### APPENDIX T: RESIDENCY SUPERVISION GUIDELINES

### Residency Supervision Guidelines

02/08/24

1. The Department of Veterans Affairs mandates that all residents receiving training at a VA hospital be supervised by a staff optometrist who must be physically present in the clinic. As the staff doctors become more confident in the resident’s clinical and management skills, the level of supervision will change during the residency year. The residency program coordinators will have final say on the level of supervision depending on the individual competency of each resident.
2. The **RESIDENT** will…
	1. perform ocular examination of patients, educate patients/family, start/complete the note, interpret testing, formulate impressions and plans, enter orders (testing, return to clinic, glasses RX (when licensed), meds/radiology/labs (under staff OD name until 4 months, then under their name), consults to eye/other service providers/prosthetics, DM eye reminders, resident supervision disclaimer and complete the encounter for each patient. Additional activities as necessary.
	2. **present ALL NEW PATIENTS**, regardless of complexity, to a staff optometrist in-person for review and/or repeat examination by the staff optometrist prior to the patient leaving **FOR ENTIRE YEAR**. Discharging the patient or co-signature alone is not acceptable.
	3. Only sign the note after being told to do so by a staff optometrist and within 24 hours of starting the note.
3. The **STAFF OPTOMETRIST** will…
	1. review resident charts for: accuracy of the chief complaint, ocular pain, other pain, ocular history, ocular meds, medication reconciliation, medical history, allergies, family history, social history AND assess the accuracy of all clinical findings, ancillary testing results, impression, plan, as well as assessed today, DM eye reminder (as needed), medication reconciliation reminder, encounter, resident disclaimer, student disclaimer (as needed), orders, etc.
	2. **PERSONALLY EXAMINE EACH RESIDENT’S PATIENTS DURING THE RESIDENT’S FIRST 2 MONTHS.**
	3. discuss and/or see any **NEW PATIENT** with the resident, regardless of complexity, prior to the patient leaving **FOR ENTIRE YEAR.**
	4. see any patient the resident asks them to see or any patient who wants to see the staff optometrist **FOR ENTIRE YEAR.**
	5. co-sign patient notes **within 24 hours** of the patient being seen **FOR ENTIRE YEAR**.
4. There will be **3 levels of supervision** FOR THE RESIDENT:
	1. **Level 1** (Unlicensed / Licensed Optometry Resident) – This will be the entry level for all residents.
	2. All of the above and… and with concurrence of the CCC (Clinical Competency Committee):
		1. The **STAFF OPTOMETRIST FOR THE PATIENT WILL PERSONALLY EXAMINE ALL PATIENTS** seen by the resident.
		2. Minor invasive procedures (epilation, foreign body removal, punctual plug insertion) are performed with a staff optometrist **IN THE EXAMINATION ROOM**.
		3. If the diagnosis or management is in question or if the condition is refractory to treatment, consultation with or referral to an appropriate sub-specialist will be obtained with proper documentation in the patient's chart **FOR ENTIRE YEAR.**
	3. **Level 2** (Licensed Optometry Resident) – **AT 2 MONTHS**.
	4. All of the above and… and with concurrence of the CCC (Clinical Competency Committee):
		1. The **STAFF OPTOMETRIST IS NOT REQUIRED TO PERSONALLY EXAMINE PATIENTS** unless the patient or resident ask them to do so.
		2. **ALL PATIENTS,** regardless of complexity, shall be presented to a staff optometrist for review and/or repeat examination by the staff optometrist prior to the patient leaving.
		3. The resident is **GRANTED ORDERING PRIVILEGES for prescriptions / radiology / labs** in their own name after consulting with the staff optometrist (who has the appropriate privileges for what is being ordered)
		4. Minor invasive procedures (epilation, foreign body removal, punctual plug insertion) are performed with a staff optometrist **IN THE AREA**.
		5. This level of supervision also **ALLOWS ROTATIONS OUTSIDE THE VA** clinic in the external rotation clinics.
	5. **Level 3** (Licensed Optometry Resident) – **AT 6 MONTHS**
	6. All of the above and… and with concurrence of the CCC (Clinical Competency Committee):
		1. The resident is **PERMITTED TO SUPERVISE 4TH YEAR OPTOMETRY STUDENTS**
		2. All should follow the **ESTABLISHED PROTOCOL**
			1. student sees patient and presents to the resident
				1. the resident sees the patient and…

**review**s EVERYTHING DOCUMENTED IN THE PATIENT’S EYE NOTE

**repeats** testing (anterior/poster segment evaluation) as necessary

**reviews/updates**: testing interpretation, impression, plan, all orders, disclaimers, reminders, the encounter, etc.

**works with student** to complete note

* + 1. ESTABLISHED PATIENTS
			1. **ROUTINE** cases **MAY be discharged** by the resident **without being seen by the staff optometrist**
			2. **COMPLEX** cases **SHOULD NOT be discharged** by the resident **until after they are presented to the staff** optometrist for review of the ancillary testing, impression, plan, orders, etc.
1. **NEW PATIENTS**
	1. **ALL** regardless of complexity, **must be presented** to a staff optometrist for review and/or repeat examination by the staff optometrist prior to the patient leaving **FOR ENTIRE YEAR**