STATE UNIVERSITY OF NEW YORK  
STATE COLLEGE OF OPTOMETRY  
Manual of Procedures for Residency Programs  

TABLE OF CONTENTS  

I. Introduction  
   A. Mission, Goals, and Objectives  
   B. History of SUNY Optometry's Residency Programs  
   C. Administrative structure  
   D. Organizational chart  

II. Procedure for Selecting and Implementing New Residency Programs  

III. Recruitment of Residents  

IV. Application Procedure  

V. Selection of Residents  

VI. Recommendation and Appointment Process  

VII. Orientation  

VIII. Resident’s Responsibilities  

IX. Residency Program Supervisor's Responsibilities  

X. Director of Residency Education’s Responsibilities  

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

XII. Program Evaluation  

XIII. Supervision Policy  

XIV. Grievance and Dismissal Policy  

XV. Malpractice Insurance Policy  

XVI. Miscellaneous
Appendices

A. New Residency Program Application Form
B. Resident Interview Evaluation Form (Sample)
C. Resident Presentation Evaluation Form (For Minor Presentation)
D. Publishable Quality Paper Approval Form (Supervisor) Sample
E. Resident Patient Log and Summary Report
F. Resident Weekly Activity Report
G. Resident Evaluation Form
H. Residency Faculty Evaluation Form
I. Residency Program Supervisor Evaluation Form
J. Listing of SUNY Optometry Residency Programs and Accreditation Status
K. Residency Programs Mini-Directory
L. Residency Requirements for Program Completion
M. Residency Requirement Deadlines
N. Residency Program Information Sheet: Prospective Candidates
O. Meditrek Overview and Instructions
P. Resident Orientation Plan
Q. Timesheet and Leave Request Policy
R. Applicant Pool Data & Incoming Residents’ Information Grid
S. UEC On-Call Policy & Procedure
I. Introduction

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

Mission:

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

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

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

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

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

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

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

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

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

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

Goal 4: To have well qualified residency supervisors.

Objective 1: Evaluation of the residency supervisors two times per year by the resident.

Objective 2: Meet with the supervisors on a yearly basis to form assessment and improvement plans for both the program and their role as supervisors.
Goal 5: To have a well-qualified residency director to provide assistance and direction to the programs in the areas of accreditation, education, growth and recruitment.

Objective 1: The Residency Director or a representative will attend recruitment opportunities at national meetings such as the American Academy of Optometry and American Optometric Student Association.

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

Objective 3: The Residency Director will oversee the program’s educational component and work with the residency supervisor to assure and maintain the highest quality clinical education program.

Goal 6: To provide educational support to the residents.

Objective 1: Provide the resident with resources to assist in meeting their pursuit of evidence based practice.

Objective 2: Provide funding, as available, to support residents who present at conferences.
B. **History of SUNY State College of Optometry's Residency Programs**

SUNY, College of Optometry has been conducting year-long optometric residencies since 1974 (1974-1975 first class year), when the in-house Vision Therapy Residency was instituted. This was the first optometric residency program in the country and the third to receive accreditation status. Since that time, the residency programs affiliated with and at the College have expanded to include programs in the following areas, some with a combination of types: Cornea and Contact Lenses, Ocular Disease, Community Health Practice Optometry, Primary Eye Care, Pediatric Optometry, Low Vision Rehabilitation, Vision Rehabilitation (Brain Injury Rehabilitation) and Vision Therapy and Rehabilitation and a Combined Residency/Graduate Degree Program. Program sites include NYC Health + Hospitals/Gotham Health East New York, SUNY College of Optometry, Womack Medical Center at Fort Bragg, NC, BronxCare Health System, Fromer Eye Centers, Atlantic Eye Physicians, NJ, EyeCare Associates, CT and four V.A. facilities in New York and New Jersey. All programs affiliated with or at SUNY are fully accredited or pending accreditations (Appendix J).

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

C. **Administrative Structure:**

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

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President

Vice President and Dean of Academic Affairs

Director of Residency Education

Residency Program

Supervisors

Residents
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In addition, please refer to the individual program for its specific clinical organizational chart.

SUNY based programs:
II. Procedures for Selecting and Implementing New Residency Programs

1. Initial contact is made by the sponsor's prospective residency program supervisor with the Director of Residency Education, at SUNY State College of Optometry.

2. A formal proposal must be produced by the sponsor that includes, but is not limited to:
   a) letter of intent
   b) a statement of needs assessment for the residency
   c) a mission statement for the program
   d) goals and objectives of the program

3. The Director of Residency Education sends an application form (Appendix A) to the prospective program supervisor. The application form is completed and returned to the Director of Residency Education.

4. The Director of Residency Education conducts a site visit, if the program is off-campus.

5. After the site visitation, a report and recommendation is written for the Vice President and Dean of Academic Affairs.

6. The Vice President and Dean of Academic Affairs communicates with the President as to whether the new program should be approved.

7. If the program is approved, the Program Supervisor is notified by the Director of Residency Education.

8. The Director of Residency Education, in conjunction with the Vice President and Dean of Academic Affairs, works with the appropriate individual at the sponsoring site to develop a formal agreement between the sponsor and SUNY Optometry.

9. The Director of Residency Education provides the President with supportive information on the residency program. The President can then notify the Accreditation Council on Optometric Education of the College's affiliation (or sponsorship) of the program, and its intent to achieve accreditation.
III. **Recruitment of Residents**

A. SUNY Optometry students provide a viable pool for all residencies. Students are made aware of these programs starting with their initial orientation and in each subsequent school year. Faculty are educated about residencies in general, and updated on a continuing basis about SUNY Optometry programs.

B. Students are informed of the commitment SUNY Optometry has made to residencies. The Director of Residency Education is in communication with the students about residencies during various levels of their education.

C. Residency Supervisors discuss their programs with prospective candidates including interns/externs rotating through their clinics.

D. Descriptions of each residency program and application guidelines have been incorporated into the residency website and a brochure. Materials are sent to those who inquire about any SUNY Residency and are e-mailed to Director of Residencies at other colleges. They are also distributed at various residency networking meetings such as the AOSA and Academy meetings. A Residency Program Information Sheet is also provided to prospective candidates (Appendix N).

E. Information on all SUNY Residency Programs is available from our website at: http://www.sunyopt.edu/education/academics/residency_programs

F. When possible, the Director of Residency Education, or a representative of the residency programs will attend recruitment initiatives held at national meetings (eg. The American Academy of Optometry, American Optometric Student Association).
IV. Application Procedure

A. Eligibility

SUNY Optometry affiliated residency programs are available to graduates of schools and colleges of optometry accredited by the Accreditation Council on Optometric Education.

B. Process

Candidates must follow the guidelines established by ORMatch. This matching service is utilized for all residency programs (Except for military sponsored programs, specifically, Womack Residency program. Please refer to the website http://www.wamc.amedd.army.mil/HealthcareServices/SitePages/Optometry.aspx for the Womack residency program)

The website for information and application through ORMatch is: https://www.natmatch.com/ormatch/index.html (Please refer to this website for the latest of information).

A summary of the application process is described below. This information reflects the selection cycle dates for 2020 (Class of 2021). Updates for 2021 (Class of 2022) will be posted by the fall of 2020.

1. Research programs of interest and contact the supervisors of the programs that interest you. (It is recommended that this be done as early as possible. It is also recommended to register for ORMatch prior to December 31).

2. Identity and confirm 3 individuals to write letters of recommendation.

3. Gather applicant information that contains:
   * Curriculum vitae
   * NBEO scores
   * Optometry school transcripts
   * Letter of Intent
   * Email addresses for reference letter writers (3 letters of reference needed)
     (Note: those writing the letters will upload their letters to ORMatch System)

4. Submit a completed application and application fee by January 31.

5. After completing the interview process, complete the Applicant’s Ranking Form by March 6.

Prospective residents currently on an F-1 visa must timely apply for an OPT extension. The U.S. Citizenship and Immigration Services (USCIS) permits applicants to apply up to 90 days before completion of their degree program. However, it is critical that you apply for an OPT visa as close to that 90 day opening date as possible, as case processing times have increased dramatically, and may take up to 5 months to complete. Prospective residents should contact the Designated School Official (DSO) at their current institution to begin the process.

Prospective residents will be required to provide proof of filing their OPT visa applications to the residency supervisor by February 28, 2021. Failure to file by this date may be cause for denial of your residency
application. Waivers will be granted for students from schools with late graduations which do not permit filing by February 28, 2021. Waivers for any other reason will be considered on a case-by-case basis.

C. Records

Application documents of accepted residents are kept by each residency program supervisor, and the Office of Residency Education.
V. Selection of Residents

A. Selection Committees

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

B. Selection Process

The Supervisor (and/or program specific Selection Committee) screens all completed applications and determines which of the candidates will be invited to the selection process. Applicants are encouraged to have completed boards, with results, prior to the match. When feasible and program dependent, all candidates may be scheduled to appear before the Selection Committee on the same day. The process is typically composed of an interview and tour of the facilities, and may include questions relating to clinical thought processes.

Appendix B in the Manual of Procedures is an example of a generic interview form.

C. ORMatch

The program supervisor submits candidate ranking to ORMatch.

D. Requirements for SUNY Residency programs:

Veteran Administration/Military Based Program:
* United States Citizen (unless a Without Compensation position at the VA)
* OD degree from an Accreditation Council on Optometric Education accredited school or college of optometry
* Successful completion of Parts 1, 2, 3 with TMOD of the National Board of Examiners in Optometry
* Licensure before completion of the first year on VA/Military residency

SUNY Optometry/BronxCare Health System/Fromer Eye Centers/Atlantic Eye Physicians/EyeCare Associates Based Programs:
* OD degree from an Accreditation Council on Optometric Education accredited school or college of optometry
* All residents are required to provide, on the first day of work, written documentation that they have authorization to work in the United States
* Successful completion of Parts 1, 2, 3 with TMOD of the National Board of Examiners in Optometry
* State Licensure (state where residency is based) obtained prior to or by July 1 program start date
* Combined Residency/Graduate Program must also meet graduate program requirements.

Note: Applicants are encouraged to have completed boards with results prior to ORMatch.
F. **Non-Discrimination Policy:** SUNY, State College of Optometry, and its affiliated programs are an Equal Opportunity Employer.

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

H. All persons appointed to the staff of SUNY College of Optometry are required to provide, on the first day of work, written documentation that they have authorization to work in the United States.
VI. **Recommendation and Appointment Process**

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

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

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

B. If the Director deems the selection appropriate, he/she sends a letter to those candidates who matched with the program. The letter will indicate that before an appointment can be finalized a package of information must be completed. Copies of this letter will be sent to the Vice President and Dean of Academic Affairs and the Program Supervisor. For all residency programs a health status assessment must be completed by the candidate's physician and proof that the individual has received an O.D. degree from an optometric institution accredited by the Accreditation Council on Optometric Education (ACOE) must be submitted.

SUNY Credentialing Department will send out a credentialing package to the SUNY salaried residents requesting this information and additional information needed for University Eye Clinic (UEC) credentialing. The Credentialing Department will be responsible for acquiring all SUNY salaried residents’ credentialing requirements. The Credentialing Department will notify those candidates of any missing required documents. Clinical Administration will notify the Director of Residency Education, in writing, when each SUNY salaried resident is fully credentialed. The Office of Residency Education will collect the health status document and proof of OD degree for the affiliated residents and work with their credentialing department as applicable.

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

Note: Prospective residents on a F1 visa must apply for an OPT visa 90 days prior to completion of studies. Prospective residents should contact the Designated School Official (DSO) at their current institution to begin the process. (See above Application Procedure Section B)

C. No resident will be appointed, and thus permitted to start the program unless all required materials are obtained. Particularly important are the physical examination and tangible proof that the individual has received an O.D. degree from an ACOE accredited school or college of optometry.
D. The Office of Residency Education will inform Human Resources when all material is received in order to proceed with appointment. The Human Resources Office will then send out a letter of faculty appointment. Copies of the appointment letter will be sent to the Director of Residency Education, and the Credentialing Office.
VII. Orientation

A. An orientation is held on, or close to, July 1 for all residents on the State Payroll. During this time, Clinical Administration reviews clinical policies, and the College's Office of Human Resources reviews personnel policies and assists residents in completing required paperwork. The Chief Medical Officer provides an overview of the clinics.

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

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

B. **Licensure:** All residents practicing outside of federal reservations, must take all steps for obtaining a license from the state the program is located in, prior to the beginning of the program (NY license is required for SUNY credentialing and for the BronxCare and Fromer Eye Center residency programs, for Atlantic Physicians a NJ license is required and a CT license is required for EyeCare Associates). VA and Military residents are required to obtain a state license prior to completion of the residency. In order to proceed through the program each resident must meet licensing requirements for the site.

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

1. **SUNY Friday Program:** The goal of the SUNY Friday Program is to provide residents with a didactic curriculum that includes a diversity of topical areas in the form of lectures, labs, and grand rounds. The Friday Program will foster interactions between residents, supervisors, clinicians and guest speakers. These programs are usually scheduled on Fridays, but may be scheduled on other days of the week depending on lecture schedule and lecturer’s availability.

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

   In addition, there are Summer Lectures & Labs that are not part of the elective courses and no credits hours are given for attending. There is required attendance for SUNY salaried residents and affiliated residents are invited to attend.

   Specifically the Friday Program includes the following components:

   a) A Core Curriculum **required** for all residents to attend includes:
      1) Workshop on Public Speaking
      2a) Writer’s Workshop I (Evidence Based Principles and Poster Writing)
      2b) Writer’s Workshop I (Writing a Paper)
      2c) Writer’s Workshop II (Editorial Review of Resident Paper)
      3) Practice Management Workshop

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

   **All residents in an affiliated residency program are required to attend a minimum of thirty five (35) hours and all SUNY salaried are required to attend a minimum of forty five (45) hours of lectures and/or workshops in addition to the Core Curriculum (required programs).**
Residents involved in the Combined Residency/Graduate Program and Womack may receive approved credit from comparable programs offered either in the graduate program or local to Womack.

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

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

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

The Friday, the SUNY-salaried residents are not attending a formal program, allows for individual study, research, record completion, updating patient logs and other scholarly activities or administrative activities related to patient care or residency requirements. All residents have access to the SUNY Optometry’s Harold Kohn Vision Science Library. An orientation of the library’s facilities is provided to the residents.

2. Presentations:
   a) Residents will attend a Workshop on Public Speaking as part of the core curriculum which teaches the techniques of effective presentations. The resident will be responsible for delivering a brief talk, where they will be videotaped.

   b) The resident will present one 20 minute lecture (minor) at the College. The presentation will be followed by a 10 minute discussion facilitated by a moderator (the Director of Residency Education or a Program Supervisor). Residents must attend at least 9 minor presentations (which includes their own). The presentation will be videotaped for the resident to review. In addition, attending residents and the Director of Residency Education or a designee evaluate each minor presentation by means of a Resident Presentation Evaluation Form (Appendix C). These evaluations are shared with the resident.

   c) Each resident will be responsible for a Major Presentation or 50 minute lecture (the equivalent of one Continuing Education hour) at the College. All residents will present a title and outline of their major presentation to the Director of Residency Education (date to be announced). Upon final approval, the resident will then submit appropriate materials for COPE approval. In order to fulfill this requirement, the resident’s presentation must be 50 minutes in length. Residents are required to attend at the maximum # or presentation over the 2 days.
3. **Publishable Paper:** Each resident is required to submit a paper, suitable for publication in a peer reviewed journal, to the Director of Residency Education before completion of the program. The resident must be the primary author of their own paper and must be the one to do the work on the paper. It is recommended that the resident’s paper and presentation topic overlap. The Program Supervisor will provide guidance to each resident in the preparation of his/her paper, and must **sign a form indicating her/his approval of the paper (Appendix D)** before it is submitted to the Director of Residency Education for the Writer’s Workshop II/Editorial Review.

The resident paper will be reviewed at the Writer’s Workshop II/ Editorial Review by a peer resident and a workshop faculty reviewer. The faculty reviewer will give final approval after any further edits are made. If deemed not acceptable a second reviewer will review the paper and provide level of acceptability. If it is determined that the paper needs further work, resubmission within a predetermined time frame will be established. The final decision of acceptability will be made by the Director of Residency Education. If still deemed unacceptable, the requirements for the program will not be met. **Residents who do not submit their papers by the designated due date will not receive a certificate of completion.**

4. **Clinical Teaching Experience:** In order to develop and improve his/her clinical teaching skills, each resident may participate in the education and supervision of clinical externs (third or fourth year students) from SUNY Optometry and/or other schools, that rotate through the program sites' clinic (program dependent). A Clinical Teaching Workshop is presented during the residents’ Friday program, to assist them in developing their teaching skills.

5. **Record keeping:** Residents are required to complete and submit to the Program Supervisor on a weekly basis, the Resident Patient Log (**Appendix E** or a similar entry) and the Resident Weekly Activity Report (**Appendix F**). The resident will also evaluate faculty with whom they have significant exposure to. These evaluations will be kept by the Residency Supervisor. These forms are maintained in the resident's folder at the program site. Also, twice a year (typically January and June), the residents will evaluate the Program Supervisor and submit these to the Director of Residency Education through Meditrek (**Appendix I**).

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

6. **MEDITREK (Instructions for Residents)**

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

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

7. **On Site Requirements:** Residents must meet all on site requirements, including all terms of employment.

8. **Professional Behavior:** Residents are expected to conduct themselves in a professional manner. This includes but is not limited to appropriate professional dress, behavior and decorum. Also included is proper use of cell phones (laptop, tablets) in a clinical or academic setting. Under no circumstances should cell phones be used for streaming videos and/or TV programs/movies during clinic hours or at Friday programs at SUNY. Texting and/or phone calls, with exception of emergencies, should be avoided during patient care hours, seminars and Friday programs at SUNY.

9. **Attendance:** Residents are to follow local leave policies. If, because of extenuating circumstances, a resident is out for an extended amount of time, notification to the Supervisor and Director must be made. Requirements for the program must be met and appropriately made up. Specific for SUNY employed residents see **Appendix Q**.

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

10. **On-Call:** On-call responsibilities differ based on individual program. See **Appendix S** for SUNY sponsored program protocol.

11. **Certificate of Completion:** A certificate of completion and advanced clinical competencies is awarded to all residents who have successfully completed all program requirements. *(See **Appendix L** for summary of requirements)*
IX. Residency Program Supervisor's Responsibilities

A. Supervisor’s Responsibilities

• Recruits high quality/caliber candidates for the residency program
• Is responsible for all aspects of the residency candidate application process including ORMatch
• Develops, implements and monitors: the curriculum (including the clinical, didactic and scholarly aspects); the mission, goals and objectives; and the advanced competencies of the residency program
• Participates in the Resident Friday/Didactic Program
• Develops the resident’s clinical program schedule and works with the clinic chiefs, affiliated sites and laboratory instructors to implement the program’s mission, goals and objectives
• Provides guidance to each resident in their scholarly and didactic activities
• Evaluates the resident and provides the resident with feedback
• Monitor the resident’s progress throughout the residency for appropriate increasing levels of independence
• Monitors the resident’s clinical activities including their patient logs and weekly activity report
• Monitors the resident’s progress in attaining the program’s Advanced Competencies
• Evaluate the faculty supervisors and provide direction for assignment of faculty for supervision of the resident
• Monitor program outcomes and program improvements
• Write the Annual Review for the Accreditation Council on Optometric Education and review with Director of Residency Education
• Prepare self-study for accreditation
• Monitor program to assure it meets the standards of the Accreditation Council on Optometry Education
• Reports to the Director of Residency Education

B. MEDITREK (Supervisor Instructions) (Appendix O)

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

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

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

NOTE: See Appendix I for the evaluation of the Resident for the Supervisor.

The timetable for quarterly evaluations is the following:

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

D. Oversight of Residents

- Review the Resident Weekly Activity Report.
  Program Supervisors should frequently review the Resident Patient Log (Appendix E) and the Resident Weekly Activity Report (Appendix F), via Meditrek, for each resident. These forms are maintained by the supervisor. Appropriate alterations to scheduling etc. can be made as necessary based on the above information.
- Monitoring of attendance
- Monitor post residency placement
X. SUNY College of Optometry's Responsibilities to Residency Programs

**Director of Residency Education Responsibilities:**

The Director of Residency Education at SUNY College of Optometry

- Is responsible for overseeing the educational integrity of all residency programs, both SUNY salaried and affiliated
- Provide direction, oversight and involvement in residency recruitment
- Provide selection direction, oversight and involvement in new program establishment and accreditation
- Provide direction, oversight and involvement in the individual residency program’s educational component
- Provides direction, oversight and involvement in the individual residency program’s mission, goals and objectives; curriculum; and advanced competencies
- Provide direction, oversight and involvement in accreditation of the residency programs
- Approves residency selection and appointment
- Oversees and coordinates in house residency orientation
- Conducts an orientation for all residency programs, which includes a general orientation as well as an overview of residency requirements.
- Monitors and assesses the program through various evaluation mechanisms, annual reviews, and outcomes measures of each program, including patient types and numbers, and resident’s attainment of advanced competencies
- Provides support and assistance in all accreditation matters, including annual reviews and site visits to the residency supervisor
- Responsible for all areas of the office of residency education operation and providing guidance and leadership in planning and development of its programs
- Plan, propose, and manage the office of residency education budgets in alignment with residency education goals
- Regularly evaluate, mentor and advise residency supervisors
- Work with other departments and administrators to coordinate programs between departments within the broader institutional planning process
- Facilitate communication between the SUNY based residency program supervisors and Clinical Administration and the Department of Clinical Education regarding resident schedules involving teaching and clinic assignments
- Review, evaluate and authorize residency travel
- Facilitate the development and evaluation of the residency program
- Responsible for the Residency Friday/Didactic program
- Provides recommendations to the Dean/VPAA on residency program supervisors
- Is a member of both Clinic Education Council and Clinic Council
- Reports to the Dean/VPAA and is a member of Dean’s Council

**Office of Residency Education Responsibilities (in addition to above):**

- Web site maintenance and updates (eg. SUNY, ASCO)
- Resident appointment
  - Work with local and affiliate administration and human resources to credential and appoint the resident.
- Evaluations and Patient Logs (Meditrek)
- Maintain, update and coordinate with the Program Supervisor and resident the various components of Meditrek, including resident evaluations, supervisor evaluations, Friday program evaluations, and patient logs.
- Residency Manual; maintain and update
XI. State University of New York, State College of Optometry's Role

A. The College awards a certificate of completion and advanced clinical competencies to all residents who have successfully completed program requirements.

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

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

1. Adjunct Clinical Instructor
   - Equivalent clinical experience in an optometric residency program.

2. Adjunct Assistant Clinical Professor
   - Successful completion of an optometric residency program OR at least three years of clinical experience.
   - Letter of recommendation from site chief or supervisor.
   - For site chief, supervisor, or private practitioner, letters of recommendation may be requested.

3. Adjunct Associate Clinical Professor
   - Recommendation of the program supervisor.
   - At least five years’ experience precepting students and/or residents.
   - Significant record of sustained scholarly activity (professional presentation, journal articles, etc.).
   - Evidence of professional conduct and competence (CE, lecturing, memberships/participation in professional organizations).
   - Two letters of recommendation supporting this request.

4. Adjunct Clinical Professor
   - Recommendation of the program supervisor.
   - Must be nationally recognized in profession.
   - Must submit three letters of recommendation supporting this request.
   - Must have record of significant, sustained scholarly activity and professional conduct and competence.
   - Must have at least ten years’ experience precepting students and/or residents.
XII. **Program Evaluations**

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

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

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

Supervision of optometry residents is divided into separate phases that reflect increasing levels of responsibility for the resident based on demonstrated clinical competency. To move from one level to the next, the expected levels of technical and cognitive clinical proficiency and professionalism must be demonstrated by the resident in the prior phase. The residency supervisor will determine when the resident advances to the next level, based solely on demonstrated performance, not on the amount of time spent in the residency program. However, the resident is expected to progress at an acceptable rate. Irrespective of the current level of supervision, the residency supervisor (or faculty) will remain available to the resident for the complete duration of the program for consultation and additional training. The phases are described below:

**Initial Phase – Direct Supervision:** (Approximately 2-3 months/Quarter 1)
This phase is intended as an acclimation period for the resident. The resident will focus on becoming oriented to the site’s layout, policies, procedures, clinic forms and electronic health records, in addition to understanding coding and billing and proper chart documentation. The resident will begin training in advanced procedures pertinent to the residency program emphasis. It is anticipated that this Initial Phase will last approximately two to three months for most residents, but as noted the length of time in any phase is solely dependent on demonstrated competence. To advance to the next Phase the resident must complete and demonstrate acceptable progress in the supervisor’s judgement towards mastering procedures and cognitive tasks that will enable the resident to attain advanced clinical competency. Should the resident’s progression through the Initial Phase be slower than anticipated, remediation will be considered at or around the third month.

**Intermediate Phase – Indirect Supervision with Direct Supervision Available:** (Approximately 3-6 months/Quarter 2)
This level is achieved when the resident demonstrates understanding of procedures and proper examination protocols in the Initial Phase. The resident will be given increased autonomy in patient care. Feedback will be provided to the resident as necessary. Competence will be expected in advanced procedures learned in the Initial Phase. To advance to the next Phase the resident must demonstrate to the supervisor’s satisfaction the ability to successfully manage advanced clinical cases. Residents are expected to complete this phase by or before the midpoint of the program. Should the resident not be ready to transition to the Final Phase by the midpoint of the program, remediation will be considered.

**Enhanced Phase – Indirect Supervision with Direct Supervision Available:** (Quarter 3)
This level is achieved when the Intermediate Phase is met and resident can confidently manage almost all cases with varying degrees of difficulty. This phase will typically be instituted midway into each program. The resident will be given autonomy with regard to patient care emancipation.

**Advanced Phase – Indirect Supervision with Direct Supervision Available:** (Quarter 4)
The goal of Residency Programs is that all residents will successfully complete this Final Phase, being fully independent and autonomous in all aspects of patient care by the completion of the Residency Program.

In addition, specific to the University Eye Center, upon entering the program the residents receive core
privileges. At approximately 4-6 months into the residency the residency supervisor can initiate the emancipation process (based on above criteria). The resident must demonstrate appropriate competences (e.g. through observation, labs, patient encounters). This is considered at 4-6 months into the program. The Residency Supervisor informs the Director of Credentialing, the Service Chiefs and Director of Residency Education to begin the formal process of emancipation.
XIV. Probation, Counseling, Remediation, Separation from Program, Grievance

A. Probation, Counseling and Remediation:

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

B. Dismissal/Separation of Resident from Program:

A resident may be considered for dismissal/separation from a program when they fail to meet the terms of probation in the specified time, or without probation at the discretion of the College and/or sponsoring institution. The Director of Residency Education and Vice President and Dean of Academic Affairs are notified and will review the case. They will then decide on a course of action that may include extending probation or separating the resident from the program. In the latter instance all appropriate institutional policies and procedures will be followed. For those residents at SUNY sponsored programs, the policies and procedures are as stated in SUNY Policies of Board of Trustees and the Agreement between SUNY and United University Professions (for Combined Residency/Graduate Program policy and procedures also include those that apply to the graduate program, which can be found at http://www.sunyopt.edu/pdfs/academics/GraduatePolicyDoc.pdf). For residents at affiliated sites, their respective site policies will be followed. Written notification of the proposed course of action will be provided to the resident.

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

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

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

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

C. Grievance/Complaint Policies:

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

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

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

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

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

Such protection applies only to duties performed as part of SUNY’s residency program. Protection does not extend to activities that are not SUNY specific.

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

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

C. The Womack residents are covered under the Federal Tort.

D. The BronxCare Health System Residents are covered by Hospital's Insurance Company, Inc.

E. The Fromer Eye Center, Atlantic Physicians and EyeCare Associates residents are covered by the malpractice insurance provided through the individual residency site.
XVI. Miscellaneous

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

For SUNY sponsored programs, the complete University Eye Clinic Policy and Procedure Manual and the Clinical Management Protocols for the UEC can be found in the UEC Policies & Procedures folder in SharePoint.

B. For benefits please see Appendix N.

C. Travel Funding Policy:

Dependent on budget allocation and availability of funding, a resident will be funded for up to two professional meetings during their residency program. This is contingent on their being first or second author on a poster or paper, and no other funding is being received from other sources. If funding is provided from another source, but is less than what would have been provided by the College, the differential amount will be considered for funding by the College.
Appendix Items
APPENDIX A: SUNY State College of Optometry RESIDENCY PROGRAM APPLICATION

Complete Name of Facility: __________________________________________________

Site Address: ____________________________________________________________

Site Phone #: ( ) __________________________ Site Fax #: ( ) ______________

Supervisor Name: _______________________________________________________

Supervisor Email: _______________________________________________________

Supervisor Phone Number: ______________________________________________

Website: ______________________________________________________________

Please indicate those that will have a significant supervisory role with residents. Include degree and title (if applicable) Attach a copy of current CV.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PROFESSIONAL STAFF

Optometrist: Number of: full-time __ part-time ___

Ophthalmologists: Number of: full-time __ part-time ___

For Military facilities, indicate the length of time each optometrist has been assigned to the facility and whether the assignment/tour of duty is permanent or temporary.

Number of Ophthalmology residents: ___ Length of rotation through clinic: ____________

Number of Optometry Externs: ________________________________
From what school(s)? ________________________________

Number of: Opticians __ Optometric technicians/assistants ____________________________
Other ancillary personnel (describe): ________________________________
EQUIPMENT AND SPACE AVAILABLE

Number of exam lanes: _________________________

Number of optometry exam rooms (other than exam lanes): ________________

Equipment available (include exam room equipment, ancillary equipment, specialty equipment):

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th>TYPE/SPECIFY/NUMBER</th>
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<tbody>
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OPERATING HOURS

<table>
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<tr>
<th>Day</th>
<th>Time</th>
<th>Day</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Thursday</td>
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<td></td>
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<tr>
<td>Friday</td>
<td></td>
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</tr>
</tbody>
</table>

On Call Hours/Time: __________________________________________________________________________

MULTI-DISCIPLINARY HEALTH SERVICES

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

Specialty Medicine Clinics:

__ Psychology
__ Psychiatry
__ Neurology
__ Geriatric medicine
__ Rehabilitative medicine
__ General practice medicine
__ Internal medicine
__ Dentistry
__ Diabetes
__ Hypertension
__ Respiratory (describe)
__ Dispensing pharmacy
__ Cardiovascular
__ Podiatry
__ Other (list below)
AVAILABILITY OF EDUCATIONAL RESOURCES

Visual science or medical library in facility [ ]Yes [ ]No
Reference materials available within the eye care facility [ ]Yes [ ]No
Online/Electronic resources [ ]Yes [ ]No

Seminars conducted:
  Optometry staff [ ]  Ophthalmology [ ]
  General medical education with other staff [ ]  Rounds [ ]
  Other disciplines [ ] List disciplines: __________

OTHER TOPICS

Describe any interdisciplinary relationship, including medicine, ophthalmology, etc, within the facility/office:

Describe the patient population, types of exams done, and the type and level of involvement the resident will have:

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

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

Please Attach:
  -Propose program Mission, Goals, and Objectives
  -Letter of intent
  -Needs Assessment of Residency
  -Curriculum Vitae

Add additional sheets if necessary.

Form completed by: __________________________________________
  Name  Title

Date _______________

Signature: ______________________

Updated July 2020
APPENDIX B:  RESIDENCY INTERVIEW EVALUATION FORM (Sample)

Candidate Name: ___________________________   Date: ___ \  \ 

Interviewer: ___________________________   Date: ___ \  \ 

A. RECORD REVIEW

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

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

B. COMMUNICATION

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

C. REASONS FOR CHOOSING RESIDENCY

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

D. BEHAVIORAL CHARACTERISTICS

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

E. SCOPE OF INTEREST

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

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

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

Record Review _______1 = Poor_____
Interview _______2 = Good_____
Overall _______3 = Excellent_____


APPENDIX C:

PUBLIC SPEAKING WORKSHOP EVALUATION

Speaker: _______________________________________
Please circle assessment to each area:

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<th>OPENING</th>
<th>Introduces self</th>
<th>Y</th>
<th>N</th>
<th>Uncertain</th>
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<tbody>
<tr>
<td></td>
<td>States purpose</td>
<td>Y</td>
<td>N</td>
<td>Uncertain</td>
</tr>
<tr>
<td></td>
<td>Hooks audience</td>
<td>Y</td>
<td>N</td>
<td>Uncertain</td>
</tr>
<tr>
<td></td>
<td>Outlines presentation</td>
<td>Y</td>
<td>N</td>
<td>Uncertain</td>
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<tbody>
<tr>
<td>1. Ready position</td>
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<td></td>
</tr>
<tr>
<td>2. Eye contact</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Movement</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Gestures</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Voice projection</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. Vocal variety</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Pace</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. Pauses</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9. No Non-words</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>10. Facial expression</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11. Warmth</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>12. Energy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
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</table>

| Gives appropriate amount of information | Y | N | Uncertain |
| Presents in a logical sequence | Y | N | Uncertain |
| Presents in a confident manner | Y | N | Uncertain |
| Uses audio-visual aids appropriately | Y | N | Uncertain |
| Provides clear and useful handouts | Y | N | |
| Slides appropriate for: | | |
| Content/information | Y | N | Uncertain |
| Appearance          | Y | N | Uncertain |
| Presentation appropriate (targets) for audience | Y | N | Uncertain |
| Other: Appropriate/Professional Dress | Y | N | Uncertain |

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

STRENGTHS/WEAKNESSES/SUGGESTIONS:

Updated 7-13-2020
APPENDIX D:
SUNY, College of Optometry Office of Residency Education
Supervisor Approval Form for Paper of Publishable Quality

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

Resident’s Name: ________________________________________________________________

Title of Paper: _________________________________________________________________

Resident Program/Location: _______________________________________________________

How many drafts were completed & reviewed before supervisor’s approval: _____

On a scale of 1-5 (1=Poor, 5=Excellent)
  Adheres to all author guidelines of chosen journal: 1 2 3 4 5

  Uses appropriate grammar and syntax: 1 2 3 4 5

  Independently worked on paper: 1 2 3 4 5

  What is the level of publishable quality at this stage of submission: 1 2 3 4 5

Are there issues the supervisor could not resolve at the time of submission to workshop editorial board? (If so, please explain)
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you feel this paper:
  Will meet requirement (but not be published) Y N
  Has potential to be published Y N

A publishable quality paper is defined as--
  * Adheres to all author guidelines for the chosen journal
  * Uses appropriate grammar and syntax
  * No plagiarism
  * Could be submitted to the chosen journal review board in current form (or meets the requirement for the residency)

Approved by: ____________________________________________________________________

Residency Program Supervisor Signature Date

Please attach Supervisor CheckList

Update July 2020
APPENDIX E:

Sample patient log

The State University of New York

Sample Residency Patient Log

Resident Name: 
Date of Examination: 
Patient #: 1
Age: Year • Month • Day
Sex: Male • Female
Race: 
Involvement: 

Diagnosis: 
Diagnosis 2: 

Other Diagnosis: 

<table>
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<tr>
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<tr>
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<td>0</td>
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<tr>
<td>Grand Total</td>
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Please review your entries before submitting.
APPENDIX E cont.:

Sample summary log

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<tr>
<td></td>
<td>Ju l</td>
<td>Aug</td>
</tr>
<tr>
<td>Patient Age (avg yrs)</td>
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<tr>
<td>Age Group</td>
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<td>White</td>
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<tr>
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<td>Shared Direct Encounter</td>
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## Resident Weekly Activity Log

**Resident:** Ponce, Ramóna  
**Residency Site:** Select  
**Academic Year:** 2020-2021  
**Quarter:** 1

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Title or Topic</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

**Resident’s password:** ********

[Submit]

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

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

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>NA 1. Management of routine cases</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 2. Management of difficult cases</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 3. Detection and diagnosis</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 4. Expansion of knowledge base throughout the quarter</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 5. Patient care in area of residency training</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 6. Patient care outside area of residency training</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 7. Appropriate referrals (as indicated)</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 8. Report writing and/or record keeping skills</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 9. Interaction, attitude communication with patients</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>NA 10. Independence and self-confidence in patient care</td>
</tr>
</tbody>
</table>

I. Clinical Performance and Case Management Skills

The resident has demonstrated proficiency in:

1. Management of routine cases
2. Management of difficult cases
3. Detection and diagnosis
4. Expansion of knowledge base throughout the quarter
5. Patient care in area of residency training
6. Patient care outside area of residency training
7. Appropriate referrals (as indicated)
8. Report writing and/or record keeping skills
9. Interaction, attitude communication with patients
10. Independence and self-confidence in patient care

II. Interpersonal Skills

The resident has demonstrated proficiency in:

1. Communication/interaction with patients
2. Interaction with staff
3. Interaction with other professionals
4. Resident’s attitude toward learning
5. Professionalism (includes but not limited to professional dress, behavior, decorum)

III. Teaching and Supervisory Skills

The resident:

1. Demonstrates good communication skills with the students
2. Regularly provides students with positive feedback and constructive suggestions
3. Is able to suggest appropriate and current reading assignments
4. Is a good role model

IV. Scholarly Activities

The resident:

1. Regularly consults textbooks and periodicals and other reference material
2. Pursues scholarly activities
3. Regularly attends grand rounds, meetings, or conferences (other than Friday Programs)

V. Overall

1. Overall, the resident's performance this quarter compared to the previous one:
   ○ Same as before ○ Better than before ○ Not as good ○ This is the first quarter
2. Overall Impression (1=low, 10=high): ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10
3. Resident's patient logs are complete and up to date: ○ Yes ○ No
VI. Level of Supervision (Select only one Phase)

1. Initial Phase (Direct Supervision):
   1A. Minimum of 3 in all areas Clinical Performance and Case Management Skills ○Yes ○No ○NA
   1B. Based on above resident to advance to Intermediate Phase ○Yes ○No ○NA

2. Intermediate Phase (Indirect Supervision with Direct Supervision Available):
   2A. Minimum of 3-4 in all areas Clinical Performance and Case Management Skills ○Yes ○No ○NA
   2B. Resident shows increased knowledge base, ability to detect, diagnosis and manage difficult cases ○Yes ○No ○NA
   2C. Based on the above the resident to advance to Enhanced Phase (emancipation) ○Yes ○No ○NA

3. Enhanced Phase (Indirect Supervision with Direct Supervision Available):
   3A. Minimum of 4 in most areas of Clinical Performance and Case Management Skills ○Yes ○No ○NA
   3B. Resident has demonstrated clinical skills and thinking for autonomy ○Yes ○No ○NA
   3C. Based on the above the resident to advance to Advanced Phase ○Yes ○No ○NA

4. Advanced Phase (Indirect Supervision with Direct Supervision Available):
   4A. Minimum of 4-5 in all areas Clinical Performance and Case Management Skills ○Yes ○No ○NA
   4B. Resident has demonstrated clinical skills and thinking for full autonomy ○Yes ○No ○NA

VII. Advanced Competency
   1. Resident is making progress on attaining advanced competencies ○Yes ○No
   2. Resident is on track to meet competencies by program completion ○Yes ○No

Comment Field (required, minimum 15 characters):

VIII. Strengths/Weaknesses Comment Field (required, minimum 15 characters):

IX. Suggestion for future growth Comment Field (required, minimum 15 characters):

X. Additional Comments:
APPENDIX H:
Sample Evaluation of Residency Site Faculty

The State University of New York

Evaluation of Residency Faculty

Evaluator: Poonal, Ramola  Faculty name:  milp. 5 chars.
Site: Select...  Academic Year: 2020/2021  Period:  Term: Midterm

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

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

Comments:

Please enter your password for authentication:  

Please review your entries before submitting.

Submit
APPENDIX I:
Sample Evaluation of Residency Program & Residency Program Supervisor

Evaluation of Residency Program and Residency Program Supervisor

PART I
Using the following scale, respond to the questions below.
1=Strongly Disagree 2=Disagree 3=No Opinion 4=Agree 5=Strongly Agree NA=Not Applicable

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Residency Program Supervisor:</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<td>1</td>
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</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Reviews the program’s mission statement, goals and objectives and your, the resident’s progress in meeting these.
2. Arranges for didactic activities, such as lectures, meetings, grand-round, etc.
3. Provides an academic environment with appropriate learning opportunities
4. Provides you, the resident, opportunities appropriate for the program
5. Allows enough flexibility in the schedule to pursue scholarly activity
6. Demonstrates interest in didactic activities (including research and/or publication activities, etc.)
7. Encourages you, the resident, in scholarly activities such as academic posters, research papers, etc.
8. Meets the needs and concerns of you, the resident
9. Works to insure you, the resident, achieve your goals and objective for the residency
10. Provides appropriate assistance, review and feedback for:
   a. Minor Presentation
   b. Major Presentation
   c. Final Paper
11. Provides adequate feedback overall on performance in residency program

Overall how would you rate your Supervisor’s performance of his or her administrative responsibilities to the resident and residency program? 1=lowest 5=highest

PART II
Using the following scale, respond to the questions below.
1=Strongly Disagree 2=Disagree 3=No Opinion 4=Agree 5=Strongly Agree NA=Not Applicable

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>While working with you in Clinic your Residency Program Supervisor:</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<td>2</td>
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<td>2</td>
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<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Is knowledgeable in the area of clinical care (s)he is rendering
2. Provides a good learning experience
3. Demonstrates and shares diagnostic skills and strategies in managing clinical problems
4. Demonstrates and shares advanced diagnostic techniques
5. Allows resident enough flexibility in developing diagnostic/management skills
6. Is available for second opinions and consultations
7. Frequently suggest references, texts and journals for relevant cases

Overall how would you rate your Supervisor’s performance as a Clinical Attending? 1=lowest 5=highest
PART III

Using the following scale, respond to the questions below.
1=Strongly Disagree  2=Disagree  3=No Opinion  4=Agree  5=Strongly Agree  NA=Not Applicable

Please rate your Residency Program on the following.

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5  NA</td>
<td>1. Meets the program’s mission</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>2. Meets the goals and objectives for the residency program</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>3. Is providing a good patient experience specific to this program’s mission</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>4. Is providing advanced clinical training specific to the program’s mission</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>5. Is providing adequate scholarly development (e.g. writing, posters, research, etc.)</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>6. Is providing adequate didactic opportunities</td>
</tr>
<tr>
<td>1 2 3 4 5  NA</td>
<td>7. Overall the Friday Program is a valuable component of the residency</td>
</tr>
</tbody>
</table>

Overall how would you rate your Residency Program? 1=lowest 5=highest

PART IV

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

2. Additional comments:
## APPENDIX J:
### SUNY State College of Optometry Affiliated Residency Programs

**As of 2020, 1 year should be added to accreditation/re-accreditation dates to reflect changes due to ACOE site visit delays from COVID 19**

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Established</th>
<th>Positions for 2020-2021</th>
<th>Initial Accreditation Date</th>
<th>Last Accreditation Site Visit</th>
<th>Accreditation/ Re-accreditation Date**</th>
<th>Order of Establishment</th>
<th>Completed Program as of July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornea &amp; Contact Lenses</td>
<td>SUNY College of Optometry</td>
<td>1991</td>
<td>1</td>
<td>June 1992</td>
<td>May 2013</td>
<td>2021</td>
<td>8</td>
<td>29</td>
</tr>
<tr>
<td>Community Health/ Ocular Disease</td>
<td>NYC Health + Hospitals/Gotham Health East New York, Brooklyn, NY</td>
<td>1997</td>
<td>1</td>
<td>April 1992</td>
<td>June 2015</td>
<td>2023</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Low Vision Rehabilitation</td>
<td>SUNY State College of Optometry, NYC</td>
<td>1994</td>
<td>1</td>
<td>December 1995</td>
<td>November 2017</td>
<td>2025</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>Ocular Disease</td>
<td>Fromer Eye Care Center, Bronx, NY</td>
<td>2012</td>
<td>1</td>
<td>June 2013</td>
<td>May 2013</td>
<td>2021</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Ocular Disease</td>
<td>Atlantic Eye Physicians, Long Branch, NJ</td>
<td>2017</td>
<td>1</td>
<td>April 2018</td>
<td>April 2018</td>
<td>2026</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Primary Eye Care/Ocular Disease</td>
<td>Department of Veteran Affairs NY Harbor Health Care System</td>
<td>1984</td>
<td>4</td>
<td>June 1983</td>
<td>January 2018</td>
<td>2026</td>
<td>5</td>
<td>95</td>
</tr>
<tr>
<td>Pediatric Optometry</td>
<td>SUNY State College of Optometry, NYC</td>
<td>1996</td>
<td>2</td>
<td>May 1998</td>
<td>April 2012</td>
<td>2020</td>
<td>14</td>
<td>38</td>
</tr>
<tr>
<td>Primary Eye Care</td>
<td>SUNY State College of Optometry, NYC</td>
<td>1999</td>
<td>2</td>
<td>April 2002</td>
<td>April 2016</td>
<td>2024</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td>Primary Eye Care/Ocular Disease</td>
<td>New Jersey Veterans Health Care System</td>
<td>1985</td>
<td>3</td>
<td>September 1984</td>
<td>May 2019</td>
<td>2027</td>
<td>6</td>
<td>50</td>
</tr>
<tr>
<td>Ocular Disease/Primary Eye Care</td>
<td>BronxCare Health System, Bronx, NY</td>
<td>2011</td>
<td>4</td>
<td>July 2012</td>
<td>May 2012</td>
<td>2020</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Pediatric Ophthalmology/Ocular Disease</td>
<td>BronxCare Health System, Bronx, NY</td>
<td>2019</td>
<td>1</td>
<td>Pending accreditation</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Primary Eye Care/Ocular Disease</td>
<td>The V.A. Hudson Valley Health Care System</td>
<td>1982</td>
<td>4</td>
<td>January 1983</td>
<td>June 2014</td>
<td>2022</td>
<td>4</td>
<td>114</td>
</tr>
<tr>
<td>Primary Eye Care/Vision Therapy &amp; Low Vision Rehabilitation</td>
<td>V.A. Medical Center, Northport, NY</td>
<td>1979</td>
<td>4</td>
<td>June 1980</td>
<td>October 2012</td>
<td>2020</td>
<td>3</td>
<td>128</td>
</tr>
<tr>
<td>Vision Rehabilitation (Brain Injury Rehabilitation)</td>
<td>SUNY State College of Optometry, NYC</td>
<td>2004</td>
<td>1</td>
<td>May 2005</td>
<td>May 2012</td>
<td>2020</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Vision Rehabilitation (Brain Injury Rehabilitation)</td>
<td>Womack Army Medical Center, Fort Bragg, NC</td>
<td>2016</td>
<td>1</td>
<td>November 2017</td>
<td>May 2017</td>
<td>2025</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Vision Therapy &amp; Rehabilitation</td>
<td>SUNY State College of Optometry, NYC</td>
<td>1974</td>
<td>4</td>
<td>November 1977</td>
<td>April 2017</td>
<td>2025</td>
<td>1</td>
<td>179</td>
</tr>
<tr>
<td>Vision Therapy &amp; Rehabilitation</td>
<td>EyeCare Associates</td>
<td>2017</td>
<td>1</td>
<td>April 2018</td>
<td>April 2018</td>
<td>2026</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Combined Residency/Graduate Program</td>
<td>SUNY State College of Optometry, NYC</td>
<td>2016</td>
<td>2</td>
<td>March 2018</td>
<td>November 2017</td>
<td>2025</td>
<td>22</td>
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<td><strong>TOTAL:</strong></td>
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<td></td>
<td><strong>870</strong></td>
</tr>
</tbody>
</table>

Total SUNY Trained Residents (includes all active & inactive programs, also includes Class of 2020) as of June 30, 2020: 936
### Former SUNY State College of Optometry Affiliated Residency Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Established</th>
<th>Accreditation/ Re-accreditation Date</th>
<th>Order of Establishment</th>
<th>Completed Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice Optometry</td>
<td>Keller Army Community Hospital, West Point, NY</td>
<td>1987</td>
<td>No longer SUNY affiliated</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discontinued: Nov 15, 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Practice Optometry</td>
<td>Belvis Diagnostic &amp; Treatment Center, Bronx, NY</td>
<td>1993</td>
<td>No longer SUNY affiliated</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discontinued: June 30, 2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Optometry</td>
<td>Coler Memorial Hospital Roosevelt Island, NY</td>
<td>1996</td>
<td>No longer SUNY affiliated</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discontinued: June 30, 1997</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed Care Family Practice</td>
<td>Kaiser Permanente, VA</td>
<td>1995</td>
<td>No longer SUNY affiliated</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(last SUNY resident June 30, 1997)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocular Disease</td>
<td>OMNI Eye Services Iselin, NJ</td>
<td>1992</td>
<td>No longer SUNY affiliated</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(last SUNY resident June 30, 1998)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocular Disease/ Refractive &amp; Ocular Surgery</td>
<td>OMNI Eye Specialists, Baltimore, MD</td>
<td>1998</td>
<td>No longer SUNY affiliated</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(last SUNY resident June 30, 2003)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>Genesee Valley Group Health Association or Joseph C. Wilson Health Center</td>
<td>1976</td>
<td>No longer SUNY affiliated</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discontinued: June 30, 1980</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>66</strong></td>
<td></td>
<td><strong>66</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total SUNY Trained Residents (includes all programs, active and inactive) as of June 30, 2020:** 936
## APPENDIX K:

### SUNY State College of Optometry

**Residency Program Mini-Directory 2020-2021**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Room</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Diane Adamczyk</td>
<td>Director of Residency Education</td>
<td>1114b</td>
<td>(212) 938-5820</td>
</tr>
<tr>
<td>Ms. Ramola Poonai</td>
<td>Office of Residency Education</td>
<td>1116b</td>
<td>(212) 938-5823</td>
</tr>
<tr>
<td>Ms. Fiona Dhrimaj</td>
<td>Media Center</td>
<td>323</td>
<td>(212) 938-5727</td>
</tr>
<tr>
<td>Ms. Guerda Fils</td>
<td>Assistant VP of Human Resources</td>
<td>931</td>
<td>(212) 938-5883</td>
</tr>
<tr>
<td>Dr. David Heath</td>
<td>President</td>
<td>1238</td>
<td>(212) 938-5650</td>
</tr>
<tr>
<td>Ms. Jacqueline Martinez</td>
<td>Associate Registrar</td>
<td>1128</td>
<td>(212) 938-5509</td>
</tr>
<tr>
<td>Ms. Liduvina Martinez-</td>
<td>VP for Clinical Administration</td>
<td>1028</td>
<td>(212) 938-4033</td>
</tr>
<tr>
<td>Gonzalez</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Michael McGovern</td>
<td>Chief Medical Officer</td>
<td>1028</td>
<td>(212) 938 - 4036</td>
</tr>
<tr>
<td>Ms. Jacqueline Sanchez</td>
<td>Managed Care Department</td>
<td>1025</td>
<td>(212) 938 - 5946</td>
</tr>
<tr>
<td>Dr. David Troilo</td>
<td>Vice President and Dean of Academic Affairs</td>
<td>1238</td>
<td>(212) 938 - 5658</td>
</tr>
<tr>
<td>Ms. Elaine Wells</td>
<td>Library Director</td>
<td>419</td>
<td>(212) 938 - 5691</td>
</tr>
<tr>
<td>Dr. Diane Calderon</td>
<td>Chief of Primary Care Services</td>
<td>745</td>
<td>(212) 938 - 5890</td>
</tr>
<tr>
<td>Dr. Daniella Rutner</td>
<td>Chief of Vision Rehabilitation Services</td>
<td>536</td>
<td>(212) 938 – 5834</td>
</tr>
<tr>
<td>Dr. Jennifer Gould</td>
<td>Chief of Advanced Care Services</td>
<td>639</td>
<td>(212) 938 – 4138</td>
</tr>
<tr>
<td>Dr. Eva Duchnowski</td>
<td>Section Chief of Contact Lens</td>
<td>838</td>
<td>(212) 938 – 4026</td>
</tr>
<tr>
<td>Dr. Deborah Amster</td>
<td>Section Chief of Pediatric</td>
<td>1023A</td>
<td>(212) 938 – 5857</td>
</tr>
<tr>
<td>Dr. Matthew Bovenzi</td>
<td>Assistant Chief of Adult Primary Care</td>
<td>728</td>
<td>(212) 938 – 5782</td>
</tr>
<tr>
<td>Dr. Amy Steinway</td>
<td>Assistant Chief of Adult Primary Care</td>
<td>924</td>
<td>(212) 938 - 5775</td>
</tr>
<tr>
<td>Information Technology</td>
<td>IT Help Desk</td>
<td>3rd Fl</td>
<td>(212) 938 – 5730/helpdesk@sunyopt.edu</td>
</tr>
</tbody>
</table>
## IN-HOUSE & AFFILIATED RESIDENCY PROGRAMS
### 2020-2021

<table>
<thead>
<tr>
<th>Residency/Location</th>
<th>Residents</th>
<th>Supervisor</th>
<th>Supervisor’s Phone/FAX/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cornea/Contact Lenses</strong>&lt;br&gt;SUNY Optometry&lt;br&gt;33 West 42nd St&lt;br&gt;New York, NY 10036</td>
<td>Linh Chieu (SUNY)</td>
<td>David Libassi, O.D.</td>
<td>(212) 938-5872 (phone)&lt;br&gt;<a href="mailto:dlibassi@sunyopt.edu">dlibassi@sunyopt.edu</a></td>
</tr>
<tr>
<td><strong>Community Health/Ocular Disease Optometry</strong>&lt;br&gt;NYC Health + Hospitals/Gotham Health&lt;br&gt;East New York&lt;br&gt;2094 Pitkin Avenue&lt;br&gt;Brooklyn, NY 11207</td>
<td>Liselotte Van Landegem (SUNY)</td>
<td>Lloyd Haskes, O.D.</td>
<td>(718) 240-0445 (phone)&lt;br&gt;718-240-0439 (FAX)&lt;br&gt;<a href="mailto:lhaskes@sunyopt.edu">lhaskes@sunyopt.edu</a></td>
</tr>
<tr>
<td><strong>Low Vision Rehabilitation</strong>&lt;br&gt;SUNY Optometry&lt;br&gt;33 West 42nd St.&lt;br&gt;New York, NY 10036</td>
<td>John Bui (Berkeley)</td>
<td>Rebecca Marinoff, OD</td>
<td>212-938-5937 (phone)&lt;br&gt;<a href="mailto:rmarinoff@sunyopt.edu">rmarinoff@sunyopt.edu</a></td>
</tr>
<tr>
<td><strong>Ocular Disease</strong>&lt;br&gt;SUNY Optometry&lt;br&gt;33 West 42nd St.&lt;br&gt;New York, NY 10036</td>
<td>Amanda Crane (SUNY)&lt;br&gt;Samantha Fung (Berkeley)&lt;br&gt;Kamila Mikos (SUNY)&lt;br&gt;Rachel Samouha (SUNY)</td>
<td>Sherry Bass, O.D.</td>
<td>(212) 938-5865 (phone)&lt;br&gt;<a href="mailto:sbass@sunyopt.edu">sbass@sunyopt.edu</a></td>
</tr>
<tr>
<td><strong>Ocular Disease</strong>&lt;br&gt;Fromer Eye Centers&lt;br&gt;3130 Grand Concourse Suite B6&lt;br&gt;Bronx, NY 10458</td>
<td>Grace To (SUNY)</td>
<td>Marina Su, OD</td>
<td>(718) 741-3200 (phone)&lt;br&gt;(646) 887-2940 (fax)&lt;br&gt;UES Location: 212-832-9228&lt;br&gt;Queens Location: 718-261-3366&lt;br&gt;<a href="mailto:Msu@fromereye.com">Msu@fromereye.com</a></td>
</tr>
<tr>
<td><strong>Ocular Disease</strong>&lt;br&gt;Atlantic Eye Physicians&lt;br&gt;279 Third Avenue,&lt;br&gt;Suite 204&lt;br&gt;Long Branch, NJ 07740</td>
<td>Stefanie Mirabella (SUNY)</td>
<td>Brian Hall, O.D.</td>
<td>(732) 222-7373 (phone)&lt;br&gt;<a href="mailto:Brian.hall.od@gmail.com">Brian.hall.od@gmail.com</a></td>
</tr>
<tr>
<td><strong>Primary Eye Care/Ocular Disease</strong>&lt;br&gt;Dept. of Veteran Affairs&lt;br&gt;New York Harbor Health Care System.&lt;br&gt;Optometry Section&lt;br&gt;Surgical Service 112&lt;br&gt;800 Poly Place</td>
<td>Nicole Mercho (SUNY)&lt;br&gt;Alyssa Tursi (SUNY)&lt;br&gt;Teresa Wei Chen (SUNY)&lt;br&gt;Angelica Ferri (SUNY)</td>
<td>Evan Canellos, O.D.</td>
<td>(718) 836-6600 Ext. 6497 (phone)&lt;br&gt;(718) 567-4078 (fax)&lt;br&gt;<a href="mailto:evan.canellos@med.va.gov">evan.canellos@med.va.gov</a></td>
</tr>
<tr>
<td>Location</td>
<td>Practice</td>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Brooklyn, NY 11209</td>
<td><strong>Pediatric Optometry</strong> SUNY Optometry 33 West 42nd Street New York, NY 10036</td>
<td>Margaret Overstreet (UAB) Lucas Wilson (Berkeley) Marilyn Vricella, O.D. (212) 938-4143 (phone) <a href="mailto:mvricella@sunyopt.edu">mvricella@sunyopt.edu</a></td>
<td></td>
</tr>
<tr>
<td>Bronx, NY 10457</td>
<td><strong>Pediatric Eye Care/Ocular Disease</strong> BronxCare Health System 1650 Selwyn Ave, Suite 1C Bronx, NY 10457</td>
<td>Olivia Bass (NECO) Tybee Eleff, O.D. Danielle Crane, O.D. <a href="mailto:teleff@bronxcare.org">teleff@bronxcare.org</a> <a href="mailto:dcrane@bronxcare.org">dcrane@bronxcare.org</a> (718) 960-2041 (phone)</td>
<td></td>
</tr>
<tr>
<td>Lyons, NJ 07939</td>
<td><strong>Primary Eye Care/Ocular Disease</strong> New Jersey Veterans Health Care System Eye Clinic 151 Knollcroft Road Lyons, NJ 07939</td>
<td>Esther Lee (NECO) Julianna Mola (NOVA) Maysoon Salem (ICO) Malinda Cafiero, O.D. (908) 647-0180, Ext. 4590 or 4512 (Lyons) or (973) 676-1000, Ext. 3917 (E Orange) <a href="mailto:malinda.cafiero@med.va.gov">malinda.cafiero@med.va.gov</a></td>
<td></td>
</tr>
<tr>
<td>Bronx, NY 10457</td>
<td><strong>Ocular Disease/Primary Care Optometry</strong> BronxCare Health System 1650 Selwyn Ave, Suite 1C Bronx, NY 10457</td>
<td>Asha Tadepalli (MCPHS) Julia Mai (SUNY) Tak-Man (Kim) Fung (SUNY) Luqian Liu (SUNY) Alanna Khattar, O.D. Tybee Eleff, O.D. (718) 960-2041 (phone) (718) 960-2045 (fax) <a href="mailto:AKhattar@bronxcare.org">AKhattar@bronxcare.org</a> <a href="mailto:teleff@bronxcare.org">teleff@bronxcare.org</a></td>
<td></td>
</tr>
<tr>
<td>Montrose, NY 10548</td>
<td><strong>Primary Eye Care/Ocular Disease</strong> The VA Hudson Valley Health Care System Mail Code 620-123 2094 Albany Post Road Optometry Service Montrose, NY 10548</td>
<td>Katrina Karpinski (MCPHS) Reshmi Kurup (SUNY) Debbie Ocampo (MCPHS) Sheena Patel (SUNY) Jean Jung, O.D. (914) 737-4400 x 3146 (phone) (914) 788-4373 <a href="mailto:jean.jung@va.gov">jean.jung@va.gov</a></td>
<td></td>
</tr>
<tr>
<td>Northport, NY 11768</td>
<td><strong>Primary Eye Care/Vision Therapy and Low Vision Rehabilitation</strong> DVA Medical Center 79 Middleville Road Optometry Services (123) Northport, NY 11768</td>
<td>Chand Sawhney Kataria (PCO) Harjot Kaur (PCO ’18) Alex Shin (NECO) Simrit Virk (SUNY) Shephali Patel, O.D. 631-261-4400 ext. 2136 (phone) Milly x 2038 (631) 266-6056 (fax) <a href="mailto:Shephali.Patel@va.gov">Shephali.Patel@va.gov</a></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10036</td>
<td><strong>Primary Eye Care Optometry</strong> SUNY Optometry 33 West 42nd Street New York, NY 10036</td>
<td>Mackenzie Bradley (SUNY) Mariya Klyuzner (SUNY) Susan Schuettenberg, O.D. (212) 938-4161 (phone) <a href="mailto:sschuettenberg@sunyopt.edu">sschuettenberg@sunyopt.edu</a></td>
<td></td>
</tr>
<tr>
<td>Vision Rehabilitation (Brain Injury) Optometry</td>
<td>Camille Silva (NECO)</td>
<td>M.H. Esther Han, O.D.</td>
<td>(212) 938 – 5879 (phone) <a href="mailto:mhan@sunyopt.edu">mhan@sunyopt.edu</a></td>
</tr>
<tr>
<td>Womack Army Medical Center</td>
<td>Aaron Peterson (UMSL ’15)</td>
<td>Winston Posvar, O.D.</td>
<td>(910) 643-1924 (phone) <a href="mailto:winston.b.posvar.mil@mail.mil">winston.b.posvar.mil@mail.mil</a></td>
</tr>
<tr>
<td>Dr. Irwin B. Suchoff Residency Program in Vision Therapy and Rehabilitation</td>
<td>Rebecca Aquije (SUNY) Shelley Clark (Houston) Rebecca Heaps (SUNY) Kevin Weber (SUNY)</td>
<td>Alexandria Tilley, O.D.</td>
<td>(212) 938-4160 (phone) <a href="mailto:atilley@sunyopt.edu">atilley@sunyopt.edu</a></td>
</tr>
<tr>
<td>Vision Therapy and Rehabilitation Residency EyeCare Associates</td>
<td>David Spengler (SUNY)</td>
<td>Randy Schulman, O.D.</td>
<td>(203) 394-2722 (phone) <a href="mailto:drrandyschulman@gmail.com">drrandyschulman@gmail.com</a> 203-374-2020 (Trumball) 203-255-4005 (Southport) 203-840-1991 (Norwalk)</td>
</tr>
<tr>
<td>Combined Optometry Residency &amp; Graduate Degree in Vision Science</td>
<td>Carol Lin (SUNY) Expected Completion date 6/30/22</td>
<td>Joan Portello, O.D.</td>
<td>(212) 938-4170 (phone) <a href="mailto:jportello@sunyopt.edu">jportello@sunyopt.edu</a></td>
</tr>
<tr>
<td>Woodhull Medical Center</td>
<td></td>
<td>Daria Borah, O.D.</td>
<td>718-963-8603 (phone) <a href="mailto:dborah@sunyopt.edu">dborah@sunyopt.edu</a></td>
</tr>
</tbody>
</table>

**Updated 8-19-20**

SUNY in-house resident title is Clinical Assistant Instructor
SUNY affiliated resident title is Adjunct Clinical Assistant Instructor
APPENDIX L1: Requirements for Completion of Residency Program

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

* Minimum attendance 35 hours of Optional Friday Program Lectures (Affiliated Program)
  45 hours of Optional Friday Program Lectures (SUNY salaried Program)
  Residents involved in the Combined Residency/Graduate Program and Womack may receive approved credit from comparable programs offered either in the graduate program or local to Womack.

* Core Curriculum Requirements of Friday Didactic Program. Mandatory Attendance to:
  * Public Speaking Workshop
  * Writer’s Workshop I (Evidence Based Principles & Poster Writing)
  * Writer’s Workshop I (Writing a Paper)
  * Writer’s Workshop II (Editorial Review of Resident Paper)
  * Practice Management Workshop

* Summer Friday Programs required for SUNY salaried residents

* Minor Presentation (20 minutes)

* Minimum attendance 9 minor presentations (may include own)

* Major Presentation (50 minute equivalent 1 hour COPE approve lecture)

* Minimum attendance for Major Presentation is the maximum number of presentation over the two days

* Publishable quality paper (with Supervisor signature of approval and Editorial Reviewer’s approval)

* Submission of supervisor evaluations to Director of Residency Education

* Maintenance of patient logs, activity log, and faculty evaluations (to Supervisor)

* Meeting professional and clinical responsibilities

* Meet advanced competencies as delineated by individual program

* Fulfillment of terms of employment

* Any program specific requirements, attendance, and satisfactory clinical and professional achievements
## APPENDIX L2:
### Completion Form for Residency Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Supervisor</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attendance Requirement</strong> (Residency Director signs off when requirement is met)</td>
<td></td>
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<tr>
<td>Minor Presentation (9)</td>
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<tr>
<td>Major Presentation (16)</td>
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<tr>
<td>Grand Rounds (35 credits Affiliated Programs)</td>
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<tr>
<td>(45 credits SUNY salaried Programs, including Combined Residency/Graduate Prog)</td>
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<tr>
<td>Core Didactic Curriculum –</td>
<td></td>
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</tr>
<tr>
<td>Writer’s Workshop I (Evidence Based Principles &amp; Poster Writing)</td>
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<tr>
<td>Writer’s Workshop I (Writing a Paper)</td>
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<tr>
<td>Writer’s Workshop II (Editorial Review)</td>
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<tr>
<td>Speaker’s Workshop</td>
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<tr>
<td>Business Workshop</td>
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<tr>
<td>Summer Friday Program attendance required for SUNY salaried residents</td>
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<tr>
<td><strong>Presentations</strong> (Residency Director signs off when requirement is met)</td>
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<tr>
<td>Minor (20 Minutes)</td>
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<tr>
<td>Major (50 Minutes)</td>
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<tr>
<td><strong>Publishable Quality Paper</strong> (Residency Director signs off when requirement is met)</td>
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<tr>
<td>Supervisor’s Approval</td>
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<tr>
<td>Editorial Review Instructor’s Approval</td>
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<tr>
<td>Final Paper</td>
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<tr>
<td><strong>Evaluations of Resident by Supervisor</strong> (Residency Director signs off when requirement is met)</td>
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<tr>
<td>4 Quarterly Evaluations</td>
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<tr>
<td><strong>Meditrek Evaluation of Supervisor</strong> (Residency Director signs off when requirement is met)</td>
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<tr>
<td>Mid-year and Year-end evaluation of Supervisor</td>
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<tr>
<td><strong>Exit Survey for Resident</strong> (Residency Director signs off when requirement is met)</td>
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<tr>
<td><strong>Maintenance and Completion of Workload</strong></td>
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<tr>
<td>Meditrek Patient Logs (<strong>Residency Supervisor signs off when requirement is met</strong>)</td>
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<tr>
<td>Completion of Meditrek Activity Log throughout the year (<strong>Residency Supervisor signs off to indicate resident completed Activity Log for all quarters</strong>)</td>
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<tr>
<td>Completion of Faculty Evaluations on Meditrek (**Residency Supervisor signs off to indicate resident completed faculty evaluations throughout the year)</td>
<td></td>
<td></td>
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<tr>
<td>Resident has met all Advanced Competencies (**Residency Supervisor signs off to indicate all advanced competencies were met by the resident)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident has met all MGO (**Residency Supervisor signs off when resident met MGO requirements)</td>
<td></td>
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<tr>
<td>Any Program Specific Requirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulfillment of terms of Employment (<strong>Residency Supervisor signs off when requirement is met</strong>)</td>
<td></td>
<td></td>
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<tr>
<td>Completion of all Professional and Clinical Responsibilities (<strong>Residency Supervisor signs off when requirement is met</strong>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Affiliated Supervisors: Proof that Resident has obtained a state license to practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– indicate State for License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of all Clinical Administration Paperwork/Requirements (<strong>Residency Supervisor signs off when requirement is met after consulting Clinical Admin – for in-house residents only)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Updated 7-15-2020*
### APPENDIX M:

**Deadlines for Residency Program Requirements**  
July 1, 2020 – June 30, 2021

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Major Presentation &amp; Paper</td>
<td>December 1, 2020</td>
</tr>
<tr>
<td>Outline of Major Presentation and CV</td>
<td>February 1, 2021</td>
</tr>
<tr>
<td>Evaluation of Program Supervisor (First half)</td>
<td>January 15, 2021</td>
</tr>
<tr>
<td>Discuss with Supervisor Paper Draft (Supervisor may set an earlier deadline)</td>
<td>February 1, 2021</td>
</tr>
<tr>
<td>Proof of COPE Application Completed for Majors &amp; Handout for Major Presentation (sent to CE)</td>
<td>February 22, 2021</td>
</tr>
<tr>
<td>Final Paper (Publishable Quality) to Office of Residency Education</td>
<td>April 15, 2021</td>
</tr>
<tr>
<td>(with signed Supervisor’s Approval, submitted for Writer’s Workshop II/Editorial Review)</td>
<td></td>
</tr>
<tr>
<td>(Any revisions recommended at Writer’s Workshop II/Editorial Review will be due 1 week after Review)</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Program Supervisor (Final)</td>
<td>June 11, 2021</td>
</tr>
</tbody>
</table>
Appendix N: SUNY, State College of Optometry
Residency Program Information Sheet
Prospective Candidates (2021-2022)

Compensation:
- SUNY Salaried Programs: $41,610 (includes location stipend)
- SUNY Combined Residency & Graduate Program: $41,610 (includes location stipend)
- VA-Based Programs: $40,237 (includes location stipend)
- BronxCare Based Residency Programs: $41,610
- Former Eye Centers/Atlantic Eye Physicians: $41,000
- Military Based Residency Program: Military Pay
- EyeCare Associates: $40,000

Duration:
- For Residency: July 1 - June 30
- For Combined Residency & Graduate Program: 1 year residency equivalent over 2 years

Weekly Hours:
- SUNY Salaried Programs: 40 hours (includes Saturday)
- VA/BronxCare/Former Eye Centers/ EyeCare Associates/ Atlantic Eye Physicians: 40 hours
- Military Based Residency Program: 45 hours

On-call Responsibilities:
- *Hudson Valley VA: WHEN (Weekends, Holidays, Evenings, Nights) - rotating monthly basis with other residents/*Northport VA: 1-2 weeks per month/*Former Eye: 2 months per year rotating monthly Mon-Fri/*BronxCare: 3-4 days per month, rotating basis/*SUNY Salaried Programs: Approximately 4 weeks per year rotating with other residents. Currently SUNY on-call consists of phone triage/*EyeCare Associates: once monthly/*Atlantic Eye Physicians: 8 weeks per year on a rotating schedule

Benefits:

<table>
<thead>
<tr>
<th></th>
<th>Sick</th>
<th>Annual</th>
<th>Regular</th>
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<tbody>
<tr>
<td>SUNY Residencies</td>
<td>1.25 days/month</td>
<td>1.25 days/month</td>
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<tr>
<td>SUNY Combined Residency &amp; Graduate Program</td>
<td>5 days/year</td>
<td>7 days/year</td>
<td></td>
</tr>
<tr>
<td>Military</td>
<td></td>
<td>15 days/year</td>
<td></td>
</tr>
<tr>
<td>Atlantic Eye Physicians, NJ</td>
<td>13 days/year*</td>
<td>13 days/year*</td>
<td>29 day/year</td>
</tr>
<tr>
<td>VA</td>
<td></td>
<td>15 days/year</td>
<td></td>
</tr>
<tr>
<td>BronxCare Residencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former Eye</td>
<td>1.25 days/month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EyeCare Associates, CT</td>
<td>2 days/year</td>
<td>14 days/year</td>
<td></td>
</tr>
</tbody>
</table>

*Time accrued during each pay period. Amount shown represents yearly accrual

Health Benefits: Health benefits provided for all residents based on site specific/local policy

Professional Liability: Provided by individual residency sites

Requirements for SUNY & SUNY Affiliated Residency Programs:
- General requirements for all Residency Programs:
  * OD degree from an Accreditation Council on Optometric Education accredited school or college of optometry
  * Successful completion of Parts 1, 2, 3 with TMOD of the National Board of Examiners in Optometry
  * Prospective residents on a F1 visa should apply for an OPT visa 90 days prior to date of graduation & provide proof of application
- SUNY salaried programs & non VA/Military Affiliated programs:
  * State Licensure (state where residency program is based) obtained prior to or by July 1 program start date
  * For Combined Residency & Graduate Program: Must also meet Graduate Program requirements
  * All persons appointed to the staff of the SUNY College of Optometry are required to provide, on the first day of work, written documentation that they have authorization to work in the United States.
- Veteran Administration/Military:
  * United States Citizen (unless it is a without compensation position at the Hudson Valley VA)
  * Licensed Optometrist for Military based residency
  * Licensure before completion (June 30) of the VA residency

Note: Applicants are encouraged to have completed boards with results prior to ORMatch.

Requirements for Completion of Program:
- Fulfillment of the academic obligation/didactic component
- Present a minor (20 minute) and a major (50 minute equivalent 1 hour COPE approve lecture) presentation
- Publishable quality paper
- Maintenance and completion of supervisor evaluation, patient logs, etc.
- Meeting professional and clinical responsibilities
- Meet advanced competencies as delineated by individual program
- Fulfillment of terms of employment
- Any program specific requirements, attendance, and satisfactory clinical and professional achievements

SUNY’s “Friday Program”: A Unique Feature of SUNY Residency
Unique to SUNY residency programs is the “Friday Program,” or didactic program that includes various topical presentations, workshops and grand rounds. Residents from all programs, including affiliate and SUNY-salaried, participate in this program. These programs are usually scheduled on Fridays, but may be scheduled on other days of the week depending on lecture schedule and lecturers’ availability.

For more information, please visit our website at http://www.sunyopt.edu/education/academics/residency_programs
<table>
<thead>
<tr>
<th>Residency Program Name</th>
<th>Supervisor</th>
<th>Contact Information</th>
<th># of Positions</th>
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<tbody>
<tr>
<td>Cornea/Contact Lens, SUNY (NY, NY)</td>
<td>D. Libassi, OD</td>
<td><a href="mailto:dlibassi@sunyopt.edu">dlibassi@sunyopt.edu</a></td>
<td>1</td>
</tr>
<tr>
<td>Community Health/Ocular Disease, NYC Health + Hospitals/Gotham Health East New York/SUNY (Brooklyn, NY)</td>
<td>L. Haskes, OD</td>
<td><a href="mailto:lhaskes@sunyopt.edu">lhaskes@sunyopt.edu</a></td>
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<tr>
<td>Low Vision Rehabilitation, SUNY (NY, NY)</td>
<td>R. Marinoff, OD</td>
<td><a href="mailto:rmarinoff@sunyopt.edu">rmarinoff@sunyopt.edu</a></td>
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<tr>
<td>Ocular Disease, SUNY (NY, NY)</td>
<td>S. Bass, OD</td>
<td><a href="mailto:sbass@sunyopt.edu">sbass@sunyopt.edu</a></td>
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<tr>
<td>Ocular Disease, Fromer Eye Centers (Bronx, NY)</td>
<td>M. Su, OD</td>
<td><a href="mailto:msu@fromereye.com">msu@fromereye.com</a></td>
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</tr>
<tr>
<td>Ocular Disease, Atlantic Eye Physicians (Long Branch, NJ)</td>
<td>B. Hall, OD</td>
<td><a href="mailto:Brian.hall.od@gmail.com">Brian.hall.od@gmail.com</a></td>
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</tr>
<tr>
<td>Primary Eye Care/Ocular Disease, Harbor Health VA (Brooklyn NY)</td>
<td>E. Canellos, OD</td>
<td><a href="mailto:Evan.canellos@va.gov">Evan.canellos@va.gov</a></td>
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<tr>
<td>Pediatric Optometry, SUNY (NY, NY)</td>
<td>M. Vricella, OD</td>
<td><a href="mailto:mvricella@sunyopt.edu">mvricella@sunyopt.edu</a></td>
<td>2</td>
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<tr>
<td>Pediatric/Ocular Disease, BronxCare Health System (Bronx, NY)</td>
<td>T. Eleff, OD</td>
<td><a href="mailto:teleff@bronxcare.org">teleff@bronxcare.org</a></td>
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</tr>
<tr>
<td>Primary Eye Care/Ocular Disease, New Jersey VA (Lyons, NJ)</td>
<td>M. Cafiero, OD</td>
<td><a href="mailto:malinda.cafiero@va.gov">malinda.cafiero@va.gov</a></td>
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<tr>
<td>Ocular Disease/Primary Care Optometry, BronxCare Health System (Bronx, NY)</td>
<td>A. Khattar, OD</td>
<td><a href="mailto:akhattar@bronxcare.org">akhattar@bronxcare.org</a></td>
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<tr>
<td>Primary Eye Care/Ocular Disease, VA Hudson Valley (Montrose, NY)</td>
<td>J. Jung, OD</td>
<td><a href="mailto:Jean.jung@va.gov">Jean.jung@va.gov</a></td>
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</tr>
<tr>
<td>Primary Eye Care/Vision Therapy and Low Vision Rehabilitation, Northport VA (Northport, NY)</td>
<td>S. Patel, OD</td>
<td><a href="mailto:Shephali.patel@va.gov">Shephali.patel@va.gov</a></td>
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</tr>
<tr>
<td>Primary Eye Care, SUNY (NY, NY)</td>
<td>S. Schuettenberg, OD</td>
<td><a href="mailto:sschuettenberg@sunyopt.edu">sschuettenberg@sunyopt.edu</a></td>
<td>2</td>
</tr>
<tr>
<td>Dr. Irwin B. Suchoff Residency Program in Vision Therapy &amp; Rehabilitation, SUNY (NY, NY)</td>
<td>A Tilley, OD</td>
<td><a href="mailto:atilley@sunyopt.edu">atilley@sunyopt.edu</a></td>
<td>4</td>
</tr>
<tr>
<td>Vision Therapy &amp; Rehabilitation, EyeCare Associates (Southport, CT)</td>
<td>R. Schulman, OD</td>
<td><a href="mailto:Drrandyschulman@gmail.com">Drrandyschulman@gmail.com</a></td>
<td>1</td>
</tr>
<tr>
<td>Vision Rehabilitation (Brain Injury) SUNY (NY, NY)</td>
<td>M. E. Han, OD</td>
<td><a href="mailto:mhan@sunyopt.edu">mhan@sunyopt.edu</a></td>
<td>1</td>
</tr>
<tr>
<td>Vision Rehabilitation (Brain Injury), Womack Army Medical Center (Fort Bragg, NC) (Military selection not through ORMatch)</td>
<td>W. Posvar, OD</td>
<td><a href="mailto:winston.b.posvar.mil@mail.mil">winston.b.posvar.mil@mail.mil</a></td>
<td>1</td>
</tr>
<tr>
<td>Combined Optometry Residency &amp; Graduate Degree in Vision Science SUNY (NY, NY) (see separate sheet for program specific application process, program specific completion requirements and program specific benefits)</td>
<td>J. Portello, OD</td>
<td><a href="mailto:jportello@sunyopt.edu">jportello@sunyopt.edu</a></td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix O (Meditrek Information):

MEDITREK SYSTEM OVERVIEW

1.0 MEDITREK

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

1.1 SYSTEM REQUIREMENTS

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

1.2 WEBSITE

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

1.3 HOME PAGE

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

1.5 LOGON, LOGOUT

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

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

To log out of the System, please close your browser completely.
Appendix O (Meditrek Information) cont.:

**Supervisor’ Guide**  
**MEDITREK SYSTEM OVERVIEW**

**Introduction**

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

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

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

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

**Logging In**

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

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

**Logging Out**

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

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

**Internet Portal**

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

**Due Evaluation Table**

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

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

**Pending Procedures**

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

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

- **View Your Master Schedule** – A list of all of your scheduled evaluations, completed or not, for the current academic year.

- **Access Non-Scheduled Forms** – forms that are not used according to a schedule will be listed here. Your residency office should be able to tell you whether you need to use these forms, and if so, when.

Evaluations

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

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

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

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

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

Site Specific

Resident_________________________  Program__________________________ Date____________

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

1. A copy of or access to the Site’s Policies and Procedures Manual _______initial
2. Clinical practice protocols _______initial
3. Infection control _______initial
4. Facility safety policies _______initial
5. A copy of the Program’s
   a. Curriculum _______initial
   b. Missions, Goals, and Objectives _______initial
   c. Advanced Competencies _______initial
6. Program requirements (specific for the site) _______initial
7. Provided state optometry license from state in which program is located _______initial
   (for SUNY, Fromer, Atlantic Physicians, EyeCare Associates & BronxCare based Programs)
   OR
   Provided a State optometry license (for VA or Womack Programs) _______initial
8. Instructions for activity log _______initial

Please submit to Program Supervisor.

Program Supervisor Signature: __________________________ Date: __________
Resident Orientation Plan  
SUNY State College of Optometry

Resident_________________________  Program__________________________ Date____________

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

1. SUNY Residency Manual _______initial
   a. Policy on counseling, remediation, and dismissal of the resident _______initial
   b. Policy on receiving, adjudicating, and resolving resident complaints _______initial
   c. Policy on due process provided to the resident on adverse decisions _______initial
   d. Criteria used to assess your performance (included in quarterly Resident evaluations) _______initial

2. The Residency program's academic calendar, program start/end date, and significant deadlines for program requirements _______initial

3. Program Completion requirements _______initial

4. Instructions for activity log _______initial

5. Instructions for patient log. _______initial

Please submit to Director of Residency Education.

Office of Residency Education: ____________________________ Date: ____________________
### Appendix Q:

Resident Leave Request and Timesheet Policy (SUNY Salaried Positions)

1. **Planned Leave (Annual, Sick & Administrative) Requests:**

   **Protocol For Submission of Resident Leave Requests**

1) The Resident will complete a separate leave request for each clinical service (Primary Care, Advanced Care, Vision Rehab, Woodhull, etc) if the leave being requested involves more than one service. No longer should clinics in multiple services be listed on a single leave request form.

2) The Resident should then bring the leave request(s) to their individual Residency Supervisor for their permission to miss a clinic session as it relates to or impacts their educational program. If approved, the Residency Supervisor will sign or initial in the column labeled “Notification” *next to the day(s) requested. If **educational leave is being requested**, Dr. Adamczyk should also sign off on the request after the Supervisor.

3) Once the Residency Supervisor has approved the leave request, the Resident should bring the request(s) to the appropriate Service Chiefs for their decision on approving or denying the request. The signature of the Service Chief indicates final approval of the leave request.

4) If approved, the Service Chief(s) will then give the leave request to their Clinic Manager so that the schedules can be adjusted as necessary. The Clinic Manager will then initial in the “Coverage” box **on the form.**

5) The completed leave request form will then be sent to Clinical Administration by the Clinic Manager.

---

**Form Image:**

[Image of the form used for submitting leave requests, showing columns for Day, Change to Schedules, Where Scheduled, Time from/to, State Specific Place, and Coverage.]

**Chief of Service Signature**
2. **Unplanned Sick Leave**

Individuals who report sick at the beginning of a work day are **required** to notify Clinical Administration and **must** personally speak with the administrative assistant in charge of attendance (i.e., voicemails and emails are not acceptable). For unplanned absences between Monday and Friday, all calls must be directed to Clinical Administration at 212-938-4030 between 8:00 a.m. and 9:00 a.m.; for unplanned absences on Saturday, individuals must call the 7th floor front desk at 212-938-4130 between 8:30 a.m. and 9:00 a.m. In addition, the service chief(s) and clinical attending(s) (if applicable) the resident is assigned to for that day must be emailed (or texted if possible) by the resident as soon as they are aware they will be out.

If an individual requests the use of sick leave accruals, the individual may be required to provide medical documentation. In the event that medical documentation does not substantiate the claim of illness, the absence will be viewed as unauthorized and **without pay**. Clinical Administration may require supporting documentation for any request for the use of sick leave.

3. **Resident Timesheet**

At the end of each month, the resident should complete their time sheet and have the supervisor of the residency program review and approve it with their signature under the resident's signature. The time sheet should then be given to Senior Staff Assistant of Residency Education, before the 5th of the month. The resident can retain the pink sheet as a copy for their files. The Office of Residency Education will then send it to Payroll on or before the 10th of the month. Timely completion of the time sheet is important for processing.

4. **Saturday Attendance/Leave Guidelines (SUNY Salaried Positions)**

For annual leave requests involving Saturdays, the resident needs to inform Dr. Diane Calderon for Primary Care, Dr. Daniella Rutner for Vision Rehab, Dr. Deborah Amster for Pediatrics, or Dr. Eva Duchnowski for Contact Lens at least four weeks prior to the date requested. The resident will be required to generate the paper leave request form and obtain appropriate signatures (chief and program supervisor).

No more than one resident is permitted to be out per Saturday per service. Exceptions will be looked at on an individual basis, particularly as it applies to attendance to professional meetings (eg. COVD, AAO).

Each resident is allowed no more than one Saturday off per quarter that they are scheduled. Additional Saturdays off **MAY** be approved if a switch with another resident is made. Exceptions may be looked at on an individual basis.

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

Administrative leave requests for major meetings are reviewed on an individual basis.
### Appendix R:

#### Incoming Residents’ Information

Residency Program: ________________________

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Resident Name</th>
<th>Permanent Address</th>
<th>Email Address</th>
<th>Phone #</th>
<th>Gender</th>
<th>Age</th>
<th>NYS Resident Y/N</th>
<th>Non-US Resident* Y/N</th>
<th>Authorized to work in US Y/N</th>
<th>GPA</th>
<th>NEBO I</th>
<th>NEBO II</th>
<th>NEBO III</th>
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<th>Optometry School</th>
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*Non-US resident - Canadian, Chinese, etc

#### Applicant Data for Residency Position(s)

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<tr>
<th>Program Name</th>
<th>Total # of Applicants</th>
<th># of Non-US Applicants</th>
<th># of Non-US Applicants who attended American optometry schools</th>
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<tbody>
<tr>
<td>Illinois College of Optometry</td>
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<td>Indiana University School of Optometry</td>
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<td>InterAmerican University of Puerto Rico School of Optometry</td>
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<tr>
<td>Massachusetts College of Pharmacy &amp; Health Sciences</td>
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<tr>
<td>Michigan College of Optometry at Ferris State University</td>
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<td>Midwestern University Arizona College of Optometry</td>
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<td>New England College of Optometry</td>
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<td>Northeastern State University Oklahoma College of Optometry</td>
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<td>Pacific University College of Optometry</td>
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<td>Pennsylvania College of Optometry at Salus University</td>
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<td>Southern California College of Optometry</td>
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<tr>
<td>State University of New York College of Optometry</td>
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<tr>
<td>The Ohio State University College of Optometry</td>
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<tr>
<td>University of Alabama at Birmingham School of Optometry</td>
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<td>University of California Berkeley School of Optometry</td>
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<td>University of Houston College of Optometry</td>
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<td>University of Missouri at St Louis College of Optometry</td>
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<td>University of the Incarnate Word Rosenberg School of Optometry</td>
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<td>University of Waterloo School of Optometry</td>
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<tr>
<td>Universite de Montreal</td>
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<tr>
<td>Western University of Health Sciences School of Optometry</td>
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</tbody>
</table>

### Updated July 2017
Appendix S:

On-Call for SUNY Salaried Residents
Resident Telephone Triage Protocol

Policy: University Eye Center offers patients telephone triage for emergency care on holidays, weekends or other times when the center is closed.

Procedure:

- After hours, phone calls are answered by the answering service.
- Answering service contacts the telephone triage practitioner providing patient name, date of birth and contact number.
- The telephone triage practitioner contacts the patient and determines the appropriate course of action. Prior to resident emancipation, the supervising attending must be contacted to discuss the case.
- The telephone triage practitioner will make a telephone communication note in the EHR (within 24 hours) that includes the following:
  - Date/Time of call
  - Problem
  - Action Taken
  - Follow-up needed

The supervising attending is responsible for entering the note in the EMR until the resident on call has been emancipated. If the patient is advised to come to the UEC, the Chief and manager of the Service the patient is referred to should be notified via email. Security should be made aware that the patient is expected either via email or a call on the day the patient is expected.

**REMEMBER – there is no clinic on Tuesday mornings. If the patient must be seen on Tuesday morning the triage practitioner must make arrangements for the patient to receive care. If the triage provider has an assignment at an outside location, they are responsible for finding another resident/practitioner to provide the care on Tuesday morning**

Telephone Triage Assignments and Responsibilities:
The Chief Medical Officer of the UEC is responsible for oversight of Emergency Telephone Triage. The Chief Medical officer (or their designee) will create the Telephone Triage Schedule and monitor emergency care activities. Any issues or problems encountered during telephone triage should be brought to the attention of the Chief Medical Officer as soon as possible.

Telephone triage assignments are one week rotations, beginning and ending at noon on the day/dates specified. (Specific day of the week may be subject to change). The UEC will provide a cellular phone which the resident assigned to telephone triage will use to receive and respond to emergency calls.

The phone must be on and available for calls from 6pm through 8am every day except Tuesday. On Tuesday, the phone must be on and available from 6pm Monday night until 11am Tuesday morning. If there are any emergency calls that require consultation with a provider before clinic hours, the call center will call the resident on call.

All SUNY-salaried residents will participate in the phone triage. The telephone triage schedule will be divided as equally as possible amongst all the residents. A supervising attending (Service Chief, Assistant Service Chief or Section Chief) will be assigned to the resident and will be available for consultation.
Both the telephone triage resident and supervising attending must be available by phone at all times during their telephone triage rotation. Consultation with the telephone triage attending must occur for all emergency calls until the resident is emancipated and as needed once emancipated. All information in the electronic health record must be cosigned by the telephone triage attending when the call is taken by the resident when prior to the resident emancipation.

Schedule Changes and Coverage:
In the event that the telephone triage practitioner (resident and/or attending) is unable to be available for their assignment, it is the individual’s responsibility to find coverage during this period. The resident must find alternate coverage with another resident, and the telephone triage attending must arrange for alternative coverage with one of the other telephone triage attendings.
Any changes to the schedule must be communicated to all parties involved (resident, attending) and to Dr. Gould to ensure an up to date schedule is maintained.

**Telephone Triage Attendings**

Dr. Jennifer Gould  
Chief of Advanced Care Services  
Office: 212-938-4138  
Mobile: 810-423-6247

Dr. Eva Duchnowski  
Section Chief of Contact Lenses  
Office: 212-938-4026  
Mobile: 917-922-0074

Dr. Diane Calderon  
Chief of Adult and Pediatric Primary Care  
Office: 212-938-5890  
Mobile: 917-553-2541

Dr. Matthew Bovenzi  
Assistant Chief of Adult Primary Care  
Office: 212-938-5782  
Mobile: 585-410-5352

Dr. Amy Steinway  
Assistant Chief of Adult Primary Care  
Office: 212-938-5775  
Mobile: 602-614-8399

Dr. Deborah Amster  
Section Chief of Pediatrics  
Office: 212-938-5857  
Mobile: 786-897-6574

Dr. Daniella Rutner  
Chief of Vision Rehabilitation  
Office: 212-938-5834  
Mobile: 917-753-1595

UEC telephone triage phone number (Residents Phone) 646-415-2623
The phone is a “pay-as-you-go” cell phone. To ensure that service is not interrupted due to lack of funds *please check the phone status weekly*. A text is sent after every phone call indicating the remaining balance. If the balance falls below $10, please contact Rob Pellot and he will add more money to the phone.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>The New York Eye and Ear Infirmary of Mount Sinai Urgent Care Services</td>
<td>310 E. 14th Street (Second Avenue) New York, NY 10003</td>
<td>(212) 979-4192 Note: Patients with urgent eye related conditions that require immediate attention, between the hours of <strong>9:30 PM and 7:00 AM</strong>, should proceed to the Mount Sinai Beth Israel Emergency Department at 16th St. and 1st Avenue</td>
</tr>
<tr>
<td>Bellevue Hospital Center Emergency Room (open 24/7)</td>
<td>462 First Avenue New York, NY 10016</td>
<td>General Information: (212) 562-4141 Appointments: (212) 562-5555</td>
</tr>
<tr>
<td>New York Hospital (Manhattan) Hours: 8:00 - 5:00pm</td>
<td>222 E 41st Street (3rd and 4th floors) New York, NY 10017</td>
<td>(212) 263-2573</td>
</tr>
<tr>
<td>New York Hospital (Queens) Emergency Room (open 24/7)</td>
<td>56-45 Main Street Flushing, NY 11355</td>
<td>Adult Emergency Department (718) 670-1100 Pediatric Emergency Department (718) 670 - 1947</td>
</tr>
<tr>
<td>University Hospital of Brooklyn (SUNY Downstate) Emergency Room (open 24/7)</td>
<td>470 Clarkson Avenue Brooklyn, NY 11203</td>
<td>Main number (718) 270-1000</td>
</tr>
<tr>
<td>Bronx Care Health System Emergency Room (open 24/7)</td>
<td>1650 Grand Concourse Bronx, NY 10457</td>
<td>Adult Emergencies 718-518-5046 Pediatric Emergencies 718-518 -5110</td>
</tr>
</tbody>
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