time, the Director of Residency Education provides an overview of residency programs, the Executive Director of Clinical Services at the College reviews clinical policies, and the College's Director of Personnel reviews personnel policies and assists residents in completing required paperwork. The Chief of Staff provides an overview of the clinics.

B. A second orientation for all residents is held during one of the Fridays in July for all residents (SUNY based and affiliated programs). At this time, the Director of Residency Education provides an overview of the residency programs and reviews the residents' responsibilities enumerated in Section VIII below. A form initialed by the resident, is found in **Appendix P**, which delineates the various areas of information provided to the resident at the start of the program.

VIII. Resident Responsibilities

A. Resident Scope of Practice: Residents' scope of practice is determined by the legal definition for the duly qualified optometrist as specified by the particular federal, state, and/or local laws and regulations. It is the responsibility of the Residency Program Supervisor to explain the scope of practice for that particular program at the onset of the residency.

B. Licensure: All residents practicing in New York State, outside of federal reservations, must take all steps for NYS licensure prior to the beginning of the program (NY license is required for SUNY credentialing). All other residents are strongly encouraged to do so, with VA and Military residents required to obtain a state license prior to the completion of the residency. In order to proceed through the program and receive a Certificate of Completion, each resident must meet licensing requirements for the site.

C. In addition to the various clinical responsibilities, case review, and didactic seminars specific to individual residency programs, residents, unless excused by virtue of special circumstances, are responsible for the following (see **Appendix L1, L2, M**).

1. SUNY Friday Program: The goal of the SUNY Friday Program is to provide residents with a didactic curriculum that includes a diversity of topical areas in the form of lectures, labs, and grand rounds. The Friday Program will foster interactions between residents, supervisors, clinicians and guest speakers.

The Friday program consists of core lectures/workshops that all residents are required to attend, as well as elective courses. Development of speaking, writing and teaching skills are elements to a number of the Friday Programs.

Specifically the Friday Program includes the following components:

a) A Core Curriculum **required** for all residents to attend includes:

- 1) Workshop on Public Speaking
- 2) Writing Workshop (two sessions)
- 3) Practice Management Workshop

b) In addition to the core curriculum, there will be “Grand Rounds” offered which consist of a variety of lectures and workshops (these may include patients, advanced techniques or technology). The residents may select which Grand Rounds they would like to attend. A total minimum of 35 hours is required for residents in the affiliated residency programs and 45 hours for all SUNY-based programs. The Grand Rounds may be given at SUNY or the various affiliated program facilities.

All residents in an affiliated residency program are required to attend a minimum of thirty five (35) hours and all SUNY salaried are required to attend a minimum of forty five (45) hours of Grand Rounds and/or workshops in addition to the Core Curriculum.

Residents must sign up in advance for the “elective” Friday Programs they will be attending. They are expected to attend those programs. The pre-registration for a program allows for appropriate preparation and planning. A minimum of one week notice prior to the scheduled program is required to be given to the Residency Office if the resident is planning to not attend a program they pre-registered for.

If the resident has to cancel within the week prior to the program due to circumstances such as illness, the residency supervisor, Residency Office, and the person giving the Friday Program need to be notified by the resident. Supporting documentation may be required for late cancellation or absence. If the above policy is not followed, unexcused absences will result in the total hours of the missed Friday Program being deducted from the resident's total accumulated hours of attendance.

On days when there are no Friday Programs, or when the resident does not attend an existing session, the resident must be available for duties that are assigned by the on-site supervisor. These can include, but are not limited to, direct patient care, teaching, administrative assignments, or scholarly activity. It is therefore expected that the resident will not schedule or have outside commitments.

The Friday, the SUNY-salaried residents are not attending a formal program, allows for individual study, research, record completion and updating patient logs, etc. All residents have access to the SUNY Optometry's Harold Kohn Vision Science Library. An orientation and tour of the library's facilities is provided to the residents.

2. **Presentations:** Residents attend a Workshop on Public Speaking as part of the core curriculum which teaches the techniques of effective presentation. Each resident will be responsible for delivering:
 - a) One **20 minute** lecture (minor) at the College. The presentation will be followed by a 10 minute discussion facilitated by a moderator (the Director of Residency Education or a Program Supervisor). **Residents must attend at least 9 minor presentations** (which includes their own).
 - b) Attending residents and the Director of Residency Education or a designee evaluate each presentation by means of a Resident Presentation Evaluation Form (**Appendix C**). The evaluations are shared with the resident.
 - c) Each resident will be responsible for a Major Presentation or **50 minute lecture** (the equivalent of one Continuing Education hour) at the College. All residents will present a title and outline of their major presentation to the Director of Residency Education (date to be announced). Upon final approval, the resident will then submit appropriate materials for COPE approval. In order to fulfill this requirement, the resident's presentation must be 50 minutes in length. **Residents are required to attend at least 16 major presentations (including their own).**
3. **Publishable Paper:** Each resident is required to submit a paper, suitable for publication in a peer reviewed journal, to the Director of Residency Education before completion of the program. The resident must be the primary author of their own paper and must be the one to do the work on the paper. The Program Supervisor will provide guidance to each resident in the preparation of his/her paper, and must **sign a form indicating her/his approval of the paper** (**Appendix D**) before it is submitted to the Director of Residency Education for the 2nd Writers Workshop.

The paper will be reviewed at the second Writers Workshop by a peer resident and a workshop faculty reviewer. The faculty reviewer will give final approval after any further edits are made. If deemed not acceptable a second reviewer will review the paper and provide level of acceptability. If it is determined that the paper needs further work, resubmission within a predetermined time frame will be established. The final decision of acceptability will be made by the Director of Residency Education. If still deemed unacceptable the requirements for the program will not be met.

Residents who do not submit their papers by the designated due date will not receive a certificate of completion.

4. Clinical Teaching Experience: In order to develop and improve his/her clinical teaching skills, each resident is expected to participate in the education and supervision of clinical externs (third or fourth year students) from SUNY Optometry and/or other schools, that rotate through the program sites' clinic. A Clinical Teaching Workshop is presented during the residents' Friday program, to assist them in developing their teaching skills.
5. Record keeping: Residents are required to complete and submit to the Program Supervisor on a weekly basis, the Resident Patient Log (**Appendix E** or a similar entry) and the Resident Weekly Activity Report (**Appendix F**). The resident will also evaluate faculty with whom they have a significant exposure to. These evaluations will be kept by the Residency Supervisor. These forms are maintained in the resident's folder at the program site. Also, twice a year (typically January and June), the residents will evaluate the Program Supervisor and submit these to the Director of Residency Education through Meditrek (**Appendix I**).

Under patient logs, the resident must indicate the level of complexity for each patient seen. A guideline to determining which level to choose (basic, moderate, or advanced) is found in **Appendix R**.

Meditrek is a web based program management system that provides a tracking system for patient logs, activities, and attendance to the Friday/Didactic program, as well as provides evaluation forms done by the resident of the Residency Supervisor, Residency Faculty (program specific) and done by the Residency Supervisor of the resident. The resident is also required to review and sign off on the quarterly evaluation done by their Supervisor of them. (**Appendix P**).

6. MEDITREK (Instructions for Residents)

Meditrek is supplied by HSoft Corporation, a leading service provider for Academic Medicine. To Access your individualized Meditrek Welcome page, please follow the steps below:

- Direct your browser to <http://www.meditrek.com> HSoft recommends Microsoft IE, version 5.5. or higher. Please do not use other browsers.
- Open and read the TERMS OF USE, since use of the site means that you accept these terms.
- Click on the REGISTERED USER LOGIN label, and then enter your login credentials.
- Please note that the password is case sensitive. Also please memorize your password, and/or write it down and keep it in a safe place.
- Click OK.
- Your welcome page will be displayed. Click on the Internet Portal (upper right), which gives you access to the User's Guide for Meditrek. Please open it and read it.
- Return to your Welcome page, read the instructions, and then you may start processing your pending evaluations.
- To access your Patient Log form, please click the Access Non-Scheduled Forms label at the bottom of your welcome page.

7. On Site Requirements: Residents must meet all on site requirements, including all terms of employment.
8. Professional Behavior: Residents are expected to conduct themselves in a professional manner. This includes but is not limited to appropriate professional dress, behavior and decorum.
9. Attendance: Residents are to follow local leave policies. If, because of extenuating circumstances, a resident is out for an extended amount of time, notification to the Supervisor and Director must be made. Requirements for the program must be met and appropriately made up. Specific for SUNY

employed residents see **Appendix Q**.

For all residents: The residency is a one year program where all employment and educational obligations must be met. If the resident takes off time that exceeds both annual and sick leave accrual, (resulting in leave without pay) that time must be made up. This will be made up outside of the resident's regularly scheduled commitments.

10. Certificate of Completion: A certificate of completion and advanced clinical competencies is awarded to all residents who have successfully completed all program requirements. (**See Appendix N for summary of requirements**)

IX. Residency Program Supervisor's Responsibilities

A. Recruitment and Application Process

1. Monitor and update recruitment material as appropriate for the program
2. Responsible for recruiting high quality/caliber candidates for the program
3. Attend (or provide representation) to residency recruitment forums (national, local), meet with students, etc.
4. Provide potential applicants with program information, answer questions, etc.
5. Administer application process
6. Administer interview process
7. Administer selection process
8. Participate in all aspects of ORMs (with the exception of the West Point Program Supervisor, who follows U.S. Army selection protocol).
9. Recommend and provide Director of Residency Education all appropriate information for resident appointment

B. Clinical Curricular Responsibilities

1. Development (initial)
2. Implementation (ongoing)
3. Monitor (ongoing)
4. Update (ongoing, annual review)
5. Areas included in curriculum:
 - Clinic schedule
 - Didactic component
 - Scholarly activities (Literature reviews/journal club, Organization of lectures other than Friday program)

C. Formal Educational Responsibilities

1. Participate in Residency Friday Program:
 - Required to present at least one Grand Rounds or workshop providing hands-on experience at their facilities or SUNY each year.
2. Provide guidance to each resident in the preparation of his/her required publishable quality paper.
3. Provide guidance and feedback to each resident in preparation of his/her minor presentation.
4. Provide guidance and feedback to each resident in preparation of his/her major presentation.
5. Other:
 - Provide guidance and feedback in preparation of posters, conference attendance, etc.

D. Evaluation of Residents

1. Continuing Evaluation:
 - a. Conduct informal evaluations of the residents on a continuing basis
 - b. Provide feedback to the resident with regard to the attainment of personal and program

goals

2. Quarterly Evaluations:

- a. Evaluate residents quarterly
 1. Obtain feedback from faculty supervising residents
 2. Discuss evaluation with resident

On a quarterly basis, Residency Program Supervisors evaluate residents using Meditrek. See **Appendix G** for the Resident Evaluation Form. The supervisor will discuss the evaluation with the resident. The resident has access to the evaluation via Meditrek. A copy of the Evaluation Form is also kept by the Director of Residencies.

NOTE: See **Appendix O** for the evaluation of the Resident for the Supervisor.

The timetable for quarterly evaluations is the following:

Quarter 1:	September 1
Quarter 2:	December 1
Quarter 3:	March 1
Quarter 4:	June 15

E. Supervision and Monitoring of Residents

Residents at affiliated programs or programs sponsored by SUNY College of Optometry are supervised according to the institution's existing policies, including those outlined in this section. See section XII for an overview of the residency supervisor policy.

1. Responsible for the supervision and monitoring of residents' clinical activities. This includes but not limited to:
 - a. Clinical supervision of resident
 - b. Charts (as applicable):
 1. Co-sign
 2. Review

Residency Program Supervisors are responsible for the supervision and monitoring of residents' clinical activity at the program site. Residents' scope of practice is determined by the legal definition for the duly qualified optometrist as specified by the particular federal, state, and/or local laws and regulations. It is the responsibility of the Residency Program Supervisor to explain the scope of practice for the particular program at the onset of the residency.

The Supervisor will also designate and identify faculty to residents who will be available as needed for the purpose of consultation.

2. Resident Patient Care Activity

- a. Review and monitor patient logs (weekly)
- b. Assure meeting Mission, Goals and Objectives of program (ongoing)

3. Review the Resident Weekly Activity Report.

Program Supervisors are required to review, on a weekly basis, the Resident Patient Log (**Appendix E**) and the Resident Weekly Activity Report (**Appendix F**), via Meditrek, for each resident. These forms are maintained in the resident's folder at the program site.

F. MEDITREK (Supervisor Instructions) (**Appendix O**)

Meditrek is a web-based system to collect, store, summarize and report residents' patient logs and evaluations. It is supplied by HSoft Corporation, a leading service provider for Academic Medicine. To Access your individualized Meditrek Welcome page, please follow the steps below:

- Direct your browser to <http://www.meditrek.com> HSoft recommends Microsoft IE, version 5.5. or higher. Please do not use other browsers.
- Open and read the TERMS OF USE, since use of the site means that you accept these terms.
- Click on the REGISTERED USER LOGIN label, and then enter your login credentials which you will receive under separate email.
- Click OK.
- Your welcome page will be displayed. Click on the Internet Portal (upper right), which gives you access to the User's Guide for Meditrek. Please open it and read it.
- Return to your Welcome page, read the instructions, and then you may start processing your pending evaluations.
- To access and sign the Summary Patient Log of your residents, please click the Access Non-Scheduled Forms label at the bottom of your welcome page.
- On the next screen click the white page icon under records. Fill out the top section, click SUBMIT QUERY. When the table is refreshed, you may enter your password as your signature below the table, and SUBMIT.

G. Evaluation of Faculty Supervisors

Responsible to have the resident evaluate faculty, who have significant contact with the resident on a quarterly basis. A sample evaluation form can be found in **Appendix H**. The residency supervisor will keep copies of these evaluations.

H. Outcome and Program Improvements

1. Monitor program throughout the year
2. Annual Review:
 - a. Review how well the program is meeting its mission, goals and objectives.
 - b. Review findings with Director of Residency Education.
 - c. Write report/annual review for Accreditation Council on Optometric Education.

This annual review will initially take place locally, with the report then sent to the Director of Residency Education for review and comment. It will then be forwarded to the Accreditation Council on Optometric Education.

I. Accreditation Council on Optometric Education

1. Prepare and seek approval for any program changes.
2. Prepare annual report.
3. Prepare self-assessment for site visit.

J. Other Responsibilities (includes, but not limited to)

1. Monitoring of attendance
2. Resident schedules
 - Other schedules (than clinic)
 - Establish, coordinate scheduled activities in areas of patient care, observation, etc at other sites or services as applicable
3. Post residency placement:
 - a. Monitor
 - b. Assist as appropriate in pursuing job opportunities, interviewing, incorporating residency training to post graduate placement

X. SUNY College of Optometry's Responsibilities to Residency Programs

Director of Residency Education Responsibilities:

The Director of Residency Education at SUNY College of Optometry is responsible for the educational component of all residency programs, including the didactic curricular content, as well as is involved in and provides direction and oversight in areas of resident recruitment, program establishment, and accreditation. The Director of Residency Education reports to the Dean of Academic Affairs, and is a member of both Clinic Council and Dean's Council.

Responsibilities include:

A. Recruitment

1. Work with individual programs in monitoring and updating recruitment material
2. Assist program in recruiting high quality/caliber candidates
3. Attend (or provide representation), when possible, to residency recruitment forums (national, local-eg. The American Academy of Optometry, American Optometric Student Association)
4. Meet with students, provide presentations to students, at all levels, including 3rd year, about residencies

B. Web site maintenance and updates (SUNY, ORM's, ASCO)

C. Resident appointment

1. If the Director deems the selection appropriate, the Director sends a letter to the resident.
2. Work with Clinical Administration and Personnel with issues of credentialing and appointment.

D. Orientation

1. SUNY salaried orientation: organize the program to include personnel, Clinical Administration, Chief of Staff, Electronic Medical Record use, etc. to provide the resident with the information needed to begin employment.
2. Orientation for all programs including affiliated programs: this orientation provides the resident with specific details of the program requirements for completion, including the requirements of the didactic (Friday) program. At this orientation, the various College service areas will meet with and provide information as to their involvement and role in the residency programs.

E. Educational

1. Plan and schedule all educational aspects of the SUNY Friday Program, including Grand Rounds, workshops, lectures, and minor and major presentations
2. Coordinate Major Presentations with Continuing Education, etc.
3. Provide core curriculum requirement of Friday program in regards to the Speaker's Workshop and Writer's Workshop

F. Resident meetings

Formal meetings will occur with the Director of Residency Education mid-calendar year, with informal meetings occurring throughout the year

G. Evaluations and Patient Logs (Meditrek)

1. The Director of Residency Education will maintain, update and coordinate with the Program supervisor and resident the various components of Meditrek, including resident evaluations, supervisor evaluations, Friday program evaluations, and patient logs.

H. Residency Manual
Maintain and update

I. Selection and Implementation of New Programs

J. Provide guidance to program, as well as participate in, as needed, in issues of resident probation, counseling, remediation, separation from program and grievances

K. Accreditation Council on Optometric Education

1. Site Visits

-Assist program in self-study for site visit

-Provide direction to program for site visit

2. Assist program in issue of substantive changes and notification to ACOE

L. Annual review of residency program for ACOE

1. Provide direction, feedback and review to each program

2. Review how well the program is meeting its mission, goals and objectives

XI. State University of New York, State College of Optometry's Role

- A. The College awards a certificate of completion and advanced clinical competencies to all residents who have successfully completed program requirements.
- B. Provide Adjunct Faculty Status to Faculty who play a significant role in the education of the resident. Appointments and promotions will be made by the Vice President and Dean for Academic Affairs at the recommendation of the Director of Residency Education. Each adjunct status appointment will be for a one-year period, will be without stipend or salary, and will be contingent upon continued assignment at the external location. Adjunct appointments are annual renewal appointments and require submission of required application information to the Vice President and Dean of Academic Affairs. Adjunct faculty receives access to various library privileges including electronic journals; access to the media department for presentation assistance; along with continuing education benefits and a College email account.

Minimum Credentials Required for Initial Appointment or Promotion to Different Levels:

- 1. Adjunct Clinical Instructor
 - Equivalent clinical experience in an optometric residency program.
- 2. Adjunct Assistant Clinical Professor
 - Successful completion of an optometric residency program OR at least three years of clinical experience.
 - Letter of recommendation from site chief or supervisor.
 - For site chief, supervisor, or private practitioner, letters of recommendation may be requested.
- 3. Adjunct Associate Clinical Professor
 - Recommendation of the program supervisor.
 - At least five years' experience precepting students and/or residents.
 - Significant record of scholarly activity (professional presentation, journal articles, etc.).
 - Evidence of professional conduct and competence (CE, lecturing, memberships/participation in professional organizations).
 - Two letters of recommendation supporting this request.
- 4. Adjunct Clinical Professor
 - Must be nationally recognized in profession.
 - Must submit three letters of recommendation supporting this request.
 - Must have record of significant, sustained scholarly activity and professional conduct and competence.
 - Must have at least ten years' experience precepting students and/or residents.
 - Initial applications for Adjunct Clinical Professor will be reviewed by a committee of faculty with recommendations to the Vice President and Dean for Academic Affairs.

XII. Program Evaluations

Evaluation of Programs: In addition to the program faculty and Supervisor being evaluated as noted previously, the program itself is also evaluated through a variety of mechanisms. An annual report is submitted to ACOE, at the completion of the residency year by the Residency Supervisor who in conjunction with the Director of Residency Education reviews if the program is meeting its mission, goals and objectives. This provides an important opportunity for program improvements to be discussed.

Every seven years a survey is typically sent out to former residents of a specific program as a part of the program's self-study process to evaluate the impact the residency has had on the former resident's professional career.

A written program assessment is done by the residents twice a year in conjunction with the Supervisor evaluation. The Director of Residency Education also meets with all residents at least once a year to evaluate their individual residency programs. In addition a year end survey is completed by all the residents.

XIII. Supervision Policy

The resident supervision policy follows a descending level of supervision (i.e. greater supervision at the beginning of the residency year, which decreases as the year progresses). The level of supervision is determined by the resident's clinical skills, knowledge and performance, as well as protocols that may be site specific. The resident may become involved in clinical supervision of interns based on this same criteria (clinical skills, knowledge and performance) and site specific protocol. Consultation with faculty/attending clinician will be available to the resident throughout.

In addition, specific to the UEC, upon entering the program the residents receive core privileges. At approximately midyear, in conjunction with the residents' midyear evaluation, the resident may request procedure based privileges as they relate to their program. If the resident has demonstrated appropriate competencies (eg. through observation, labs, patient encounters) their supervisors initials their approval to be followed by the Director of Residency Education's approval. As appropriate the Chiefs of Service are made aware of this.

XIV. Probation, Counseling, Remediation, Separation from Program, Grievance

A. Probation, Counseling and Remediation:

In the event a resident is not meeting the educational and/or clinical goals of the residency program and/or the terms of employment, the resident will be informed by the Residency Supervisor or the Director of Residencies, when appropriate, of the area(s) of concern. A probationary period may be provided to the resident to allow for correction of the area(s) of concern at the discretion of the Residency Supervisor and/or Director of Residencies. If a probationary period is to be imposed, a written notice of the resident's deficiencies and the College/Program's proposed course of action will be provided to the resident from the Residency Supervisor and/or the Director of Residency, specifying the area(s) of concern, initiation and duration of probation, and requirements for the resident to meet the terms of probation. The Residency Supervisor and other faculty the Supervisor deems appropriate will offer guidance, counseling and supervision to aid the resident in correcting the deficiencies. Probation will begin on the date of notice of action, and will not exceed one-month. If the Residency Supervisor concludes that the resident has met the terms of probation, the resident will be notified by written communication and be removed from that status. If the Supervisor concludes that the resident fails to meet the terms, the Supervisor will so inform the resident by written communication and dismissal procedures will be initiated as set forth below. The Director of Residency Education and Dean of Academic Affairs will be sent a copy of the removal from probation, or initiation of dismissal letter.

B. Dismissal/Separation of Resident from Program:

A resident may be considered for dismissal/separation from a program when they fail to meet the terms of probation in the specified time, or without probation at the discretion of the College and/or sponsoring institution. The Director of Residency Education and Dean of Academic Affairs are notified and will review the case. They will then decide on a course of action that may include extending probation or separating the resident from the program. In the latter instance all appropriate institutional policies and procedures will be followed. For those residents at SUNY sponsored programs, the policies and procedures are as stated in SUNY Policies of Board of Trustees and the Agreement between SUNY and United University Professions. For residents at affiliated sites, their respective institutional policies will be followed. Written notification of the proposed course of action will be provided to the resident.

Just Cause for dismissal may be based on, but not limited to the following:

- *Demonstrated incompetence or dishonesty in professional activities related to the fulfillment of assigned duties and responsibilities
- *Inability to satisfactorily perform functions essential to render proper care to patients
- *Personal conduct that substantially impairs the individual's fulfillment of properly assigned duties and responsibilities
- *Substantial incapacity (physical or mental) to perform properly assigned duties, but due consideration shall be given to the nature and duration of the incapacity
- *Failure to improve performance in an area identified either in informal counseling or through written communication
- *Failure to fulfill any term of the employment contracts or violation of university/institutional policies
- *Violation of the rules of the program or of the law
- *Violation of the law
- *Inadequate clinical knowledge, deficient application of optometric knowledge to patient care; deficient technical skills or other deficiency that adversely affects the resident's

performance
*Disruptive behavior

The resident has the right of written notice that it is proposed to place him/her on probation, or to dismiss him/her from the Program, and has the right to present a written appeal in opposition to that action. This appeal must be made no more than 7 days after notification of the proposed action, and should be sent to whom the final decision/statement* was made. If no appeal is made within the seven day time limit, the decision to take action will be final. If an appeal is received, after review, a final decision* will be made within 7 days of receipt. This decision will be final.

*The final decision is rendered and dictated by institutional policy (either SUNY's or the affiliated site) and/or by the President.

C. Grievance/Complaint Policies:

Grievance procedures are specific to the residency program's sponsoring organization and its institutional procedures. For example, SUNY provides an Institutional Grievance Policy, with details that appear in institutional documentation, SUNY Policies of the Board of Trustees and the Agreement between SUNY and United University Professions. The following is a general policy for all programs. For more detailed protocol, see the individual program's institutional policy.

The grievance or complaint is first addressed at the local level. The resident will state the grievance or complaint in written form and bring it to the residency supervisor or the institution's personnel department. The resident must advise the Director of Residency Education of all such actions. In the event that the grievance or complaint cannot be resolved locally within two weeks from the date of the written statement by the resident, the Director of Residencies, Dean of Academic Affairs, and other faculty and/or staff they deem appropriate, will consider the grievance or complaint. As in keeping with the program's institutional protocol, the resulting course of action will be final.

XV. Malpractice Insurance Policy

A. Malpractice Insurance Policy for Residents on the SUNY College of Optometry Payroll:

The State University of New York, an educational corporation established pursuant to Article 8 of the Education Law, is an agency of the State of New York. The State of New York does not purchase insurance against the liability arising out of the acts of the State, the State University, or their officers or employees. In lieu of such insurance, the State self-retains for insurance purposes and the State University hereby makes the following certification:

The State University shall be responsible for any and all damage or injury which may arise out of the acts of the State University, its officers and employees, acting within the scope of their authority. The State University's obligations with respect to claims for such damage or injury are limited only to the availability of lawful appropriations, as required by Section 41 of the State Finance Law, and further subject to a determination of liability pursuant to the provisions of the New York State Court of Claims Act.

Such protection does not extend to the doctor's private practice

B. Malpractice Insurance Policy for Residents Employed by the Federal Government

Malpractice coverage is provided for all trainees within the VA (residents and students). The reference is the Federal Tort Claims Act, 28 U.S.C. 2679 (b)-(d) and the VHA Manual. M-8, Part II, Chapter 1, 2, and 4 as well as Title 38 U.S.C. 7316.

C. The West Point resident is covered under the Federal Tort.

D. The Bronx-Lebanon Hospital Center Resident is covered by Hospital's Insurance Company, Inc.

XVI. Miscellaneous

- A. Quality Assurance, Clinical Guidelines and protocols are specific to the sponsor's institutional policy. (Please refer to the individual institutional policies).

For SUNY sponsored programs, the University Eye Clinic Policy and Procedure Manual can be found online at <http://mail.sunyopt.edu/UOOnlineDocs/manual> and the Clinical Management Protocols for the UEC can be found online at <http://mail.sunyopt.edu/UOOnlineDocs/protocol>.

- B. For benefits please see **Appendix N**.

- C. Travel Funding Policy:

Dependent on budget allocation and availability of funding, residents will be funded for up to two professional meetings. This is contingent on their being first or second author on a poster or paper, and no other funding is being received from other sources. If funding is provided from another source, but is less than what would have been provided by the College, the differential amount will be considered for funding by the College.

APPENDIX A

SUNY State College of Optometry RESIDENCY PROGRAM APPLICATION

Complete Name of Facility: _____

Facility Address: _____

Facility Phone #: () _____ Optometry Clinic Phone #: () _____

Email: _____

Other Phone Numbers (Dispensing, etc.): () _____ () _____ () _____

Names, Degrees and Rank (if applicable) of Optometrist and Ophthalmologists (indicate title, e.g., Chief): (For military facilities, indicate the length of time each optometrist has been assigned to the facility and whether the assignment/tour of duty is permanent or temporary; indicate number of years of tour). Please indicate those that will have a significant supervisory role with externs. Attach a copy of current CV.

Names and Degrees of Director and/or Chief of Staff or Equivalent Institutional Title

Name and Population of Nearest Large Metropolitan Area:

Local Airport and Names of Major Airlines Serving Area:

Add additional sheets if necessary.

PROFESSIONAL STAFF

Optometrist: Number of: full-time ____ part-time ____ permanent ____ temporary ____

Ophthalmologists: Number of: full-time ____ part-time ____ permanent ____ temporary ____

Any advanced degrees (describe): _____

Number of Ophthalmology residents: ____ Length of rotation through clinic: _____

Number of Optometry Externs: _____

 From what school(s)? _____

Number of: Opticians ____ Optometric technicians/assistants _____

Other ancillary personnel (describe): _____

Ratio of O.D.'s to optometric residents: _____

Ratio of M.D.'s to optometric residents (if applicable): _____

EQUIPMENT AND SPACE AVAILABLE

Number of optometry exam rooms in the clinic/facility: _____

Equipment in optometry exam room (check if available):

Phoropter []	Chair & Stand []	Keratometer []
Projector []	Biomicroscope []	BIO []
Goldmann Application Tonometer []	Other _____	

Equipment in the optometry clinic/facility (check if available):

Goldmann projection perimeter	[]
Anterior segment photographic biomicroscope	[]
Tonometer-NCT	[]
Tonometer-Goldmann applanation tonometer	[]
Corneal Topography	[]
Corneal Thickness Analyzer	[]
Goldmann 3-mirror contact lens (or other for gonioscopy)	[]
F/A	[]
Computerized visual field tester	[]
Fundus camera	[]
Anterior segment camera	[]
A-B Scan	[]
Laser	[]
Heidelberg (HRT)	[]
OCT	[]
FDT	[]
Nerve Fiber Analysis	[]
Blood Flow Analyzer	[]
Specialty	
VT	[]
LV	[]
Other (Please indicate): _____	

OPERATING HOURS

Daily: ____ AM to ____ PM

Weekly (check days of operation):

____ Monday	____ Thursday	____ Sunday
____ Tuesday	____ Friday	
____ Wednesday	____ Saturday	

STRUCTURE OF EXAMINATION

In a routine examination, indicate the level of performance for each of the listed tests using a scale of:
1= must do; 2 = at resident's discretion; 3 = rarely done; and NP = not possible.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> History | <input type="checkbox"/> Near phorometry | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Acutities | <input type="checkbox"/> Near add determination | <input type="checkbox"/> Color vision |
| <input type="checkbox"/> EOM Testing | <input type="checkbox"/> Ophthalmoscopy | <input type="checkbox"/> Amsler grid |
| <input type="checkbox"/> NPC | <input type="checkbox"/> Slit lamp examination | <input type="checkbox"/> (Keystone) visual skills |
| <input type="checkbox"/> Tonometry | <input type="checkbox"/> Confrontation fields | <input type="checkbox"/> Perceptual screening |
| <input type="checkbox"/> Pupils | <input type="checkbox"/> Distance phorometry | <input type="checkbox"/> Dispensing |
| <input type="checkbox"/> Keratometry | <input type="checkbox"/> Visual field screening | <input type="checkbox"/> Subjective refraction |
| <input type="checkbox"/> Retinoscopy | <input type="checkbox"/> Complete visual field test | <input type="checkbox"/> Gonioscopy |
| <input type="checkbox"/> Trial frame | <input type="checkbox"/> Dilation with binocular indirect | <input type="checkbox"/> Other (describe) |

MULTI-DISCIPLINARY HEALTH SERVICES

If the optometry clinic is part of a larger, multi-disciplinary health facility, indicate which other services are provided in the clinic:

Specialty Medicine Clinics:

- | | |
|--|---|
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Respiratory (describe) |
| <input type="checkbox"/> Geriatric medicine | <input type="checkbox"/> Dispensing pharmacy |
| <input type="checkbox"/> Rehabilitative medicine | <input type="checkbox"/> Clinical pharmacy |
| <input type="checkbox"/> General practice medicine | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Other (list below) |

AVAILABILITY OF EDUCATIONAL RESOURCES

- | | |
|---|----------------|
| Visual science or medical library in facility: | [] Yes [] No |
| Patient education materials: | [] Yes [] No |
| Audio/visual materials available to residents: | [] Yes [] No |
| to patients: | [] Yes [] No |
| Reference materials available within the optometry clinic | [] Yes [] No |
| Internet access: | [] Yes [] No |

Seminars conducted:

Optometry staff []

General medical education with other staff []

Other disciplines []

Ophthalmology []

Rounds []

List disciplines: _____

OTHER TOPICS

Describe the optometry-ophthalmology relationship within the facility:

Describe the optometry-ophthalmology relationship within the overall organization (Veterans Administration, branch of military, etc.):

Describe the local level and/or state politics of optometry and ophthalmology as they relate to the operation of your facility with private practitioners (O.D.s and M.D.s) within the area:

Discuss why you feel the program will benefit the profession, your faculty, and the college:

What is the most important outcome you envision for a resident completing the proposed program?

Form completed by: _____
Name Title

Date _____

Signature: _____

APPENDIX B

RESIDENCY INTERVIEW EVALUATION FORM (Sample)

Candidate Name: _____

Interviewer: _____ Date: ____ \ ____ \ ____

A. RECORD REVIEW

1. Are there any missing document?
2. Your evaluation of letters of recommendation:

3. Comment on particular aspects of the record, either positive or negative:

B. COMMUNICATION

1. Uses language in a fashion considered unsuitable for a professional (poor grammar, poor diction, sloppy speech, over colloquial).
2. Satisfactory command of the language. Established interpersonal contact.
3. Especially articulate, particularly responsive to specific questions and answers.

C. REASONS FOR CHOOSING RESIDENCY

1. Cannot adequately explain how the career decision was reached.
2. Can adequately support the decision to apply with specific examples.
3. An unusually complete understanding of the residency and is enthusiastic about his/her role.

D. BEHAVIORAL CHARACTERISTICS

1. Appears dour, overly serious, unresponsive, insecure.
2. Generally pleasant, friendly, at ease, conveys integrity, good rapport with interviewers.

E. SCOPE OF INTEREST

1. Very narrowly concentrated, unable to discuss a range of topics.
2. Expresses knowledge of a variety of topics, has had varied experiences.
3. Displays both breadth and depth in a variety of topics.

F. OTHER ASPECTS.

Please feel free to comment upon anything with impressed you either positively or negatively about the candidate.

Please indicate a score of 1, 2, or 3 for the following categories:

Record Review _____ 1 = Poor _____
Interview _____ 2 = Good _____
Overall _____ 3 = Excellent _____

APPENDIX C

RESIDENT MINOR PRESENTATION EVALUATION

Resident

Date

Circle Yes, No, Uncertain.

OPENING

Introduces self	Y	N	Uncertain
States purpose	Y	N	Uncertain
Outlines presentation	Y	N	Uncertain

PRESENTATION

Gives appropriate amount of information	Y	N	Uncertain
Presents in a logical sequence	Y	N	Uncertain
Connects with the audience (eye contact, body language, etc.)	Y	N	Uncertain
Presents in a confident manner	Y	N	Uncertain
Good vocal variety (projection, inflection, etc.)	Y	N	Uncertain
Good pace (not too slow or fast)	Y	N	Uncertain
Uses audio-visual aids appropriately	Y	N	Uncertain
Provides clear and useful handouts	Y	N	Uncertain
Slides are appropriate for content, information, and appearance	Y	N	Uncertain
Presentation appropriate for audience	Y	N	Uncertain

CLOSING

Gives a good summary	Y	N	Uncertain
Gives the “take home” message	Y	N	Uncertain

STRENGTHS/WEAKNESSES/SUGGESTIONS:

APPENDIX D

SUNY, College of Optometry Approval Form for Paper of Publishable Quality

Title of Paper: _____

Resident's Name: _____

Resident Program/Location: _____

A paper of publishable quality is submitted as part of the requirements for the Certificate of Completion of the Residency Program.

Approved by: _____
Residency Program Supervisor **Date**

APPENDIX E

Sample log

The State University of New York

College of Optometry - Residencies

Primary Care Residency Patient Log

Resident Name: **Poonai, Ramola**

Month: Day:

Date of Examination: Year:

Patient #: 1

Age: Year Month Week Day

Sex: ☐ Male ☐ Female

Race:

Complexity:

Involvement:

Diagnosis:

Diagnosis2:

Other Diagnosis:

Log	Entry	Total
GL	<input type="checkbox"/>	0
ANT SEG	<input type="checkbox"/>	0
RET	<input type="checkbox"/>	0
CL	<input type="checkbox"/>	0
BINO	<input type="checkbox"/>	0
PEDS	<input type="checkbox"/>	0
OTHER	<input type="checkbox"/>	0
Grand Total		0

Please review your entries before submitting.

Residency Patient Log - Yearly Summary of Common Fields

Academic year: Residency Program: Resident:

		Quarter 1				Quarter 2				Quarter 3				Quarter 4				06/ 07 Total
		J u l	A u g	S e p	Subt otal	O c t	N o v	D e c	Subt otal	J a n	F e b	M a r	Subt otal	A p r	M a y	J u n	Subt otal	
Patient Age (avg yrs)																		
Sex	Male																	
	Female																	
Race	Asian																	
	Black																	
	Hispan ic																	
	Indian																	
	White																	
	Other																	
Comple xity	Basic																	
	Moderate																	
	Advanced																	
Involvement	Direct																	
	Preceptor																	
	Observer																	
Diagnosis	367.51																	
	367.53																	

APPENDIX F

The State University of New York

College of Optometry - Residencies

Resident Weekly Activity Log

Resident: [Poonai, Ramola](#)

Residency Site:

Academic Year: Quarter:

Resident's password:

Date	Activity	Title or Topic
<input type="text" value="Jun"/> <input type="text" value="29"/> <input type="text" value="2009"/>	<input type="text" value="-"/>	<input type="text"/>
<input type="text" value="Jun"/> <input type="text" value="29"/> <input type="text" value="2009"/>	<input type="text" value="-"/>	<input type="text"/>
<input type="text" value="Jun"/> <input type="text" value="29"/> <input type="text" value="2009"/>	<input type="text" value="-"/>	<input type="text"/>
<input type="text" value="Jun"/> <input type="text" value="29"/> <input type="text" value="2009"/>	<input type="text" value="-"/>	<input type="text"/>

Fill out as many rows as needed. (If the activity is blank, that row will not be saved.) If you need more rows, simply submit more logs.

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APPENDIX G

Evaluation of Resident

The State University of New York

College of Optometry - Residencies

Resident Evaluation

House Officer: ... name place holder... PGY: Evaluator: ... name place holder...

Academic Year: 2007/2008 Period: 0 From: To: Rotation: ...place holder

This evaluation form should be filled out quarterly. All information will remain confidential.

Response Scale: 1 = Lowest, 5 = Highest, NA = Not Applicable.

Score							Criteria					
I. Clinical Performance and Case Management Skills												
							<i>The resident has demonstrated proficiency in:</i>					
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	1. Management of routine cases
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	2. Management of difficult cases
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	3. Detection and diagnosis
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	4. Expansion of knowledge base throughout the quarter
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	5. Patient care in area of residency training
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	6. Patient care outside area of residency training
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	7. Appropriate referrals (as indicated)
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	8. Report writing and/or record keeping skills
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	9. Interaction, attitude communication with patients
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	10. Independence and self-confidence in patient care
II. Interpersonal Skills												
							<i>The resident has demonstrated proficiency in:</i>					
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	1. Communication/interaction with patients
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	2. Interaction with staff
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA	3. Interaction with other professionals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	4. Resident's attitude toward learning
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	----	--

III. Teaching and Supervisory Skills

								<i>The resident:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	1. Demonstrates good communication skills with the students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	2. Regularly provides students with positive feedback and constructive suggestions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	3. Is able to suggest appropriate and current reading assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	4. Is a good role model

IV. Scholarly Activities

								<i>The resident:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	1. Regularly consults textbooks and periodicals and other reference material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	2. Pursues scholarly activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	3. Regularly attends grand rounds, meetings, or conferences (other than Friday Programs)

V. Overall

1. Overall, the resident's performance this quarter compared to the previous one:																			
<input type="checkbox"/>	Same as before			<input type="checkbox"/>	Better than before			<input type="checkbox"/>	Not as good			<input type="checkbox"/>	This is the first quarter						
2. Overall Impression (1=low, 10=high):																			
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10
3. Resident's patient logs are complete and up to date:																			
<input type="checkbox"/>	Yes			<input type="checkbox"/>	No														

4. Strengths/Weaknesses (required, minimum 15 characters):

5. Suggestion for future growth (required, minimum 15 characters):

6. Additional Comments:

To be completed by the Resident:

The residency supervisor has discussed this evaluation with me: ☐ Yes ☐ No

Please enter your password as acknowledgement:

To be completed by the Program Supervisor:

Please enter your password for authentication:

Please review your entries before submitting.

The State University of New York

Site:

Response Scale: 1 = Lowest, 5 = Highest, NA = Not Applicable.

Comments:

44

Please review your entries before submitting.



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APPENDIX I

The State University of New York

College of Optometry - Residencies

Evaluation of Residency Program and Residency Program Supervisor

Attending: ... name place holder... Evaluator: ... name place holder... PGY:

Academic Year: 2009/2010 Period: 0 From: To: Rotation: ...place holder

PART I

Using the following scale, respond to the questions below.

1=Strongly Disagree 2=Disagree 3=No Opinion 4=Agree 5=Strongly Agree NA=Not Applicable

Please rate your **Residency Program Supervisor** on the following residency program **administrative duties**.

Score						Criteria
Your Residency Program Supervisor:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Reviews the program's mission statement, goals and objectives and your, the resident's progress in meeting these.
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Arranges for didactic activities, such as lectures, meetings, grand-round, etc.
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Provides an academic environment with appropriate learning opportunities
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Provides you, the resident, opportunities appropriate for the program
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Allows enough flexibility in the schedule to pursue scholarly activity
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Demonstrates interest in didactic activities (including research and/or publication activities, etc)
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Encourages you, the resident, in scholarly activities such as academic posters, research papers, etc.
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Meets the needs and concerns of you, the resident
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Works to insure you, the resident, achieve your goals and objective for the residency
1	2	3	4	5	NA	
						10. Provides appropriate assistance, review and feedback for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Minor Presentation
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Major Presentation
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Final Paper
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Provides adequate feedback overall on performance in residency program
1	2	3	4	5	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall how would you rate your Supervisor's performance of his or her administrative responsibilities to the resident and residency program?
1	2	3	4	5	NA	1=lowest 5=highest

PART II

Using the following scale, respond to the questions below.

1=Strongly Disagree 2=Disagree 3=No Opinion 4=Agree 5=Strongly Agree NA=Not Applicable

If your **Residency Program Supervisor** also acts as a Clinical Attending please rate your Supervisor on the following **clinical related duties** while you are in clinic with him or her.

Score						Criteria
While working with you in Clinic your Residency Program Supervisor:						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	1. Is knowledgeable in the area of clinical care (s)he is rendering
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	2. Provides a good learning experience
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	3. Demonstrates and shares diagnostic skills and strategies in managing clinical problems
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	4. Demonstrates and shares advanced diagnostic techniques
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	5. Allows resident enough flexibility in developing diagnostic/management skills
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	6. Is available for second opinions and consultations
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	7. Frequently suggest references, texts and journals for relevant cases
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	Overall how would you rate your Supervisor's performance as a Clinical Attending? 1=lowest 5=highest

PART III

Using the following scale, respond to the questions below.

1=Strongly Disagree 2=Disagree 3=No Opinion 4=Agree 5=Strongly Agree NA=Not Applicable

Please rate your **Residency Program** on the following.

Score						Criteria
My Residency Program:						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	1. Meets the program's mission
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	2. Meets the goals and objectives for the residency program
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	3. Is providing a good patient experience specific to this program's mission
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	4. Is providing advanced clinical training specific to the program's mission
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	5. Is providing adequate scholarly development (eg. writing, posters, research, etc)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	6. Is providing adequate didactic opportunities
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	7. Overall the Friday Program is a valuable component of the residency
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA	Overall how would you rate your Residency Program? 1=lowest 5=highest

PART IV

Complete comment section

1. To further improve my training, I would like to have:

2. Additional comments:

Please enter your password for authentication:

Please review your entries before submitting.

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APPENDIX J

SUNY State College of Optometry Affiliated Residency Programs

Program	Location	Established	Positions for 2011-2012	Last Accreditation Site Visit	Accreditation/ Re-accreditation Date	Completing Program
Cornea & Contact Lenses	SUNY State College of Optometry	1991	1	June 2006	ACOE, 2013	19
Family Practice/ Ocular Disease Optometry	East New York Diagnostic & Treatment Center, Brooklyn, NY	1997	1	May 2008	ACOE, 2015	14
Family Practice Optometry	Keller Army Community Hospital, West Point, NY	1987	1	May 2007	ACOE, 2014	23
Low Vision Rehabilitation	The Lighthouse International /SUNY State College of Optometry, NYC	1994	1	Nov 2010	ACOE, 2010	22
Ocular Disease	SUNY State College of Optometry, NYC	1998	4	May 2008	ACOE, 2015	35
Ocular Disease/ Primary Eye Care	Department of Veteran Affairs NY Harbor Health Care System	1984	3	Jan 2011	ACOE, 2010	61
Pediatric Optometry	SUNY State College of Optometry, NYC	1996	2	Apr 2005	ACOE, 2012	20
Primary Eye Care	SUNY State College of Optometry, NYC	1999	2	April 2009	ACOE, 2016	24
Primary Eye Care/Ocular Disease	New Jersey Veterans Health Care System	1985	2	May 2011	ACOE, 2011	34
Primary Eye Care/Ocular Disease	Bronx-Lebanon Hospital Center	2011	1	Pending	Pending	Initial
Ocular Disease/Primary Eye Care	The V.A. Hudson Valley Health Care System	1982	4	June 2007	ACOE, 2014	82
Primary Eye Care/Vision Therapy and Low Vision Rehabilitation	V.A. Medical Center, Northport, NY	1979	4	June 2005	ACOE, 2012	93
Vision Rehabilitation (Acquired Brain Injury)/Primary Eye Care	SUNY State College of Optometry, NYC	2004	1	May 2005	ACOE, 2012	7
Vision Therapy & Rehabilitation	SUNY State College of Optometry, NYC	1974	4	Mar 2010	ACOE, 2017	144
TOTAL:			31			578

APPENDIX J cont.**Former SUNY State College of Optometry Affiliated Residency Programs**

Program	Location	Established	Accreditation/ Re- accreditation Date	Completing Program
Family Practice Optometry	Belvis Diagnostic & Treatment Center, Bronx, NY	1993	No longer SUNY affiliated	12
Geriatric Optometry	Coler Memorial Hospital Roosevelt Island, NY	1996	No longer SUNY affiliated	6
Managed Care Family Practice	Kaiser Permanente, VA	1995	No longer SUNY affiliated	5
Ocular Disease	OMNI Eye Services Iselin, NJ	1992	No longer SUNY affiliated	9
Ocular Disease/ Refractive & Ocular Surgery	OMNI Eye Specialists, Baltimore, MD	1998	No longer SUNY affiliated	4
Total				36

APPENDIX K

SUNY State College of Optometry Residency Program Mini-Directory 2011-2012

****Toll-free Number for Residents to Call SUNY Optometry (877) 829-1024**

Name		Room	Phone
Dr. Diane Adamczyk	Director of Residency Education	1114b	(212) 938-5820
Ms. Ramola Poonai	Office of Residency Education	1120	(212) 938-5823
Mr. Bret Boudi	Media Center	323	(212) 938-5727
Ms. Guerda Fils	Sr. Personnel Associate	931	(212) 938-5883
Dr. David Heath	President	1813A	(212) 938-5650
Ms. Jacqueline Martinez	Associate Registrar	1128	(212) 938-5509
Ms. Liduvina Martinez-Gonzalez	Chief Operating Officer	1031	(212) 938-4033
Dr. Cathy Pace	Chief of Staff	1028	(212) 938-4190
Mr. Douglas Schading	Director of Personnel	933	(212) 938-5882
Dr. Richard Soden	VP for Clinical Affairs & Executive Director, UEC	1028	(212) 938-5899
Ms. Jacqueline Sanchez	Managed Care Department	1021	(212) 938-5946
Dr. David Troilo	Dean of Academic Affairs/ V.P. for Academic Affairs	1809	(212) 938-5658
Ms. Elaine Wells	Library Director	419	(212) 938-5691

SUNY STATE COLLEGE OF OPTOMETRY AFFILIATED RESIDENCY PROGRAMS

2011-2012

<u>Residency/Location</u>	<u>Resident(s)</u>	<u>Supervisor</u>	<u>Supervisor's Phone/FAX/Email</u>
Cornea/Contact Lenses SUNY Optometry 33 West 42nd St New York, NY 10036	Veronica Woi	David Libassi, O.D.	(212) 938-5872 (phone) dlibassi@sunyopt.edu
Family Practice/Ocular Disease Optometry East New York Diagnostic & Treatment Center 2094 Pitkin Avenue Brooklyn, NY 11207	Jaclyn Bruno	Lloyd Haskes, O.D.	(718) 240-0445(phone) (212) 938-4166(phone) (718) 240-0564 (FAX) lhaskes@sunyopt.edu
Family Practice Optometry U.S. Military Academy Keller Army Community Hospital Optometry Clinic, Bldg 606 West Point, NY 10996	Mark Medley	Jason Hales, O.D.	(845) 938-2021 /2206/7715/4direct(phone) (845) 938-7195 (FAX) jason.hales@AMEDD.army.mil
Low Vision Rehabilitation SUNY Optometry & The Lighthouse	Saysha Blazier	Alla Zlotina, O.D.	(212) 938-4023 (phone) a.zlotina@sunyopt.edu
Ocular Disease SUNY Optometry 33 West 42nd St. New York, NY 10036	Vanessa Bachir Joy Harewood Naida Jakirlic Sara Kahen-Kashi	Sherry Bass, O.D.	(212) 938-5865 (phone) sbass@sunyopt.edu
Ocular Disease/Primary Eye Care Dept. of Veteran Affairs New York Harbor Health Care System. Optometry Section Surgical Service 112 800 Poly Place Brooklyn, NY 11209	Sheryl Guillory Edward LaCorte Jeremy Botwin	Evan Canellos, O.D.	(718) 836-6600 Ext. 6497 (phone) (718) 439-4156 (FAX) evan.canellos@med.va.gov
Pediatric Optometry SUNY Optometry 33 West 42nd Street New York, NY 10036	Andy Cheng Danielle Crane	Marilyn Vricella, O.D.	(212) 938-4143 (phone) mvrlicella@sunyopt.edu
Primary Eye Care/Ocular Disease New Jersey Veterans Health Care System Eye Clinic 151 Knollcroft Road Lyons, NJ 07939	Justyna Lewczuk Yelena Smart	Malinda Cafiero, O.D. Cathy Marques, O.D.	(908) 647-0180, Ext. 4512 (Lyons) or (973) 676-1000, x3917 E-mail: malinda.cafiero@med.va.gov cathy.marques@med.va.gov

Primary Eye Care/Ocular Disease Bronx-Lebanon Hospital Center 1650 Selwyn Ave, Suite 1C Bronx, NY 10457	Dennis Chui	Barnie Lim, O.D.	(347) 326-0730 or (718) 960-2041 (718) 960-2045 (FAX) E-mail: blim@bronxleb.org
Ocular Disease /Primary Eye Care The VA Hudson Valley Health Care System Mail Code 620-123 P O Box 100 Optometry Service Montrose, NY 10548	Nicolas Beaupre Becky Forman Elaine Lin Qurtullean Malik	Nancy Wong, O.D.	(914) 737-4400, Ext. 2014 (phone) E-mail: nancy.wong@va.gov New City (914) 737-4400 x7403
Primary Eye Care/ Vision Therapy and Low Vision Rehabilitation DVA Medical Center 79 Middleville Road Optometry Services (123) Northport, NY 11768	Jessica Fulmer Veronica Khaimov Hanna Kim Shephali Patel	Michael McGovern, O.D.	(631) 261-4400 Ext. 2136 (phone) (631) 266-6056 (FAX) michael.mcgovern@va.gov Private Practice (Tue & Wed) 631-588-5100 Carolyn x2038 carolyn.hurley@va.gov
Primary Eye Care Optometry SUNY Optometry 33 West 42nd Street New York, NY 10036	Sarah Brehm Isadora Ritter	Susan Schuettenberg, O.D.	(212) 938-4161 (phone) sschuettenberg@sunyopt.edu
Vision Rehabilitation (Acquired Brain Injury)/ Primary Eye Care Optometry SUNY Optometry 33 West 42nd Street New York, NY 10036	Dora Szymanowicz	Allen Cohen, O.D.	(212) 938 – 4110 (phone) acohen@sunyopt.edu
Dr. Irwin B. Suchoff Residency Program in Vision Therapy and Rehabilitation SUNY Optometry 33 West 42nd Street New York, NY 10036	Kelly Chajka Connie Kim Kevin Lam Yutaka Maki	Esther Han, O.D.	(212) 938-5879 (phone) E-mail: mhan@sunyopt.edu

Requirements for Completion of Residency Program

Completion of Residency program includes fulfilling clinical and didactic requirements in a professional manner, meeting acceptable clinical performance for the program, didactic requirements, as well as those specific requirements listed below. Residents must also meet individual program requirements, as well as terms of employment.

- *Minimum attendance 35 hours of Grand Rounds and/or Workshops (Affiliated Program)
45 hours of Grand Rounds and/or Workshops (SUNY salaried Program)
- *Core Curriculum Requirements of Friday Didactic Program. Mandatory Attendance to:
 - *Public Speaking Workshop
 - *Writer's Workshop (2 sessions)
 - *Practice Management Workshop
- *Minor Presentation (20 minutes)
- *Minimum attendance 9 minor presentations (may include own)
- *Major Presentation (50 minutes)
- *Minimum attendance 16 majors (may include own)
- *Publishable quality paper (with Supervisor signature of approval and Writer's Workshop Instructor approval)
- *Submission of supervisor evaluations to Director of Residency Education
- *Maintenance of patient logs, activity log, and faculty evaluations (to Supervisor)
- *Meeting professional and clinical responsibilities
- *Fulfillment of terms of employment
- *Any program specific requirements, attendance, and satisfactory clinical and professional achievements

APPENDIX L2:

Completion Form for Residency Requirements

Resident's Name:

Date:

Location:

Requirements

Attendance Requirement (Residency Director signs off when requirement is met)

Minor Presentation (9)

Major Presentation (16)

Grand Rounds

(35 credits Affiliated Programs)

(45 credits SUNY salaried Programs)

Core Didactic Curriculum -

Writer's Workshop (Part I)

Writer's Workshop (Part II)

Speaker's Workshop (1)

Business Workshop (1)

Presentations (Residency Director signs off when requirement is met)

Minor (20 Minutes)

Major (50 Minutes)

Publishable Quality Paper (Residency Director signs off when requirement is met)

Supervisor's Approval

Writer's Workshop Instructor Approval

Final Paper

Maintenance and Completion of Workload

Evaluation of Supervisor (Residency Director signs off when requirement is met)

Mid-year and Year-end evaluation of Supervisor

Patient Logs (**Residency Supervisor signs off when requirement is met**)

Fulfillment of terms of Employment

(**Residency Supervisor signs off when requirement is met**)

Completion of all Professional and Clinical Responsibilities

(**Residency Supervisor signs off when requirement is met**)

Any Program Specific Requirement

(**Residency Supervisor signs off when requirement is met**)

Evaluation of Resident by Supervisor (Residency Director signs off when requirement is met)

Exit Survey for Resident (Residency Director signs off when requirement is met)

Proof that Resident has obtained a state license to practice

(**Residency Supervisor signs off when requirement is met**--for affiliated residents only)

Completion of all Clinical Administration Paperwork/Requirements

(**Residency Supervisor signs off when requirement is met after consulting Clinical Admin - for in-house residents only)

Supervisor

Director

Deadlines for Residency Program Requirements
July 1, 2011 – June 30, 2012

The following must be submitted to Dr. Diane Adamczyk, Director of Residency Education, by the dates indicated below:

Title of Paper	November 29, 2011
Title of Major Presentation	November 29, 2011
Outline of Major Presentation and CV	January 6, 2012
COPE Application Completed for Majors	January 23, 2012
Evaluation of Program Supervisor (First half)	January 15, 2012
Outline of Paper to Supervisor (no later than)	March 19, 2012
Draft of Paper to Supervisor (no later than) (Supervisor may set an earlier deadline)	April 6, 2012
Final Paper (Publishable Quality) to Supervisor (with signed Supervisor Approval, submitted for 2 nd Writer's Workshop)	April 20, 2012
Final Version of Paper submitted to Workshop Reviewer	May 1, 2012
Evaluation of Program Supervisor (Final)	June 15, 2012

Appendix N:

SUNY, State College of Optometry Residency Program Information Sheet Prospective Candidates (2011-2012)

Compensation: SUNY-Based Programs: (\$34,262 + \$3,026 location stipend) = \$37,288
VA-Based Programs: \$36,042 (includes location stipend)
Bronx Lebanon Hospital – Based Program: \$38,000
West Point: Military Pay

Duration: July 1 - June 30

Weekly Hours: SUNY: 40 hours (includes Saturday)
VA & Bronx Lebanon Hospital: 40 hours
West Point: 45 hours

On-call responsibilities: VA: *Hudson Valley VA: WHEN (Weekends, Holidays, Evenings, Nights) - rotating monthly basis with other residents/*Northport VA: 1-2 weeks per month

Benefits: Health Benefits Provided (VA, West Point, Bx-Lebanon Hospital and SUNY based programs)

Leave	Sick	Annual	Regular
SUNY	1.25 days/month	1.25 days/month	
VA	13 days/year	13 days/year	
West Point			15 days/year
Bx-Lebanon	12 day/year	22 days/year	

Educational Time to attend major meetings (based on local policy approval)

Professional Liability: Federal Tort: (VA, Military) State: (Public Officer's Law)
Hospital's Insurance Company, Inc.: (Bx-Lebanon Hospital)

Requirements for SUNY Residency Programs:

Veteran Administration/Military:

- *United States Citizen (unless it is a without compensation position at the VA)
- *OD degree from an accredited school of optometry
- *Successful completion of Parts 1 and 2 of the National Board
- *Licensure before completion of the first year of the VA residency

SUNY Optometry and Bronx-Lebanon Hospital Based Programs:

- *OD degree from an accredited school of optometry
- *Successful completion of Parts 1, 2, 3 and TMOD of the National Board
- *NY State Licensure (eligible for applicants)

Requirements for Completion of Program:

- * Fulfillment of the academic obligation, which includes attendance to: Minor & Major Presentations, Didactic Program/Grand Rounds ("Friday Programs"), Core Didactic Curriculum
- * Present a minor (20 minute) and a major (50 minute) presentation
- * Publishable quality paper
- * Maintenance and completion of supervisor evaluation, patient logs, etc.
- * Meeting professional and clinical responsibilities
- * Fulfillment of terms of employment
- * Any program specific requirements, attendance, and satisfactory clinical and professional achievements

SUNY's "Friday Program": A Unique Feature of SUNY Residency

Unique to SUNY residency programs is the "Friday Program," or didactic program that includes various topical presentations, workshops and grand rounds. Residents from all programs, including affiliate and SUNY-based, participate in this program.

For more information, please visit our website at www.sunyopt.edu/academics/residency.shtml

MEDITREK SYSTEM OVERVIEW

1.0 MEDITREK

HSoft Meditrek is a complete web based medical residency/fellowship program management System. Our mission is to improve the teaching quality of your program by providing efficient, easy to use web based tools, bringing residency program management and administration to a higher level.

1.1 SYSTEM REQUIREMENTS

We recommend the Windows Operating System. For a Web browser, we recommend the Microsoft Internet Explorer 5.5 or higher.

1.2 WEBSITE

Our Website is: <http://www.meditrek.com>. This will bring up the Meditrek home page. You are encouraged to bookmark this site to make it easier to find in the future. Bookmarks (also called Favorites) remember a Web address so next time you don't have to search for it from scratch. This can be done as follows: While you have the Meditrek website open, please go to the top of the screen and click on Favorites – Add to Favorites, then OK.

1.3 HOME PAGE

The Meditrek home page is the starting point for entry into the Meditrek System.

1.5 LOGON, LOGOUT

Logon can occur for registered users only, by clicking the right-top hyperlink of the Meditrek home page:

Registered users will be asked for their username and password. Passwords are case sensitive. In case of a forgotten password, your designated Administrator in the Residency Office should have it in file.

To log out of the System, please close your browser completely.

Supervisor' Guide
MEDITREK SYSTEM OVERVIEW

Introduction

This guide serves as a general reference to new users. The best way to gain familiarity with our system is by using it.

HSoft Meditrek for Residencies is a complete web-based medical residency/fellowship program management system. As an Attending, you will be using it to evaluate residents, and to sign off on procedures.

Meditrek can be used via any modern web browser, although we recommend Microsoft Internet Explorer 6.0 or higher.

Before using Meditrek for the first time, please read the Terms of Use.

Logging In

To log in to Meditrek, you will need your Meditrek username and password. Go to the Meditrek home page: <http://www.meditrek.com>. (For easier future access, you are encouraged to bookmark this site.) You will see several login links on the right side; click the top one, labeled Registered User Login.

Enter your username and password in the window that comes up, then click OK (or press Enter). Note that your password is case-sensitive.

Logging Out

To log out of Meditrek, simply close all the browser windows or tabs that were opened by the program, including the Meditrek home page.

When you log in to Meditrek, you will be greeted by your Welcome Page. Note: If you work with more than one department or institution, your welcome page will look slightly different. You will have one section for each department, with alternating background colors to help differentiate between them.

Internet Portal

This link will take you to your institution's internet "bulletin board", which can contain documents such as calendars, schedules, announcements, internal policy documents, links to academic/professional websites, and/or other pertinent information as compiled by your Residency Office.

Due Evaluation Table

This table lists your pending evaluations. If you have no evaluations pending, the table will be empty.

If you wish to see your pending evaluations for a different academic year, select the year in the dropdown list above the table, and press the button labeled "Display Pending Evaluations".

Pending Procedures

This section lists the procedures which you supervised and need to sign. (See Procedures below.)

Links

This list will vary by institution. The two most common links are:

- **View Your Master Schedule** – A list of all of your scheduled evaluations, completed or not, for the current academic year.
- **Access Non-Scheduled Forms** – forms that are not used according to a schedule will be listed here. Your residency office should be able to tell you whether you need to use these forms, and if so, when.

Evaluations

To open an evaluation, click the 'due' link. Fill out the form, making sure to answer every question. Comments may be required or optional; read the text above the comment field(s) for guidance. If the form asks for a password, enter your Meditrek password. You can use the Spell Check button to check your spelling in comment fields and text fields, if applicable.

If you need to stop working on an evaluation before it is finished, you may save it as a draft by pressing the 'Save Draft' button at the bottom. All of your answers except for your password will be saved. You can then continue working on the evaluation by clicking the 'draft' link on your Welcome page.

When you're finished with an evaluation, click the 'Save Final' button at the bottom. (If you accidentally pressed 'Save Draft' when you meant to finalize the evaluation, simply wait for your Welcome page to come back, click the 'Draft' link, enter your password, and press 'Save Final'. If you accidentally pressed 'Save Final' when you meant to save a draft, please notify your residency office and/or Meditrek support.)

If there were any problems with the form (a question not answered, required comments not entered, or incorrect password), then the evaluation will be displayed again with the errors marked (*). Otherwise, you will see an Evaluation Confirmation page.

In a few seconds, your Welcome page will appear again. (If you don't want to wait, you can click the link.) You will notice that the evaluation you just finalized will either be gone from your list, or it will be marked "done" (i.e. if there's another evaluation that's still due in that row).

Appendix P

Resident Orientation Plan Site Specific

Resident _____ Program _____ Date _____

Please initial below to indicate that you have been given or completed the following:

1. A copy of or access to the Site's Policies and Procedures Manual _____ initial
2. Clinical practice protocols _____ initial
3. Infection control _____ initial
4. Facility safety policies _____ initial
5. A copy of the *Program's* Curriculum (Missions, Goals, and Objectives) _____ initial
6. Program requirements (specific for the site) _____ initial
7. Provided New York State optometry license (for SUNY & Bronx-Lebanon based Programs) _____ initial
- OR
- Provided *a* State optometry license (for VA or West Point Programs) _____ initial
8. Instructions for activity log _____ initial

Please submit to Program Supervisor.

Program Supervisor Signature: _____ Date: _____

Resident Orientation Plan
SUNY State College of Optometry

Resident _____ Program _____ Date _____

Please initial below to indicate that you have been given or completed the following:

1. SUNY Residency Manual _____ initial
 - a. Policy on counseling, remediation, and dismissal of the resident _____ initial
 - b. Policy on receiving, adjudicating, and resolving resident complaints _____ initial
 - c. Policy on Due process provided to the resident on adverse decisions _____ initial
 - d. Criteria used to assess your performance
(included in quarterly Resident evaluations) _____ initial
2. The Residency program's academic calendar, program start/end date,
and significant deadlines for program requirements _____ initial
3. Program Completion requirements _____ initial
4. Instructions for activity log _____ initial
5. Instructions for patient log. _____ initial

Please submit to Director of Residency Education.

Director of Residency Education Signature: _____ Date: _____

Resident Leave Request and Timesheet Policy (SUNY Salaried Positions)

1. Planned Leave (Annual & Sick) Requests:

For annual leave requests, such as vacation and planned sick leave, it is the responsibility of the resident to complete the appropriate “Request for Leave” form (ie the Release from Clinical Assignment Form) citing the dates, sessions, scheduled assignment and reason for leave. This should be submitted at least four weeks in advance to the residency supervisor who will review the request, and if they approve, initial it. The request will then go to the clinic manager of the service(s) affected. The manager will forward it to the appropriate individuals (eg. Chief of Service) and Clinical Administration prior to approval and implementation. The resident should maintain a copy for their files.

Lack of appropriate notification or too many individuals' requesting leave for the same period of time may result in denial of the leave request. Therefore, it is imperative to plan early.

2. Unplanned Sick Leave

Individuals who report sick at the beginning of a work day are **required** to notify Clinical Administration, which will, in turn, notify the affected service(s) and/or area(s) of the absence. For unplanned absences between Monday and Friday all calls must be directed to Clinical Administration (212-938-4030) between 8:00 a.m. and 9:00 a.m.; for unplanned absences on Saturday individuals must call the 7th floor front desk (212-938-4130) between 8:30 a.m. and 9:00 a.m. If an individual requests the use of sick leave accruals, the individual may be required to provide medical documentation. In the event that medical documentation does not substantiate the claim of illness, the absence will be viewed as unauthorized and **without pay**. Clinical Administration may require supporting documentation for any request for the use of sick leave.

3. Administrative Leave Requests:

Administrative leave is limited to 5 days per residency year, subject to Residency Supervisor and Director of Residency Education's approval.

The resident should complete a standard leave request form and attach documentation (ie registration form, conference agenda, etc.) that indicates that the time is for educational purposes). Request for administrative leave should first be approved by the Residency Supervisor (initial), then given to Senior Staff Assistant of Residency Education who will forward to the Director of Residency Education for approval, once approved the paperwork will be forwarded to Clinical Administration.

4. Resident Timesheet

At the end of each month, the resident should complete their time sheet and have the supervisor of the residency program review and approve it with their signature under the resident's signature. The time sheet should then be given to Senior Staff Assistant of Residency Education, or left in the bin outside room 1120,

before the 5th of the month. The resident can retain the pink sheet as a copy for their files. The Office of Residency Education will then review all the resident's time sheets and send it to Clinical Administration. Clinical Administration will process it and then send it to payroll on or before the 10th of the month. Timely completion of the time sheet is important for processing.

Saturday Attendance/Leave Guidelines (SUNY Salaried Positions)

No more than two residents are permitted to be out on Saturday in each clinic (ie. 2 residents out applies individually to the Vision Therapy Clinic and 2 residents out applies individually to Group Practice, etc.). Exceptions will be looked at on an individual basis, particularly as it applies to attendance to professional meetings (eg. COVD, AAO).

For the year, no more than four annual leaves may be taken on Saturday. Exceptions will be looked at on an individual basis, particularly as it may relate to the holidays.

Use of sick days may require a physician's note.

Administrative leave requests for major meetings are reviewed on an individual basis.

Appendix R:

Guideline to Level of Complexity

May include any of the following for each category:

Basic

- 1 History: brief or straight forward
- 2 Exam: Limited or straight forward
- 3 Diagnosis: Limited or straight forward (1 or 2 diagnosis)
- 4 Management/Treatment: Routine/simple/straight forward/non-sight threatening
- 5 Risk of complication or morbidity: Low

Moderate

- 1 History: Intermediate (more extensive than basic), new problem
- 2 Exam: Intermediate, new finding, additional testing
- 3 Diagnosis: Intermediate (2 or 3 diagnosis)
- 4 Management/Treatment: Multiple options; follow –up needed
- 5 Risk of complication or morbidity: moderate; potential for sight threatening

Advanced

- 1 History: Complicated; extensive; multiple issues
- 2 Exam: Complicated; requires supplemental and/or multiple testing; extensive data
- 3 Diagnosis: High risk diagnosis or multiple (3 or 4 diagnosis)
- 4 Management/Treatment: Complicated; referral; coordination of care; requires additional testing
- 5 Risk: High; potential sight/vision/life threatening

Examples:

Basic:

- Routine exam with no complication or straight forward management
- Post surgical follow-up, no complication (low risk)
- Straight forward skills cases

Moderate:

- DFE for flashes/floaters
- Follow-up on established or stable diagnosis with moderate risk
- Glaucoma suspect work up
- Refractive amblyopia
- Moderately difficult or uncooperative child or patient
- Ocular side effects of systemic disease or medication
- Post surgical follow-up with moderate risk

Advanced:

- Additional testing needed (electrodiagnostic, neurologic imaging, blood workup)
- Referral to specialty as part of complicated treatment plan eg. neurologist
- Extensive counseling
- Uncontrolled glaucoma, diabetic retinopathy
- Unexplained uncorrected vision
- Congenital cataracts, glaucoma
- Social work; learning evaluations with psychologists; auditory processing evaluation
- Complicated post-operative care
- Sight threatening disease: eg. central corneal ulcer, end stage glaucoma, retinal detachment

Appendix S:

Incoming Residents' Information Residency Program: _____

Resident's Name					
Current Mailing Address					
Permanent Mailing Address					
E-mail Address					
Phone Number					
Gender					
Age					
NYS Resident					
Canadian Resident					
GPA					
NEBO – Part I					
NEBO – Part II					
TMOD					
Optometry School					

Appendix S cont.

Applicant Data for Residency Position(s)

Program Name	Total # of Applicants	Age			# of 4th Yr Students	If Practicing # of Years Out	Optometry School GPA			National Board Scores Part 1			National Board Scores Part 2			National Board Scores Part 2			National Board Scores TMOD		
		Age	Age	Age			GPA	GPA	GPA	Part 1	Part 1	Part 1	Part 2	Part 2	Part 2	Part 2	Part 2	Part 2	TMOD	TMOD	TMOD
		Range	Mean	Median			Range	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median

Name of Optometry School

of Applicants

SUNY
 Berkeley
 Illinois College of Op
 Indiana University
 Inter American, PR
 Ferris/Michigan College of Op
 New England College of Op
 Northeastern State Uni College of Op
 NOVA
 Ohio State Uni College of Op
 Pacific Uni College of Op
 Salus/Pennsylvania College of Op
 Southern CA College of Op
 Southern College of Op
 Uni of Houston College of Op
 Uni of Montreal
 Uni of Missouri SL
 Waterloo
 Other

Total # of Canadian Applicants:

of Canadian Applicants who attended American optometry schools:

of Canadian Applicants who attended Canadian optometry schools: