



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

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

**MANUAL OF PROCEDURES FOR  
RESIDENCY PROGRAMS**

**2017-2018**

Rev. July 20, 2017

**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

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

**Manual of Procedures for Residency Programs**

**I. Introduction**

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

**Mission:**

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

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

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

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

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

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

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

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

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

**Objective 2: Provide residency programs 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 themselves as supervisors.**

**Goal 5: To have a well-qualified residency director to provide assistance and direction to the programs in**

the areas of accreditation, education, growth and recruitment.

Objective 1: The residency Director or a representative will attend recruitment meetings 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 educational component provided and work with the residency supervisor to assure and maintain the highest quality program, including its educational component.

Goal 6: To provide educational support to the residents.

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

Objective 2: To provide funding 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, Family Practice Optometry, Primary Eye Care, Pediatric Optometry, Low Vision Rehabilitation, Vision Rehabilitation (Neuro-Optometric Rehabilitation) and Vision Therapy and Rehabilitation and a Combined Residency/Graduate Degree Program. Program sites include East New York Diagnostic and Treatment Center, SUNY College of Optometry, Womack Medical Center at Fort Bragg, NC, Bronx-Lebanon Hospital Center, 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:

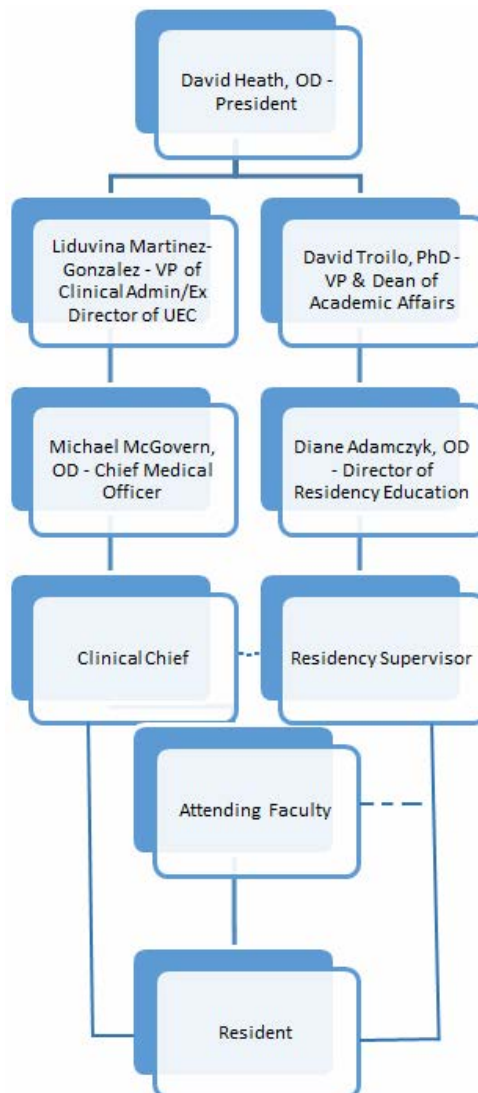
The College, in conjunction with the Program Supervisor is responsible for the quality and policy making of the curricular content of its residency programs. Residency Program Supervisors are directly responsible for each individual program's clinical, didactic and curriculum components. In all residencies, 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)

**President**  
**Vice President and Dean of Academic Affairs**  
**Director of Residency Education**  
**Residency Program**  
**Supervisors**  
**Residents**

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 in particular.
- B. Students are informed of the commitment SUNY Optometry has made to residencies. The Director of Residency Education gives a presentation on residencies to the first and third year classes.
- C. Residency Supervisors discuss their programs with prospective candidates including interns/externs rotating through their clinics.
- D. Descriptions of each residency program and application guidelines have been incorporated into the residency website and a 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](http://www.sunyopt.edu/education/academics/residency_programs)
- F. In addition, the college advertises all programs in a publication such as in the AOSA Foresight publication in the fall.
- G. When possible, the Director of Residency Education, or a representative of the residency programs will attend recruitment initiatives held at national meetings (eg. The American Academy of Optometry, American Optometric Student Association).

## IV. **Application Procedure**

### A. Eligibility

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

### B. Process

Candidates must follow the guidelines established by the ORMatch. This matching service is utilized for all affiliated programs (Except for military sponsored programs, specifically, Womack Residency program. Please refer to the website <http://www.wamc.amedd.army.mil/HealthcareServices/SitePages/Optomtery.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 application instructions, as provided by the ORMatch website is as follows:

(Information current as of July 10, 2017, applies for 2016-17)

1. Contact the supervisors of the programs that interest you.  
(It is recommended that this be done prior to December 31).
2. Submit a completed application and application fee by February 15<sup>th</sup>.
3. Assemble a packet that contains:
  - Curriculum vitae
  - NBEO scores (also sent via ORMS)
  - Optometry school transcripts
  - Brief statement of interest
4. Arrange for three (3) letters of recommendation to be forwarded to each program supervisor.
5. After completing the interview process, complete the Applicant's Ranking Form.

### C. Records

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

## 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 ORMatch. 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 1 year post US Optometry School graduation)
- \*OD degree from an accredited school 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/Bronx-Lebanon Hospital/Fromer Eye Centers/Atlantic Eye Physicians/EyeCare Associates Based Programs:

- \*OD degree from an accredited school 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
- \*NY State Licensure 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.

## 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
    - List of selected individuals' optometry school GPA and Board scores
- 4) Total number of applicants and the college of optometry they attended
- 5) The range, mean and median optometry school GPA and Board scores of all applicants

(**Appendix 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 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 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.

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.

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 Director of Residency Education will inform the Director of 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 and is typically two days. 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 Bronx-Lebanon and Fromer Eye Center residency programs, for Atlantic Physicians a NJ license is required and a CT license is required for EyeCare Associates ). All other residents are strongly encouraged to do so, with VA and Military residents 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.

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/ Writing for Posters
- 2b) Writer's Workshop II/Editorial Review
- 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 or 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-based 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.**

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. 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 and updating patient logs, etc. 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 presentation. The resident will be responsible for delivering a brief talk, where they will be videotaped.

b) 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.

c) In addition, attending residents and the Director of Residency Education or a designee evaluate each presentation by means of a Resident Presentation Evaluation Form (**Appendix C**). Their own presentation evaluations are shared with the resident.

d) 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

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

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

8. Professional Behavior: Residents are expected to conduct themselves in a professional manner. This includes but is not limited to appropriate professional dress, behavior and decorum.
9. Attendance: Residents are to follow local leave policies. If, because of extenuating circumstances, a resident is out for an extended amount of time, notification to the Supervisor and Director must be made. Requirements for the program must be met and appropriately made up. Specific for SUNY employed residents see **Appendix Q**.

For all residents: The residency is a one year program (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. Recruitment and Application Process

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

### B. Clinical Curricular Responsibilities

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

### C. Formal Educational Responsibilities

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

### D. Evaluation of Residents

1. Continuing Evaluation:
  - a. Conduct informal evaluations of the residents on a continuing basis
  - b. Provide feedback to the resident with regard to the attainment of personal and program goals
  
2. Quarterly Evaluations:
  - a. Evaluate residents quarterly
    1. Obtain feedback from faculty supervising residents
    2. Discuss evaluation with resident

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

NOTE: See **Appendix 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

#### E. Oversight of Residents

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

1. Responsible for monitoring of resident's clinical activities. This may include but is not limited to clinical supervision of the residents, monitoring patient activity through patient logs, and monitoring that the clinical activities are meeting the program's mission, goals and objectives.
  - a. Clinical supervision of resident
  - b. Charts (as applicable):
    1. Co-sign
    2. Review
  - c. The Supervisor will also designate and identify faculty to residents who will be available as needed for the purpose of consultation.
  
2. 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.

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

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

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

#### G. Evaluation of Faculty Supervisors

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

#### H. Outcome and Program Improvements

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

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

#### I. Accreditation Council on Optometric Education

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

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

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

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

### **Director of Residency Education Responsibilities:**

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

Responsibilities include:

#### A. Recruitment

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

#### B. Web site maintenance and updates (SUNY, ASCO)

#### C. Resident appointment

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

#### D. Orientation

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

#### E. Educational

1. Plan and schedule all educational aspects of the SUNY Friday Program, including, workshops, lectures, and minor and major presentations
2. Coordinate Major Presentations with Continuing Education.
3. Provide core curriculum requirement of Friday program in regards to the Speaker's Workshop, Writer's Workshop I/Writing for Posters and Writer's Workshop II/Editorial Review

#### F. Resident meetings

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

#### G. Evaluations and Patient Logs (Meditrek)

1. Will maintain, update and coordinate with the Program supervisor and resident the various components of Meditrek, including resident evaluations, supervisor evaluations, Friday program evaluations, and patient logs.

#### H. Residency Manual

Maintain and update

- I. Selection and Implementation of New Programs
- J. Provide guidance to program, as well as participate in, as needed, in issues of resident probation, counseling, remediation, separation from program and grievances
- K. Accreditation Council on Optometric Education
  - 1. Site Visits
    - Assist program in self-study for site visit
    - Provide direction to program for site visit
  - 2. Assist program in issue of substantive changes and notification to ACOE
- L. Annual review of residency program for ACOE
  - 1. Provide direction, feedback and review to each program
  - 2. Review how well the program is meeting its mission, goals and objectives

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

- A. The College awards a certificate of completion and advanced clinical competencies to all residents who have successfully completed program requirements.
- B. Provide Adjunct Faculty Status to Faculty who play a significant role in the education of the resident. Appointments and promotions will be made by the Vice President and Dean for Academic Affairs at the recommendation of the Director of Residency Education. Each adjunct status appointment will be for a 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. 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.

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

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

##### A. Probation, Counseling and Remediation:

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

## XV. Malpractice Insurance Policy

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

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

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

Such protection 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 Bronx-Lebanon Hospital Center 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 provide 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 the email system.

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

- C. Travel Funding Policy:

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

# Appendix 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 (check if available):

Biomicroscope: \_\_\_\_\_

Tonmeter (specify type): \_\_\_\_\_

BIO: \_\_\_\_\_

OCT: (specify type) \_\_\_\_\_

Camera: (specify type) \_\_\_\_\_

Visual Field: (specify type) \_\_\_\_\_

Other: (please list eg. CL, VT, LV equipment)

EQUIPMENT	TYPE/SPECIFY

OPERATING HOURS

Daily: \_\_\_ AM to \_\_\_ PM

Weekly (check days of operation):    \_\_\_ Monday                    \_\_\_ Thursday                    \_\_\_ Sunday  
                                                 \_\_\_ Tuesday                    \_\_\_ Friday  
                                                 \_\_\_ Wednesday                \_\_\_ Saturday

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:

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



**APPENDIX B:**

**RESIDENCY INTERVIEW EVALUATION FORM (Sample)**

Candidate Name:

Interviewer: \_\_\_\_\_

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

**A. RECORD REVIEW**

1. Are there any missing document?
2. Your evaluation of letters of recommendation:  
\_\_\_\_\_
3. Comment on particular aspects of the record, either positive or negative:

**B. COMMUNICATION**

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

**C. REASONS FOR CHOOSING RESIDENCY**

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

**D. BEHAVIORAL CHARACTERISTICS**

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

**E. SCOPE OF INTEREST**

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

**F. OTHER ASPECTS.**

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

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

**Record Review** \_\_\_\_\_ **1 = Poor** \_\_\_\_\_  
**Interview** \_\_\_\_\_ **2 = Good** \_\_\_\_\_  
**Overall** \_\_\_\_\_ **3 = Excellent** \_\_\_\_\_

**APPENDIX C:**

**PUBLIC SPEAKING WORKSHOP EVALUATION**

Speaker: \_\_\_\_\_

Please circle assessment to each area:

**OPENING**

Introduces self	<b>Y</b>	<b>N</b>	<b>Uncertain</b>
States purpose	<b>Y</b>	<b>N</b>	<b>Uncertain</b>
Hooks audience	<b>Y</b>	<b>N</b>	<b>Uncertain</b>
Outlines presentation	<b>Y</b>	<b>N</b>	<b>Uncertain</b>

**PRESENTATION**

	Needs				
Improvement →→→→→→→→→→	Excellent				
1. Ready position	1	2	3	4	5
2. Eye contact	1	2	3	4	5
3. Movement	1	2	3	4	5
4. Gestures	1	2	3	4	5
5. Voice projection	1	2	3	4	5
6. Vocal variety	1	2	3	4	5
7. Pace	1	2	3	4	5
8. Pauses	1	2	3	4	5
9. No Non-words	1	2	3	4	5
10. Facial expression	1	2	3	4	5
11. Warmth	1	2	3	4	5
12. Energy	1	2	3	4	5

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

**CLOSING**

Gives a good summary	<b>Y</b>	<b>N</b>	<b>Uncertain</b>
Gives the "take home" message	<b>Y</b>	<b>N</b>	<b>Uncertain</b>

**STRENGTHS/WEAKNESSES/SUGGESTIONS:**

**APPENDIX D:**

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

Title of Paper: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Resident Program/Location: \_\_\_\_\_

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

Approved by: \_\_\_\_\_  
**Residency Program Supervisor**                      **Date**

APPENDIX E:

Sample log

The State University of New York

College of Optometry - Residencies

Sample Residency Patient Log

Resident Name:

Date of Examination: :

Patient #: 1

Age:    Year  Month  Day

Sex:  Male  Female

Race:

Involvement:

Diagnosis:

Diagnosis2:

Other Diagnosis:

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

Please review your entries before submitting.

Submit

**APPENDIX E cont.:**

Sample summary log

The State University of New York

College of Optometry - Residencies

Sample Residency Patient Log - Yearly Summary of Common Fields

Academic year:

Residency Program:

Resident:

		Quarter 1				Quarter 2				Quarter 3				Quarter 4				Total
		J u l	A u g	S e p	Subt otal	O c t	N o v	D e c	Subt otal	J a n	F e b	M a r	Subt otal	A p r	M a y	J u n	Subt otal	
Patient Age (avg yrs)																		
Age Group	Preschool																	
	School age																	
	Adult																	
	Presbyopic																	
	Geriatric																	
Sex	Male																	
	Female																	
Race	Asian																	
	Black																	
	Hispanic																	
	Indian																	
	White																	
	Other																	
Location	UEC																	
Shared Direct Encounter																		
Diagnosis																		

**APPENDIX F:**

The State University of New York

College of Optometry - Residencies

**Resident Weekly Activity Log**

Resident:

Residency Site:

Academic Year:

Quarter:

Resident's password:

Date	Activity	Title or Topic
Month: Day: Year: <input type="text" value="-"/>		<input type="text"/>
Month: Day: Year: <input type="text" value="-"/>		<input type="text"/>
Month: Day: Year: <input type="text" value="-"/>		<input type="text"/>
Month: Day: Year: <input type="text" value="-"/>		<input type="text"/>

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

Meditrek® — HSoft Corporation ©

**APPENDIX G :**  
**Evaluation of Resident**

The State University of New York

College of Optometry - Residencies

**Resident Evaluation**

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

Academic Year:      Period:      From: To: Rotation: ...place holder

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

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

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

### III. Teaching and Supervisory Skills

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

### IV. Scholarly Activities

						<i>The resident:</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Regularly consults textbooks and periodicals and other reference material
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Pursues scholarly activities
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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

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

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

6. Additional Comments:

---

**To be completed by the Resident:**

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

Please enter your password as acknowledgement:

---

**To be completed by the Program Supervisor:**

Please enter your password for authentication:

Please review your entries before submitting.

**APPENDIX H:**

**Evaluation of Residency Faculty**

Evaluator: \_\_\_\_\_ Faculty name:  min. 5 chars.

Site:

Academic Year:

Period:

Term:

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

Score						Criteria
The Faculty indicated above:						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Is knowledgeable in all aspects of primary eye care
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Is knowledgeable in secondary care
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Demonstrates and shares advanced diagnostic techniques
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Demonstrates and shares patient management skills and strategies
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Allows resident enough flexibility in developing diagnostic/management skills
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Is always available for second opinions and consultations
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Provides a good learning environment
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Frequently suggests resources for relevant cases
1	2	3	4	5	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Encourages clinical growth
1	2	3	4	5	NA	

Comments:

Please enter your password for authentication:

**Please review your entries before submitting.**

**Evaluation of Residency Program and Residency Program Supervisor**

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

Academic Year:      Period:      From: To: Rotation: ...place holder

**PART I**

Using the following scale, respond to the questions below.

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

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

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

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

### PART III

Using the following scale, respond to the questions below.

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

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

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

### PART IV

Complete comment section

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

2. Additional comments:

Please enter your password for authentication:

Please review your entries before submitting.

Meditrek® — HSoft Corporation ©

## APPENDIX J:

### SUNY State College of Optometry Affiliated Residency Programs

Program	Location	Established	Positions for 2017-2018	Initial Accreditation Date	Last Accreditation Site Visit	Accreditation/ Re-accreditation Date	Order of Establishment	Completed Program as of July 2017
Cornea & Contact Lenses	SUNY College of Optometry	1991	1	June 1992	May 2013	2021	8	26
Family Practice/ Ocular Disease Optometry	East New York Diagnostic & Treatment Center, Brooklyn, NY	1997	1	April 1992	June 2015	2023	15	24
Low Vision Rehabilitation	SUNY State College of Optometry, NYC	1994	1	December 1995	Nov 2010	2017	11	27
Ocular Disease	SUNY State College of Optometry, NYC	1998	4	April 2001	June 2015	2023	16	58
Ocular Disease	Fromer Eye Care Center, Bronx, NY	2012	1	June 2013	May 2013	2021	21	5
Ocular Disease	Atlantic Eye Physicians. Long Branch, NJ	2017	1	Pending Accreditation	-----	-----	24	0
Ocular Disease/ Primary Eye Care	Department of Veteran Affairs NY Harbor Health Care System	1984	4	June 1983	Jan 2011	2018	5	83
Pediatric Optometry	SUNY State College of Optometry, NYC	1996	2	May 1998	April 2012	2020	14	32
Primary Eye Care	SUNY State College of Optometry, NYC	1999	2	April 2002	April 2016	2024	18	36
Primary Eye Care/Ocular Disease	New Jersey Veterans Health Care System	1985 (became affiliated with SUNY 1995)	3	September 1984	May 2011	2018	6	41
Primary Eye Care/Ocular Disease	Bronx-Lebanon Hospital Center, Bronx, NY	2011	4	July 2012	May 2012	2020	20	18
Ocular Disease/ Primary Eye Care	The V.A. Hudson Valley Health Care System	1982	4	January 1983	June 2014	2022	4	102
Primary Eye Care/Vision Therapy and Low Vision Rehabilitation	V.A. Medical Center, Northport, NY	1979	4	June 1980	October 2012	2020	3	116
Vision Rehabilitation (Neuro-Optometric Rehabilitation)/ Optometry	SUNY State College of Optometry, NYC	2004	1	May 2005	May 2012	2020	19	13
Vision Rehabilitation (Neuro-Optometric Rehabilitation)/ Optometry	Womack Army Medical Center, Fort Bragg, NC	2016	1	Pending accreditation	May 2017	-----	23	1
Vision Therapy & Rehabilitation	SUNY State College of Optometry, NYC	1974	4	November 1977	April 2017	Reaccreditation pending	1	168
Vision Therapy & Rehabilitation	EyeCare Associates	2017	1	Pending accreditation	-----	-----	25	0
Combined Residency/Graduate Program	SUNY State College of Optometry, NYC	2016	2	Pending accreditation	-----	-----	22	0
<b>TOTAL:</b>								<b>750</b>
<b>Total SUNY Trained Residents (includes all programs, active and inactive):</b>								<b>816</b>

**APPENDIX J cont:**

**Former SUNY State College of Optometry Affiliated Residency Programs**

<b>Program</b>	<b>Location</b>	<b>Established</b>	<b>Accreditation/ Re- accreditation Date</b>	<b>Order of Establishment</b>	<b>Completed Program</b>
Family Practice Optometry	Keller Army Community Hospital, West Point, NY	1987	No longer SUNY affiliated Discontinued: Nov 15, 2016	7	27
Family Practice Optometry	Belvis Diagnostic & Treatment Center, Bronx, NY	1993	No longer SUNY affiliated Discontinued: June 30, 2003	10	8
Geriatric Optometry	Coler Memorial Hospital Roosevelt Island, NY	1996	No longer SUNY affiliated Discontinued: June 30, 1997	13	6
Managed Care Family Practice	Kaiser Permanente, VA	1995	No longer SUNY affiliated  (last resident June 30, 1997)	12	5
Ocular Disease	OMNI Eye Services Iselin, NJ	1992	No longer SUNY affiliated  (last resident June 30, 1998)	9	9
Ocular Disease/ Refractive & Ocular Surgery	OMNI Eye Specialists, Baltimore, MD	1998	No longer SUNY affiliated  (last resident June 30, 2003)	17	4
Primary Care	Genesee Valley Group Health Association or Joseph C. Wilson Health Center	1976	No longer SUNY affiliated Discontinued: June 30, 1980	2	7
Total					66
<b>Total SUNY Trained Residents (includes all programs, active and inactive):</b>					816

## APPENDIX K:

### SUNY State College of Optometry Residency Program Mini-Directory 2017-2018

<b>**Toll-free Number for Residents to Call SUNY Optometry</b>			<b>(877) 829-1024</b>
Name		Room	Phone
Dr. Diane Adamczyk	Director of Residency Education	1114b	(212) 938-5820
Ms. Ramola Poonai	Office of Residency Education	1120	(212) 938-5823
Ms. Fiona Dhrimaj	Media Center	323	(212) 938-5727
Ms. Guerda Fils	Sr. Personnel Associate	931	(212) 938-5883
Dr. David Heath	President	1238	(212) 938-5650
Ms. Jacqueline Martinez	Associate Registrar	1128	(212) 938-5509
Ms. Liduvina Martinez-Gonzalez	VP for Clinical Administration	1028	(212) 938-4033
Dr. Michael McGovern	Chief Medical Officer	1028	(212) 938 - 4036
Mr. Douglas Schading	Director of Personnel	933	(212) 938-5882
Ms. Jacqueline Sanchez	Managed Care Department	1025	(212) 938-5946
Dr. David Troilo	Vice President and Dean of Academic Affairs	1238	(212) 938-5658
Ms. Elaine Wells	Library Director	419	(212) 938-5691
Dr. Catherine Pace-Watson	Saturday Clinic Chief	745	(212) 938-5899

**IN-HOUSE & AFFILIATED RESIDENCY PROGRAMS**  
**2017-2018**

\*Subject to be credentialed

<b><u>Residency/Location</u></b>	<b><u>Residents</u></b>	<b><u>Supervisor</u></b>	<b><u>Supervisor's Phone/FAX/Email</u></b>
<b>Cornea/Contact Lenses</b> SUNY Optometry 33 West 42nd St New York, NY 10036	Michael Mendson (SUNY)	David Libassi, O.D.	(212) 938-5872 (phone) dlibassi@sunyopt.edu
<b>Family Practice/Ocular Disease Optometry</b> East New York Diagnostic & Treatment Center 2094 Pitkin Avenue Brooklyn, NY 11207	Mary Botelho (SUNY)	Lloyd Haskes, O.D.	(718) 240-0445(phone) (212) 938-4166(phone) 718-240-0439 (FAX) lhaskes@sunyopt.edu
<b>Low Vision Rehabilitation</b> SUNY Optometry 33 West 42nd St. New York, NY 10036	Chenyi Liu (NECO)	Rebecca Marinoff, OD	212-938-5937 (phone) rmarinoff@sunyopt.edu
<b>Ocular Disease</b> SUNY Optometry 33 West 42nd St. New York, NY 10036	Emily Crane (SUNY) Raul Daniels (SUNY) Vanessa Mostofsky (SUNY) Shiv Munsawar (SUNY)	Sherry Bass, O.D.	(212) 938-5865 (phone) sbass@sunyopt.edu
<b>Ocular Disease</b> Fromer Eye Centers 3130 Grand Concourse Suite 1J Bronx, NY 10458	Forum Patel (SUNY)	Diane Calderon, O.D. (co-supervisor Marina Su, OD)	(718) 741-3200 (phone) UES Location: 212-832-9228 Queens Location: 718-261-3366 dcalderon@fromereye.com
<b>Ocular Disease</b> Atlantic Eye Physicians 279 Third Avenue, Suite 204 Long Branch, NJ 07740	Alan Tsai (SUNY)	Brian Hall, O.D.	(732) 222-7373 Brian.hall.od@gmail.com
<b>Ocular Disease/Primary Eye Care</b> Dept. of Veteran Affairs New York Harbor Health Care System. Optometry Section Surgical Service 112 800 Poly Place Brooklyn, NY 11209	Biana Gekht (Inter- American) Christina Moghadam (ICO) Rachel Goretsky (ICO) Roshelle Rozenblum (NECO)	Evan Canellos, O.D.	(718) 836-6600 Ext. 6497 (phone) (718) 567-4078 (fax) evan.canellos@med.va.gov
<b>Pediatric Optometry</b> SUNY Optometry 33 West 42nd Street New York, NY 10036	Denise Alexopoulos (ICO) Steven Chang (Berkeley)	Marilyn Vricella, O.D.	(212) 938-4143 (phone) mvrivella@sunyopt.edu

<p><b>Primary Eye Care/Ocular Disease</b> New Jersey Veterans Health Care System Eye Clinic 151 Knollcroft Road Lyons, NJ 07939</p>	<p>Bindi Patel (SUNY) Bonnie Rosenberg (Rosenberg) Mary Wu (SUNY)</p>	<p>Malinda Cafiero, O.D. Cathy Marques, O.D.</p>	<p>(908) 647-0180, Ext. 4512 (Lyons) or (973) 676-1000, Ext. 3917 (E Orange) malinda.cafiero@med.va.gov cathy.marques@med.va.gov</p>
<p><b>Primary Eye Care/Ocular Disease</b> Bronx-Lebanon Hospital Center 1650 Selwyn Ave, Suite 1C Bronx, NY 10457</p>	<p>Carly Grondin (SALUS) Protiva Khan (SUNY) Ivan Prpic (NECO) Hunter Morgan (SCO)</p>	<p>Tybee Eleff, O.D.</p>	<p>(718) 960-2041(phone) (718) 960-2045 (fax) teleff@bronxleb.org</p>
<p><b>Ocular Disease /Primary Eye Care</b> The VA Hudson Valley Health Care System Mail Code 620-123 2094 Albany Post Road Optometry Service Montrose, NY 10548</p>	<p>Angeliki Arvanitogiannis (NECO) Drake DeVos (SUNY) Sara Hanna (NECO) Yashfi Rahman (SALUS)</p>	<p>Jean Jung, O.D.</p>	<p>(914) 737-4400, x 3146 (phone FDR Campus) (914) 788-4373 jean.jung@va.gov</p>
<p><b>Primary Eye Care/ Vision Therapy and Low Vision Rehabilitation</b> DVA Medical Center 79 Middleville Road Optometry Services (123) Northport, NY 11768</p>	<p>Mark Hakim (MCPHS) Marissa Koopman (NECO) Geary Rummmler (SUNY) Karen Wong (Berkeley)</p>	<p>Michael Fischer, O.D.</p>	<p>(631) 261-4400 Ext. 7165 (phone) Milly x 2038 (631) 266-6056 (fax) michael.fischer5@va.gov</p>
<p><b>Primary Eye Care</b> Optometry SUNY Optometry 33 West 42nd Street New York, NY 10036</p>	<p>Sherry Liu (Berkeley) Ryan Ngo (Berkeley)</p>	<p>Susan Schuettnerberg, O.D.</p>	<p>(212) 938-4161 (phone) sschuettnerberg@sunyopt.edu</p>
<p><b>Vision Rehabilitation (Neuro-Optometric Rehabilitation) Optometry</b> SUNY Optometry 33 West 42nd Street New York, NY 10036</p>	<p>Katherine Lai (Berkeley)</p>	<p>Allen Cohen, O.D.</p>	<p>(212) 938 – 4110 (phone) acohen@sunyopt.edu</p>
<p><b>Vision Rehabilitation (Neuro-Optometric Rehabilitation) Optometry</b> Womack Army Medical Center 2817 Reilly Road; Stop A Fort Bragg, NC 28310</p>	<p>Winston Posvar (OSU)</p>	<p>Jose Capo-Aponte, O.D.</p>	<p>(910) 907-8574 (phone) (910) 907-8612 (fax) jose.e.capoaponte.mil@mail.mil</p>
<p><b>Dr. Irwin B. Suchoff Residency Program in Vision Therapy and Rehabilitation</b> SUNY Optometry 33 West 42nd Street</p>	<p>Janki Parikh (SUNY) Mariya Skreydel (SUNY) Salomi Rajadhyksha (Berkeley) Amanda Polacco</p>	<p>Rochelle Mozlin, O.D</p>	<p>(212) 938-5860 (phone) rmozlin@sunyopt.edu</p>

New York, NY 10036	(SCCO)		
<b>Vision Therapy and Rehabilitation Residency</b> EyeCare Associates 2600 Post Road Southport, CT 06890	Tanya Ayzikovich (SUNY)	Randy Schulman, O.D.	(203) 394-2722 (phone) drrandyschulman@gmail.com
<b>Combined Optometry Residency &amp; Graduate Degree (MS or PhD) in Vision Science</b> SUNY Optometry 33 West 42 <sup>nd</sup> Street New York, NY 10036	Mu En Yang (U of Montreal) <b>Expected Completion date 6/30/18</b> Franklin Bui (Berkeley) <b>Expected completion date 6/30/19</b>	Joan Portello, O.D.	(212) 938-4170 (phone) jportello@sunyopt.edu
<b>Woodhull Medical Center</b> 760 Broadway Eye Care Center (Rm 2B-330) Brooklyn, NY 11206		Julia Canestraro, O.D.	718-963-8603 (phone) jcanestraro@sunyopt.edu

## **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 Grand Rounds and/or Workshops (Affiliated Program)  
45 hours of Grand Rounds and/or Workshops (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/Writing for Posters
  - \*Writer's Workshop II/ Editorial Review
  - \*Practice Management Workshop
  
- \*Minor Presentation (20 minutes)
  
- \*Minimum attendance 9 minor presentations (may include own)
  
- \*Major Presentation (50 minutes)
  
- \*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
  
- \*Fulfillment of terms of employment
  
- \*Any program specific requirements, attendance, and satisfactory clinical and professional achievements

**APPENDIX L2:**

## Completion Form for Residency Requirements

**Resident's Name:**

**Date:**

**Location:**

Requirements	Supervisor	Director
<b>Attendance Requirement</b> (Residency Director signs off when requirement is met)		
Minor Presentation (9)		
Major Presentation (maximum # of presentation over the two days)		
Grand Rounds (35 credits Affiliated Programs) (45 credits SUNY salaried Programs, including Combined Residency/Graduate Prog)		
Core Didactic Curriculum –		
Writer's Workshop (I)/ Writing for Posters		
Writers Workshop (II)/ Editorial Review		
Speaker's Workshop		
Business Workshop		
<b>Presentations</b> (Residency Director signs off when requirement is met)		
Minor (20 Minutes)		
Major (50 Minutes)		
<b>Publishable Quality Paper</b> (Residency Director signs off when requirement is met)		
Supervisor's Approval		
Editorial Review Instructor's Approval		
Final Paper		
<b>Maintenance and Completion of Workload</b>		
Meditrek Evaluation of Supervisor (Residency Director signs off when requirement is met) Mid-year and Year-end evaluation of Supervisor		
Meditrek Patient Logs (**Residency Supervisor signs off when requirement is met**)		
<b>Fulfillment of terms of Employment</b>		
(**Residency Supervisor signs off when requirement is met**)		
<b>Completion of all Professional and Clinical Responsibilities</b>		
(**Residency Supervisor signs off when requirement is met**)		
<b>Completion of all Evaluations for On-site Faculty</b>		
(**Residency Supervisor signs off to indicate resident completed evaluations for faculty who they worked with throughout the residency year**)		
<b>Any Program Specific Requirement</b>		
(**Residency Supervisor signs off when requirement is met**)		
<b>Evaluation of Resident by Supervisor</b> (Residency Director signs off when requirement is met)		
<b>Exit Survey for Resident</b> (Residency Director signs off when requirement is met)		
<b>Proof that Resident has obtained a state license to practice – indicate State</b>		
(**Residency Supervisor signs off when requirement is met**--for <u>affiliated residents only</u> )		
<b>Completion of all Clinical Administration Paperwork/Requirements</b>		
( **Residency Supervisor signs off when requirement is met after consulting Clinical Admin – for <u>in-house residents only</u> )		

Updated 7-18-2017

**APPENDIX M:**

**Deadlines for Residency Program Requirements**

July 1, 2017 – June 30, 2018

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

<b>Title of Major Presentation &amp; Paper</b>	<b>December 1, 2017</b>
<b>Outline &amp; Abstract of Major Presentation and CV</b>	<b>January 1, 2018</b>
<b>Evaluation of Program Supervisor</b> (First half)	<b>January 15, 2018</b>
<b>Discuss with Supervisor Paper Draft</b> (Supervisor may set an earlier deadline)	<b>January 15, 2018</b>
<b>COPE Application Completed for Majors</b>	<b>February 23, 2018</b>
<b>Final Paper (Publishable Quality) to Office of Residency Education</b> (with signed Supervisor's Approval, submitted for Writer's Workshop II/Editorial Review) (Any revisions recommended at Writer's Workshop II/Editorial Review will be due 1 week after Review)	<b>April 23, 2018</b>
<b>Evaluation of Program Supervisor</b> (Final)	<b>June 15, 2018</b>

## Appendix N:

SUNY, State College of Optometry  
**Residency Program Information Sheet**  
 Prospective Candidates (2018-2019)

**Compensation:** SUNY Salaried Programs: \$38,672 (includes location stipend)  
 VA-Based Programs: \$36,176 (includes location stipend)  
 Bronx Lebanon Hospital/Fromer Eye Centers/ Atlantic Eye Physicians -Based Programs: \$38,000  
 Military Based Residency Program: Military Pay  
 Eye Care Associates: \$36,000

**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/Bx-Lebanon Hospital/Fromer Eye Centers/ Eye Care 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/\*Fromer Eye: 2 months per year rotating monthly Mon-Fri/\*Bx-Leb: 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/\* Eye Care Associates: once monthly/\*Atlantic Eye Physicians: 8 weeks per year on a rotating schedule

**Benefits:**

Leave	Sick	Annual	Regular
SUNY Residencies	1.25 days/month	1.25 days/month	
SUNY Combined Residency & Graduate Program			15 days/year
Military			15 days/year
Atlantic Eye Physicians, NJ			15 days/year
VA	13 days/year*	13 days/year*	
Bx-Lebanon	12 day/year	22 days/year	
Fromer Eye			1.25 days/month
Eye Care Associates, CT	2 days/year	13 days/year	

\*Time accrued during each pay period. Amount shown represents yearly accrual  
 Educational Time to attend major meetings (based on local policy approval)

**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 accredited school of optometry

\*Successful completion of Parts 1, 2, 3 with TMOD of the National Board of Examiners in Optometry

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

\*All residents are required to provide, on the first day of work, written documentation that they have authorization to work in the United States.

\*For Combined Residency & Graduate Program: Must also meet Graduate Program requirements

Veteran Administration/Military:

\*United States Citizen (unless it is a without compensation position at the VA)

\*Licensed Optometrist for Military based residency

\*Licensure before completion of the first year 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) presentation

\* Publishable quality paper

\* Maintenance and completion of supervisor evaluation, patient logs, etc.

\* Meeting professional and clinical responsibilities

\* Fulfillment of terms of employment

\* Any program specific requirements, attendance, and satisfactory clinical and professional achievements

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

Unique to SUNY residency programs is the "Friday Program," or didactic program that includes various topical presentations, workshops and grand rounds. Residents from all programs, including affiliate and SUNY-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](http://www.sunyopt.edu/education/academics/residency_programs)

Residency Program Name	Supervisor	Contact Information	Number of Positions
<b>Cornea/Contact Lens</b> , SUNY ( NY, NY)	D. Libassi, OD	<a href="mailto:dlibassi@sunyopt.edu">dlibassi@sunyopt.edu</a>	1
<b>Family Practice/Ocular Disease</b> , East NY Diagnostic & Treatment Center/SUNY (Brooklyn, NY)	L. Haskes, OD	<a href="mailto:lhaskes@sunyopt.edu">lhaskes@sunyopt.edu</a>	1
<b>Low Vision Rehabilitation</b> , SUNY (NY, NY)	R. Marinoff, OD	<a href="mailto:rmarinoff@sunyopt.edu">rmarinoff@sunyopt.edu</a>	1
<b>Ocular Disease</b> , SUNY (NY, NY)	S. Bass, OD	<a href="mailto:sbass@sunyopt.edu">sbass@sunyopt.edu</a>	4
<b>Ocular Disease</b> , Fromer Eye Centers (Bronx, NY)	D. Calderon, OD M. Su, OD	<a href="mailto:dcalderon@fromereye.com">dcalderon@fromereye.com</a> <a href="mailto:msu@fromereye.com">msu@fromereye.com</a>	1
<b>Ocular Disease</b> , Atlantic Eye Physicians (Long Branch, NJ)	B. Hall, OD	<a href="mailto:Brian.hall.od@gmail.com">Brian.hall.od@gmail.com</a>	1
<b>Ocular Disease/Primary Care</b> , Harbor Health VA (Brooklyn NY)	E. Canellos, OD	<a href="mailto:Evan.canellos@va.gov">Evan.canellos@va.gov</a>	4
<b>Pediatric Optometry</b> , SUNY (NY, NY)	M. Vricella, OD	<a href="mailto:mvrlicella@sunyopt.edu">mvrlicella@sunyopt.edu</a>	2
<b>Primary Care/Ocular Disease</b> , New Jersey VA (Lyons, NJ)	M. Cafiero, OD C. Marques, OD	<a href="mailto:malinda.cafiero@va.gov">malinda.cafiero@va.gov</a> <a href="mailto:cathy.marques@va.gov">cathy.marques@va.gov</a>	3
<b>Primary Care/Ocular Disease</b> , Bronx-Lebanon Hospital Center (Bronx, NY)	T. Eleff, OD	<a href="mailto:teleff@bronxleb.org">teleff@bronxleb.org</a>	4
<b>Ocular Disease/Primary Care</b> , VA Hudson Valley (Montrose, NY)	J. Jung, OD	<a href="mailto:Jean.jung@va.gov">Jean.jung@va.gov</a>	4 (plus 1 WOC)
<b>Primary Care/Vision Therapy &amp; Low Vision Rehabilitation</b> , Northport VA (Northport, NY)	M. Fischer, OD	<a href="mailto:Michael.fischer5@va.gov">Michael.fischer5@va.gov</a>	4
<b>Primary Eye Care</b> , SUNY (NY, NY)	S. Schuettenberg, OD	<a href="mailto:sschuettenberg@sunyopt.edu">sschuettenberg@sunyopt.edu</a>	2
<b>Dr. Irwin B. Suchoff Residency Program in Vision Therapy &amp; Rehabilitation</b> , SUNY (NY, NY)	R. Mozlin, OD	<a href="mailto:rmozlin@sunyopt.edu">rmozlin@sunyopt.edu</a>	4
<b>Vision Therapy &amp; Rehabilitation</b> , Eye Care Associates (Southport, CT)	R. Schulman, OD	<a href="mailto:Drrandyschulman@gmail.com">Drrandyschulman@gmail.com</a>	1
<b>Vision Rehabilitation (Neuro-Optometric Rehabilitation)</b> , SUNY (NY, NY)	A. Cohen, OD	<a href="mailto:acohen@sunyopt.edu">acohen@sunyopt.edu</a>	1
<b>Vision Rehabilitation (Neuro-Optometric Rehabilitation)</b> , Womack Army Medical Center (Fort Bragg, NC) (Military selection not through ORMatch)	J. Capo-Aponte, OD	<a href="mailto:jose.e.capoaponte.mil@mail.mil">jose.e.capoaponte.mil@mail.mil</a>	1
<b>Combined Optometry Residency &amp; Graduate Degree (MS or PhD) in Vision Science</b> SUNY (NY, NY) (see separate sheet for program specific application process, program specific completion requirements and program specific benefits)	J. Portello, OD	<a href="mailto:jportello@sunyopt.edu">jportello@sunyopt.edu</a>	2

For more information, please visit our website at  
[http://www.sunyopt.edu/education/academics/residency\\_programs](http://www.sunyopt.edu/education/academics/residency_programs)

UPDATED 6-19-17

## **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* Curriculum (Missions, Goals, and Objectives) \_\_\_\_\_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 & Bronx-Lebanon 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: \_\_\_\_\_

**Appendix P** cont.:

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) 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.

UNIVERSITY EYE CENTER  
SUNY COLLEGE OF OPTOMETRY  
LEAVE REQUEST FOR PLANNED ABSENCE  
(PLEASE USE FOUR WEEKS NOTICE WHEN POSSIBLE)  
DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DAY	DATE(S)	CHANGE TO: Annual Personal Educational	WHERE SCHEDULED **		FOR ADMINISTRATION USE ONLY	
			TIME FROM	TO	COVERAGE	NOTIFICATION
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

COMMENTS: \_\_\_\_\_

WHERE SCHEDULED \*\* (Clinic, Satellite, Nursing Home, Clinical Administration, etc.)  
STATE SPECIFIC PLACE, and / or TEACHING SESSION

FOR ADMINISTRATION USE ONLY  
COVERAGE  
NOTIFICATION

SIGNATURE OF DEPARTMENT HEAD  
CLINICAL ADMINISTRATOR OR SUPERVISOR

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

## 3. Resident Timesheet

At the end of each month, the resident should complete their time sheet and have the supervisor of the residency program review and approve it with their signature under the resident's signature. The time sheet should then be given to Senior Staff Assistant of Residency Education, or left in the bin outside room 1120, before the 5<sup>th</sup> of the month. The resident can retain the pink sheet as a copy for their files. The Office of Residency Education will then review all the resident's time sheets and send it to Payroll on or before the 10<sup>th</sup> 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. Cathy Pace-Watson (Chief-Adult Primary Care Services/Saturday Clinic Chief) at least Four weeks prior to the date requested. The resident will generate the paper leave request form.

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

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: \_\_\_\_\_**

Resident's Name					
Current Mailing Address					
Permanent Mailing Address					
E-mail Address					
Phone Number					
Gender					
Age					
NYS Resident					
US Citizen					
If non-US citizen: -Country of Citizenship					
-Visa Type/Status					
GPA					
NEBO - Part I					
NEBO - Part II					
TMOD					
Optometry School					

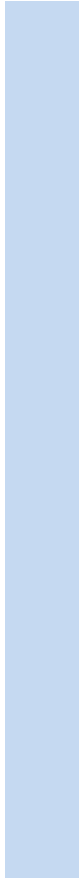
## Appendix R cont.:

### Applicant Data for Residency Position(s)

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

### Name of Optometry School      # of Applicants

SUNY  
 Berkeley  
 Illinois College of Op  
 Indiana University  
 Inter American, PR  
 Ferris/Michigan College of Op  
 Midwestern Uni AZ College of OP  
 New England College of Op  
 Northeastern State Uni College of Op  
 NOVA  
 Ohio State Uni College of Op  
 Pacific Uni College of Op  
 Salus/Pennsylvania College of Op  
 Southern CA College of Op  
 Southern College of Op  
 Uni of AL at Birmingham  
 Uni of Houston College of Op  
 Uni of the Incarnate Word  
 Uni of Montreal  
 Uni of Missouri SL



Total # of non-US Citizen Applicants:

# of non-US Citizen Applicants who attended US optometry schools:

# of Applicants who attended Canadian optometry schools:

## **Appendix S:**

### **On-Call for SUNY Salaried Residents**

**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.
- The telephone triage practitioner will make a note in the EHR (within 24 hours) that includes the following:
  - Date/Time of call
  - Problem
  - Action Taken
  - Follow-up needed

#### **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 9:00 AM on the day/date 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.

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 (Schedule will be provided).

A supervising attending (Service Chief, Assistant Service Chief or Section Chief) will be assigned to the resident and will be available for consultation. The resident is required to consult with the supervising attending until the resident is emancipated in Primary Care.

Both the telephone triage resident and supervising attending must be available by phone during their telephone triage rotation. Consultation with the telephone triage attending (Service or Section Chief) 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.

#### **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 involved (resident, attending) and Chief Medical Officer via email (with CC to the Clinical Operations Manager and the Call Center manager) as soon as possible.