

Professional Optometric Residency Standards Effective July 1, 2009 Adopted by the ACOE at its Winter Meeting, February 8-10, 2008; Revised October 2009, October 2010, February 2012		NEW Professional Optometric Residency Standards Mandatory on July 1, 2017* (revised 2019, 2021) *A copy of the new standards in sequential order may be found on the ACOE web site at: http://www.aoa.org/optometrists/for-educators/accreditation-council-on-optometric-education/accreditation-resources-and-guidance/optometric-residency-programs?sso=y	
Affiliated School or College of Optometry	An ACOE accredited school or college of optometry that has educational responsibility for a residency that is sponsored by a non-ACOE accredited health care entity. Faculty appointment, curriculum development, and program assessment are examples of educational responsibilities of the affiliated school or college of optometry.	*NEW	The ability to provide eye care at a level beyond that of the core competencies attained upon completion of a professional optometric degree program.
Advanced Competency		Affiliated School or College of Optometry	An ACOE accredited school or college of optometry that has educational responsibility for a residency that is sponsored by a non-ACOE accredited health care entity. Faculty appointment, curriculum development, and program assessment are examples of educational responsibilities of the affiliated school or college of optometry.
Core Competencies	The fundamental components common to all residency programs and expected achievements for all residents. The components result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission of the residency.	Curriculum	A structured, integrated educational plan developed to meet the mission, goals and objectives through patient care, didactic and scholarly activities.
Curriculum	A structured, integrated educational plan developed to meet the mission, goals and objectives through patient care, didactic and scholarly activities.	Didactic Activity	The acquisition of advanced clinical knowledge, techniques or procedures via delivery methods such as lectures, journal clubs, courses or workshops.
Didactic Activity	The acquisition of advanced clinical knowledge, techniques or procedures via delivery methods such as lectures, journal clubs, courses or workshops.	Director of Residencies	That individual at the affiliated school or college of optometry who is administratively responsible (regardless of title) for the overall quality of the residency program(s) of that institution.
Director of Residencies	That individual at the affiliated school or college of optometry who is administratively responsible (regardless of title) for the overall quality of the residency program(s) of that institution.	Evidence-Based Clinical Decision Making	The utilization of the best peer-reviewed current scientific information integrated with clinical expertise in making an individualized decision about the care of a patient.
Evidence-Based Clinical Decision Making	The utilization of the best current scientific information integrated with clinical expertise in making an individualized decision about the care of a patient.	Examples of Evidence	Documentation the program provides to the Council as evidence the program meets the standard. The examples listed are not all inclusive, and the program may choose to use all, some, or none of the examples in its documentation. However, the Council does require the program to submit appropriate documentation as evidence of meeting the standard.
Health Care Delivery Entity	Any health care delivery organization or facility which provides primary, secondary or tertiary health care by appropriately licensed providers.		
Examples of Evidence	Documentation the program provides to the Council as evidence the program meets the standard. The examples listed are not all inclusive, and the program		

	may choose to use all, some, or none of the examples in its documentation. However, the Council does require the program to submit appropriate documentation as evidence of meeting the standard.		
Goals	Goals specify the end results necessary to achieve the mission; they should elaborate each of the major components of the mission. They provide clarification and specificity for components of the mission statement.	Goals	Goals specify the end results necessary to achieve the mission; they should elaborate each of the major components of the mission. They provide clarification and specificity for components of the mission statement.
Mission	A statement of the fundamental reasons for a program's existence.	Health Care Delivery Entity	Any health care delivery organization or facility which provides primary, secondary or tertiary health care by appropriately licensed providers.
Objectives	Statements which define outcomes attributable to the mission and goals of a residency.	Mission	A statement of the fundamental reasons for a program's existence.
Outcome	An assessable quantity or quality relative to the overall success of a program in the achievement of its mission, goals and objectives.	Objectives	Statements which define outcomes attributable to the mission and goals of a residency.
Publish	To make available to the communities of interest (students and their families, counselors, education community, and the general public) by print or electronic means.	Outcome	An assessable quantity or quality relative to the overall success of a program in the achievement of its mission, goals and objectives.
Patient Centered Care	Health care that is characterized by a partnership between provider and patient (and appropriate patient's family or legally authorized caregiver), incorporating respect for patient's values and expressed needs; patient empowerment; health promotion; and coordination and integration of care.	Patient Centered Care	Health care that is characterized by a partnership between provider and patient (and appropriate patient's family or legally authorized caregiver), incorporating respect for patient's values and expressed needs; patient empowerment; health promotion; and coordination and integration of care.
Privileging	The process of granting the authority and responsibility to a practitioner based on review of credentials for making independent decisions to diagnose, initiate, alter or terminate a regimen of optometric, vision and health care.	Privileging	The process of granting the authority and responsibility to a practitioner based on review of credentials for making independent decisions to diagnose, initiate, alter or terminate a regimen of optometric, vision and health care.
Scholarly Activity	The activities associated with the discovery, integration, application and teaching of advanced clinical knowledge as exemplified by conducting research, publishing, presenting posters or papers, and lecturing.	Publish	To make available to the communities of interest (students and their families, counselors, education community, and the general public) by print or electronic means.
		Quality Assurance	Planned process of evaluation and improvement of health care by a health care entity or practitioner to assure the quality of that care.
		Residency Core Competencies	The fundamental components common to all residency programs and expected achievements for all residents. The components result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission of the residency.

<p>Quality Assurance Planned process of evaluation and improvement of health care by a health care entity or practitioner to assure the quality of that care.</p>	<p>Scholarly Activity The activities associated with the discovery, integration, application and teaching of advanced clinical knowledge as exemplified by conducting research, publishing, presenting posters or papers, and lecturing.</p>
<p>Sponsor That school or college of optometry, hospital, health center, clinic or other health care delivery entity that assumes the day-to-day responsibility for education of the resident.</p>	<p>Sponsor That school or college of optometry, hospital, health center, clinic or other health care delivery entity that assumes the day-to-day responsibility for education of the resident.</p>
<p>Supervisor/ Coordinator The clinician who is directly responsible for the residency program, especially the day-to-day clinical education of the resident.</p>	<p>*NEW</p> <p>Standard Precautions The minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.</p>
	<p>Supervisor/ Coordinator The clinician who is directly responsible for the residency program, especially the day-to-day clinical education of the resident.</p>
	<p>*NEW</p> <p>Terminal Degree The highest academic or professional degree in a given field of study.</p>
<p>Definition An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision, and health care. Specific to the area of training, the residency expands and builds on the entry-level competencies attained through completion of the doctor of optometry degree program.</p>	<p>Definition An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision, and health care. Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of optometry degree program.</p>
<p>Standard I: Mission, Goals, Objectives, Outcomes, and Program Improvement</p>	<p>Standard I: Mission, Goals, Objectives, Outcomes, and Program Improvement</p>
<p>1.1 The residency must have a published mission statement that describes the overall purpose(s) of the program.</p> <p style="text-align: center;"><i>Examples of Evidence:</i></p>	<p>1.1 The residency must have a published mission statement that describes the overall purpose(s) of the program.</p> <p style="text-align: center;"><i>Examples of Evidence:</i></p>

<ul style="list-style-type: none"> • <i>Program’s mission statement</i> • <i>Catalog, web site or brochure</i> <p>1.1.1 The residency must be centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care.</p>	<ul style="list-style-type: none"> • <i>Program’s mission statement</i> • <i>Catalog, web site or brochure</i> <p>1.1.1 The residency must be centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care.</p> <p>*NEW* INTENT: The resident should spend a significant percentage of time engaged in patient care activities that prepare the resident to practice independently with advanced competency.</p>
<p>1.2 Specific goals must define the accomplishments necessary to achieve the mission.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Program goals</i> 	<p>1.2 Specific goals must define the accomplishments necessary to achieve the mission.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Program goals</i>
<p>1.3 One or more assessable objectives for each goal must specify how that goal is to be met.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Program objective(s) for each goal</i> 	<p>1.3 One or more assessable objectives for each goal must specify how that goal is to be met.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Program objective(s) for each goal</i>
<p>1.4 The residency must annually review the fulfillment of its objectives to determine the degree to which it has attained its mission and goals.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of review process</i> • <i>Outcome measures used to assess fulfillment of objectives</i> • <i>Copy of most recent annual review (except for programs seeking initial accreditation)</i> 	<p>1.4 The residency must annually review the fulfillment of its objectives to determine the degree to which it has attained its mission and goals.</p> <p>*NEW* INTENT: The objectives must be assessed using quantitative and/or qualitative measures.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of review process</i> • <i>Outcome measures used to assess fulfillment of objectives</i> • <i>Copy of most recent annual review (except for programs seeking initial accreditation)</i>
<p>1.5 The following evaluations must be completed in writing or electronically:</p>	<p>1.5 The following evaluations must be completed in writing or electronically:</p>

<p>1.5.1 The resident must evaluate the residency at least semi-annually.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed program evaluations</i> <p>1.5.2 The resident must evaluate the coordinator at least semi-annually.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed evaluations of coordinator</i> <p>1.5.3 At least semi-annually, the resident must evaluate the faculty with whom the resident interacts at least weekly.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed faculty evaluations</i> <p>1.5.4 The resident must receive at least two interim and one final performance evaluations.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed resident evaluations</i> 	<p>1.5.1 The resident must evaluate the residency at least semi-annually.</p> <p>*NEW* INTENT: The intent is to provide the program with periodic feedback regarding the resident's perception of program quality.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed program evaluations</i> <p>1.5.2 The resident must evaluate the coordinator at least semi-annually.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed evaluations of coordinator</i> <p>1.5.3 At least semi-annually, the resident must evaluate the core faculty members responsible for the resident's training.</p> <p>*NEW* INTENT: The resident must evaluate those faculty members considered to provide mentoring and oversight as related to accomplishment of the mission, goals, and objectives of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed faculty evaluations</i> <p>1.5.4 The resident must receive at least two interim and one final performance evaluations.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Completed resident evaluations</i>
<p>1.6 The residency must modify its program if indicated by the annual review or its analysis of the evaluations.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Analysis of program, faculty and resident evaluations</i> 	<p>1.6 The residency must modify its program if indicated by the annual review or its analysis of the evaluations.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Analysis of program, faculty and resident evaluations</i>

<ul style="list-style-type: none"> • <i>Analysis of outcome measures</i> • <i>Program improvement plans</i> 	<ul style="list-style-type: none"> • <i>Analysis of outcome measures</i> • <i>Program improvement plans</i>
<p>1.7 The residency must achieve at least a 70% completion rate within the previous seven year period, or the ACOE will initiate an appropriate review of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Analysis of completion rate</i> 	<p>1.7 The residency must achieve at least a 70% completion rate within the last eight years, or the ACOE will initiate an appropriate review of the residency.</p> <p>*NEW* INTENT: While the Council recognizes that residents may occasionally leave the program for personal reasons, the intent of this standard is to ensure the appropriate quality of the program and selection of qualified residents.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Analysis of completion rate</i>
<p>1.8 Within the previous seven year period, 70% of those who have completed the residency must have worked in a clinical, education, research or administrative setting within one year of completion of the residency, or the ACOE will initiate an appropriate review of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Tabulation of career placement rates in related fields of residents within one year of completion</i> • <i>Listing of known reasons for non-placement of any residents who did not work within one year of program completion (i.e., personal choice, unable to find work in desired area, health issues, etc.)</i> 	<p>1.8 Within the last eight years, 70% of those who have completed the residency must have worked in a clinical, education, research or administrative setting within two years of completion of the residency, or the ACOE will initiate an appropriate review of the residency.</p> <p>*NEW* INTENT: The program must demonstrate that it appropriately prepares the resident to successfully enter into a career utilizing the skills attained from the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Tabulation of career placement rates in related fields of residents within two years of completion</i> • <i>Listing of known reasons for non-placement of any residents who did not work within two years of program completion (i.e., personal choice, unable to find work in desired area, health issues, etc.)</i>
<p>Standard II: Curriculum</p>	<p>Standard II: Curriculum</p>
<p>2.1 The residency must have a written curriculum that identifies and describes the specific activities for the fulfillment of the clinical,</p>	<p>*REVISED* 2.1 The residency must have a written curriculum that includes structured</p>

<p>didactic and scholarly elements of the mission, goals, and objectives of the program.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written curriculum description</i> • <i>Typical weekly schedule of the resident</i> • <i>List of clinical activities</i> • <i>List of didactic activities</i> • <i>List of scholarly activities</i> <p>2.1.1 The term of the residency must be equivalent to a minimum of 12 months of full-time training.</p>	<p>clinical experiences, didactic components and scholarly activities, designed to achieve the mission, goals, and objectives including training in advanced competencies.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written curriculum description</i> • <i>Typical weekly schedule of the resident</i> • <i>Description of clinical, didactic and scholarly activities</i> • <i>List of advanced competencies</i> <p>2.1.1 The term of the residency must be equivalent to a minimum of 12 months of full-time training.</p>
<p>2.2. The resident’s involvement in patient care must fulfill the residency’s mission, goals and objectives and lead to an advanced level of competence.</p> <p>2.2.1 The residency must maintain a record of the resident’s patient encounters that includes diagnoses, and the level of the resident’s involvement (direct, precepting or observational.)</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>A record of the resident’s patient encounters that includes diagnoses, and the level of the resident’s involvement (direct, precepting, or observational)</i> • <i>Summary or analysis of ICD or CPT codes</i> 	<p>2.2. The resident’s involvement in patient care must fulfill the residency’s mission, goals and objectives and develop an advanced level of clinical competence.</p> <p>2.2.1 The residency must maintain an accurate record of the resident’s patient encounters that includes diagnoses, and whether each patient encounter was direct, precepting or observational.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>A record of the resident’s patient encounters that includes diagnoses, and the level of the resident’s involvement (direct, precepting, or observational)</i> • <i>Summary or analysis of ICD and/or CPT codes</i>
<p>2.3 The residency must follow a written supervision policy that affords the resident progressively increasing responsibility based upon demonstrated clinical competence.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written supervision policy</i> • <i>Records of assessment of resident for determining levels of supervision</i> 	<p>2.3 The residency must follow a written supervision policy that affords the resident progressively increasing responsibility based upon demonstrated clinical competence.</p> <p>*NEW* INTENT: The intent of the supervision policy is to ensure appropriate educational oversight of the resident throughout the program’s duration. The policy serves as a guide to the faculty to assess the resident’s level of attainment of advanced clinical</p>

	<p>competencies, and as a guide to the residents regarding their current level of clinical responsibility.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • VHA National Handbook Resident Supervision Policy • Program Affiliate or Program Sponsor Supervision Policy • Records of assessment of resident for determining levels of supervision
<p>2.4 The residency must specify in the curriculum the specific knowledge, skills and behaviors needed to attain core competencies and must require the resident to attain core competencies specific to the program’s mission. At a minimum, the resident must attain the core competencies specified in standards 2.4.1 through 2.4.6 below.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum</i> <p>2.4.1 The resident must be able to diagnose and manage conditions that include complex, subtle or infrequently seen visual disorders and clinical presentations by using advanced diagnostic and treatment modalities when indicated.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of resident’s patient encounters</i> • <i>Summary or analysis of ICD or CPT codes</i> <p>2.4.2 The resident must be able to provide patient-centered care for those with complex conditions through patient education, communication, and shared decision making with the patient.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Evaluations of the resident</i> 	<p>2.4 The curriculum must specify the knowledge, skills and behaviors required for the resident to attain the advanced competencies indicated in the program’s mission, goals and objectives. At a minimum, the resident must attain the core competencies specified in standards 2.4.1 through 2.4.6 below.</p> <p>*NEW* INTENT: The intent of Standard 2.4 is to ensure the residency provides clinical, didactic and scholarly activities that will develop advanced clinical competence, effective communication skills, and lifelong learning skills.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written curriculum made available to the resident</i> • <i>List of advanced competencies</i> <p>2.4.1 The resident must be able to diagnose and manage complex, subtle or infrequently seen visual disorders and clinical presentations by using standard of care diagnostic and treatment modalities.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of resident’s patient encounters</i> • <i>Summary or analysis of ICD and/or CPT codes to discern the complexity of patient care provided by the resident</i>

- *Patient records*

2.4.3 The resident must function effectively within interprofessional environments, must demonstrate understanding of the role of other professionals and must be able to communicate and collaborate with other professionals to assure that appropriate resources are utilized for well coordinated patient care.

Examples of evidence:

- *Evaluations of resident*
- *Interdisciplinary rotations*
- *Consult and referral requests*
- *Consult and referral responses*
- *Record of multidisciplinary activities*
- *Evaluation and treatment reports to other professionals*

2.4.4 The resident must be able to continuously improve patient care through self-assessment and quality assurance.

Examples of evidence:

- *Quality assurance activities involving residents*
- *Evaluations of resident*

2.4.5 The resident must master, apply, and advance the resident's knowledge by analyzing the best current scientific information and integrating this knowledge into patient care through evidence-based clinical decision making.

Examples of evidence:

- *Journal club schedule*
- *Reading list*
- *Evaluations of resident*

- *Patient records*

2.4.2 The resident must provide patient-centered care for those with complex conditions through culturally competent patient education, communication, and shared decision making with the patient.

Examples of evidence:

- *Evaluations of the resident*
- *Patient records*
- *Surveys completed by patients*

2.4.3 The resident must **demonstrate an understanding of the role of interprofessional healthcare and must communicate** and collaborate with other professionals to assure that appropriate resources are utilized for well coordinated patient care.

Examples of evidence:

- *Evaluations of resident*
- *Interdisciplinary rotations*
- *Consult and referral requests*
- *Consult and referral responses*
- *Record of multidisciplinary activities*
- *Record of interprofessional education activities*
- *Evaluation and treatment reports to other professionals*

2.4.4 The resident must be able to improve patient care through self-assessment and documented quality assurance activities.

Examples of evidence:

- *Quality assurance activities involving residents*
- *Evaluations of resident*
- *Feedback from review of resident's charts*

<p>2.4.6 The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters, or research.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of scholarly activities undertaken by individual resident(s)</i> 	<ul style="list-style-type: none"> • <i>Chart reviews</i> <p>*REVISED:</p> <p>2.4.5 The resident must research and analyze current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Journal club schedule</i> • <i>Reading list</i> • <i>Evaluations of resident</i> <p>2.4.6 The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters, or research.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of scholarly activities undertaken by individual resident(s)</i>
<p>2.5 The curriculum must include didactic activities, such as attending lectures, case conferences, continuing education courses, and/or grand rounds.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of didactic activities undertaken by individual resident(s)</i> 	<p>2.5 The curriculum must include didactic activities, such as attending lectures, case conferences, continuing education courses, and/or grand rounds.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Record of didactic activities undertaken by individual resident(s)</i>
<p>Standard III: Administration</p>	<p>Standard III: Administration</p>
<p>3.1 A school or college of optometry accredited by the Accreditation Council on Optometric Education must be the program sponsor or the affiliate (by written agreement) to provide educational direction to the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written agreement between sponsor and affiliate (if applicable)</i> 	<p>3.1 A school or college of optometry accredited by the Accreditation Council on Optometric Education must be the program sponsor or the affiliate (by written agreement) to provide educational direction to the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written agreement between sponsor and affiliate (if applicable)</i>

<ul style="list-style-type: none"> • <i>Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes</i> 	<ul style="list-style-type: none"> • <i>Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes</i>
<p>3.2 The organizational structures and administration of the affiliate and the sponsor must enable professional autonomy in the delivery of optometric services and resident education commensurate with the evolving scope of optometric practice and in accordance with the mission, goals, and objectives of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Clinical privileging documents</i> • <i>Clinical practice protocols of sponsor</i> • <i>The affiliate’s organizational chart as it relates to the resident (if applicable)</i> • <i>The sponsor’s organizational chart as it relates to the residency</i> 	<p>*REVISED:</p> <p>3.2 The administration of the affiliate and the sponsor must enable professional autonomy in the delivery of optometric services and resident education commensurate with the evolving scope of optometric practice and in accordance with the mission, goals, and objectives of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Clinical privileging documents</i> • <i>Clinical practice protocols of sponsor</i> • <i>The affiliate’s organizational chart as it relates to the resident (if applicable)</i> • <i>The sponsor’s organizational chart as it relates to the residency</i>
<p>3.3 The school or college of optometry must have a director of residency programs who provides effective educational and administrative guidance to the program, who is qualified to provide this guidance, and who is allocated adequate time to perform this duty.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum vitae of the director of residency programs</i> • <i>Weekly schedule of the director of residency programs</i> • <i>Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes</i> 	<p>3.3 The school or college of optometry must have a director of residency programs who provides effective educational and administrative guidance to the program, who is qualified to provide this guidance, and who is allocated adequate time to perform this duty.</p> <p>*NEW:</p> <p>3.3.1 The director of residency programs must have at a minimum the following qualifications: O. D. degree from an accredited school or college of optometry or its foreign equivalent and experience in residency education.</p> <p>INTENT: The intent of this standard is to ensure that the director of residency programs has thorough administrative and educational knowledge to provide guidance and oversight to the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum vitae of the director of residency programs</i>

	<ul style="list-style-type: none"> • <i>Weekly schedule of the director of residency programs</i> • <i>Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes</i>
<p>3.4 The residency must have a coordinator who is responsible for program administration and whose time dedicated to the residency is adequate to perform this duty.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum vitae of the program coordinator</i> • <i>Weekly schedule of the program coordinator</i> <p>3.4.1 The coordinator must be available to the resident for administrative issues.</p> <p>3.4.2 The coordinator must hold a faculty appointment at the affiliated school or college of optometry.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Documentation of faculty appointment</i> 	<p>3.4 The residency must have a coordinator/supervisor who is responsible for program administration and whose dedicated time is adequate to perform this duty.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum vitae of the program coordinator/supervisor</i> • <i>Weekly schedule of the program coordinator/supervisor</i> <p>3.4.1 The coordinator/supervisor must be available to the resident for administrative issues.</p> <p>3.4.2 The coordinator/supervisor must hold a faculty appointment at the affiliated school or college of optometry.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Documentation of faculty appointment</i> <p>*NEW: Moved from former 4.1.2</p> <p>3.4.3 The coordinator/supervisor must hold a doctoral degree in a clinical discipline, and either have completed an accredited residency plus one year of clinical experience or have obtained a minimum of five years of clinical experience.</p> <p>INTENT: The intent of this standard is to ensure that the coordinator/supervisor has clinical, scholarly and educational experience to administer appropriate residency education.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Curriculum vitae for program coordinator/supervisor</i>

<p>3.5 The residency must participate in a clinical quality assurance process.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Records of clinical quality assurance process</i> 	<p>3.5 The sponsor must participate in a clinical quality assurance process involving the residency.</p> <p>*NEW: INTENT: The intent of this standard is to ensure appropriate quality of care provided by both the resident and residency faculty.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Internal/external ongoing peer review</i> • <i>Chart review</i>
<p>3.6 The residency must establish and adhere to its requirements for program completion.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Listing of program completion requirements</i> • <i>Program completion statistics</i> • <i>Annual review</i> 	<p>3.6 The residency must establish and adhere to its requirements for program completion.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Listing of program completion requirements</i> • <i>Program completion statistics</i> • <i>Annual review</i>
<p>3.7 The residency must provide the resident’s professional liability protection at all educational sites.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Certificate of insurance</i> • <i>Federal Tort Claims Act for U.S. Government-sponsored programs, with accompanying MOU’s for external rotations</i> 	<p>3.7 The residency must provide the resident’s professional liability protection at all educational sites.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Certificate of malpractice insurance</i> • <i>Statement of coverage through the Federal Tort Claims Act *revised*</i> • <i>MOU or other evidence specifying resident liability coverage for any external rotations *revised*</i>
<p>Standard IV: Faculty</p>	<p>Standard IV: Faculty</p>
<p>4.1 The coordinator and other faculty of the residency must have the qualifications to educate and train the resident in accordance with the mission, goals, and objectives of the residency.</p> <p>4.1.1 The coordinator and other faculty of the residency must hold a doctoral level degree in a clinical discipline or</p>	<p>4.1 The residency faculty must have the qualifications to educate and train the resident in accordance with the mission, goals, and objectives of the residency.</p> <p>*Revised: 4.1.1 Each faculty member of the residency must hold a</p>

<p>hold the appropriate terminal degree for the subject area taught.</p> <p>4.1.2 The coordinator must either have completed an accredited residency plus one year of clinical experience or have obtained a minimum of five years of clinical experience.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Curriculum vitae for program coordinator • Curriculum vitae or abbreviated biographical sketch for each faculty member with whom the resident interacts at least weekly 	<p>doctoral level degree in a clinical discipline or hold the appropriate terminal degree for the subject area taught.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Curriculum vitae or abbreviated biographical sketch for each faculty member responsible for the resident's training
<p>4.2 The coordinator and other faculty must have the professional autonomy and the authority to provide clinical care to train the resident in accordance with the mission, goals, and objectives of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Clinical care authorization (e.g., clinical privileges document) 	<p>4.2 The faculty must have the professional autonomy and the authority to provide clinical care to train the resident in accordance with the mission, goals, and objectives of the residency.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Clinical privileges document
<p>4.3 The coordinator and other faculty must have sufficient time to educate and train the resident.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Each faculty's weekly schedule as is applicable to the residency program 	<p>4.3 The faculty must have sufficient time to educate and train the resident.</p> <p>*NEW* INTENT: Faculty must be available for consultation, supervision, and teaching during patient care activities as well as involved in the didactic and scholarly components of the program.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Each faculty's weekly schedule as is applicable to the residency program
<p>Standard V: Residents</p>	<p>Standard V: Residents</p>
<p>5.1 The program must publish its selection procedure including admission eligibility criteria which must be provided to applicants</p>	<p>5.1 The residency must publish its selection procedure including admission eligibility criteria which must be provided to applicants when requested.</p>

<p>when requested.</p> <p>5.1.1 Admissions eligibility criteria must include the requirement that prior to matriculation applicants must have attained the Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council on Optometric Education.</p> <p>5.1.2 Non-discrimination policies must be followed in selecting residents.</p> <p>5.1.3 The residency’s publications, advertising and resident recruitment materials and activities must present an accurate representation of the program.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Selection procedure • Admissions eligibility criteria • Application • Recruitment advertisements/brochures 	<p>5.1.1 Admissions eligibility criteria must include the requirement that prior to matriculation applicants must have attained the Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council on Optometric Education.</p> <p>5.1.2 Non-discrimination policies must be followed in selecting residents.</p> <p>5.1.3 The residency’s publications, advertising and resident recruitment materials and activities must present an accurate representation of the residency.</p> <p>*NEW* INTENT: All programmatic materials should be in agreement with other publicly available documents, whether available electronically or in print.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Selection procedure • Admissions eligibility criteria • Application • Recruitment advertisements/brochures
<p>5.2 The residency must publish its policies regarding the following:</p> <p>5.2.1 Duration of the resident’s training program,</p> <p>5.2.2 Expected weekly hours of resident’s attendance including on-call duties (if any),</p> <p>5.2.3 Resident’s compensation, which cannot be contingent upon productivity of the resident,</p> <p>5.2.4 Resident’s health, professional and leave benefits,</p> <p>5.2.5 Resident’s professional liability protection for both internal and external clinical settings,</p> <p>5.2.6 Requirements for residency completion and awarding of certificate.</p> <p>Examples of evidence:</p>	<p>5.2 The residency must publish its policies regarding the following:</p> <p>5.2.1 Duration of the training program,</p> <p>5.2.2 Expected weekly hours of resident’s attendance including on-call duties (if any),</p> <p>5.2.3 Resident’s compensation, which cannot be contingent upon productivity of the resident,</p> <p>5.2.4 Resident’s health, professional and leave benefits,</p> <p>5.2.5 Resident’s professional liability protection for both internal and external clinical settings,</p> <p>5.2.6 Requirements for residency completion and awarding of certificate.</p> <p>Examples of evidence:</p>

<ul style="list-style-type: none"> • Documents and/or policies addressing the above items provided to applicants 	<ul style="list-style-type: none"> • Documents and/or policies addressing the above items provided to applicants
<p>5.3 The resident’s orientation to the program must include written information on:</p> <ul style="list-style-type: none"> 5.3.1 Clinical practice protocols, 5.3.2 Infection control, 5.3.3 Supervision policy, 5.3.4 Facility safety policies, 5.3.5 Counseling, remediation, and dismissal of the resident, 5.3.6 Receiving, adjudicating, and resolving resident complaints or grievances, 5.3.7 Due process provided to the resident on adverse decisions, 5.3.8 The program’s academic calendar, including the program’s start date, end date and significant deadlines for program requirements, 5.3.9 Criteria used to assess resident performance. <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Orientation plan • Documents and/or policies addressing the above provided to resident 	<p>*REVISED*</p> <p>5.3 The resident’s orientation must include written information on:</p> <p>*NEW* INTENT: The intent of this standard is to ensure that the resident receives and has available for future reference the print or electronic orientation materials.</p> <ul style="list-style-type: none"> 5.3.1 Clinical practice protocols consistent with ophthalmic professional standards, 5.3.2 Supervision policy, 5.3.3 Standard precautions for infection control, <p>*NEW* INTENT: The intent of this standard is that the resident understands standard precautions to prevent the transmission of infection.</p> <ul style="list-style-type: none"> 5.3.4 Facility safety policies, 5.3.5 Privacy and confidentiality policies, 5.3.6 Counseling, remediation, and dismissal of the resident, 5.3.7 Receiving, adjudicating, and resolving resident complaints or grievances, 5.3.8 Due process provided to the resident on adverse decisions, 5.3.9 The residency’s academic calendar, including the program’s start date, end date and significant deadlines for program requirements, 5.3.10 Criteria used to assess resident performance. <p>Examples of evidence:</p> <ul style="list-style-type: none"> • Orientation plan • Documents and/or policies addressing the above provided to resident
<p>5.4 The residency must maintain records of receiving, adjudicating and resolving resident complaints.</p>	<p>5.4 The residency must maintain records of receiving, adjudicating and resolving resident complaints.</p>

<p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written policy and, if applicable, records of receiving, adjudicating and resolving resident complaints.</i> 	<p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Written policy and, if applicable, records of receiving, adjudicating and resolving resident complaints.</i>
<p>Standard VI: Resources and Facilities</p>	<p>Standard VI: Resources and Facilities</p>
<p>6.1 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals, and objectives of the residency to be fulfilled.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of facilities, equipment, and ancillary staff</i> 	<p>6.1 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals, and objectives of the residency to be fulfilled.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of facilities, equipment, and ancillary staff</i>
<p>6.2 The resident must have access to current educational and informational resources.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of current educational and informational resources</i> 	<p>6.2 The residency must provide the resident access to current educational and scientific information resources.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"> • <i>Description of current educational and informational resources</i>