

**Accreditation Council on Optometric Education  
and  
Commission on Higher Education  
Middle States Association of Colleges and Schools**

Evaluation Report  
of the  
State University of New York State College of Optometry  
and its  
Professional Optometric Degree Program

April 27-30, 2003

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## INTRODUCTION

The Accreditation Council on Optometric Education (ACOE) and the Commission on Higher Education, Middle States Association of Colleges and Schools (MSA/CHE) conducted a collaborative site visit on April 27-30, 2003 at the State University of New York (SUNY), State College of Optometry for the purpose of evaluating the professional optometric degree program and institution for continued accreditation. The team consisted of ACOE member Terry P. Roark, Ph.D. who acted as Chair and MSA/CHE representative Elizabeth B. Chang, Ph.D. who acted as Co-Chair. The other team members were Paul B. Gandel, Ph.D., MSA/CHE Representative, Roger Boltz, O.D., Ph.D., ACOE Member, Charles L. Haine, O.D., M.S., ACOE Consultant, Timothy I. Messer, O.D., ACOE Member, and Janice E. Scharre, O.D., M.A., ACOE Consultant. Ms. Joyce Urbeck, ACOE administrative director, attended the visit to advise the team on matters relating to procedures and process.

Both the Commission on Higher Education, Middle States Association of Colleges and Schools and the Accreditation Council on Optometric Education concurred with the SUNY State College of Optometry's request to conduct a joint collaborative site visit. Further, the two accrediting organizations agreed to develop a single site visit report that would follow the nine principal ACOE standards while ensuring that each of the 16 MSA/CHE standards for accreditation were also addressed (the respective standards are attached as Appendix A and B; the parenthesized numbers in the report narrative refer to the ACOE substandards). As this site visit report is intended to meet the needs of both accrediting agencies as well as to be of assistance to the SUNY State College of Optometry, the report's format but not content differs to some extent from the styles typically used by the two accrediting agencies.

This report is based on an extensive review of the self-study and supporting documents submitted by the College of Optometry, the ACOE report of its last accreditation site visit in 1996, annual reports submitted to the ACOE, review of documents and records made available on site, and interviews with members of the College Council, administration, faculty, students and staff. All team members were given a tour of the College's campus facilities, and two members of the team visited an off-site clinical facility.

During the visit, the team met with individuals from the following units and departments:

- President's Council
- Faculty Executive Committee
- Chiefs of Clinical Services
- Committee on Professional Curriculum
- Student Council
- Residency Supervisors
- Dean's Council
- Self-Study Steering Committee
- College Council
- Board of Trustees of the Optometric Center of New York

The team wishes to extend its appreciation for the cooperation and hospitality it received from all members of the administration, faculty, students and staff. Special appreciation is also extended to the College's President, Alden N. Haffner, O.D., Ph.D., and Michael Heiberger, O.D., M.A., Director of Planning and Evaluation.

For the purpose of this report, the Accreditation Council on Optometric Education will be referred to as the "ACOE"; the Commission on Higher Education of the Middle States Association of Schools and Colleges as the "MSA/CHE"; the cooperative site team as "the team"; the State University of New York, State College of Optometry as the "SUNY State College of Optometry", or "the College"; the central administration of the State University of New York as "SUNY"; and the professional optometric degree program as "the program."

## **HISTORY**

The SUNY College of Optometry was created by an act of the New York State Legislature in 1971. Its professional program in optometry was the first to award the Doctor of Optometry degree in the State of New York and the College remains today as the only institution in the state which provides optometric education. A former program in optometry at Columbia University closed in 1956 and its clinical activity, research and library were carried on by the Optometric Center of New York, a Board of Regents chartered private non-profit entity established for this purpose.

When the SUNY College of Optometry was founded, the Optometric Center of New York became the optometric clinical affiliate of SUNY. In 1975, SUNY acquired the assets of the Optometric Center of New York and the clinical facilities were renamed as the University Optometric Center. The Optometric Center of New York then became the allied and endowing philanthropic foundation of the College with a mission to promote vision science research, patient care and student scholarships and fellowships.

In 1978, the College of Optometry was designated as a "SUNY Center of Excellence." That same year the College was authorized to confer the Ph.D. in vision science.

The last ACOE evaluation of the professional optometric program took place in 1996. Several recommendations were made by the then COE. The status of those recommendations is displayed in the table below. The College has met all recommendations arising from the previous evaluation.

- |   |            |             |
|---|------------|-------------|
| 1. The College must continue to develop its statement of mission, goals, and objectives with sufficient comprehensiveness and specificity to make the statement useful in the regular evaluation of its programs. (1)                       | <i>Met</i> | <i>1999</i> |
| 2. The College must create and maintain a structure and a system for evaluating the extent to which its mission, goals, and objectives are being achieved (1.4), and for modifying these statements as the College finds appropriate. (1.5) | <i>Met</i> | <i>1999</i> |
| 3. The College must provide permanent leadership in the vital area served by  | <i>Met</i> | <i>1997</i> |

the Vice-President/Dean for Academic Affairs. (2.5, 2.8)		
4. With participation of the College community, the College must develop a long-range plan and planning process through which it can respond in a systematic, prioritized way to issues that confront the College. (2.8, 2.15)	<i>Met</i>	<i>1999</i>
5. The President, with the involvement and assistance of key associates in administration and faculty, must continue to address perceptions that stand in the way of genuine and effective communication and constructive working relationships between administration and faculty. (2.2, 2.4, 4.4)	<i>Met</i>	<i>1998</i>
6. The College must develop a long-range plan, including funding sources, to repair, replace and add equipment. (3.3)	<i>Met</i>	<i>1999</i>
7. The College must develop written long range financial plans that integrate realistic funding probabilities and the academic development needs of the College. (3.5)	<i>Met</i>	<i>1999</i>
8. The College must implement a mechanism for students to regularly evaluate the faculty and courses. (4.6)	<i>Met</i>	<i>1998</i>
9. The College must attempt to fill the personnel vacancies of Director of Admissions and Director of Student Services and Minority Recruitment or find alternative appropriate methods of providing leadership for these program needs. This would better serve the potential students, the current students and their communications with the faculty and administration and graduating students in their search for placement into a practice situation. (5.1, 5.3, 5.3.3)	<i>Met</i>	<i>1998</i>
10. The College must formalize and put into the student handbook an adjudication process for handling grievances involving students, students and faculty, and students and the administration. The handbook should include a section on ethical standards for students, faculty and administration. (5.5)	<i>Met</i>	<i>1999</i>

## **STANDARD I – MISSION, GOALS, AND OBJECTIVES**

The SUNY State College of Optometry has articulated a clear statement of mission that incorporates broad general goals for the institution. (1.1) It is published in the College's *Catalog*, on its web site, and in planning documents. (1.1.1) The mission, which follows, includes teaching, research and scholarship, and public service. (1.2)

The State College of Optometry, located in New York City, is the campus of the State University of New York system devoted to optometric education and related scholarly activities. It serves the people of New York by preparing qualified individuals for the contemporary practice of optometry. The College promotes ethical behavior, values, public service and social responsibility in all of its programs. In support of this role, the College seeks to:

- provide state-of-the-art education in the theory and contemporary practice of optometry;
- provide humanistic eye/vision patient care in accessible health care facilities;

- promote, through organized research and other scholarly activities, the generation and dissemination of knowledge in the vision and clinical sciences, in health care policy and in other issues relating to optometric education;
- provide relevant post-graduate education in the form of residency, fellowship, graduate degree, and continuing professional education programs;
- serve as a state, national and international resource on clinical, teaching and research issues related to eye and vision care.

The College uses a number of outcomes measures, including attrition rates and NBEO scores, to assess student progress and the effectiveness of its programs. The College conducts triennial surveys of program graduates to assess practice trends including scope of practice, employment history and scholarly pursuits. (1.3) The self-study indicates that the College is using assessments to evaluate all components of the professional optometric degree program and using the results of those assessments to effect change.

The mission statement, reviewed as part of the long-range planning process, is the foundation for a comprehensive set of the following institutional goals and objectives that form the College's 1999-2004 five-year plan, *Vision for the New Millennium*. The College's goals and objectives follow: (1.4)

***Academic Goals and Objectives***

***I. The College will Prepare Graduates of its O.D. Program for the Professional Practice of Contemporary Optometry***

1. *Triennial surveys of professional program graduates will be conducted to assess practice trends including scope of practice, employment history and scholarly pursuits.*
2. *Alumni and student surveys, state licensing laws, practice trends in the U.S. and abroad, and other related sources of information will be reviewed annually as they relate to curricular matters.*
3. *All graduates will pass all parts of the licensing examination administered by the National Board of Examiners in Optometry (NBEO) and will be licensed to practice in at least one state, territory or foreign country within six months of graduation.*

***II. The College will Maintain Strong and Dynamic Programs of Clinical Education***

1. *A process to track the conditions seen and procedures performed by each third and fourth year intern will be established no later than July, 2000. Consideration will be given to using this information to establish target numbers of conditions and procedures as a requisite for graduation, credentialing and/or progression in the professional program*
2. *New satellite clinical sites in the greater New York metropolitan area will be explored and developed on an ongoing basis.*
3. *Selected externship sites will be established in foreign countries with an emphasis on underdeveloped nations.*
4. *Affiliated clinical sites will be provided with access to information resources consistent with their educational and patient care missions by July, 2003.*
5. *A program that enables students to observe the practice management processes utilized in optometric offices and group practices will be established by July 1999.*

6. *At least one workshop will be held each year for clinical faculty members to refine their skills with regard to educational issues such as student evaluation, feedback to students, mentoring, establishing behavioral and learning objectives and doctor-student interactions.*

**III. The College will Support Values and Skills that lead to Life-long Learning and Continuing Professional Competency**

1. *Qualified students will be provided with the opportunity to work with faculty members on research/scholarly projects as part of the professional curriculum.*
2. *(A) Course syllabi will be reviewed annually to determine the extent to which independent learning skills and critical thinking are fostered, including the ability to access and critically evaluate information.  
(B) Appropriate modifications will be made to the course syllabi to further enhance student acquisition of independent learning skills.*
3. *Alumni attitudes toward continued professional growth and scholarship and participation in activities supportive of such growth and scholarship will be assessed through triennial surveys.*

**IV. The College will Maintain Strong Research Programs in Vision Science, Biological Science, Clinical Science and Health Services Research**

1. *The number of grant applications to federal agencies and the number of funded proposals will increase such that the College is more competitive for an NEI Core Grant.*
2. *Faculty scholarly publications in peer-reviewed periodicals will be tabulated on an annual basis and analyzed in terms of their impact using indices such as citation data.*
3. *An optometrist will be recruited each year to participate in the clinician-scientist mentoring program. If not already a member of the faculty, the successful candidate will be considered for faculty rank. This program will provide a minimum of .5 FTE for participation in a prescribed research training program leading to the submission of a K-08 (NIH Clinician Scientist) or equivalent grant application at the conclusion of the year.*
4. *All newly hired faculty members in the academic departments (Biological and Vision Sciences) will be scientists who have a record of sustained independent research programs and scholarly activity or the demonstrated potential to develop such programs.*
5. *A clinical scientist with a history of sustained independent research and scholarly activity or the demonstrated potential to develop such a program will be recruited. This appointment, which will be in the Department of Clinical Sciences, will be made by the year 2000.*
6. *The effectiveness and utilization of research infrastructure support services will be evaluated on a biennial basis.*
7. *The College will organize periodic symposia on vision research that showcases vision research at SUNY and within the Greater New York metropolitan area.*
8. *The College, through its Center for Vision Care Policy, will increase activity and external funding in the area of health services research and policy development. Over the next five years, such funding will increase by at least 50%.*

**V. The College will Maintain Strong Graduate Programs that Prepare its Graduates for Distinguished Careers in Research, Teaching, and Administration.**

1. *A comprehensive review of the Ph.D. curriculum that considers requisite courses, tracks of specialization, requirements for scholarly publications, in- and out-of-house presentations, and preparation of grant proposals will be completed before the year 2000.*
2. *By the year 2000, a comprehensive review of the M.S. in vision science degree program, that considers, among other things, comprehensive examinations as a*

*condition of awarding the degree and the initiation of a combined M.S. and residency program, will be completed.*

3. *Additional combined O.D. and professional masters programs (e.g., M.B.A., M.P.H., M.P.A.) will be developed with the initiation of the first new program to occur not later than the 2001-2002 academic year.*
4. *The Fellowship in Optometric Clinical Management, currently attended by mid-career optometry military officers who are concurrently pursuing the M.B.A. degree at Baruch College, will be comprehensively reviewed during the 2000-2001 academic year.*
5. *Triennial surveys of graduate program alumni will be conducted to obtain relevant data regarding alumni placement and to determine perceptions regarding the preparation for scholarly activity, research and teaching provided by the graduate program.*

**VI. The College will Encourage, Support, and Reward Faculty Growth and Excellence**

1. *Additional programs to showcase faculty achievements in teaching, patient care, scholarly activity, and public service will be established along with programs to enhance faculty skills and knowledge in these areas.*

**VII. The College will Continue to Support the Growth and Excellence of its Programs of Residency Education.**

1. *A plan will be in place, not later than September 15, 1999, for the development of new residency programs consistent with national trends and local resource allocation.*
2. *All programs will have a credentialing process such that residents will be granted ascending levels of clinical privileges and descending levels of supervision. This will be in place for all residents entering in July 2000.*
3. *The practice patterns of former residents will be determined on a triennial basis.*
4. *Written learning objectives will be established at each residency site.*
5. *All residency programs will be accredited by the Council on Optometric Education with new programs fully accredited within three years of inception.*

**VIII. The College Effectively Will Utilize State-of-the-Art Technology in Support of its Academic (including clinical) Programs.**

1. *Each department and clinical service area (including the externship and residency programs) will formulate objectives concerning the use of technology -- to include distance learning -- that enhance learning in the classrooms, laboratories, and clinics. Initial objectives will be in place by the Fall Quarter, 1999.*
2. *The impact of various computer technologies on the academic programs will be assessed as part of the College's course evaluation process.*
3. *A plan and orderly process for the purchase and regular replacement of computer related equipment and supplies in support of the academic programs will be established. The plan will establish priorities for faculty and student access to computer technology in support of educational and research programs. This plan and process will be implemented no later than the Fall Quarter, 1999.*

**IX. The College Will Support the Integration of Biological and Vision Science Concepts and Clinical Applications throughout the Curriculum.**

1. *The following process, derived from the Curriculum Model of the Association of Schools and Colleges of Optometry, will be utilized to support integration of basic sciences and clinical concepts:*
  - A. *On an annual basis, at least three clinical priority conditions will be established.*
  - B. *An ad hoc task force to include clinicians and basic scientists will recommend clinical skills and a knowledge base (concepts and facts) that are expected upon graduation for each of the priority conditions.*
  - C. *An ad hoc task force consisting of certain faculty members who teach*

*in the area of a specified priority condition will recommend learning objectives for the priority condition and the placement of these learning objectives within the existing curriculum.*

- 2. The effectiveness of the integration of basic and clinical material in the curriculum will be assessed through the use of focus groups and/or surveys. This ongoing evaluation will commence no later than Fall Quarter, 1999.*

**X. *Consistent With SUNY-Wide International Education Efforts, The College Will Provide Leadership in the Development of Optometric Education and Research in Foreign Nations.***

- 1. By the academic year, 2003-04, the College will have established at least six formal affiliations with educational institutions in foreign countries that are developing, or planning to develop, programs in optometric education. These affiliations will emphasize faculty and student exchanges for the purpose of improving clinical teaching and research efforts.*

***Patient Care Goals***

**XI. *The University Optometric Center will provide patient care according to the highest ethical and professional standards.***

- 1. The code of ethical and professional conduct for staff and students will be reviewed every two years.*
- 2. Interns and practitioners are required to comply with all patient care protocols of the University Optometric Center. Such compliance will be reviewed and reported on at QA and I meetings on a biannual basis beginning in June 1999. The outcomes of such compliance review will be folded into the staff credentialing process consistent with the regulations of the New York State Department of Health.*
- 3. The University Optometric Center will provide an environment and resources which take into account the needs of all patients as measured by patient satisfaction surveys, staff surveys, growth of specialized clinical services, and the growth in the number of agencies referring patients in. The information gathered with regard to the above will be reviewed in February of each year to help to determine staff recruitment and budgeting needs.*

**XII. *The University Optometric Center will provide state-of-the-art care to meet the visual needs of patients.***

- 1. The latest diagnostic and therapeutic instrumentation will be acquired on a continuing basis in order to provide the highest and broadest quality of care available.. Clinical instrumentation will be evaluated a least every two years to determine if it is up-to-date, readily available and in proper working condition.*
- 2. On annual basis, the institution will review its plan for providing “after hours” care to patients who may require immediate attention. The need for more extensive coverage is expected based on the institution’s expanded scope of care and services.*
- 3. By June 1999, the University Optometric Center will develop a strategic plan to facilitate simultaneous access to patient records and appointment scheduling from various points both within the institution and at its external clinical sites. The plan will be fully implemented by the Summer of 2000.*
- 4. In-service meetings will be held to inform faculty, support staff and students of changes in regulations that affect patient care and management on at least an annual basis.*
- 5. The University Optometric Center will obtain a Certificate of Need for an Ambulatory Surgery Center by July 1, 2000.*

**XIII. *Interdisciplinary care, where appropriate, will be readily available to patients of the University Optometric Center and its affiliated clinical sites.***

- 1. In seeking additional clinical sites, the University Optometric Center will give the highest priority to those locations where an interdisciplinary approach to patient care*

*is predominant.*

- 2. The University Optometric Center will develop the capacity to provide services outside of the realm of optometric care where those services would enhance the quality and convenience of care for its patients. The need for such services will be assessed by inclusion in all patient satisfaction surveys.*

**XIV. The University Optometric Center will optimize the efficiency of and ease of access to its clinical services without compromising the quality of clinical patient care.**

- 1. A consultant panel of outside experts in health services delivery will evaluate and provide recommendations, with regard to clinical operations and patient care, at least every three years.*
- 2. Patient education materials will be developed, by January of 1999, both to inform patients of the services provided by the University Optometric Center and to describe the visual conditions that require regular visits and on-going care. These publications will be reviewed annually.*
- 3. Patient satisfaction surveys will continue on an ongoing basis, will be revised as necessary and the data analyzed and reported to all clinical service units quarterly.*

**Student Affairs Related Goals**

**XV. The College will admit to its professional program in optometry a diversified student body that exhibits outstanding academic credentials and interpersonal skills.**

- 1. The College will strive to see to it that each incoming class in the professional program will be representative of the geographic distribution of New York State's population and of the ethnic makeup of New York State.*
- 2. In any year, the average scores for each entering class in the professional program, on all sections of the Optometry Admissions Test (OAT), will be in the first quartile of admitted optometry students for that year.*
- 3. The attrition rate, for academic reasons, will not exceed 5% of students in any one class for the duration of the four-year professional program.*
- 4. All new members of the College's Committee on Admissions will be oriented with regard to interview methods that are useful in assessing the interpersonal skills of applicants. At least every four years the Admissions Committee will review the literature on interpersonal skills assessment and evaluate its relevance for the Committee.*

**XVI. The College will provide services to its students that enhance their academic achievements and personal development.**

- 1. Students will be surveyed annually with regard to their perception of the adequacy of student services and other administrative services. Student service areas which are to be included on the survey will be, among others: academic counseling, personal counseling, placement, student financial aid, student records and special programs.*

**Alumni and Development Goals**

**XVII. The College will embark on a major gifts effort to extend over the next five years directed at giving opportunities for the College's new facility at West 42<sup>nd</sup> Street.**

- 1. A written case for support, entitled Vision 2000 and Beyond, to be used as the instrument for personal solicitation for major gifts will be completed by March 1, 1999.*
- 2. This five-year effort will produce at least \$5 million in private gifts to the institution.*

**XVIII. Through the vehicles of the ophthalmic news media and community and alumni newsletters, the College will increase public awareness of the programs and services it offers.**

- 1. At least fifteen news releases will be published in ophthalmic publications each year*

*for the next five years.*

2. *At least four newsletters will be produced each year for the next five years.*
3. *Surveys of patients, students and area optometrists will be conducted at least twice per year to determine the effectiveness of the public relations program.*

**XIX. *The Alumni Association will increase, significantly, its scope of programs, its financial support to the College and its visibility to the student body.***

1. *The Alumni Association will sponsor at least four educational and social programs per year which are open to alumni and students.*
2. *Alumni giving will be increased at least 10% each year for the next five years.*
3. *This target has been exceeded in each of the past three years. Last year, the increase was 21%.*

**Goals Related to Personnel and Business Affairs**

**XX. *The College will provide cost-effective, accurate and timely business, financial, personnel, facilities, public safety and information technology services to its constituencies.***

1. *All functions within the Office of Finance and Administration will be subject to the College's Internal Control Program and evaluated on an annual or biennial basis, as appropriate, for purposes of measuring their efficiency and effectiveness.*
2. *Institutional surveys of faculty, staff and students will include evaluations of all services provided by the Office of Finance and Administration.*

**General Goals**

**XXI. *Effective communication among all segments of the College community will be fostered.***

1. *In all institutional satisfaction surveys of staff, students or patients, items will be included to assess satisfaction with intra-institutional communication.*

For the past two years, the self-study steering committee has worked closely with the long-range planning committee to coordinate the planning and self-study processes. The Self-Study Report includes a summary assessment of progress towards meeting the goals and objectives.

While the College indicated that it regards the long-range plan as an evolving document, with individual goals reconsidered on occasion, there is no clear process for revising the plan as a whole to establish a comprehensive guide for future action. It appeared to the team that the College plans to carry on its planning efforts, since the current plan states that planning is ongoing, and “doesn’t end with the publication of a five-year plan.” The College should develop another strategic plan which extends beyond 2004 and which incorporates qualitative and quantitative methods for assessing its effectiveness. (1.4)

## **STANDARD II – GOVERNANCE, REGIONAL ACCREDITATION, ADMINISTRATION, AND FINANCES**

The governance structure of the SUNY State College of Optometry is determined by The State University of New York Policies of the Board of Trustees, the Agreement between the State of New York and United University Professions, agreements between the University system and four other unions, the Faculty Handbook of the State University of New York College of Optometry, as well as other documents, including several State

Statutes. These sources clearly assign authority and responsibility for the formulation of policies that enable the program to fulfill its mission. (2.1)

Policies concerning governance issues including, but not limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability are also contained in the above referenced documents as well as the College's Student Handbook, its web site and Federal Statutes and Regulations. In addition, each faculty member earning a New York based salary above a level determined by the New York Ethics Commission and all administrators must sign an annual disclosure regarding their sources and amounts of income as well as a state mandated code of ethics affirmation. (2.1.1)

The College is organized in such a manner as to assure open communication among administrators, faculty, staff and other constituencies. Students do feel that their concerns are heard and acted upon, where possible. This was expressed in the team's meeting with a large number of student leaders as well as an 84% agree or strongly agree response rate to a survey conducted by the Self-Study Committee. In a similar survey of faculty 60% either disagree or strongly disagree that communication between administration and faculty is effective. It is not known if this dissatisfaction is widespread across the entire faculty or is stronger in certain segments such as clinical, tenure-track, or part-time faculty. The team was informed that the responses could be disaggregated to determine this, and the College may wish to do so for its own use. All faculty were invited to an open meeting with the team, without College administrators. Approximately a dozen faculty members attended and the communication issue was not a prominent part of the faculties' choice of discussion topics. The faculty perception of communications with administration is discussed further under Standard IV Faculty. (2.1.2)

SUNY Board of Trustee's policies clearly assign authority and responsibility for the hiring, evaluation, retention and discharge of the College's President. The Chancellor of the system hires the President with approval by the SUNY Board of Trustees who seek input from the campus community and the College Council. The College Council is advisory to the College President. The members of this Council are appointed by the Governor and include a student member and nine other members drawn from across New York State. The President is reviewed annually by the Chancellor, and a more formal evaluation takes place on a five year cycle using an outside peer (another Optometry Dean or President) who provides input to the Chancellor. (2.1.3)

The Commission on Higher Education of the Middle States Association of Colleges and Secondary Schools, a regional accrediting body recognized by the U.S. Department of Education, accredits the SUNY State College of Optometry. (2.2)

President Alden N. Haffner, the College's chief administrative officer, and Dr. Steven Schwartz, Dean/Vice President for Academic Affairs, both hold the Doctor of Optometry (O.D.) degree as well as Ph.D.s. (2.3)

Financial resources for the College come from state appropriations, student tuition and fees, clinical income, direct research grants and indirect cost recoveries, and philanthropy. The President has the authority and responsibility for fiscal management of the College as set forth in the SUNY Board of Trustees's policies. The President has assigned responsibility for overseeing the management of the College's financial resources to the Vice President for Administration and Finance. (2.4)

An organizational chart for the College, as well as job descriptions of principal administrative staff, was provided as part of the self-study. These materials clearly define reporting relationships within the College.

Evaluation of administrators and staff is a regular annual process. Most administrators and professional staff fall into one of two categories based on their bargaining units. Many of the senior administrators are categorized by the University as "management/confidential" employees. This group also includes certain individuals with access to sensitive information such as personnel officers and the Assistant to the President. Other individuals are categorized as belonging to professional staff which is part of the faculty bargaining unit represented by the United University Professions (UUP), American Federation of Teachers, AFL-CIO.

A performance evaluation and a performance program are prepared each year by each management/confidential staff member. These are reviewed by the individual's supervisor and signed by both the staff member and supervisor.

Administration and staff who are part of the UUP bargaining unit are evaluated according to procedures outlined in the SUNY/UUP agreement. (2.5)

The College appears to be in a strong financial position due to reserves it has been allowed to accumulate. This is noteworthy in light of declining state appropriations and no increase in tuition for seven years. The College's state appropriation for operations is currently at about \$16 million per year and represents a decline of \$2.7 million since the College moved into its new facility in 2000. If a state budget can be crafted by the Legislature and Governor on an appropriate time schedule, and if approved by the SUNY Board of Trustees, it is planned that graduate tuition would rise from \$5,100 per year to \$7,200 for full-time, in-state students in 2003-2004. Out-of-state graduate tuition would increase from \$8,100 to \$10,500. For most full-time graduate students, at the Ph.D. level, tuition waivers are granted in addition to receiving stipends for work as graduate teaching and/or research assistants. Most of the part-time Masters degree students are also full-time students in the professional program in optometry and, as such, are not charged additional tuition for graduate courses. The professional program tuition would increase for in-state students from \$10,842 to \$13,100 per year and from \$21,942 to \$24,900 for out-of-state students.

Indirect cost recovery income from research grants has grown each year from \$190,500 in 1998-1999 to \$323,100 in 2002-2003.

Built into the College's budget is an expectation for clinical income from the operations of the University Optometric Center. Clinical income for the past several years has been approximately \$6 million per year.

The College has a campus-related foundation, the Optometric Center of New York (OCNY). Funds raised by the foundation for indigent patient care, research and scholarships have been averaging around \$830,000 since 1999-2000 with an expectation of \$1 million for 2002-2003 due in part to a major bequest of an art collection by a former trustee of the foundation. The collection is currently being sold at auction.

The new Chancellor of SUNY has placed a major emphasis on increased private giving at each system campus and has established the position of Vice Chancellor for Philanthropy to assist the system and the campuses. The College has a Vice President for Institutional Advancement with the directors of planned giving and the annual fund reporting to her. 30% of the College's 1,500 alumni participate in donations to the annual fund. Since the College is relatively young, it will be several years before the alumni mature into financial situations that will allow them to be a major source of gifts. A goal of a \$20 to \$25 million endowment fund for the College over the next 20 years has been set.

The College has the financial resources necessary to fulfill its mission, though it faces an uncertain future with regard to state appropriations and is planning on ways to deal with that using increased tuition, private giving and clinic income. (2.6)

As a state-operated entity, the College is subject to all of the rules, regulations, operating and audit procedures that govern any state agency. Information systems, with regard to financial operations (payroll, purchasing, personnel, etc.) are linked to the SUNY system-wide network, the Office of the State Comptroller (OSC) and the Department of Civil Service. OSC issues a user procedure manual that details the requirements of state agencies relating to procurement, accounting, revenue, appropriations, internal control and general financial management. The State Comptroller further does audits on a cyclical basis of each state agency. The College's most recent OSC audit was issued May 16, 2002. Audits are also conducted regularly by SUNY System Administration and focus on specific areas; the most recent, in February 2003, examined procurement procedures.

The College utilizes sound and generally accepted financial management procedures which assure effective monitoring, control and accountability of its fiscal resources. (2.6.1)

The College has the flexibility to move funds in and out of the equipment portion of the budget so that equipment funding competes with funding for other purposes such as personnel. Departmental funding requests include equipment items and these requests are addressed by a well defined budget process. Repair and replacement of equipment are included under the "equipment" portion of the budget. The College employs personnel who can make minor equipment repairs on very short notice, most often in the clinical areas. (2.6.2)

## **STANDARD III – FACILITIES, EQUIPMENT, AND RESOURCES**

### *Space, Clinical Facilities and Equipment*

The SUNY State College of Optometry's new facilities provide much improved clinical and instructional space for the program. In the summer of 2000, the College moved to its present location at 33 West 42<sup>nd</sup> St. in New York City. The building has 18 floors above ground and three floors plus a partial lower level subbasement below ground with 227,000 square feet of usable space. The clinical and classroom spaces are very well suited to meet the current goals and objectives of the College. Clinical facilities appear well equipped. An effective program of soliciting regular donations from foundations and leading clinical equipment manufacturers ensures that students and faculty have ready access to appropriate and current clinical equipment. However, some concerns were raised that budget constraints may make it more difficult to replace equipment in the primary care clinics in a timely and systematic fashion.

The College has been very adept at modifying its new space so that it is effectively and fully utilized. This, however, does create a challenge for the future—how to accommodate any future expansion plans for research.

The College Council identified in its survey done in preparation for the self-study, a concern that housing should be provided for students, particularly if the College plans to be more successful in recruiting students from other areas in New York state. The Board of the Optometric Center of New York is investigating a number of scenarios for student housing. (3.1)

### *Library Facilities*

The Harold Kohn Vision Science Library is an excellent facility that appears well integrated into the academic life of the College and has significant visibility among faculty and staff. The Library provides access to a rich assortment of visual science journals and monographs. Moreover, the Kohn's Library collections are supplemented by resource sharing partnerships with other area libraries and the SUNY system. Additionally, plans are underway to create a SUNY-wide union catalog. This new SUNY-wide union catalog will give the College of Optometry students, faculty, and staff direct access to the collections in all 64 SUNY campus libraries.

The small, but dedicated, library staff works effectively to support the academic program. The College Librarian Director serves on the College's curriculum committee and Dean's Council. She also teaches a credit course on literature evaluation to all first-year students to ensure that these students are equipped with the knowledge and skills to use information resources effectively.

One future challenge for the library will be to sustain its very fine monograph collection in vision science, especially in light of what seems to be a decreasing library budget, especially for monographs.

The library will also have to address the challenge of limited space in its current facilities. As new print materials are added to the collection, more space will have to be created through careful weeding of library holdings and/or selective replacement of print journals with electronic versions. (3.2)

### *Technology Infrastructure*

As reported in the self-study, substantial progress has been made toward the utilization of new technologies to enhance teaching and learning. This was verified by the many enthusiastic comments the team heard on campus about the improved technology infrastructure. The formation of a small, but effective, professional IT support unit has been a major factor in improving overall IT services. Moreover, the creation of the College-wide Council on Information Technology ensures broad participation in the planning for information technology and the timely communication of the institution's latest IT developments.

The College's information infrastructure includes a solid, highly reliable and secure network infrastructure. Computers for faculty members are distributed and replaced based on a systematic evaluation of priorities, needs, and available resources. As a result, almost all faculty members, including part-time faculty, are now provided with a computer that meets their needs.

Enhancements in the technology infrastructure have also led to effective changes in the curriculum. Major lecture halls are equipped with facilities that allow faculty to easily incorporate slides, videos, and other illustrative aids that help facilitate the learning of difficult concepts. To support the "anytime and anywhere" model of learning, all faculty have access to WebCT course management software along with the training necessary to use this software effectively.

Additionally, the College of Optometry is aggressively pursuing a strategy of a paperless administrative operation by purchasing new clinical and student records software. These systems, once in place, will provide greater access to more information and improve the effectiveness of College operations. Moreover, the new clinical system will ensure that all the students are familiar with the latest techniques for tracking patient care and progress.

The College's success in building an effective technological infrastructure has, however, created a critical challenge. With more opportunities to take advantage of information technology within the College, the demand for services and support has increased. This in turn, will require a continued expansion of the professional staffing and hardware necessary to support these increasing demands. Funding of the regular and systematic replacement and upgrade of central hardware (including network equipment) and

software in these tight fiscal times will be especially challenging as most of these systems were originally purchased through one-time only funding sources. (3.2)

#### **STANDARD IV – FACULTY**

There are a significant number of qualified, dedicated and diverse faculty members to meet the College's mission. Of the 135 faculty, 61 are full-time. There are an additional 89 adjunct faculty, the majority who provide external clinical training. Eighteen faculty have Ph.D. degrees to provide teaching in the professional and graduate programs. Four full-time faculty members hold both the O.D. and Ph.D. degrees.

The qualifications for the clinical faculty have expanded since the last site visit. Within the past 10 years the entire clinical faculty hired to teach within the professional program have completed an accredited residency program. This is now a requirement for all new clinical faculty appointments. In addition, all clinical faculty must be appropriately credentialed as well as privileged for specific clinical procedures. There are sufficient numbers of faculty dedicated to the educational mission of the institution with an average teaching ratio of 3:1 in the clinical education and patient care programs. (4.1)

There is an extensive faculty governance system as outlined within the Faculty Manual and in the self-study. There is a Faculty organization that meets several times a year and its elected officers, the Faculty Executive Committee, meet more frequently. The Faculty Executive Committee meets monthly with the President where he informs them of issues significant to the institution. The Executive Committee then conveys the meeting discussions to the general faculty. (4.2)

In addition, the President has College community-wide meetings approximately every 6 weeks to provide information on issues involving the institution, the University and the profession.

There are regularly scheduled department meetings for the faculty to discuss educational issues. These issues are then discussed at the Dean's Council. The Faculty Executive Committee Chair meets with the Dean on an as-needed basis. A member of the Faculty Executive Committee was recently placed on the Clinic Council.

There is an extensive faculty committee structure allowing for input into the College's governance. There are two types of faculty committees: those appointed by the President and those elected by the faculty. These committees provide input to the administration on matters of finance, promotion, educational policy, and curriculum. The faculty were involved in the self-study process and are involved in the institution's long range planning process. (4.2)

In spite of an extensive system for participation, it is still some faculty's perception that they have minimal input into substantive issues at the institution. The faculty indicated that they feel adequately informed on institutional issues from the President, but have

insufficient information on the administration of the patient care program. The faculty perceive that significant decisions have been made in the clinical program without input from the clinical faculty, and an example cited by the faculty is changing to a module system.

At the meetings with the Faculty Executive Committee, the President informs them of issues, but the Committee does not perceive the President listens to their concerns. On a survey conducted by the Faculty Executive Committee, to which 57 of the 135 faculty members responded, the majority of respondents indicated that they either disagreed or strongly disagreed with the statement, "I am able to express my opinions freely without fear of reprisal." The Faculty Executive Committee's survey also included the following statement, "The College Administration incorporates feedback from faculty in making administrative decisions," and the majority of the respondents indicated that they either disagreed or strongly disagreed with that statement.

The communication issue and faculty morale were identified in the April 1996 site visit as concerns for the institution. These issues were addressed, and the Council considered that the standard was met in 1998.

The full-time faculty workloads are determined on a 10 session (3 hours per session) 4-day workweek. Faculty are assigned a maximum of 9 sessions of contact time. They are allocated 1 session for development/administration.

The department chairs or Dean may allocate additional development and research time as needed for faculty. This may be for course development, special projects, or research projects. In order to receive additional time, faculty are required to request the time in writing, and there is an expectation that an outcome (paper or project) will be completed within the time requested. Within the past 3 years, there have been 40 requests for additional release time for clinical faculty and all but one request was honored. However, the Faculty Survey indicated that approximately 50% of the faculty are unaware of the process governing the allotment of development time.

Recently, the number of weekly development/administrative sessions has been reduced from 2 to 1. It is the faculty's perception that this has reduced their ability to have adequate time to work on College committees and projects.

All faculty are provided office space and computer access. The part-time and faculty with off campus assignments are in shared office space. The majority of full-time faculty have individual office space. The faculty have indicated that they have sufficient office space and the equipment necessary for education and patient care. Some faculty have indicated a dissatisfaction in the allocation of administrative and faculty office space in the new building.

The College provides a number of programs for faculty to enhance their qualifications in teaching and patient care. Faculty development programs are ongoing at the College. Two full-day programs are provided twice a year by the Department of Clinical Sciences

on topics such as clinical grading and writing a paper. There are monthly clinical development programs provided with the topics selected by the clinical faculty. Workshops have been provided for faculty to enhance their clinical skills for education and patient care. These programs are provided at a time convenient for clinical faculty participation.

The University has a published sabbatical policy available to faculty for development purposes. However, few faculty have been able to participate in the program recently due to fiscal restraints. (4.3)

All faculty are eligible for support to attend professional meetings. However, there are limited funds available for faculty travel to professional meetings for scholarly presentations. The amount of each award is \$500-750 per faculty member. (4.3)

The College has a faculty evaluation process that involves a self-evaluation and feedback from the students, department chairs and clinical service chiefs. The department chairs meet with each faculty member annually to review the faculty's self-evaluation, student feedback, and department chair observations of teaching. Clinical faculty are also provided feedback on their quality assurance data and analysis of clinical grading. In addition, each faculty member is invited annually to optionally meet with the Dean. Some clinical faculty expressed a desire to receive more feedback on their performance.

Faculty may be awarded annual merit increases within the constraints of the union contract. The Department Chairs and the Dean recommend to the President faculty for merit increases. The faculty expressed concern that it is unclear to them how merit is awarded and what they would need to accomplish to be awarded merit.

The student evaluation of clinical faculty has not been utilized for a number of years due to poor student response rates. The student evaluation of the clinical faculty has recently been developed online to enhance student response rate. This will be implemented shortly. (4.4)

The College provides published policies and procedures for faculty recruitment, promotion, tenure, academic assignments and responsibilities, sabbaticals, reporting relationships, grievance and benefits in the Faculty Handbook. The faculty survey revealed that a significant number of the faculty were unsure of the promotion/tenure process, even though the process is outlined within the Faculty Handbook. An orientation program for new faculty and a clinical mentorship program have further addressed this issue. In addition, the Clinical Education Department Chair meets yearly with the clinical faculty and provides a written copy of the promotion process to all faculty. (4.4, 4.5)

## STANDARD V – STUDENTS

The College has an active, ongoing recruiting process. It continuously seeks highly qualified applicants and has been successful in filling classes with bright and engaging students in the face of a declining national candidate pool. This year, the applicant pool at the College has increased 19%, with a total of 361 applicants for the entering class of 2003. While most of the recruiting process is organized in the Office of the Vice President of Student Affairs (OSA), the President has recently visited all of the local optometric societies to request that local optometrists continue to enhance their student recruitment efforts. The numerical indicators suggest that the student body is comparable over the last several years. (5.1)

During the admissions process, the staff of the OSA has rigorously applied extensively documented criteria, policies and procedures to select students who have the potential for success in the program. Evidence of this is the retention rate of students and the quantitative data on the student body. (5.2) It is noted by the team that the Catalog of the College states, “. . . a minimum three years of undergraduate study is required . . .” The College’s OSA has agreed to make the published statement congruent with the implemented policy by appending the phrase: “in an accredited institution” after the word “required” in the above-quoted section of the Catalog. (5.2.1)

The OSA provides student support services to students who are in need. These needs may be self-identified as in the case of personal, financial or academic problems. The College also monitors student progress and recommends tutoring to those students who have demonstrated a need. Because of the lock-step nature of the program, the College has chosen not to provide faculty advisors for each student. (5.3)

The College publishes and distributes to students prior to matriculation information about health standards, access to health care, personal counseling and standards for immunization against infectious disease. While 71% of the students did not respond to a question designed to elicit their level of satisfaction with this issue, during the meeting with the student leaders they overwhelmingly stated that they were adequately informed. (5.4)

As previously mentioned, there is an Office of Student Affairs, which is headed by the Vice President for Student Affairs (VPSA). Contact with students is ongoing from the time that students are potential applicants until they graduate and beyond. The VPSA has a competent staff, and there is a high degree of interaction with the Dean/Vice President for Academic Affairs to assure that there is early detection of academic difficulties when and if they should arise. (5.5) Dr. Edward Johnston serves as the VPSA. He has extensive experience in the student affairs arena. (5.5.1) The College has a state-of-the-art web placement service with both full- and part-time opportunities though some students felt that the information on the site was not as timely and up-to-date as they wished it to be. There are academic and clinical activities which are required that introduce the student to various types of practice opportunities available to them at graduation. (5.5.2)

The College administration is to be commended on its open communications with the student body and its representative organizations. Student Council is formally organized to represent all official student organizations. Student Council and/or its officers have regularly scheduled access to the administration of the College. Students are regularly appointed to pertinent committees within the College. Students are appreciative of the role that they play in the governance of the College. There is ample opportunity for student-faculty and student-administration dialogue and discussion. (5.6)

The College provides financial aid and debt management counseling through the OSA. The OSA has been proactive in working with students during the four years that they are on campus in educating the students about debt and its management. The College administers its own financial aid program and has a full-time Director of Financial Aid. SUNY graduates have a 0% default rate on the debt incurred during the program. (5.7)

The College maintains student records in an orderly, accurate, confidential, secure and permanent manner. There is an Associate Registrar who is responsible for student records. The College maintains electronic records media on a secure server which is password protected. The College has conducted risk analysis and has appropriate procedures in place to protect the student records. (5.8)

The College publishes a Student Handbook which includes written information, criteria, policies and procedures on academic standards, grading, attendance, academic standing, dismissal and reinstatement, disciplinary conduct, due process, tuition, fees, refunds policy, honors, scholarship and awards, and other related materials. Much of this information can also be found in the Catalog. (5.9) Furthermore, the program does publish and provide policies and procedures regarding student complaints in the Student Handbook and maintains records of receiving, adjudicating and resolving such complaints. (5.10)

## **STANDARD VI – CURRICULUM**

The College recently adopted and made available to the team a document, “Expected Competencies and Attributes for Optometrists Graduating from the State College of Optometry, State University of New York”, which defines the attributes of graduates for entry level practice. Prior to this, the College used the ASCO document “Attributes of Students Graduating from Schools and Colleges of Optometry” to describe entry level expectations. The new attributes closely parallel the ASCO attributes. The curriculum is well designed to fulfill the program’s objectives for entry level expectations, and there is evidence that the curriculum is effective in meeting these objectives. The course content and sequencing of the curriculum provides for an orderly and rational progression of knowledge and skill from the basic science underpinnings to the delivery of patient care. (6.1) The professional optometric degree program currently is four academic years in length, based on a quarter system. (6.2) The first three years of the curriculum are each three quarters in length, with the fourth year being four quarters long, beginning in the

summer following the spring third year quarter. There are also provisions for as many as eighteen students, at their option, to take some first year fall quarter courses in the summer prior to beginning the first year, and for students to take some fall second year courses prior to the beginning of the second year. A curriculum change for the entering class of Fall 2003 will add a summer clinical quarter between the second and third year and will increase the number of fourth year quarters of external clinical experience from at least two to up to three.

The program has a number of mechanisms to assess each student's achievement of curricular outcomes. (6.3) Most courses are graded on an A-F scale with the remaining courses graded on a Pass-Fail basis. There are academic policies in place to ensure that each student passes every course and has a cumulative grade point average of 2.0 or greater. At the end of each quarter, the faculty for each of the four professional years meet with the Dean for Academic Affairs to review each student's academic performance. When a student's performance level is less than satisfactory for advancement to the next quarter, the faculty recommend certain actions such as probation, dismissal, retention, or retention with conditions. These recommendations are then considered by the Committee on Course and Standing, which makes recommendations to the Dean for Academic Affairs. An appropriate hearing and appeal process for the student is in place. Student clinical performance is monitored and evaluated by each student's attending clinical faculty member using a well designed system of educational expecteds which progressively increase in the clinical procedures, knowledge, diagnosis, and management skills expected of students as they progress through the curriculum. In addition, three educational facilitators, two for third year students and one for in-house fourth year students, monitor each student's clinical performance as well as serve as advisors to the student. At the end of each quarter, the attending faculty members, Service Chiefs, and facilitators meet to discuss each student's performance, any deficits in the types of clinical experiences each student has had, and assign a final grade. As a result of this evaluation, a student's schedule may be modified with input from the facilitator.

Beginning in 1997, and continuing for two years, a formal review of the curriculum, which included input from students, faculty, and alumni, was conducted. One major goal was to achieve about a 5% decrease in the number of classroom hours. Most of the major recommendations were implemented, beginning with the Fall 2000 quarter for first year students. This process was conducted by the Curriculum Committee, which is a standing committee comprised of faculty and students. In addition to this major curriculum revision, the curriculum is under continual review, with suggestions for changes coming from students, faculty and administrators, and from student evaluations of courses and laboratories being reviewed by the Curriculum Committee which then makes recommendations to the Dean. Additionally, the program monitors student performance on the NBEO examinations and provides this feedback to instructors teaching material tested by the NBEO who then make appropriate course modifications. (6.4)

The program does not share instruction with any other program or institution. (6.5)

The first year of the curriculum is primarily comprised of basic science courses and laboratories covering such topics as human and ocular anatomy, human and ocular physiology, biochemistry, optics, and neuroscience. In addition, students are introduced to clinical optometry, optometric methodology, public health, ethics and the history of optometry. The second year of the curriculum continues with basic science courses in general pathology, pharmacology, vision science, and microbiology. Additional clinical courses lead to the student being able to perform a comprehensive eye exam by the end of the second year. These include vision screenings and the examination of 2-4 patients in the spring quarter of the second year. The third year of the curriculum is a mixture of clinical courses which enhance and expand knowledge and skills in areas such as vision therapy, contact lenses, pediatrics, low vision, and ocular disease. Students spend increasingly more time in clinic seeing primary care patients, ending with four sessions per week in the spring quarter. Additionally, students rotate through specialty areas such as ocular disease, vision therapy, contact lenses and low vision for a portion of these rotations. The fourth year of the curriculum begins in the summer following the spring third year quarter and consists of two quarters at an externship site and two quarters of in-house rotations. The in-house rotations at the University Optometric Center consist of one with a primary care emphasis and another with a mixture of primary care and specialty clinical services. (6.6, 6.7)

Recently, the College received a grant from the Fund for the Improvement of Postsecondary Education to integrate basic science and clinical concepts in the curriculum. This grant has just begun and will introduce clinical cases into the basic science curriculum of the beginning years of the program.

The clinical program provides a large number of patient encounters, approximately 2,900 per student, seen during 1960 hours of supervised clinical experiences. The majority of these encounters occur during the fourth year. The University Optometric Center has a rich patient population, with approximately 85,000 patient-visits per year. This is supplemented by externships and contracted affiliated sites. The vast majority of student patient encounters are through direct patient care, with observations used to increase student exposure to wider variety of patient conditions and clinical procedures. The College has a system for tracking the number and types of patient conditions seen, at both the internal and external clinical settings. This data is reviewed on a regular basis to ensure that students are exposed to an appropriate quantity and variety of patients, and modifications are made in individual student's clinical rotations if deficits are discovered. (6.8)

The College has established and applies a published set of clinical outcomes, identified in its definition of entry-level attributes. (6.9) Evidence supporting Standards 6.9.1-6.9.7 being met is found in the table of expecteds required of students in their clinical rotations, the elements on which students are evaluated in their clinical rotations, and the observations and monitoring of students' behavior by their clinical attendings. Students are required, as part of their clinical rotations, to write reports and other correspondence to other healthcare professionals and patients. Additionally, each student has an

interaction with patients videotaped and reviewed with their attending clinical faculty member. (6.9.7) Students are required to obtain basic life support skills. (6.9.8).

The program has twenty-six external externships and two internal externship rotations. Written agreements defining the relationship and responsibilities between the program and the external clinical sites are present. (6.10)

## **STANDARD VII – CLINIC MANAGEMENT AND PATIENT CARE POLICIES**

The College provides patient care training through clinical care services at the University Optometric Center (UOC) and at several external clinical sites. UOC is a large facility where students and residents, under the supervision of clinical faculty, provide care to a broad mix of urban community patients. The entry point of care is through the center's Primary Care Service, which addresses the general care needs of patients across a wide spectrum of presentations. Those patients determined to require advanced care are seen in one of the numerous specialty clinics such as Pediatrics, Infant Vision Unit, Ocular Disease, Low Vision, Learning Disabilities, and Contact Lenses. Most of the approximately thirty external clinical sites are in the greater New York City area and include Department of Veterans Affairs facilities, community clinics, military hospitals, and referral centers. The educational design and oversight of this complex of patient care delivery services enable the College to meet its clinical training mission. (7.1)

Organizational charts delineate the lines of authority of the principal administrators of the clinical care program. The College clearly defines the responsibilities of these individuals through position descriptions. The daily, informal efforts of these individuals to effectively integrate their talents to administer the clinical training program are further enhanced through the activities of the Clinic Council. This broadly represented group of individuals meets weekly to coordinate activities of the various services both internally and externally, to develop recommendations for care delivery and clinical education improvements, and to consider all other operational issues. (7.2)

The College has compiled an extensive and comprehensive clinic manual that addresses and/or references all policies and procedures related to the delivery of patient care in clinics utilized for training. All clinicians are informed of its purpose and provided a copy or provided ready access to a reference copy. (7.3)

As outlined in the Quality Assurance and Improvement Plan, the credentials and clinical competence of all clinical faculty are appraised through a formal process upon initial appointment to the College and at least biennially thereafter. Each clinical faculty member specifies credentials that support the privileges he or she is requesting and needs to train students and residents in primary care and specialty clinics. A Credentials Committee reviews the requests against the individual's credentials and grants care-specific privileges as appropriate. (7.4)

The patient exam forms for all services enable a clinician upon follow-up examination to readily determine salient elements of each encounter. In addition, logical formatting of clinical data facilitates the review of more detailed information. (7.5) A storage, delivery, and tracking system is ably managed by a cadre of supervising and technical staff and is complemented by policies and practice that assures confidentiality. In addition, a full-time employee keeps the institution in compliance with Health Insurance Portability and Accountability Act (HIPAA) and other pertinent regulations as defined by College policy. (7.5.1) The College intends to soon implement an electronic system of patient record management. Clinical educators and administrators feel such a system will enhance many student learning and clinic management processes.

The Quality Assurance and Improvement Plan describes a system of evaluation of the major functions and processes that are carried out in the clinics including the quality of patient care. A large collection of clinical care protocols consistent with accepted national standards are utilized as the reference for peer review. When deficiencies or opportunities for improvement are identified through these reviews, the College informs students and faculty of these findings, adjusts individual patient treatments in a timely manner if indicated, and/or recommends policy modifications if trends are identified. (7.6, 7.6.4)

Patient satisfaction with services was studied for a number of years utilizing a proprietary survey instrument that ultimately was found to provide little to no pertinent outcomes information. This instrument was discontinued several years ago and some informal surveys were later conducted. Although a questionnaire and survey process is being developed and will be implemented this fall, no ongoing process is currently being utilized to measure patient satisfaction with the quality of their eye and vision services. (7.6.1)

Well-delineated policies and procedures on the rights and responsibilities of patients including those related to patient complaints are posted in the clinics and are published in the clinic policy and procedures manual. (7.6.2, 7.6.3) Clinical faculty and staff are provided liability coverage through the State of New York and students are covered under a certificate of insurance purchased by SUNY. These and all other risk management issues are addressed in the clinic policy and procedures manual. (7.7)

The Executive Director and associate directors that directly report to him are charged with monitoring of resources used to deliver clinical care services including finances, clinical faculty assignments, support staffing, affiliation contracts, and medical records. Findings derived from specific monitors, which are reviewed on a regular basis (i.e., daily, weekly, monthly, quarterly, and/or annually as indicated), allow the College to react to its needs in a timely fashion. Tracking of activities such as schedules, finances, and managed care functions is facilitated by the clinic's use of a proprietary (IDX) software package. (7.8)

## **STANDARD VIII – RESEARCH AND SCHOLARSHIP (*INCLUDING GRADUATE PROGRAMS*)**

The College has an active and very productive research program. Its external funding has steadily increased over the last seven years, and now totals about \$3.3 million, of which \$2.4 million is funded by the federal government. In addition, the College has committed dollars, equipment and space, and time resources totaling about \$1 million in the last year. This includes release time averaging one day per week to forty-seven faculty members in the last year. Faculty members are able to apply for this release time for specific projects with funding or the prospect of external funding by applying to the Associate Dean for Graduate Studies and Research, or by applying to the faculty member's department chair for time to complete other types of projects, e.g. book chapters, case reports. The College is involved in the Collaborative Longitudinal Evaluation of Keratoconus (CLEK) and Amblyopia Treatment Studies. The Center for the Study of Glaucoma conducts basic and clinical research on glaucoma. The Program has a National Institute of Health T-35 training grant which permits six students to work on research projects, primarily during the summer. A review of faculty scholarly activity indicates a high level of productivity by a large number of faculty. (8.1)

Research facilities are housed primarily on four floors of the building. This space contains numerous research laboratories, faculty and graduate student offices, and a newly constructed animal facility. Clinical research is conducted in space within the clinical services.

The College has both a masters and Ph.D. program, as well as a program to combine either of these with an O.D. degree. The graduate program is somewhat concerned with the low number of applicants to its programs, and the fact that nearly all of its applicants are admitted. Only about half of the students admitted to the program actually enroll, primarily due to competition from other graduate programs, particularly those found at several institutions within New York City. All graduate students receive college support, with some students receiving supplemental support from their graduate advisor's grants. Despite this, the program feels that the quality of its current students is good. There are currently 8 full-time M.S. candidates and 4 full-time Ph.D. candidates. There are an additional 9 part-time M.S. candidates and 1 part-time Ph.D. candidate. Counted within these numbers are approximately 4 O.D./M.S. students and 1-2 O.D./Ph.D. students.

The graduate program is changing its O.D./Ph.D. program to increase student retention. Currently, about half of the joint degree program students fail to complete the program. Under the new plan, the graduate portion of the program will begin following the second professional year, rather than the third professional year as is currently done. This, along with providing financial support only after the student begins the graduate portion of the program, is anticipated to improve student retention.

The masters degree requires 60 quarter hours of course and research, along with a thesis. The Ph.D. degree requires an additional 60 quarter hours of credit in training in selected areas of research concentration, and the passing of a comprehensive exam. Students must

pass oral specialty area examination and have a dissertation proposal approved. Upon completion of the dissertation, an oral defense must be passed.

The curriculum consists of a series of core required courses, some of which are identical to the professional program courses, and an extensive list of elective graduate seminars. It is taught by a highly qualified faculty, which is of sufficient size and diversity of study area to offer students a rich educational experience.

In addition to the programs described above, the College has a Fellowship in Clinical Management and Health Care Administration, currently enrolling three students, which is designed for mid-career military officers. The College also offers a Fellowship in Cornea and Contact Lenses in which the fellow spends 70-80% time in research activities.

### **STANDARD IX – RESIDENCY EDUCATION**

The College supports six in-house residency programs and seven programs at external sites under the direction of a dedicated Director of Residencies and External Clinical Education, Diane Adamczyk, O.D. Upon fulfillment of all program requirements, the College awards each resident a Certificate of Advanced Clinical Competence. The College provides third year students information on the opportunities and benefits of residency education through lectures in their Practice Management course. The Director of Residencies offers guidance on placement to individual students presenting to her office. She also actively recruits candidates for College programs through promotional activities such as presentations given at other colleges of optometry. (9.1)

## **APPENDIX A**

### **ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION Professional Optometric Degree Program Standards (Effective 1/1/2000)**

#### **Standard I – Mission, Goals and Objectives**

- 1.1 The program must have a current statement of its mission, and the goals and objectives by which it intends to fulfill its mission.
  - 1.1.1 The program must publish its mission and goals.
- 1.2 The mission, goals, and objectives must include teaching, research and scholarship, and public service and must give emphasis to a professional optometric degree program whose purpose is to produce graduates with the levels of knowledge, skills, and ethical values required for entry level practice of optometry as defined by the program.
- 1.3 The program must identify outcomes measures to assess its effectiveness and use such measures to improve its performance. Such measures should include but not be limited to graduation rates, NBEO scores, licensing examination results and career placement.
- 1.4 As part of its ongoing process of planning and self-study, the school or college must review on a regular basis its program mission, goals, and objectives and revise them as necessary.

#### **Standard II – Governance, Regional Accreditation, Administration, and Finances**

- 2.1 The governance structure of the program must clearly assign authority and responsibility for the formulation and implementation of policies that enable the program to fulfill its mission.
  - 2.1.1 There must be policies concerning governance issues including, but not limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability.
  - 2.1.2 The program must be conducted and organized in such a way as to assure open communication among administrators, faculty, students, staff and other constituencies.
  - 2.1.3 The governance structure must clearly assign authority and responsibility for the hiring, evaluation, retention and discharge of the program's chief executive officer.

- 2.2 The program or parent institution must be accredited by a regional accrediting body recognized by the US Department of Education or other recognized authority deemed appropriate by the Council.
- 2.3 The program's chief executive officer or chief academic officer should have the Doctor of Optometry (O.D.) degree.
- 2.4 The program's chief executive officer must have the authority and responsibility for fiscal management of the program.
- 2.5 There must be clearly defined reporting relationships, performance expectations, and assessment procedures for all administrators.
- 2.6 The program must possess the financial resources necessary to fulfill its mission.
  - 2.6.1 The program must utilize sound and generally accepted financial management procedures to assure effective monitoring, control and accountability of its fiscal resources.
  - 2.6.2 The program's budgetary planning process must provide for the repair, maintenance and replacement of physical facilities and equipment.

### **Standard III – Facilities, Equipment and Resources**

- 3.1 The teaching and patient care facilities and equipment must be appropriate to fulfill the mission, goals and objectives of the program.
- 3.2 Students and faculty must be provided facilities, equipment, support staff and services for the purpose of accessing informational resources needed to meet the educational, instructional, clinical, research and other scholarly objectives of the program

### **Standard IV – Faculty**

- 4.1 The number and qualifications of faculty must be sufficient to meet the stated mission of the program.
- 4.2 A system must be in place to facilitate faculty participation in the governance of the program.
- 4.3 The faculty must be allocated adequate time and resources to engage in activities that maintain and enhance their qualifications.

- 4.4 There must be a faculty evaluation process that establishes goals and assesses performance of each faculty member.
- 4.5 There must be published policies and procedures for faculty recruitment, promotion, tenure, academic assignments and responsibilities, sabbaticals, reporting relationships, grievance, and benefits.

### **Standard V – Students**

- 5.1 There must be an effective plan of student recruitment that attracts and maintains a qualified applicant pool.
- 5.2 Specific written criteria, policies and procedures must be adhered to during the admissions process to select students who have potential for success in the program.
  - 5.2.1 The program must require that the accepted applicants have completed at least an equivalent of three academic years of postsecondary education in an accredited institution.
- 5.3 The program must provide student support services including academic counseling.
- 5.4 The program must provide information to incoming students regarding pre-matriculation health standards, access to health care, personal counseling, and standards for immunization against infectious disease.
- 5.5 There must be an organizational element within the program or institution devoted to student affairs.
  - 5.5.1 The student affairs administrator must be qualified by experience or training.
  - 5.5.2 The program must make available services to facilitate the placement of graduates.
- 5.6 Students must have a governance system, opportunities to participate in program governance, and access to the administrators of the program.
- 5.7 The program must make available to students information related to financial aid and debt counseling.
- 5.8 The program must maintain an orderly, accurate, confidential, secure and permanent system of student records.
- 5.9 The program must publish and make available to students information on policies and procedures on academic standards, grading, attendance, academic standing,

dismissal and reinstatement, disciplinary conduct, due process, tuition, fees, refund policy, honors, scholarship and awards, and other related matters.

- 5.10 The program must publish and provide policies and procedures regarding student complaints and maintain records of receiving, adjudicating and resolving such complaints.

## **Standard VI – Curriculum**

- 6.1 The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates for entry level practice as defined by the program.
- 6.2 The minimum length of the professional optometric curriculum must be four academic years or its equivalent.
- 6.3 Procedures must be employed to assess each student's achievement of curricular outcomes.
- 6.4 The program must engage in periodic and systematic curricular evaluations by students, faculty and administrators.
- 6.5 If instruction in the optometric program is shared with another program or institution, the optometric program must retain primary responsibility for its curriculum.
- 6.6 Basic science instruction must provide a foundation of knowledge in physical, biological and behavioral sciences essential for clinical optometric care.
- 6.7 Clinical instruction and practice must consist of didactic, laboratory, and supervised clinical experience in the examination, diagnosis, treatment, and management of patients.
- 6.8 The quantity, quality and variety of experiences in the supervised care of patients must be sufficient to develop clinical competency for entry level practice.
- 6.9 The program must establish and apply a published set of clinical outcomes to prepare students for entry level practice. At a minimum the graduate must be able to:
  - 6.9.1 Identify, record and analyze pertinent history and problems presented by the patient.

- 6.9.2 Demonstrate the necessary skills to examine and evaluate the patient to arrive at a rational diagnosis.
  - 6.9.3 Formulate a treatment plan and understand the implications of various treatment options.
  - 6.9.4 Provide preventive care, patient education and counseling.
  - 6.9.5 Recognize when it is necessary to obtain a consultation and to coordinate care provided by others.
  - 6.9.6 Demonstrate knowledge of professional, ethical, legal, personal, practice management, and public health issues applicable to the delivery of optometric care.
  - 6.9.7 Effectively communicate orally and in writing with other healthcare professionals and patients.
  - 6.9.8 Demonstrate basic life support skills for emergencies encountered in optometric practice.
- 6.10 Any external clinical program must be formalized by written agreement and be consistent with the program's educational goals.

## **Standard VII – Clinic Management and Patient Care Policies**

- 7.1 The program must have a patient care delivery clinical program that enables it to meet its mission.
- 7.2 A coordinated system of clinical governance, administration, management and evaluation must be in place both for internal and external clinic programs.
- 7.3 A clinic manual which includes all clinic policies and procedures must be published and accessible student clinicians, faculty and staff.
- 7.4 There must be a procedure to verify clinical faculty credentials and to define the scope and extent of clinical privileges for faculty.
- 7.5 The patient record must allow for efficient review of the patient's condition and any previous care that has been provided at the program's clinical facility.
  - 7.5.1 Patient records must be stored in an orderly manner that allows for prompt retrieval and adequate security to maintain confidentiality.

- 7.6 The clinic must conduct an ongoing, planned quality assessment and improvement program, which evaluates the provision of eye health and vision service and provides for remediation when deficiencies are identified.
  - 7.6.1 There must be an ongoing process of the measurement for patient satisfaction of the quality of eye and vision services provided.
  - 7.6.2 The clinic must publish policies and procedures on the patient's rights and responsibilities.
  - 7.6.3 The clinic must have written procedures for receiving and resolving patient complaints, grievances, and appeals.
  - 7.6.4 Eye and vision services must be consistent with accepted and well-established health care standards such as clinical practice guidelines.
- 7.7 Clinic programs must have established procedures to address risk management such as liability, security and safety.
- 7.8. Utilization management policies must exist to ensure that clinic resources are effectively utilized and are appropriate to patient needs.

### **Standard VIII – Research and Scholarship**

- 8.1 The program must support, encourage and maintain research activity in vision and related sciences.

### **Standard IX – Residency Education**

- 9.1 The program must offer residency training or facilitate the placement of graduates into residencies.