

# **PROGRAM DESCRIPTION: BAY PINES VA RESIDENCY IN PRIMARY CARE WITH EMPHASIS IN OCULAR DISEASE AND LOW VISION**

## **Mission Statement**

The residency in Primary Eye Care seeks to attract the best-qualified graduates and to provide them with advanced didactic and clinical education in clinical optometry. Exposure to non-optometric clinical patient care through multidisciplinary contacts is an important component of the program, allowing a well - rounded view of the optometrist's role as a health care gatekeeper. The program is designed to foster a life-long commitment to learning. Graduates of this residency program are trained to be able to deliver superlative clinical care in primary care optometry, to serve as optometric educators, and to serve the profession of optometry as leaders in the community and within the health care delivery system.

## **GOALS AND OBJECTIVES**

### **GOAL 1: TO PROVIDE FACILITIES AND EQUIPMENT TO ADEQUATELY SERVE THE NEEDS OF THE RESIDENT.**

- Objectives:
- a. An exam room and telephone for the resident's use will be provided in the Eye Clinic.
  - b. Access to the computer will be available in the exam room and the Hospital Library.
  - c. State of the art clinical equipment will be available for resident use.
  - d. The resident will have access to one set of diagnostic clinical equipment for primary care examinations.
  - e. The Hospital Library as well as the library facilities at Nova Southeastern University will be available to the resident.

### **GOAL 2: TO PROVIDE A VARIED CLINICAL PATIENT BASE, ASSURING ADEQUATE CLINICAL EXPERIENCE FOR EACH RESIDENT TO ACHIEVE ABOVE ENTRY-LEVEL COMPETENCE IN PRIMARY EYE CARE AND LOW VISION.**

- Objectives:
- a. The resident will develop a high degree of efficiency in the provision of primary eye care.
  - b. The resident gains expertise as the primary eye care provider for urgent ocular consultations.

- c. The resident will spend clinical time dedicated to new and established Low Vision patients; the resident will work with a myriad of magnifiers, tints, low vision aides and devices.

**GOAL 3: TO PROVIDE DIDACTIC INSTRUCTION TO THE RESIDENT.**

- Objectives:
- a. The residents will receive didactic instruction at our weekly Friday meetings that can include presentations by the residents, students, attending or review of journal articles.
  - b. The residents are encouraged to attend monthly lectures sponsored by the local society, Pinellas Optometric Association.

**GOAL 4: THE RESIDENT GAINS EXPERIENCE IN BECOMING AN EFFECTIVE EDUCATOR**

- Objectives:
- a. Develop the residents' ability to effectively share knowledge and present information.

**GOAL 5: PROMOTE AN APPRECIATION FOR THE SIGNIFICANCE OF RESEARCH AND OTHER SCHOLARLY ACTIVITY TO THE RESIDENT.**

- Objectives:
- a. The resident utilizes internet library resources and current optometric periodicals to investigate clinically relevant topics and to prepare lecture presentations.
  - b. Educate the resident as to the process of preparing a manuscript.
  - c. Provide the resident opportunities to expand his or her academic and clinical knowledge of ocular disease and therapeutics.

**GOAL 6: TO EXPAND AND IMPROVE THE RESIDENT'S INTRA- AND INTER-PROFESSIONAL COMMUNICATION ABILITIES AND SKILLS**

- Objectives:
- a. The resident will acquire and practice skills needed to effectively present information to other professionals.

**GOAL 7: TO PROVIDE FACULTY AND ADMINISTRATIVE SUPPORT COMMENSURATE WITH THE NEEDS OF THE RESIDENCY PROGRAM.**

- Objectives:
- a. For each primary care resident, the residency supervisor will allocate the equivalent of 0.1 FTE per week of faculty support for consultation, case discussion, journal club, topic presentations, as well as for assisting the resident in the preparation of a scholarly paper for publication.

**Goal 8: TO REGULARLY EVALUATE THE RESIDENCY PROGRAM SO THAT IT CONTINUES TO MEET OR EXCEED THE MISSIONS, GOALS, AND OBJECTIVES OF THE PROGRAM, AND THAT THESE GOALS REFLECT THE EXPANDING SCOPE OF OPTOMETRY.**

Objectives:

- a. The Program Coordinator and mentors effectively educate the resident.
  - b. The resident becomes proficient as a clinician, educator and scholar.
  
  - c. The administration and residency program provide the resident with an environment conducive to learning.
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## **CURRICULUM**

The curriculum of the Primary Eye Care Residency at the Bay Pines VA Medical Center incorporates a variety of components that aim to broaden the residents' knowledge of general eye care and the management of ocular and systemic conditions. A well-rounded practitioner must have experience in a wide range of practical areas in order to be successful. It is the philosophy of this program that each individual learns through various modalities, and each is particularly suited to a different learning method. Such diversity in an educational program ensures that each resident has multiple opportunities to amass information and gain valuable practical experience. By exposing residents to multiple learning environments, the likelihood of their abilities improving increases tremendously, as compared to limiting those to a single activity (e.g. direct patient care only.)

Direct and indirect supervision will follow the guidelines as stated in the VA Bay Pines Optometry Resident Handbook, Resident Supervision section.

Clinical Curriculum/Patient Care Activities:

The main emphasis of the residency curriculum is in patient care activities, within the Bay Pines VA Eye Clinic. Direct patient care activities will focus primarily on the resident's independent evaluation of patients seeking eye/vision care. However, the resident will also gain experience observing eye/vision care specialists, and precepting forth-year optometry interns. Phone consultations with other non-optometric specialty clinics in the hospital will also enhance the resident's education.

Bay Pines VA Eye Clinic:

Direct patient care activities will occur primarily in the Eye Clinic. The resident will manage a wide variety of visual and ocular maladies which commonly occur with a geriatric, predominantly male veteran population. The Eye Clinic within the VA facility essentially serves as the entry

point for patients seeking eye care upon receipt of eye care consults from primary care providers and the emergency department at the main hospital facility. With broad therapeutic pharmaceutical privileges most patients are treated and managed by Optometric staff. Ophthalmology is essentially a referral clinic for surgical and tertiary eye care. However, a staff ophthalmologist is available to Optometry staff on a daily basis for consultations and referrals.

#### Didactic Curriculum Description:

Residents achieve a broader understanding of the clinical relevance for obtaining the best and most up to date accurate medical evidence and the ability to critically evaluate and then disseminate that information in the instruction of others. This is evidenced by their journal club activities, oral case presentations in the Friday Eye Clinic staff meetings, and at the optometry Resident grand rounds, as well as in the publishable quality manuscript.

#### **Length of Program**

The length of the residency is from July 1st to June 30th.

#### **Salary**

\$34,888.00

#### **Benefits**

- a. Health insurance available for purchase
- b. Vacation time of up to 13 days
- c. Paid sick leave up to 6 days
- d. Professional liability insurance provided while practicing within VA setting

#### **Selection Procedure**

All applicants must provide the following:

- a. Letter of intent
- b. Curriculum vitae
- c. Official transcripts from optometry school or post-graduate school
- d. Scores from NBEO I, II/TMOD and III submitted as soon as available. Must pass all parts of national boards and license eligible.
- e. Complete an interview in person or via telephone/skype
- f. Attainment of Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council on Optometric Education

#### **Clinical Training**

The resident works directly with patients in the VA Optometry Clinic who require optometric care. This includes a variety of aspects:

1. To identify patients who can benefit from optometric services.
2. To identify patients who can benefit from the expertise of disciplines other than optometry.
3. To develop an awareness of and sensitivity to the patient's perception of self, providers, and environment.
4. To provide appropriate treatment plans for the patient.
5. To monitor patient progress and, when necessary, make appropriate changes in the treatment plan.
6. To consistently utilize the full scope of professional services to maximize health care of the patient.

The residents see between 1500 and 2000 patients in a year.

Logs are kept by the resident. The log should include the level of resident involvement. The diagnosis code information can be retrieved from the computer. Logs are evaluated quarterly.

### **Resident Weekly Schedule**

A typical weekly schedule is as follows:

- Monday – 8:00 AM to 4:00 PM, the resident examines both new and return patients at the VA. Urgent consults may be seen as well.
- Tuesday – 8:00 AM to 12:00 PM, the resident examines both new and return patients at the VA. Urgent consults may be seen as well.  
1:00 to 4:00 PM, the resident works in the Low Vision clinic with Dr. Gruosso (residents alternate weekly).
- Wednesday – 8:00 AM to 12:00 PM, the resident examines both new and return patients at the VA. Urgent consults may be seen as well.  
1:00 to 4:00 PM, the resident works in the Traumatic Brain Injury clinic with Dr. Vanessa Santos (residents alternate weekly).
- Thursday – 8:00 AM to 12:00 PM, the resident examines both new and return patients at the VA.  
The time from 1:00-4:00 PM the resident examines both new and return patients at the VA. Urgent consults may be seen as well.
- Friday – From 7:45AM to 9:00AM, the residents conduct Journal club with the externs and periodically lecture.  
9:00 AM to 4:00 PM, the resident examines both new and return patients at the VA.  
Urgent consults may be seen as well.

**Note: The residents will alternate after-hours call on a weekly basis taking up to 2 weeks of after-hours call each month.**

### **Non-Clinical Training**

Staff conferences are held one hour per week on Friday mornings. During this time, interesting cases are shared and assigned reading is presented and discussed. Lectures are given at least once

a month by the staff. Journal club, case conferences, and resident presentations are held monthly during this meeting. Staff optometrists, the extern, and the resident attend this meeting.

Individualized instruction is given the resident by the staff optometrists in the following areas: diagnosis and treatment of ocular disease, ocular manifestation of systemic disease, ocular manifestation of systemic medications, low vision, contact lenses (with emphasis on aphakic and post-op fits), ultrasound, patient education, and dispensing ophthalmic materials.

Although travel funding is not authorized for the resident to attend optometry educational meetings, authorized absence is allowed. The resident is also able to attend our annual 12-hour continuing education seminar and the one-hour monthly lectures sponsored by Pinellas Optometric Association at no cost.

### **Requirements for Completion**

1. The resident is required to attend all clinical assignments with the exception of approved annual, sick, and administrative leave.
2. The resident is required to complete the twelve month training program in its entirety.
3. The resident is required to complete (and submit on time where applicable) all didactic and scholarly assignments including:
  - a. Research paper of publishable quality; as edited and deemed submissible to a journal by assigned faculty mentor(s) or a clinical poster to be submitted to the AAO, AOA or SECO conferences
  - b. All grand rounds presentations (power point)
  - c. Attendance at all assigned lectures
  - d. Friday morning lecture/journal club assignments
  - e. Presentation at Nova Resident's Day
4. The resident is required to keep an accurate log of all patients seen, and to submit logs to the Residency Coordinator upon request.
5. The resident must receive satisfactory evaluations from the residency preceptors.
6. The resident is required to complete faculty and program evaluations as assigned by the Residency Coordinator.
7. The resident is required to treat all patients, faculty, staff, and students in a respectful fashion and demonstrate good judgment to safeguard patient well- being and safety.
8. The resident must display exemplary professional and ethical conduct at all times for the entire length of the residency.
9. The resident is required to do everything possible to ensure patient privacy, including protecting personally identifiable patient data and maintenance of a secure and protected work space.