RESIDENCY IN OCULAR DISEASE/PRIMARY CARE OPTOMETRY
VA CONNECTICUT HEALTH CARE SYSTEM, NEWINGTON, CT

PROGRAM DIRECTOR: Sharon Bisighini, O.D.
ASSISTANT PROGRAM DIRECTOR: Leonard Oshinskie, O.D.
SITE LOCATION: VA Connecticut Health Care System, Newington, Connecticut
NUMBER OF POSITIONS: Four
ESTABLISHED IN: 1978

This residency is sponsored by the Department of Veterans Affairs (DVA) and affiliated with the New England College of Optometry (NECO)

I. MISSION STATEMENT:

This residency exists to provide post-graduate optometrists with opportunities to:

1) Enhance their clinical experience as primary eye care providers in the outpatient clinic setting beyond the entry level of the evolving practice of optometry. This experience will prepare them to provide excellent eye care to the veteran patients that they serve as well as provide clinical experience that can be carried beyond the residency year to other health care settings.

2) Actively participate in advanced clinical and didactic education particularly in the areas of optometric management of ocular disease. This includes direct patient care, instruction of optometry trainees, rotations to other clinics within the VA Connecticut Health Care System, interaction with other health care providers and participation in didactic education as well as other scholarly activities.

II. RESIDENCY GOALS AND OBJECTIVES:

The following section is designed to help you understand the mission, goals and objectives of the residency as well as how your progress towards those goals and objectives are measured. Measurement tools are included following each objective in parentheses.

Goal 1- Clinical activities

The resident will be trained to enhance clinical skills as a primary care optometrist with special emphasis on diagnosis and management of ocular disease in the veteran population.
Specific objectives/outcome as assessed by record review, patient logs and direct observation/supervision:

a) Participate in at least 1275 patient contacts including comprehensive, follow-up, and visual field exams. (measured by patient log)

b) Demonstrate ability to form the appropriate differential diagnosis of ocular disease. (record review and discussion)

c) Perform and correctly interpret gonioscopy on 10 patients. Each procedure must be directly observed and findings verified by an attending optometrist.

d) Examine and appropriately manage a significant number of patients with retinal disorders including diabetic retinopathy and age-related macular degeneration. This includes arranging appropriate and timely referral to retinal specialist for fluorescein angiography/laser/injections. Minimum of 20 cases in the first 6 months discussed with an attending optometrist.

e) Interpret automated visual fields of a significant number of glaucoma patients, glaucoma suspects or patients with neuro-ophthalmic disorders. (direct observation/patient log). At least 25 cases must be presented to an attending optometrist in the first three months of the program for verification and discussion.

f) Manage or co-manage at least 75 glaucoma patients including prescribing of glaucoma medications. (pt logs verified) Resident will keep a log of this activity and review at least 25 cases with an attending optometrist in the first 3 months of the program.

g) Become proficient in fundus photography/imaging with optical coherence tomography (direct observation)
Attending optometrist will review at least 20 photos/OCTs with resident in the first 3 months of the program.

h) Demonstrate ability to properly manage patients with other ocular disorders such as cataracts and neuro-ophthalmic disorders. This includes providing appropriate patient education, referral or consultation and follow-up. At least 10 cases will be reviewed with an attending optometrist in the first 6 months of the program.
Gain an understanding of the relationship between ocular disease and systemic disorders. Demonstrate this understanding by appropriately ordering diagnostic testing and/or providing consultation to the primary care provider. At least 10 cases will be reviewed with an attending optometrist in the first 6 months of the program.

Goal 2 - Clinical activities

The resident will develop patient management skills within a multidisciplinary setting

a) Demonstrate the ability to properly manage patients with ocular manifestations of systemic disorders such as retinal vascular disease, neuro-ophthalmic disorders, endocrine disorders, uveitis as well as others. This includes providing consultation to other health care providers, ordering consultation from other disciplines and arranging appropriate follow-up. (direct observation/record review) Review at least 10 cases with an attending optometrist in the first 6 months

b) Demonstrate the ability to order, interpret and follow-up on the appropriate laboratory testing and imaging procedures as indicated by the eye exam. (direct observation/record review). Review at least 10 cases of lab or imaging results with an attending optometrist in the first 6 months of the program.

Goal 3 – Educational activities

The resident will complete clinical and didactic educational assignments that enhance their clinical and scholarly experience beyond the entry level of the profession.

a) Residents must complete a paper of publishable quality paper by June 15th. It is strongly recommended by the program that the paper is submitted to a professional journal (i.e. Optometry) before completion of the residency program on June 30th.

b) Participate in educational programs within the Optometry Section including the Resident’s morning lecture series (90% attendance), joint Optometry section grand rounds/journal club (90% attendance) and the 4NECO sponsored residency conferences (100% attendance). This includes participating as a presenter when requested.

c) Participate in Retina clinic twice a month

d) Rotate through other clinics in the hospital including: primary care, neurology, rheumatology, pharmacy and radiology to observe carotid duplex scan.

e) Attend continuing education outside VA CT as desired and reasonable.

f) Be exposed to quality assurance monitors and policies.
Goal 4 – Instructional activities

The resident will provide knowledge and guidance to optometry students and health care providers within the health care system.

a) Actively supervise and instruct fourth year optometry students. Introduce residents to the process of student assessment.
b) Interact with and observe other health care providers within the health care system. (direct observation)
c) Participate as a presenter at the NECO sponsored resident's conference as well as local grand rounds and morning lecture series.

III. RESIDENCY ACTIVITIES:

Residents will participate in the following activities as part of their educational experience:

1) Provide direct one on one patient care to a significant number of patients
2) Supervise fourth year optometry externs in the clinical care of patients
3) Rotate to medical specialty clinics within the Health Care System including; primary care, neurology, rheumatology, pharmacy and radiology.
4) Attend educational conferences both within the VA CT HCS and other optometric conferences.
5) Participate in monthly Optometry section grand rounds and journal club.
6) Participate in weekly morning lecture series.

IV. LENGTH OF RESIDENCY:

This is a one year residency that begins July 1 and ends June 30. The resident's hours are 8:00am to 4:30pm Monday through Friday. There are no on call hours. Professional liability is covered for all official resident duties and assignments through the Federal Torts Reform Act.

V. FINANCIAL ASPECTS:

The current annual salary for this position is $35,230, paid by the Department of Veterans Affairs. Leave is given at the rate of 4 hours of annual leave for every 2 weeks of employment, so essentially 13 paid vacation days per year. Educational leave for other professional activities are granted on a case by case basis by the Program Director. Health care benefits are available to residents and are partially subsidized by the VA.
VI. CRITERIA FOR COMPLETION OF RESIDENCY:

Fulfilling the goals and objectives of the program are required to successfully complete the program. In addition, a log of all patients examined is required and will be reviewed by the Program Director at regular intervals. Professional conduct as outlined in orientation materials and adherence to DVA policies and procedures are also required to complete the program. Evaluations are conducted at 3, 6 and 12 months. A certificate of completion is awarded by the New England College of Optometry when all requirements are met and the resident has completed the program.

VII. APPLICATION REQUIREMENTS:

1. Applicants must hold an O.D. degree or expected to obtain an O.D. degree from an ACOE accredited school or college of Optometry prior to beginning the program.
2. Applicants must have successfully completed Parts I, II, III and TMOD of the National Board of Examiners in Optometry and furnish official copies of the results.
3. Applicants are expected to seek state licensure prior to beginning the residency.
4. Must be a United States Citizen.
5. A personal interview is strongly encouraged.
7. Application deadline is January 30th each year.
8. Three letters of recommendation are required. These should be from faculty members or preceptors the applicant has worked with in the clinical setting.
9. Official transcripts from the school or college of optometry are required.
10. The Department of Veterans Affairs evaluates applicants without regard to gender, race, color, creed, age or national origin.

FOR MORE INFORMATION PLEASE CONTACT:

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