



SCHOOL OF OPTOMETRY

INDIANA UNIVERSITY

**Cornea and Contact Lens
Optometry Residency Program**

Information Manual

**INDIANA UNIVERSITY
School of Optometry
744 East Third Street
Bloomington, IN 47405**

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Cornea and Contact Lens Residency Program

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Faculty directly involved in residency program:

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Mission, Vision and Goals

The mission of the School of Optometry is to protect, advance and promote the vision, eye care and health of people worldwide by preparing individuals for careers in optometry, the ophthalmic industry and vision science and by advancing knowledge through teaching, research and service. This will be accomplished through the Doctor of Optometry, Optician/Technician, Residency, and Graduate Programs.

The vision of the School of optometry is to be at the leading edge of vision care for the people of the world.

The goals of the School of Optometry focus on six areas:

1. Teaching. To be recognized for excellence and leadership in teaching.
2. Patient Care. To supply students with sufficient numbers, diversity and quality of patient experiences that will provide them with the clinical education to become proficient in performing patient care. At the same time, the goal is to provide timely, appropriate and quality care to the patients.
3. Research. To increase the research activity of our faculty and students, to improve the research profile of the faculty and school, and to be a recognized leader in vision science and vision health research.
4. Service. To increase the service activity of our faculty, staff and students; to be recognized nationally/internationally as a leader in service to the profession and vision science; and to have a level of service within the university and community to be recognized as outstanding citizens.
5. Facilities. To have state-of-the-art physical facilities and equipment that creates an integrative approach to education, research, training and service delivery.
6. Finances. To maintain funding that allows for sufficient faculty and staff continued growth, up-to-date facilities and the ability to take advantage of opportunities that arise.

Indiana University Cornea and Contact Lens Residency Background

A Residency in Cornea and Contact Lens at the Indiana University (IU) School of Optometry was initiated on July 1, 1991 with one residency position. In light of the ACOE request that all residencies have standardized titles, this residency is now designated a Residency in Cornea and Contact Lens. In this fifty-three week postgraduate clinical education program, the resident is considered an employee of Indiana University. The title is used for Indiana University benefit purposes only. The resident is based in the Cornea and Contact Lens Clinic of the IU School of Optometry Atwater Eye Care Center. The resident also spends clinical time at the IU Student Health Center.

Cornea and Contact Lens Residency Mission Statement and Goals

Mission Statement

The mission of the Residency program in Cornea and Contact Lenses is to provide advanced competency in the areas of contact lenses, cornea and anterior segment treatment and management, through education, patient care experiences, and scholarship.

Program Goals

Goal 1

To provide the highest quality of cornea and contact lens care utilizing currently accepted standards of care, techniques, and technology.

Objectives:

1. The resident will provide patient care consistent with the American Optometric Association clinical care guidelines and other current evidence based guidelines.
2. The resident will learn to use current contact lens materials and solutions, and use current technology to aid in contact lens fitting and the diagnosis and management of cornea and anterior segment disease, including topographers and digital anterior segment photography.

Goal 2

To provide a diverse clinical patient base to assure advanced clinical competency in cornea and contact lenses, including the diagnosis and management of ocular conditions, the management of ocular emergencies and trauma, and advanced clinical competency in primary care optometry.

Objectives:

1. The resident will examine and treat approximately 1500 patients throughout their residency. Approximately 1000 of those patients will be contact lens patients, 150 will be red eye patients, and 300 will be primary care examinations.
2. The resident will see approximately 50-100 patients in the walk-in IU Health Center Eye Clinic. At the center the resident will advise optometry interns and see their own patients with emergent red eye situations as well as ocular trauma.
3. The resident will see approximately 300 patients in the primary care setting while advising interns and helping them diagnose and manage the patient.
4. The resident will be expected to provide after hours call coverage a maximum of one week for every three to four week period.
5. The resident will become proficient with therapeutic agents used to manage and treat cornea and anterior segment disease.
6. The resident will have the opportunity to interact with a variety of corneal specialists and observe a variety of surgical procedures.
7. The resident will learn standard protocols for treatment of refractive and anterior segment conditions with contact lenses and the treatment of cornea and anterior segment disease.

Goal 3

To expose the resident to didactic and teaching experiences which will serve to prepare the resident for careers in advanced areas of optometric practice and/or academics.

Objectives:

1. The resident will be required to provide clinical supervision of optometric interns in a primary care setting under the mentorship of primary care clinical faculty.
2. The resident will be required to organize and participate in weekly Case Conference Seminars for fourth year IUSO optometric interns.
3. The resident will be required to give one lecture in the Case Conference Seminars to the fourth year IUSO optometric interns.
4. The resident will remain current with the cornea and contact lens specialty by attending continuing education classes and seminars related to cornea and contact lens topics, reviewing pertinent articles and books, and actively engaging in discussions of relevant topics with program faculty.
5. The resident will attend at least one scholarly meeting with lectures dedicated to contact lenses and anterior segment care, such as the AAO, AOA, or the Global Specialty Lens Symposium (GSLs).
6. The resident will be encouraged to attend contact lens specific residency workshops such as the GPLI and Vistakon Contact Lens Residency Workshops when possible.
7. The resident will organize and serve as a workshop instructor for Contact Lens Workshops held at IUSO. These may include the STAPLE Toric and Multifocal Workshops, among others.

Goal 4

To attract a qualified applicant pool, and to select the best applicant from that pool

Objectives:

1. To inform all fourth year students in the schools and colleges of optometry in the United States and Canada about the residency program.
2. To have an IUSO representative available to answer questions and discuss the program at national meetings, such as the AOA and the Academy, attended by optometry students
3. A brochure will be created to highlight the program's characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be updated annually.
4. The residency program will be promoted in the AOA Newsletter and other appropriate optometric publications each year.
5. The residency program will be listed and described on the Indiana University School of Optometry web site.
6. To be considered for the program, each candidate must apply through the National Matching Service, (ORMATCH) and submit the following by the application deadline:
 - a. Letter of intent stating reasons for applying to the program
 - b. Curriculum vitae or resume
 - c. Official transcripts from all optometric education and other graduate school work.
 - d. Scores from Parts I and II of the National Board of Examiners in Optometry
 - e. Letters of reference from three faculty or adjunct faculty members who have been most familiar with the applicant's clinical performance, and the applicant's professional abilities and academic performance.

7. To be considered for selection, all qualified applicants must be interviewed by the Coordinator of the Cornea and Contact Lens Residency, and selected contact lens faculty. After consultation, the Coordinator will rate each applicant in the areas of didactic/clinical experience, interpersonal skills, knowledge, patient management skills, integrity and motivational status.

8. To allow candidates the opportunity to visit Indiana University School of Optometry, tour the clinical facility, become more familiar with the program and speak directly with the resident currently enrolled in the program.

9. To rank the applicants following review of all application materials and the interview, to submit the rankings to ORMatch and to accept the ORMatch matched resident.

Goal 5

To provide the resident with the opportunity to learn about and participate in scholarly activities in cornea and contact lenses

Objectives:

1. The resident is required to complete a research paper, literature review or a case report of publishable quality by the end of the program, with the goal of presenting the results as a paper, poster or publishable article during the program year, or within one year of the program's completion.

Goal 6

To stimulate a commitment to service in the resident

Objectives:

1. The resident will be encouraged to become actively involved in the optometric community by encouraging membership and participation in national, state, and local optometric organizations.

2. The resident will participate in various volunteer activities such as various community health fairs and screenings, community educational opportunities, and other similar events.

Goal 7

To provide facilities and equipment appropriate to meet the needs of the program

Objectives:

1. To provide office space including a telephone for the resident's exclusive use.

2. To provide a networked computer and printer access for the resident.

3. To provide clinical equipment appropriate to achieve the goals the program.

4. To provide full use of and easy access to the on-campus IUSO library and all its resources.

Goal 8

To provide faculty and administrative support appropriate with the needs of the residency program

Objectives:

1. To provide clinical faculty who will be available at all times for consultation, case discussion and assistance for the resident's entire patient care experiences. This includes availability after regularly scheduled clinic hours for emergency cases.

2. To make available all support services and staff who are typically available for the faculty.
3. To meet weekly with the Program Coordinator to discuss issues of concern.

Goal 9

To provide adequate record-keeping to help document the performance of the program in meeting the above goals and objectives, as well as any other basic record-keeping requirements of the program

Objectives:

1. The resident will perform a semi-annual review of the residency coordinator.
2. The resident will perform a semi-annual review of each non-coordinator faculty member.
3. The resident will perform a semi-annual review of the residency program.
4. The residency coordinator will perform a quarterly review of the resident.
5. The residency program will conduct an annual program review.
6. The residency coordinator will perform a semi-annual quality assurance review of the resident to ensure the resident is providing quality patient care.
7. The resident will provide a quarterly listing of all patient encounters.
8. The resident will provide a quarterly listing of the resident's teaching and didactic experiences.

Goal 10

To evaluate and enhance the residency program on an on-going basis and to conduct a program of such quality as to merit accreditation by the Accreditation Council on Optometric Education (ACOE)

Objectives:

1. For the Program Coordinator and Director of Residencies to continuously monitor and evaluate the program to review and discuss the status of the program and proposed changes.
2. For each resident to complete an evaluation of all aspects of the residency program at mid-year and at the end of the program.
3. For the Program Coordinator and Director of Residencies to meet at the end of each program year to review the recently completed year, determine if the program is meeting ACOE's Optometric Residency Standards, and to address any deficiencies.

Curriculum Description

Indiana University School of Optometry Cornea and Contact Lens Residency

This is a full-time, 53-week residency program, beginning on the last week of June and ending on the following June 30th of each residency year. The first four weeks of the program are devoted to resident orientation. The focus of the program is on clinical care, but also includes didactic education and scholarly activity. The resident is involved in direct patient care a minimum of 4 days each week. The remainder of the resident's time is devoted to academic interests such as student case conference supervision, independent study and lecturing. The resident is also required to be available for after-hours emergency care on a rotating basis (one week out of every three to four weeks). The typical weekly schedule for the resident may be found in Appendix G. Below is a description of the curriculum.

Patient Care (approximately 85% of the program)

The resident is required to complete rotations in the Cornea and Contact Lens Clinic, the Indiana University Student Health Center Eye Clinic as well as the Primary Eye Care Clinic. Advanced competency achievement goals for each rotation are listed below.

Goals for Cornea and Contact Lens Clinic:

1. To enhance the resident's skills and efficiency in the fitting of contact lenses and the diagnosis and management of cornea and anterior segment disease including:
 - Soft contact lens fitting including hydrogel and silicone hydrogel lenses in spherical, toric and multifocal designs
 - Rigid contact lens fitting including spherical, aspheric, bitoric, multifocal, specialty keratoconic designs, large diameter lenses, reverse geometry lenses, and postsurgical lenses
 - Hybrid contact lenses
 - Treatment of cornea and anterior segment disease
2. To become proficient in the testing and interpretation of the following advanced diagnostic equipment:
 - Pentacam and Medmont Topography
 - Digital Anterior Segment Photography
 - Pachymetry
3. To enhance decision making for appropriate referrals to ophthalmic and non-ophthalmic medical providers, and for appropriate laboratory tests.

These goals are met through regular resident patient encounters in the Cornea and Contact Lens. This is a full-year rotation of 6 to 8 half-days of Cornea and Contact Lens

Clinic per week, supervised by Susan Kovacich, OD, FAAO, Jason Jedlicka, OD, FAAO and Neil Pence OD, FAAO. These goals are further met through supervised patient encounter one half day per week for one semester in the Primary Care Clinic while supervised by Primary Care Consultants.

Goals for Indiana University Student Health Center

1. To enhance the resident's skills in the diagnosis and management of:
 - ocular trauma
 - anterior segment infections
 - foreign bodies
 - ocular allergies
 - neuro-ophthalmic emergencies (including neurological exam screenings)
 - contact lens related problems
2. To become proficient in the interpretation of laboratory and imaging studies
3. To enhance the intra and inter-professional communication with nurse practitioners, physician assistants and family practice physicians

These goals are achieved through a 6 month to year long rotation of one half-day rotation at the Indiana University Student Health Center. The resident is supervised by the attending optometrist Kimberly Kohne, OD. The resident also works in coordination with the family practitioners, nurse practitioners, physician assistants, and pharmacists employed at the student Health Center.

Goals for Ophthalmology Sub-specialty Clinic Rotations (optional)

1. To enhance the resident's skills in the diagnosis and management of advanced corneal diseases including:
 - Keratoconus
 - infectious keratitis
 - hereditary corneal diseases
 - auto-immune related anterior segment disease
 - anterior segment trauma
 - dry eye
 - refractive surgery management.

Goals for Primary Care Clinic

1. To enhance skills in diagnosis and management of:
 - refractive disorders
 - binocular vision and accommodative disorders
 - contact lens fitting and management
 - ocular disease

These goals are met through a semester to year-long rotation, one to two half-days per week of regular patient encounters in the Primary Eye Care Clinic. The resident is supervised by Primary Care faculty at all times.

Goals for On Call Service

1. To enhance the resident's skill in triage of patients based upon presenting complaints
 - Indications for immediate vs. scheduled evaluation
 - Indications for immediate referral

2. To enhance the resident's skill in the diagnosis and immediate management of:
 - ocular trauma
 - anterior segment infections
 - foreign body removal
 - retinal and neuro-ophthalmic emergencies
 - ocular allergies
 - contact lens related problems
 - ocular chemical burns.

These goals are achieved by a year long rotation of after-hour on-call service of which the resident is responsible one week out of every three week period. This is supervised by the attending optometrist Dr. Kovacich or other available faculty

Teaching/Didactic/Scholarly Program (overlaps with patient care; lecturing and case conference, and other non-patient related activities is approximately 15% of the program)

The resident gains experience in teaching not only by consulting with 3rd and 4th year students throughout the residency program, but also through regular case conference and grand round presentations.

Goals for Teaching:

1. To enhance the resident's skills in clinical consulting with optometry students:
 - Early in the residency year, prior to beginning 3rd year primary care clinic consulting, the resident participates in an orientation meeting lead by a consultant in the Primary Care Clinic. The resident is given a hand out of expectations, policies and procedures (including grading) for consulting in primary care clinic. (Appendix I)
2. To enhance the resident's skills in preparing and delivering lectures
 - Prepare and deliver a minimum of one presentation to the 4th year Case Conference lecture series
3. To enhance the resident's skill in leading small group discussions:
 - Supervise and critique all 4th year student case conference presentations
 - Lead case conference discussions on patient care, diagnosis and management, at the end of each 3rd year primary care clinic day.

Didactic Program

It is the goal of the didactic portion of the curriculum to enhance the other aspects of the program. The resident spends the equivalent of one half day in didactic studies. For one quarter of the year the resident is in charge of leading the 4th year Case Conference, and may participate during other quarters. A discussion of each component is listed below.

1. 4th Year Student Case Conference

Meets every Thursday morning 8am-12pm. The Case Conference includes a lecture series on various topics including: contact lens lectures, binocular vision/pediatric lectures, medical malpractice and other insurance lectures, billing and coding lectures, grand round slide quizzes from guest lectures, ophthalmic company presentations (ex: Alcon, Allergan, Vistakon etc.).

Each 4th year student must give a 10 minute presentation on a subject related to optometry and the resident is in charge of supervising and critiquing these presentations each week. The resident also organizes slide quizzes for the 4th year students to be administered at least two times during each 12 week student rotation. Finally, the resident is required to give a minimum of one, 30 minute grand round presentation to the 4th year class during Case Conference.

Scholarly Activity

The resident is required to write a research paper or a case report of publishable quality as part of their completion of the residency to be presented as a paper, poster or publication. The resident also has the opportunity to work with faculty members who are involved in research projects and are encouraged to come up with their own research project. To facilitate this development the resident has full access to the Borish Center, the School's library and computer facilities. The resident may choose and are encouraged to present their work at professional meetings, such as AAO, AOA, SECO, and/or ARVO meeting.

Selection Process for Residents

All fourth year students in the schools and colleges of optometry in the United States and Canada are informed about the residency program.

IUSO representatives are available to answer questions and discuss the program at national meetings, such as the AOA and the Academy, attended by optometry students.

A brochure is created to highlight the program's characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be updated annually.

The residency program is promoted in the AOA Newsletter and other appropriate optometric publications each year.

The residency program is listed and described on the Indiana University School of Optometry web site.

To be considered for the program, each candidate must apply through the Optometry Residency Matching Service (ORMS) and submit the following by the application deadline:

- Letter of intent stating reasons for applying to the program
- Curriculum vitae or resume
- Official transcripts from all optometric education and other graduate school work.
- Scores from Parts I and II of the National Board of Examiners in Optometry
- Letters of reference from three faculty or adjunct faculty members who have been most familiar with the applicant's clinical performance, and the applicant's professional abilities and academic performance

To be considered for selection, all qualified applicants must be interviewed by the Coordinator of the Cornea and Contact Lens Residency, Director of Residencies and selected contact lens faculty. After consultation, the Coordinator will rate each applicant in the areas of didactic/clinical experience, interpersonal skills, knowledge, patient management skills, integrity and motivational status.

All candidates are allowed the opportunity to visit Indiana University School of Optometry, tour the clinical facility, become more familiar with the program and speak directly with the resident currently enrolled in the program.

The candidates are ranked following review of all application materials and the interview, by the Coordinator of the Cornea and Contact Lens Residency, Director of Residencies and selected contact lens faculty and the Coordinator submits the rankings to ORMS.

Requirements for Residency Completion and Awarding of Certificate

The academic term of the residency is fifty-three weeks beginning the last week of June and ending June 30th of the following year.

The resident is expected to work a minimum of 50 hours per week. The resident is also expected to provide emergency on-call services at a maximum of every other week.

The resident's annual compensation is \$35,000 and is not contingent upon the productivity of the resident. In addition the resident will receive \$100 for every week spent on emergency on-call service.

Health, professional and leave benefits provided to the resident are equivalent to those provided to all faculty members of Indiana University. These include medical and dental insurance, life insurance, disability insurance, retirement contributions, paid time off and sick time. The Faculty Human Resources Policy is available on the web (<http://www.indiana.edu/~uhrs/>) and will also be available on site. In addition, the

School provides the resident with \$1,200 travel stipend and time off for attendance at professional optometric organization meetings and continuing education courses.

Full professional liability insurance protection is provided to the resident for both internal and external clinical settings through the school.

The resident must complete the requirements listed on the Curriculum Description in order to successfully complete the residency. A certificate of completion is awarded upon satisfactory completion of these requirements.

Requirements of Completion of Residency

1. Provide optometric care to a large and diverse group of patients in the Indiana University School of Optometry Contact Lens Clinic, with emphasis in contact lenses and anterior segment conditions.
2. Acquire clinical experience in primary, specialized, and advanced contact lens fitting techniques, including and toric and bifocal soft contact lens fittings, and aspheric, bitoric, bifocal, keratoconic, and post-refractive rigid gas permeable contact lens fittings.
3. Gain clinical experience in the management of emergency eye care and anterior segment conditions, including an external rotation at the Indiana University Student Health Center's Urgent Eye Clinic, provision of emergency eye care services at the Contact Lens Clinic, and after-hours emergency on-call responsibility.
4. Acquire proficiency in the use of therapeutic agents used to manage and treat anterior segment conditions.
5. Learn in the use of state-of-the-art diagnostic equipment including the latest digital imaging, corneal topography, and computer technology.
6. Clinical and didactic instruction of optometry students including clinical supervision in the Contact Lens Clinic and during various health screenings throughout the year.
7. Give lectures and organize presenters for the weekly Case Conference Seminar for optometry interns, during their 12-week assignment.
8. Organize specialized training workshops for advanced contact lens fittings; attendance at lectures and workshops in optometric pre- and post-refractive surgical care.
9. Attend continuing education classes and seminars.
10. Participate in clinical research in contact lens or anterior segment related conditions, including the completion of a research paper or poster, literature review, or case report of publishable quality by the end of the program.
11. Attend at least one scholarly meeting devoted to specialty contact lens care.
12. Actively participate in the optometric community through membership and participation in optometric organizations.

Standards for Didactic and Clinical Optometric Education

The mission of Indiana University School of Optometry is to produce graduates who are fully qualified to provide quality comprehensive eye care services to the public. To fulfill this mission, I.U. School of Optometry and its affiliated External Rotation Sites must ensure that students demonstrate satisfactory knowledge and skills in the provision of optometric care.

The functional standards as outlined by the Association of Schools and Colleges of Optometry (ASCO), January 12, 1998, require that the student possess appropriate abilities in the following areas: 1) observation; 2) communication; 3) sensory and motor coordination; 4) intellectual-conceptual, integrative and quantitative abilities; and 5) behavioral and social attributes. Each of these areas is described in this document.

In any case where a student's abilities in one of these areas are compromised, he or she must demonstrate alternative means and/or abilities to meet the functional requirements. It is expected that seeking and using such alternative means and/or abilities shall be the responsibility of the student. Upon receipt of appropriate documentation, the school or site will be expected to provide reasonable assistance and accommodation to the student.

Observation Abilities

The student must be able to acquire a defined level of required knowledge as presented through lectures, laboratories, demonstrations, patient interaction and self-study. Acquiring this body of information necessitates the functional use of visual, auditory and somatic sensation enhanced by the functional use of other sensory modalities. Examples of these observational skills in which accurate information needs to be extracted in an efficient manner include:

Visual Abilities (as they relate to such things as visual acuity, color vision and binocularity):

1. visualizing and reading information from papers, films, slides, video and computer displays.
2. observing optical, anatomic, physiologic and pharmacological demonstrations and experiments.
3. discriminating microscopic images of tissue and microorganisms.
4. observing a patient and noting non-verbal signs.
5. discriminating numbers, images and patterns associated with diagnostic tests and instruments.
6. visualizing specific ocular tissues in order to discern three-dimensional relationships, depth and color changes.

Auditory Abilities:

1. understanding verbal presentations in lecture, laboratory and patient settings.
2. recognizing and interpreting various sounds associated with laboratory experiments as well as diagnostic and therapeutic procedures.

Tactile Abilities:

1. palpating the eye and related areas to determine the integrity of the underlying structures.
2. palpating and feeling certain cardiovascular pulses.

Communication abilities

The student must be able to communicate effectively, efficiently and sensitively with patients and their families, peers, staff, instructors and other members of the health care team. The student must be able to demonstrate established communication skills using

traditional and alternative means. Examples of required communication skills include:

1. relating effectively and sensitively to patients, conveying compassion and empathy.
2. perceiving verbal and non-verbal communication such as sadness, worry, agitation and lack of comprehension from patients.
3. eliciting information from patients and observing changes in mood and activity.
4. communicating quickly, effectively and efficiently in oral and written English with patients and other members of the health care team.
5. reading and legibly recording observations, test results and management plans accurately.
6. completing assignments, patient records and correspondence accurately and in a timely manner.

Sensory and Motor Abilities

Students must possess the sensory and motor skills necessary to perform an eye examination, including emergency care. In general, this requires sufficient exteroception sense (touch, pain, temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and fine motor function (significant coordination and manual dexterity using arms, wrists, hands and fingers). Examples of skills required include:

1. instillation of ocular pharmaceutical agents.
2. insertion, removal and manipulation of contact lenses.
3. assessment of blood pressure and pulse.
4. removal of foreign objects from the cornea.
5. simultaneous manipulation of lenses, instruments and therapeutic agents and devices.
6. reasonable facility of movement.

Intellectual-Conceptual, Integrative and Quantitative Abilities

Problem solving, a most critical skill, is essential for optometric students and must be performed quickly, especially in emergencies. In order to be an effective problem solver, the student must be able to accurately and efficiently utilize such abilities as measurement, calculation, reasoning, analysis, judgment, investigation, memory, numerical recognition and synthesis. Examples of these abilities include being able to:

1. determine appropriate questions to be asked and clinical tests to be performed.
2. Identify/analyze significant findings from history, examination and other test data.
3. demonstrate good judgment and provide a reasonable assessment, diagnosis and management of patients.
4. retain, recall and obtain information in an efficient manner.
5. identify and communicate the limits of one's knowledge and skill.

Behavioral and Social Attributes

The student must possess the necessary behavioral and social attributes for the study and practice of optometry. Examples of such attributes include:

1. satisfactory emotional health required for full utilization of one's intellectual ability.
2. high ethical standards and integrity.
3. an empathy with patients and concern for their welfare.
4. commitment to the optometric profession and its standards.
5. effective interpersonal relationships with patients, peers and instructors.

- 6 professional demeanor.
- 7 effective functioning under varying degrees of stress and workload.
- 8 adaptability to changing environments and uncertainties inherent in patient care.
- 9 positive acceptance of suggestions and constructive criticism.

Patient Care Standard of Practice

The residency site subscribes to the tenants of evidence-based patient care as expressed the AOA Clinical Practice Guidelines. We also use such references as The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease, the Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology, and current optometric and ophthalmologic texts and journal articles. Training sessions for faculty, residents, and students are given on blood borne pathogens and hazardous materials management. Clinical faculty is required to maintain current CPR certification according to the American Heart Association training guidelines.

Additionally, the resident is bound by the protocols and policies outlined in the Indiana University School of Optometry Clinic Policy and Protocol manual, located online at <https://www.opt.indiana.edu/intranet/Clinics/Manual.aspx>.

The residency Program Coordinator reviews 5 of the resident's first patient encounters and discusses the charting with the resident. The Program Coordinator is typically assigned some clinic sessions with the resident to give instruction and feedback and monitor progress throughout the year. The Program Coordinator reviews charts for quality assurance on a semi-annual basis. Quality assurance (QA) is accomplished by review of records and providing written or verbal feedback in the form of notes to the resident if any deficiencies are noted. If there are urgent deficiencies then the Program Coordinator will meet with the resident in person to discuss the concerns right away. In addition, informal feedback regarding skills, knowledge, communication, etc. is provided to the resident, as needed, by attendings who consult with the resident.

The resident undergoes a Routine Case Review that is done by the Coordinator of the Residency. The Quality Assurance Committee will select randomly records the resident has worked on and the Program Coordinator will evaluate the information. The records will be evaluated qualitatively according to the Clinical Practice Guidelines. Once the charts are reviewed the Coordinator will give the evaluations to the resident and they will discuss any problems found within the records.

In order to assure that the School of Optometry is delivering patient care according to acceptable standards, an ongoing process of quality assessment and monitoring has been developed. It is monitored in all of our clinics for all faculty, residents, staff, and students. The Chair of the Quality Assurance Committee and the Director of Clinics work together to continually update the Quality Assurance Program. The QA is done by using two protocols. The first is a Routine Case Review. Each chart is qualitatively assessed according to the published Clinical Practice Guidelines, reviewing the quality of care provided and determines if the accepted standard of clinical care was provided. All

faculty undergo the review process by having 10 records randomly selected and examined. The second protocol is an Incident Review. This is built in for an unexpected occurrence or variation involving serious physical or psychological injury, or the risk thereof. A root Cause Analysis will be done to investigate such an incident. A copy of Indiana University School of Optometry's Quality Assurance Program is located online at <https://www.opt.indiana.edu/intranet/Clinics/Manual.aspx>.

Supervision Policy

Supervision refers to the dual responsibility that the Program Coordinator and/or faculty attending have to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by a resident. Supervision is provided by observation, consultation and direction, and includes the imparting of knowledge, skills and attitudes by the practitioner to the resident. Progressive responsibility for the care of the patient is a part of the resident's training program. The level of responsibility is commensurate with their acquisition of knowledge and development of judgement and skill. The resident's knowledge and skills are assessed through the quality assurance process and formal evaluations of patient care. Initially the resident is required to consult with their Program Coordinator or assigned attending faculty for their first five patients, or more if necessary. When the Program Coordinator determines that the resident's knowledge, skills, and judgement are appropriate, the resident will no longer be required to consult with the Program Coordinator or assigned attending faculty for all cases, but as needed.

Consultation

The resident will be encouraged to continually increase their independence in patient care throughout the residency. However, the opportunity for consultation with the Program Coordinator or an attending faculty member is always available to the resident.

The resident has independent privileges identical to those of faculty. However, he/she is supervised in a controlled and graduated manner. There is close, full time supervision at the onset of the program gradually giving way to full autonomy monitored by the regular Quality Assurance protocol of the clinic. The orientation of the resident involves observation only in the first weeks of the residency year to fully orient the resident to patient care services of the residency. The Program Coordinator or other faculty members are always accessible for consultation when patient care is rendered. The resident is allowed an increasing amount of independence throughout the academic year as his or her clinical skills develop. Because the program is set in a teaching clinic environment, the organization and design are conducive to the support and development of optometric practitioners.

Indiana University School of Optometry Clinic Dress Code Policy

The purpose of the Dress Code Policy is to provide a uniform guideline that reflects an appropriately professional atmosphere as a health care facility to all patients and other visitors.

This Dress Code Policy applies to all clinic personnel in all service units/areas during posted hours of clinic operation. This policy includes all faculty, students, staff, and work studies whenever on the clinic premises. If you enter any of our clinics for any reason i.e., research, discussion, checking on schedules, looking for classmates or colleges, etc, you must conform to the clinic dress code.

Name Tags

All faculty, staff, students and work studies must be identified by a name tag while on the clinic floor. The name tag should be kept current

Lab Jackets/Coats

General Comments: lab coats should be cleaned and pressed regularly.

Interns and Technician Students: a lab jacket (short length, white) is required unless climate control problems are present in the clinic. This policy applies to activity in all patient care areas including the dispensary.

Staff: A lab coat or uniform is required unless climate control problems are present in the clinic. The shirt worn beneath the lab coat should be appropriately modest.

Faculty: A lab coat (long length, white) is required during patient care activities unless climate control problems are present in the clinic.

Work Study: A lab coat is strongly recommended.

Proper Attire (Women): Good common sense and professionalism should dictate daily attire.

Dresses and skirts should be of an appropriately modest length (no more than 2 inches above the knee). Mini-skirts, and revealing necklines, and spaghetti straps are not appropriate. Dress walking shorts are permissible when worn with appropriate hose and shoes. Dress slacks are appropriate. The style and fit should be appropriately modest. Sweatshirt material is not considered appropriate.

Dress blouses or tailored shirts are appropriate. T-shirts under cardigan sweaters are not considered appropriate. The blouse or shirt should be appropriately discreet. (No midriff showing) Sweatshirt material is not considered appropriate.

Shoes should be appropriate. Sport tennis shoes are not considered appropriate.

Hair should be clean and well groomed. Long hair should be tied back. Dramatic styles are not appropriate. Make-up should be kept light. Do not come in with wet hair. Be attentive to all aspects of your personal hygiene.

Jewelry should be kept to a minimum. Jewelry in the brow, nose, lip or tongue is not considered appropriate.

Proper Attire (Men): Good common sense and professionalism should dictate daily attire.

Dress slacks are appropriate. Baggy pants and sweatshirt material are not considered appropriate.

Dress shirts and ties are appropriate. T-shirts under cardigan sweaters are not considered appropriate. Casual shirts are not considered appropriate, even when worn with a tie.

Shoes should be appropriate. Socks must be worn. Sport tennis shoes are not considered appropriate.

Hair should be clean and well groomed. Long hair should be tied back. Dramatic styles are not appropriate. Do not come in with wet hair. Be attentive to all aspects of your personal hygiene.

Jewelry should be kept to a minimum. Jewelry in the brow, nose, lip or tongue is not considered appropriate.

Residency Term, Benefits and Completion

The residency is a 53 week program that starts June 24th and runs through June 30 of the following year. There is a one day orientation which is followed by orientation to the Cornea and Contact Lens Service during the first week. Expectations of the program are described, including the expected weekly hours of the resident's program (approx. 50 hours); on-call duties; compensation; health, professional and leave benefits; professional liability protection; and requirements for completion and awarding of certificate.

Facility Safety Policies

This orientation is designed to orient the resident to clinical policies of the Indiana University School of Optometry, including clinical practice protocols, supervision policy, facility safety policies, and infection control and is conducted by the Director of Residencies and Program Coordinator. Additionally, all schedules, questions and concerns regarding the program are addressed at this time.

The new resident receives the resident manual, the clinic policy and protocol manual, and during this week any other questions are answered about the orientation process and the policies of the School of Optometry. New residents are not allowed to participate in patient care until the Program Coordinator has oriented the resident, has determined competency, and the resident has completed the certification process.

The following documents contain the policies and procedures of the Indiana University School of Optometry with respect to the resident and residency program:
The Indiana University School of Optometry Brochure (available online at <http://www.optometry.iu.edu/doc/residency-brochure.pdf>).

The Indiana University School of Optometry Clinical Policy and Protocol manual (available online at <https://www.opt.indiana.edu/intranet/Clinics/Manual.aspx> . The Indiana University Code of Student Rights, Responsibilities, and Conduct (available online at <http://www.indiana.edu/~code/>).

Evaluation/Review Process

At the beginning of the year the resident and the Program Coordinator meet to set the goals for the residency. The Coordinator and the resident meet half-way through the residency to review and discuss how well the goals are being met and whether or not any adjustments need to be made. The mid-year evaluation forms are filled out by both parties. They review the patient log and the activity log to make sure that all the information for the residency year is documented. They also discuss any problems with the residency and make adjustments to the program to ensure that all the goals and objectives are met by the end of the residency. At the end of the year, the Coordinator and the resident evaluate the residency in terms of the mission, goals and objectives. The end of year evaluation forms are filled out by both parties. They will review the patient log and the activity log to make sure that all the information for the residency year is documented. The resident, the program coordinator, and the director of residencies for the program will take part in compiling the Annual Report. They will examine the mission statement, goals, and objectives of the program, looking specifically for program strengths, weaknesses, and deficiencies. Any weaknesses or deficiencies identified during this annual review process will be discussed by the reviewers, who will formulate and implement procedures to correct the shortcomings. Others may be included as deemed appropriate.

Counseling, remediation, and dismissal of the resident

A resident whose performance in any area is below the expected level should receive counseling from the immediate coordinator at the site. The counseling should be done as soon as the problem becomes apparent. Counseling may include information about outside resources if appropriate.

Specific performance problems may require remediation in addition to counseling. Performance problems shall be documented and reviewed with the resident. The nature and duration of the remediation must be specific to the problem, and must be at the convenience of the site itself. Design and implementation of the remediation plan is the responsibility of the resident's coordinator, in consultation with the resident and with any other appropriate personnel at the site. The IU School of Optometry's Director of Residencies should be informed and consulted in each situation requiring remediation. The plan, including the consequences of failure to meet expected levels, must be described thoroughly and understood by all those involved before the remediation begins. The plan must be in place within 15 days of the identification of the problem.

If the resident shows little or no improvement within the specified time, the resident will be dismissed. If the resident has shown improvement but has not raised performance to

the expected level within the specified time, the remediation may be repeated. If the resident does not achieve desired performance levels after two sessions of remediation, the resident will be dismissed.

Residents may also be dismissed for falsification of records, patient endangerment, and for repeated violations of federal anti-discrimination laws – i.e., refusal to provide care to a specific population. In each instance, the offense must be carefully documented, the facts established, and the IU School of Optometry’s Director of Residencies consulted before the dismissal is finalized.

Receiving adjudicating and resolving resident complaints

A resident must present a complaint in writing to the immediate coordinator. The coordinator and the resident will discuss the complaint; the discussion will be documented and the resident should review the documentation and agree to its accuracy before the coordinator proceeds. The coordinator should investigate the complaint, and document the steps taken and the findings that result; that documentation and the complaint, which prompted it, should be made available to all concerned parties. If the complaint is one of discrimination, the coordinator should seek the assistance of the site’s human resources person in planning any investigation.

In all cases, residents and personnel at Indiana University-affiliated sites are governed by the Equal Employment/Affirmative Action Policy of Indiana University.

Once the complaint has been investigated and judged by the immediate coordinator and by other appropriate people consulted by the coordinator the decision should be delivered in writing within 30 days of the filing date to the resident and to any parties named in the complaint. Complaints vary in nature, and the methods of resolution should be appropriate to the verified complaint. If the complaint is found to be based in misunderstanding, then the coordinator shall meet with the resident and the named party (or parties) and facilitate understanding by all concerned. In any case, action taken to resolve a substantiated complaint should be documented and made available, and the resident will be made aware of due process.

Due process provided to the resident on adverse decisions

If a resident wishes to appeal a decision by the coordinator, whether regarding remediation/dismissal or the resolution of a complaint, the resident should present the appeal in writing within 15 days of the decision jointly to the person at the next level of authority at the site and to the IU School of Optometry’s Director of Residencies, with a copy to the immediate coordinator. Those parties will conduct an investigation on the handling of the situation; the investigation will be documented as well. A joint decision shall be issued in writing within 15 days to all parties involved.

A resident who wishes to appeal this joint decision should present the appeal in writing within 10 days to the Dean of the IU School of Optometry. The Dean shall conduct an

investigation, with full record of documentation reviewed and steps taken. The decision of the Dean is final.

Physical Facilities:

The Indiana University School of Optometry operates two separate clinics: Atwater Eye Care Center located at 744 East Third Street, Bloomington, Indiana and the Indianapolis Eye Care Center, located in Indianapolis, Indiana. The Cornea and Contact Lens Resident does not see patients at the Indianapolis location. Residents also see urgent care patients at the Indiana University Health Center, located on the Indiana University Bloomington campus.

Atwater Eye Care Center, 744 East Third Street, Bloomington, IN

The Atwater Eye Care Center (AECC) is located at 744 East Third Street, across the street from the Optometry building on the Bloomington campus of Indiana University. There is a total of 19202 ft² (9262 ft² first floor and 9940 ft² second floor.) Thirty examination lanes are utilized to provide clinical training and education for students and residents in the areas of Contact Lenses, Primary Care, Binocular Vision/Pediatrics, Ocular Disease and Vision Rehabilitation. Third and Fourth Year OD students rotate through this clinic. There are 9 auxiliary testing rooms for visual fields, corneal topography, slit lamp photography and OCT; 3 of these rooms are located in the Cornea and Contact Lens Service. The Cornea and Contact Lens Service is located on the second floor of AECC and has 9 examination lanes for students and residents.

Faculty offices are located within the building, including a work station for the resident. There is a lounge for Faculty, Staff, and Students, in addition to Faculty offices and billing and administrative offices. Two focal points of AECC include an exceptional Eyewear Center and The Vision Care Institute Satellite Center (TVCI). TVCI Satellite Center offers professional-level training opportunities through a direct link to distance learning and live programming with an updated video conferencing center. It is also ideal for Faculty and Staff meetings between the Bloomington Campus and our regional sites.

The Indiana University Student Health Center (IUHC), located at 600 North Jordan Ave. in Bloomington, IN, is a stand-alone, 4 story, 66,000 ft² acute care facility which provides medical, mental health and wellness services to the 42,000 students on the Bloomington campus of Indiana University. In addition to direct service to the students, the Health Center supports the campus and Bloomington community on behalf of the students through a variety of services and activities.

Within the Health Center, multiple services are provided including the following: Medical Clinic, Women's Health Clinic, Counseling and Psychological Services, and Health and Wellness Services providing health education outreach, nutrition services, massage therapy, smoking cessation, and sexual health education. Other services

available on-site include: physical therapy, optometry, clinical laboratory, retail pharmacy, radiology, allergy and immunization clinic, and a travel clinic.

The Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), the International Association of Counseling Centers (IACS), the American Psychology Association accredit the services and facilities of the Indiana University Health Center.

Optometry Services: The Health Center provides non-routine optometric services in association with the Indiana University School of Optometry. School of Optometry Faculty employed by the Health Center supervises Fourth Year optometry students during a 12-week rotation. The Resident is assigned to work with the IUSO Faculty while consulting with students. During this period, students provide direct, but supervised eye care for problems such as contact lens related red eyes, conjunctivitis, styes, dry eye, allergies, injuries, retina problems relating to diabetes and hypertension, and eye inflammation caused by rheumatological disorders.

The Health Center's Eye Clinic is open during the Fall and Spring academic semesters in the mornings on Monday, and in the afternoons on Tuesday, Wednesday, Thursday and Friday. There are two (2) exam rooms, each containing the following equipment: stand and chair, BIO and slit lamp. One room contains a phoropter. There is one large office featuring room for four (4) workstations for both faculty and students to document encounters and for consultation. A waiting room provides sufficient space for patients to await appointments.

Clinical Staffing and Utilization: The Health Center's medical clinics utilize a mix of 7 physicians, 11 nurse practitioners, and 2 physician assistants. Each of these providers works with a care team featuring a registered nurse and a shared medical assistant. Currently, there are 12 registered nurses and 10 medical assistants providing support for Health Center medical providers in both the Medical Clinic and Women's Health Clinic. The Health Center's mental health clinic or CAPS (Counseling and Psychological Services) features 2 psychiatrists, 9 psychologists, and 9 clinical social workers. The Health Center's other services are provided by 1 physical therapist, 2 dieticians, 4 health educators, 4 massage therapists, and 2 registered nurses administering immunizations and allergy medications.

Equipment:

The Cornea and Contact Lens Service is located on the second floor of AECC and has 9 examination lanes for students and residents. Each examination room is fully equipped with standard refracting units including chair, stand, projector, phoropter, biomicroscope, Goldmann style tonometer, and keratometer. The 3 rooms for high tech equipment contain Humphrey visual fields, an updated slit lamp camera and digital imaging system, an Oculus Keratograph 5 and Pentacam, a Medmont topographer, TearLab and BlephEx equipment. The Heidelberg and Optivue OCTs on the first floor have anterior attachments. The professional equipment in all the eye care clinics mentioned above is up-to-date and of good quality. The resident has full access to all equipment.

Support from Ancillary Staff:

The Cornea and Contact Lens Service staff, as well as the front desk and billing staff, are available to the resident for all clinical administrative duties such as scheduling, record keeping and filing, billing and equipment maintenance. The administrative secretary in the Dean's office is available to provide secretarial support to the resident. The administrative secretary to the Faculty is able to provide secretarial support to the resident as well.

Orientation

During the first week of the residency year, the new resident is oriented to the program. This orientation is designed to adjust the resident to clinic policies of the Indiana University School of Optometry, including clinical practice protocols, facility safety policies, and infection control and is conducted by the Program Coordinator. Additionally, all schedules, questions and concerns regarding the program are addressed at this time. The new resident receives the resident handbook, access to the clinic policy and protocol manual, and during this week any other questions are answered about the orientation process and the policies of the School of Optometry. In addition a residency orientation program is provided for all IU School of Optometry residents in a joint meeting with the Director of Residencies at the school that includes all the affiliated residency program coordinators.

The resident will meet with the Residency Coordinator (Dr. Kovacich), Chief of the Cornea and Contact Lens Service (Dr. Jason Jedlicka) or Associate Dean, Clinical and Patient Care Services (Dr. Pence) during their first week to discuss goals, scheduling, insurance certification and clinical policies and procedures. In Bloomington during the first weeks the resident will be primarily shadowing the clinical faculty to learn how to appropriately consult and interact with students. The goal during this initial period is to allow the resident a transition between being a fourth year student and a member of the faculty at Indiana University School of Optometry. During their year they will gradually be given more freedoms in diagnosing and treating patients. New residents are not allowed to participate in patient care until the Program Coordinator has oriented the

resident, has determined competency, and the resident has completed the certification process.

During that first month Dr. Kovacich (or Drs. Jedlicka or Pence) and the resident will also discuss contact lens workshops. These workshops and the resident’s responsibilities will be discussed.

During their first day at the Indiana University Health Center the IUSO optometrist assigned to the health center will discuss the resident’s responsibilities and orient the resident to the facilities and the electronic medical records.

Sample Weekly Resident Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Professional Dev./Ophth	Student Health Center Consulting		Case Conference (Spring)	Cornea and Contact Lens Clinic Consulting	Primary care Consulting (3 rd year interns) 3 weeks/month
Afternoon	Cornea and Contact Lens Clinic Consulting	Cornea and Contact Lens Clinic Consulting	Cornea and Contact Lens Clinic Consulting	Contact Lens Lab (spring) or CL Clinic	Cornea and Contact Lens Clinic Consulting	
Evening			Cornea and Contact Lens Clinic Consulting			

- Monday-** **a.m.** Professional development or Ophth. observation
 p.m. Need to arrive at AECC before 1:00 p.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

- Tuesday-** **a.m.** Student Health Center to consult with interns. Arrive by 8:00 a.m.
 p.m. - Need to arrive at AECC before 1:00 p.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

- Wednesday-** **p.m.** - Need to arrive at AECC before 1:00 a.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic. Evening clinic starts at 5:00.

- Thursday-** **a.m.**-Assisting in managing fourth year case conference with the other residents
 p.m. – Contact Lens Lab (spring) or CL clinic

Friday- **a.m./p.m.-** Need to arrive at AECC before 8:00 a.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

Saturday- **a.m.-**Third year primary care clinic, clinic starts at 8:00 a.m., need to on the clinic floor, by 7:45 to be ready to assist interns.

Clinical Administrative Rules of Engagement Information Given to Fourth Year Interns

Bloomington clinics

1. White coats to be worn at all times.
2. Interns are required to remain available on assigned clinic days until **at least** 11:30 noon (Saturday), 4:30 p.m. (Tuesday, Wednesday, Thursday), or 7:30 p.m. (Wednesday).
3. Interns must be set up in their exam rooms and ready to go at least 15 minutes **before** the first scheduled appointment, regardless of their own schedule load.
4. Please remain on the clinic floor and available if you are not with a patient.
5. Always put initials on schedule so that others can find you easily.
6. Always return borrowed equipment and supplies in a timely manner.
7. Keep a complete record of all patient encounters.
8. Interns are responsible for the care of their patients from the initial evaluation, through all vision training and evaluation visits, until dismissal from care. If an intern cannot be available for a patient visit, proper arrangements must be made for a substitution.
9. Any referral, be it from an OD or MD, needs a letter. This is **your** responsibility, and it should be done in a timely manner (i.e. less than a week).

Billing for Contact Lens Examinations

Medicare developed the E/M Codes, these are the same codes used by all other insurance companies including Medicaid. There are specific requirements that need to be met in order to bill appropriately. If we consistently over bill and an audit is performed fines will be levied. If we consistently under bill then the school is not being paid appropriately for its time. The following is designed to assist in coding the examination properly. The information comes from the Medicare/Medicaid Update 2001.

Documentation of E/M Services

Components

- a. History
- b. Examination Procedures
- c. Decision Making

History

To qualify for a certain level of history, each of the three elements needs to be met. A chief complaint must be described at each level:

Type of History	History of Present Illness	Review of Systems	Past, Family Social History
Problem Focused (PF)	Brief	N/A	N/A
Expanded Problem Focused (EPF)	Brief	N/A	N/A
Detailed (D)	Extended	Extended	Pertinent
Comprehensive (C)	Extended	Complete	Complete

Guidelines

1. Review of Symptoms and/or Past, Family, Social History obtained during a prior encounter does not need to be re-recorded if there is evidence that it was reviewed and updated.
2. Faculty needs to initial next to the Review of Symptoms on the patient intake form

Definitions of specific components

1. **Chief Complaint:** A clear concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the patient encounter
2. **History of Present Illness:** A description of present illness. Brief and extended History of Present Illness are distinguished by the amount of detail. The History of present Illness should include *Location, Quality, Severity, Duration, Timing, Context, Associated signs, Modifying factors, Symptoms*.
 - i. Brief: Consist of one to three elements
 - ii. Extended: Consist of four elements of the present Illness or the status of at least three chronic or inactive conditions

3. **Review of Symptoms:** The following is a list of systems that are needed to be addressed in the history.

Constitutional symptoms	Eyes
Ears, Nose, Mouth, Throat	Cardiovascular
Respiratory	Gastrointestinal
Genitourinary	Musculoskeletal
Integumentary	Neurological
Psychiatric	Endocrine
Hematologic	Allergic/Immunological

- i. Problem Oriented: Inquiries about the system directly related to the Chief complaint
 - ii. Extended: Inquiries about the system directly related to the Chief complaint and limited number of additional systems
 - iii. Complete: Inquires about the system directly related to the Chief complaint and at least 10 organ systems must be reviewed
4. **Past Family and or/ Social History:** The components include Past History, Family History and Social History
- i. Pertinent: Review of the history directly related to the chief complaint at least one area must be reviewed
 - ii. Complete: Review of at least two of the three areas

Documentation of Examination Procedures

The following is a listing of the elements that must be documented in order to qualify for the different levels of service

1. Test of visual acuity
2. Gross visual fields
3. Test of ocular motility including primary gaze alignment
4. Inspection of bulbar and palpebral conjunctiva
5. Examination of the ocular adnexa including lids, lacrimal gland, lacrimal drainage, orbits and preauricular lymph nodes
6. Examination of the pupils and irises
7. Slit lamp examination of the corneas
8. Slit lamp examination of the anterior chambers
9. Slit lamp examination of the lenses
10. Measurement of the intraocular pressures

11. Ophthalmoscopy examination through dilated pupils of optic discs, including size, C/D and appearance
12. Posterior segment examination including retina and vessels
13. Orientation of time, place and person
14. Mood and affect
- 15.

Type of examination	Required Examination Elements
Problem Focused	One to five elements
Expanded Problem Focused	At least six elements
Detailed	At least nine elements
Comprehensive	Perform all elements

Medical Decision Making

Medical decision making is a vast area of grayness. Below are the components of decision making and suggestion on how to incorporate them for billing purposes.

Three Components of decision making

1. The number of diagnoses or management options
(How hard is the problem to diagnose?)
2. The amount and/or complexity of data gathered and in the record
(What is the information you need to get?)
3. The degree of risk of complications and/or morbidity or mortality
(What is the risk to the patient?)

Types of decision making

Type of decision	Requirements
Straightforward	There are minimal diagnoses or management options. There is not data or only minimal data to be reviewed. The risks of complications, morbidity or mortality are minimal
Low Complexity	There are limited diagnoses, management options and date to review. The risks of complications, morbidity or morality are low.
Moderate Complexity	There are multiple possible diagnoses and management options. The amount of data to be reviewed is moderate. The risks of complications, morbidity and mortality are moderate
High Complexity	There are extensive possible diagnoses and management options. The amount of data to be reviewed is extensive. The risks of complications, morbidity and mortality are high

Decision making table: Must meet two of the three sections

Types of decision making	Number of diagnoses or management options	Amount and complexity of data to review	Risk of complications and morbidity or mortality
Straightforward	Minimal	Minimal or none	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

Office Services

New Patient	Est. Patient	History	Examination	Decisions
99201		Prob. Focus	Prob. Focus	Straightforward
	99211	None	None	None
99202		Expanded Prob Focus	Expanded Prob. Focus	Straightforward
	99212	Problem Focus	Prob. Focus	Straightforward
99203		Detailed	Detailed	Low complexity
	99213	Expanded Prob Focus	Expanded Prob. Focus	Low Complexity
99204		Comprehensive	Comprehensive	Mod. Complexity
	99214	Detailed	Detailed	Mod. Complexity
99205		Comprehensive	Comprehensive	High Complexity
	99215	Comprehensive	Comprehensive	High Complexity

New Patients must meet all three components above. Established patients must only meet two of the three components.

Optometric Routine Examinations

Routine eye/vision examinations have their own codes which we utilize. Office visits should be coded with these codes when coming in for their annual eye examination.

	New Patient	Established patient
Intermediate Examination	92002	92012
Comprehensive Examination	92004	92014

The elements of the eye examination are:

- | | |
|---------------------|----------------------|
| Visual Acuities | Anterior Chamber |
| Basic Visual Fields | Lens |
| Eyelids and Adnexa | Intraocular pressure |

Ocular Motility
Pupils/Iris
Retina

Cornea
Optic Disc

1. An Intermediate examination must consist of seven of the above elements
2. A Comprehensive examination must consist of eight or more elements. It does not to include a dilated fundus examination, posterior pole needs to be viewed with a direct ophthalmoscope

Use of 92065 code

This code is defined as a sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure. This code is a testing code similar to a visual field code. Therefore, this should be paired with an E/M office visit code when used.

Use of Consultation Codes

Consultation codes may be used when a patient is referred from another physician. We may diagnosis and initiate therapy but we cannot take over the care of the patient. We may initiate therapy and then send them back to their doctor for follow-up care. If the physician wants us to manage their patient we should code the appropriate E/M code.

Intermediate 99242

Detailed 99243

Comprehensive 99244

In order to bill using these codes you must have certain documentation

1. Specific written request for the consultation from the requesting physician or a specific reference to the request in the consultant's record. Ideally there should be a request in the patient's chart. If there is no request then the chief complaint should state that the patient's was referred by a specific doctor for a specified reason
2. A letter needs to be written to the referring doctor and a copy of this letter must remain in the patient's chart.