**Optometry Residency Handbook**

**Wilkes-Barre VAMC**

Revised November 2022

**Mission Statement:**

The mission of the Wilkes-Barre Veteran Affairs Medical Center residency program in primary care with an emphasis in ocular disease is to provide a full-time clinical training program which prepares the optometrist for high-level quality practice. Clinical and didactic training will enable the resident to diagnose and manage patients with a variety of ocular disease conditions seen in the general population. There will be an emphasis in the areas of retinal disease. Quality eye care will be provided to all patients while adhering to residency supervision guidelines. The program will enable residents to expand their ophthalmic knowledge base, develop an effective approach toward scholarship and life-long learning, strengthen patient care skills and improve their ability to function in a multi-disciplinary setting.

**Program Goals & Objectives:**

Goal 1: The resident will strengthen their patient care skills by appropriately diagnosing, treating, and managing patients with the most common ocular diseases in the adult population.

Objectives:

1. The resident will provide care to patients exhibiting a wide variety of ocular and systemic pathology at the Wilkes-Barre Veterans Affairs Medical Center.
2. The resident will participate in the Retina clinic at WB VAMC.
3. The resident will participate in the Neuro-Eye clinic at The Eye Institute of the Pennsylvania College of Optometry at Salus University.
4. The resident will order proper ancillary testing and will assess/analyze results to properly diagnose and manage ocular conditions.

Goal 2: The resident will expand their ophthalmic knowledge base on ocular disease and develop an effective approach to life-long learning.

Objectives:

1. The resident will complete the American Academy of Ophthalmology’s Basic and Clinical Science Course 12 volume series and the comprehensive self-study assessment for each volume.
2. The resident is encouraged to attend locally sponsored continuing education conferences.
3. The resident is encouraged to view pre-recorded grand round lectures at PCOSU.
4. The resident will give a clinical case presentation at the Pennsylvania College of Optometry’s grand rounds.
5. The resident will prepare a manuscript of publishable quality.
6. The resident will maintain a self-study folder containing a minimum of 8 current journal articles per 4-month term.
7. The resident will provide a review of: specialty clinics and case profiles, surgical referrals and post-operative logs, hospital rotations and case profiles, and self-study readings.

Goal 3: The resident will develop the ability to function in a multidisciplinary environment.

Objectives:

1. The resident will rotate in Retina clinic at WBVAMC.
2. The resident will rotate in Neuro-Eye clinic at The Eye Institute of the Pennsylvania College of Optometry at Salus University.
3. The resident will rotate with non-optometric providers and specialty services at WB VAMC, i.e., Primary Care, Rheumatology, Endocrinology, Neurology, etc.
4. The resident will record clinics attended with an overview of the experience and two case profiles.
5. The resident will utilize the ability to order lab work, imaging studies, and other diagnostic tests and procedures when indicated.
6. The resident will consult non-optometric providers when indicated.
7. The resident accepts/completes and discusses consults from other medical center health care providers.

Goal 4: To provide an emphasis on glaucoma and retinal disease.

Objectives:

1. The resident will rotate in Retina clinic at WB VAMC.
2. The resident maintains a self-study folder containing at least 8 current journal articles per trimester with the majority relating to glaucoma or retinal disease.
3. The resident will see a minimum of 1750 patients per year; a minimum of 300 will have retinal disease, and a minimum of 250 will have glaucoma/suspicion of glaucoma.
4. The resident will complete the Basic and Clinical Science course volumes and will complete the self-study assessment for each volume. The resident will complete the volume on Retina and Glaucoma in the beginning of their residency year.

Goal 5: The resident will gain experience and competence in providing clinical education to optometry students.

Objectives:

1. The resident will serve as a clinical preceptor, on a limited basis and per supervision guidelines, to 3rd and 4th year optometry students rotating at the WBVAMC.
2. The resident will serve as a role model to optometry students, while they rotate at the WBVAMC.

Goal 6: Maintain program accreditation from the Accreditation Council for Optometric Education (ACOE) of the American Optometric Association (AOA).

Objectives:

1. WB VAMC Residency in Ocular Disease will maintain an educational affiliation with the Pennsylvania College of Optometry at Salus University in support of the residency and its accreditation.
2. WB VAMC will complete a self-study, undergo accreditation site visits as scheduled, and pay all ACOE fees for residency program maintenance/reaccreditation.
3. WB VAMC will conduct an annual review of the program and provide an annual report to the ACOE.

Goal 7: The program will recruit qualified candidates to fill the residency position.

Objectives:

1. WBVAMC will attract candidates using a variety of methods, including maintaining and routinely updating the program website, utilizing positive student experiences via the externship program and highlighting the program at student/resident networking forums at the AOA and American Academy of Optometry (AAO).
2. The program will interview all qualified candidates in person, or virtually in special circumstances, and the candidates will be ranked according to the Optometric Residency Matching Service (ORMatch) guidelines. The program will follow WBVAMC/PCOSU non-discrimination policies in the selection and ranking of all candidates.

**Program Curriculum**

Clinical Curriculum

* The resident will receive clinical training through the provision of care to patients manifesting a wide variety of ocular conditions seen in the geriatric and general populations including diabetic retinopathy and other manifestations of systemic disease, glaucoma, macular disease, retinal vaso-occlusive disease, cataracts, anterior segment and corneal disease, ocular manifestations of neurologic disease, etc.
* The resident will see a minimum of 1750 patients per year; a minimum of 300 will have retinal disease, and a minimum of 250 will have glaucoma/suspicion of glaucoma.
* The resident accepts/completes and discusses eye clinic consults from other medical center health care providers.
* The resident will learn to consult other non-optometric providers when indicated.
* The resident may be the primary provider of care for non-established emergent walk-ins and same day consults.
* The resident will have the opportunity for exposure in low vision/partially sighted rehabilitative care.
* The resident will learn interpretation of fluorescein angiograms.
* The resident will learn/gain additional experience in: fundus photography, perimetry, and OCT imaging.
* The resident will gain exposure in ordering and interpreting laboratory studies, neuro-imaging, and vascular studies.
* The resident will gain additional knowledge/experience and skill through specialty clinical rotations in: Retina at the Wilke-Barre VAMC and Neuro-Eye at the Pennsylvania College of Optometry.
* The resident will participate in multidisciplinary hospital clinical rotations.  The rotation allows the resident to gain first hand insight into the relationship between ocular and systemic manifestations of generalized and neurologic disorders. They will also acquire an understanding and appreciation of the interdependence of the optometrists with other health care professionals in meeting the total health care needs of individual patients.

Didactic Education

* The twelve volume Basic and Clinical Science Course by the American Academy of Ophthalmology is used in didactic training of the optometry resident.  The resident is assigned a volume each month to read, review, and complete the self-study.  This comprehensive clinical series covers everything from basic anatomy to advanced treatment. All self study assessments must be completed by the end of the residency year.
* The resident will be encouraged to view pre-recorded grand round lectures at PCOSU.
* The resident will be encouraged to attend all locally sponsored continuing education conferences.
* Bi-monthly review of resident’s activity including: specialty clinical schedules and case profiles, surgical referrals and post-operative logs, hospital rotations, Basic and Clinical Science Course reviews, journal articles, etc.
* The resident will participate in informal conferences at the Wilkes-Barre VAMC Eye Clinic regarding clinical practice and clinical cases.

Scholarly Activities

* The resident will research and give a clinical grand rounds presentation at the Pennsylvania College of Optometry.
* The resident will prepare a manuscript of publishable quality.
* The resident will compile a self-study folder of at least 8 current and clinically relevant journal articles per four-month term.
* The resident will participate in informal case discussions at Wilkes-Barre VAMC Eye Clinic with attendings and students on a weekly basis.

Advanced Core Competencies

* Patient Care:
  + Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients snd their families
  + Gather essential and accurate information about his/her patients and document in chart accordingly
  + Employ safe and sanitary clinical care practices with proper disposal of sharp and biomedical waste
  + Make informed decisions about diagnostic and therapeutic interventions based  
    on patient information and preferences, up-to-date scientific evidence, and  
    clinical judgment
  + Develop and carry out patient assessment and management plans accurately and appropriately
  + Counsel and educate patients and their families about their ophthalmic conditions in laymen’s terms and without judgment or bias (compassionate, empathetic patient care).
  + Use information technology to support patient care decisions and patient  
    Education
  + Provide timely communication of health care services to each patient’s health care team, including those from other disciplines and their referring doctor to establish continuity of care
  + Participate as an active team member in the environment of all clinical facilities and demonstrate communication skills/demeanor with staff and clinical colleagues at a level commensurate with the professional situation.
* Medical Knowledge:
  + This includes knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
  + Investigatory and analytic thinking approach to clinical situations.
  + Knowledge and application of the basic and clinically supportive sciences which  
     are appropriate to their discipline.
  + Display interest in self-motivated independent study to further his/her knowledge as above

**Selection Procedure:**

Wilkes-Barre VA Medical Center optometry residency participates in the Optometric Residency Matching Service (ORMatch). All applicants are required to submit the ORMS application, a cover letter indicating the applicant’s interest in the residency program, curriculum vitae, optometry school transcripts, National Board of Examiners in Optometry (NBEO) scores, and three letters of recommendation.

This information is available to applicants in the Program Admission, Eligibility and Selection Selection Policy document. Or, Candidates can go to the Wilkes-Barre VAMC optometry residency website for further information about the program at:

<http://www.wilkesbarrevaoptometry.weebly.com>

Qualified applicants are interviewed by the program coordinator. On-site interviews are strongly encouraged to allow the coordinator to accurately evaluate applicants and for the applicants to see the facility, meet program faculty and staff, and become familiar with the environment.

Accepted candidates must graduate from an accredited school or college of optometry. Residents are expected to obtain a state licensure prior to completion of the program (preferably as soon as following optometry school graduation).

Specific requirements the applicant must meet for residency consideration include the following:

1. The applicant must have earned an O.D. degree or will have earned such a degree from an accredited School or College of Optometry prior to the starting date of the program.

2. The applicant must successfully complete Parts I, II and III of the NBEO examinations by the end of the residency program.

3. Residency applicants will be evaluated without regard to sex, race, religion, age, national origin or handicap.

4. Residency applicants must be citizens of the United States to be considered for a funded residency position.

5. Qualified candidates are asked to visit the facility and interview for the residency position. Under special circumstances, a telephone/zoom interview may be granted.

After all of the candidates have been interviewed and their supporting material reviewed, the program coordinator ranks the candidates and submits the rankings to ORMatch. Once the program has been notified as to the outcome of the matching process, a letter of appointment and the resident agreement is sent to the matched applicant. The letter confirms the applicant’s acceptance of the position. The resident agreement provides information regarding the duration of the program, hours of attendance, compensation, health insurance availability and benefits.

**Salary and Benefits:**

The resident is provided an annual stipend that is determined by the VA Office of Academic Affiliations. This information is included in the Resident Optometrist Agreement. The current stipend is $35,063.00.

Typical weekly hours are 8:00am-4:30pm Monday through Friday. There is no after-hour call duty. This information is provided within the Residency Academic Policy Manual, Resident Optometrist Agreement, and acceptance letter.

Federal policy entitles residents to participate in a VA-sponsored health insurance plan of their choosing. Residents are entitled to four hours of annual and sick leave every pay period. Residents may obtain clinic lab coats from laundry services if they desire. Residents are eligible for Workman’s Compensation should they be injured during the performance of their duties. These benefits are included in the Resident Optometrist Agreement.

Residents earn two weeks of annual leave and sick leave as needed. Sufficient advance notice for annual leave must be given to allow time for canceling the resident clinic. Sick leave of greater than two days requires a note from a physician. Special authorized absence is granted for attendance at professional meetings, such as the American Academy of Optometry.

The VA does not directly reimburse residents for academic conferences, including registration and travel expenses. However, the resident may apply for a travel grant from the program affiliate institution, the Pennsylvania College of Optometry.

Liability protection in the form of the Federal Tort Claims Act is provided to all residents for professional duties performed within the Department of Federal Affairs. When VA trainees are providing professional services covered by a memorandum of affiliation, their protection from personal liability while at the non-VA health care facility or agency is also covered under the Federal Employee Liability Reform and Tort Compensation Act, 28 U.S.C. 2679, (b-d).

**Academic Year:**

The residents are provided with a letter of acceptance following the completion of a match. The letter indicates the residency program is one year in duration, beginning on July 1 and ending June 30 of the following year.

**Academic Calendar:**

Timeline for the 2022-2023 Residency Year:

July 1, 2022 – Start of residency; Orientation

*July 4, 2022 – Federal holiday, 4th of July*

July 5, 2023 – First day of patient care

Aug 5-22, 2022 – Submission Deadline for AAO Annual Meeting

*Sept 5, 2022 – Federal holiday, Labor Day*

*Oct 10, 2022 – Federal Holiday, Columbus Day*

Oct 26-Oct 29, 2022 – AAO Academy 2022 Meeting

Nov 6, 2022 – **Due date:** Meditrek fall evaluation

*Nov 11, 2022 – Federal holiday, Veteran’s Day*

*Nov 24, 2022 – Federal holiday, Thanksgiving Day*

*Dec 26, 2022 – Federal holiday, Christmas Day (observed)*

*Jan 1, 2023 – Federal holiday, New Year’s Day (observed)*

*Jan 16, 2023 – Federal holiday, President’s Day*

*Feb 20, 2023 – Federal holiday, MLK Day*

Mar 12, 2023 – **Due date:** Meditrek winter evaluation

April 15, 2023 – **Due date:**  Title/Abstract submission deadline to program supervisor

May 8, 10, 12, 2023 – Residency Grand Rounds

*May 29, 2023 – Federal holiday, Memorial Day*

May 30, 2023 – **Due date:** First draft submission deadline to program supervisor

June 15, 2023 – **Due date:** Final draft submission deadline to Dr. Mani and program supervisor

June 25, 2023 – **Due date:** Meditrek spring evaluation

June 30, 2023 – End of residency; Out-processing

*\*No clinics are scheduled on federal holidays and residents are not expected to be in clinic on these days.*

**Clinical Practice Protocols:**

The Wilkes-Barre VAMC residency is based in primary care/hospital-based eye disease.  The eye clinic is mostly out-patient exams and clinic hours are 8am-4:30pm Monday through Friday.

The optometry resident runs his/her own clinic.  He/she is responsible for 10 scheduled patients a day, plus the occasional emergency walk-in.  The optometry resident is free to treat his/her patients as he/she sees fit, with as much or as little input from the attending doctors as he/she wishes.  Individual cases, most commonly those that are complex, are often presented/discussed with an attending doctor. They are also made aware that clinical care is provided according to the AOA Clinical Practice Guidelines and/or The American Academy of Ophthalmology’s Preferred Practice Patterns.

Each month, the resident will be scheduled with the clinic’s retina specialist. On this day, the resident will be involved with each retinal exam rather than his/her own patient care schedule. The resident will help work up patients and will work side by side with the retina specialist regarding evaluation/treatment plan and will get to observe fluorescein angiograms, intra-vitreal injections and laser procedures. A few times per year, the resident is scheduled at the Pennsylvania College of Optometry to work in the Neuro-Eye clinic.

Academically, the resident is responsible for maintaining a folder of current journal articles which reflect relevant subjects such as glaucoma, macular degeneration, etc. A set of Ophthalmology textbooks is provided, and a volume is assigned each month.  The resident is asked to review the assigned volume and complete a self-study.  The books are available at all times and provide an excellent resource throughout the year.

Finally, a manuscript of publishable quality is to be completed over the course of the year. It often includes a case report and literature review; recent topics have included neovascular glaucoma, Eales’ disease, and UGH syndrome. This paper is edited and revised during the spring and finally submitted to PCO near the end of the residency year.

The resident will make a clinical case presentation at PCO, usually in the spring.

Other clinic responsibilities include keeping exam rooms stocked with the necessary supplies and maintaining the necessary medications for the clinic.

*Maintenance and repair:*

The clinic equipment is maintained and repaired by Biomedical Engineering. If repair or maintenance is indicated, please have the clinic clerk contact Biomed directly. Non-technical repairs such as plumbing, lighting, painting, etc. are handled by Engineering Service. The clinic clerk can enter a task request in the computer or phone Engineering directly if it is an emergency.

**Program Requirements:**

1. Input all appropriate ICD coding to reflect the types of patient care visits, diagnoses and procedures.
2. Attend specialty clinics, retina clinic at the Wilkes-Barre VA Medical Center. Attend specialty clinic, neuro-eye, at the Pennsylvania College of Optometry as scheduled.
3. Completion of a manuscript of publishable quality, with strict adherence to the assigned deadlines.
4. Present (1) fifteen minute COPE approved case presentation at the Pennsylvania College of Optometry Grand Rounds Residents Conference.
5. Participate in the teaching and precepting of third and fourth year optometry externs (on a limited basis when clinic patient care needs have been met).
6. The resident will complete the required didactic curriculum. The bulk of the Curriculum involves the completion of the 12 volume “Basic and Clinical Science Course” published by the American Academy of Ophthalmology. The self-study test at the end of each section will be completed and turned in to the Program Coordinator for review. The timeframe for covering the required didactic materials will be determined by the Program Coordinator.
7. The resident will participate in hospital rotations as scheduled. They are expected to maintain an attitude of professionalism at all times and to positively interact with their preceptor in order to maximize their clinical and didactic experience. They are required to keep logs on their rotation experiences.
8. Keep a log of all patients referred for surgery and be involved in tracking them over the post-op period with post-op logs.
9. Keep a log of all subspecialty encounters (retina and neuro-eye) with primary diagnosis and at least (2) case profiles for each subspecialty rotation day.
10. Keep a self-study folder with a minimum of 8 current articles per 4-month term, relative to glaucoma and retinal disease or other ophthalmic disease topics representative of clinical case encounters.
11. The resident is encouraged to attend locally sponsored continuing education conferences. The resident is also encouraged to utilize WebEx technology to view grand round presentations given at Salus University.
12. The resident must complete all faculty and program evaluations in a timely manner.

**Remediation and Dismissal:**

## Counseling, Remediation and Dismissal of the Resident:

Any rating of “below expected levels” on the resident’s evaluation in any of the categories of Clinical Skills, Interpersonal Skills, or Ethics and Professionalism, as well as any patient encounter where care is deemed to be seriously inadequate or dangerous, necessitates remediation. The remediation plan will be developed collectively by the Program Coordinator and the PCOSU Director of Off-Campus Residency Programs, and should include specific “benchmark” goals in the areas of concerns as identified in the resident evaluation(s). Specific activities will then be developed to reach these goals, such as supervised workshop in procedures, selected assigned readings, etc. The plan must specify a completion date, at which time the Program Coordinator will evaluate and notify the resident as to whether remediation was satisfactorily completed. Failure to complete a remediation program may be grounds for dismissal. Violation of residency or office policies may also be grounds for dismissal. Certain violations such as endangering a patient or patient abuse will be grounds for immediate dismissal. In other cases, such as repeated failure to complete clinic assignments, the resident would generally be counseled verbally after the first occurrence, notified of a subsequent violation in writing, and finally dismissed if the violation is repeated. Copies of written notifications of violations would be sent to the Program Supervisor.

**Disciplinary Action/Termination:**

Action taken may include closer supervision and counseling, formal written censure, or dismissal based on, and in proportion to, the severity of the infraction. Progressive discipline will be used for repeated minor offenses and may result in dismissal from the residency program. In all cases, the resident will be specifically informed of the charges and given an opportunity to respond to them. If the resident feels that the action taken by the Residency Coordinator is inappropriate or unwarranted, the resident may request a review by the PCOSU Director of Off-Campus Residency Programs. This request must be made in writing giving the specific reasons why the resident feels the action is unjust and must be filed within seven days of their notification of the action. The information provided by the resident and all other information pertinent to the case will be reviewed by the PCOSU Director of Off-Campus Residency Programs, and in some cases as deemed necessary, by the Dean of PCOSU and a final decision will be made. This decision will be provided to the resident in writing by either the Program Coordinator/HR personnel and/or Director of Residency Programs or Dean of PCOSU.

**Grievance Procedure:**

**Receiving, Adjudicating, and Resolving Resident Grievances:**

A resident who believes they are being treated unfairly may raise a question in the form of a grievance and will receive an answer from management. Whenever possible, informed resolution of complaints at a level as close to the source of the problem as possible should be attempted. The Residency Supervisor is always available for advice, discussion, or consultation on any matter a resident considers pertinent. If the nature of the grievance is such that the resident feels the matter cannot be taken up with his/her first-level supervisor, it may be presented to the Director of Off-Campus Residencies at the Pennsylvania College of Optometry at Salus University. The Director will then contact the Dean or Associate Dean at the Pennsylvania College of Optometry at Salus University, as deemed necessary. Grievances should be initiated and discussed with either the Residency Coordinator or the Director of Off-Campus Residencies within thirty days of the date of the incident. The basis of the grievance and the corrective action desired should be carefully presented and discussed. If the matter cannot be resolved, the resident will be advised to present their grievance progressively to the next higher level until the Dean at PCOSU has given it consideration. The resident should receive an answer within five work days after consideration of the grievance by the Dean. The Director will render a decision to the resident within 15 calendar days. The Residency Coordinator will maintain written records of receiving, adjudicating, and resolving any resident complaints.

**Due Process Provided the Resident on Adverse Decisions:**

Decision to terminate a resident following the above remediation/counseling/grievance policies will be sent to the resident in writing within 15 days from the final resolution with all parties. The resident will have the right to appeal on adverse decisions (termination) within 15 days from the final decision to terminate. The resident can seek the guidance of the Director of Off-Campus Residency Programs at PCOSU and/or PCOSU HR Director, as deemed appropriate or necessary by the resident.

**Clinical Policies:**

*Optometry Resident Supervision Policy*

1. The Department of Veterans Affairs mandates that all residents receiving training at a VA hospital be supervised by an attending staff doctor who must be physically present in the clinic. Residents will complete full examinations for each patient and present the case to one of the attending doctors in the clinic.
2. The resident will start and complete a chart note for each patient they examine. The resident will sign the chart note after completion of the examination. Discussing the case with one of the staff attendings, for a new patient or consult, is necessary. The staff attending is required to co-sign all resident’s chart notes.
3. The resident will also sign a supervision policy quarterly. Based on the resident’s progress the resident will gain clinical independence each quarter.

*Infection control:*

All health care workers in direct patient contact areas must:

* Use an alcohol-based hand rub or antimicrobial soap and water to routinely decontaminate their hands before and after having direct contact with patients.
* Put gloves on when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur. Remove gloves after caring for patient. Do not wear the same pair gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
* Use an alcohol-based hand rub or antimicrobial soap and water to decontaminate hands before and after removing gloves
* Wash hands with non-antimicrobial or antimicrobial soap and water whenever hands are visibly soiled or contaminated with body fluids, before eating, and after using the restroom.
* Use an alcohol-based hand rub or antimicrobial soap and water after contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient).
* Use an alcohol-based hand rub if moving from a contaminated body site to a clean site doing patient care.

Additionally, all health care workers who provide direct, hands-on care to patients shall not wear artificial fingernails or extenders. Natural nail tips will be kept less than **1/4** inch in length. Nail polish, if worn, must be in good repair with no cracks or chips.

Contaminated needles and other sharps are not bent, recapped, or removed unless:

* + It can be demonstrated that there is no feasible alternative.
  + The action is required by specific medical/dental procedures.
  + In the two situations above, the recapping or needle removal are accomplished through the use of a medical device or one-handed technique. (*This technique involves placing the cap on a flat surface where it will not roll. The resident holds the syringe in one hand and places the other hand behind his or her back. The syringe is slid into the cap. Once accomplished, the other hand may be used to secure the cap in place*.)

Contaminated sharps will be placed in rigid puncture-resistant containers designed for sharp disposal. Other contaminated instruments will be placed immediately in a puncture-resistant, leak-proof container labeled with a biohazard warning, and then transported to Supply, Processing, and Distribution Section (SPD).

Personal protective equipment is provided by the VA. Gloves are worn for anticipated contact with blood, pus, feces, urine, or oral secretions. Employees with dermatitis, cuts, open areas, etc., should wear gloves when there is risk of drainage. Alternative gloves are available to employees who are allergic to the gloves normally used.

Routine cleaning and disinfection of environmental surfaces (especially frequently touched surfaces) is required. Diagnostic equipment that comes in contact with a patient’s eye must be properly disinfected or disposed of in a safe manner.

* Tonometry: Using aseptic technique, apply a new tonometer tip to the holder before measuring intraocular pressure. Dispose of the tip in a regular garbage bag immediately after the procedure.
* Gonioscopy/Fundus contact lens: Using aseptic technique, remove the gonioscopy lens from the sterile, autoclaved bags. After the procedure, wash the lens with antimicrobial soap and water. Place the lens back in its plastic autoclavable box, and place it in the red tray for reprocessing by SPD.

*Facility safety:*

Accidents/Injuries: If you are injured, immediately notify your supervisor.

Electrical safety: Inspect all electrically powered equipment before use. Do not use equipment with frayed cords or broken plugs. Report defective equipment to your supervisor.

Equipment safety: Know how to use equipment properly and inspect for defects prior to use. Remove any defective/inoperative equipment from use and report it to your supervisor.

Fire: Upon discovering or suspecting a fire in the area:

1. Rescue anyone in danger from the fire
2. Activate the nearest fire alarm pull station
3. Confine fire spread by closing all doors
4. Extinguish if the fire is small and you are properly trained.

Hazardous materials: Become familiar with the hazards associated with the chemicals you use before you use them. Ensure all containers are properly labeled with the name of the product, manufacturer’s name and address, and appropriate hazard warnings. Know the location of your chemical inventory and material safety data sheets (MSDS).

*Privacy and confidentiality policies:*

Medical Center Policy (MCP) develops, implements, maintains and enforces a structured privacy program to properly use, disclose and safeguard individually identifiable information. The privacy program is designed to allow continued operation of mission-critical activities while ensuring the integrity, availability, confidentiality and authenticity of data and information; minimum necessary access to protected health information; and a continuing awareness of the need for, and the importance of, information privacy within the facility.

All members of the workforce are responsible for complying with this privacy policy, applicable federal laws and regulations, Veterans Administration (VA) / Veterans Health Administration (VHA) policies, as well as the procedures and practices developed in support of these policies. All facility privacy policies and procedures must be consistent with VHA 1605 Directives and Handbooks.

WBVAMC Employees. All employees are responsible for:

1. Accessing the minimum necessary data for which they are authorized in accordance with all laws and regulations in the performance of their official VA duties. April 5, 2022 MCP 001P.04 9

2. Employees must exercise appropriate precautions and safeguards when discussing Veterans’ individually identifiable information (III) in public areas to prevent an unauthorized disclosure.

3. Protecting an individual’s rights to privacy and ensuring proper use and disclosure of information. All workforce members will be held accountable for compliance with these policies, procedures and applicable laws.

4. Appropriately safeguarding printed and electronic III.

5. Reporting complaints and/or violations of privacy policies or procedures to the facility Privacy Officer immediately upon discovery.

6. Co-operating with the facility Privacy Officer and/or the VHA Privacy Office throughout the complaint investigation process.

7. Obtaining appropriate approval in accordance with Public Affairs policy to speak to the news media. Employees are not authorized to disclose any III on a patient or Veteran during an interview without the prior signed, written authorization of the patient or Veteran. When an employee is asked to be interviewed by a third party, such as the news media, VA Form 10-3203a, Informed Consent and Authorization for Third Parties to Produce or Record Statements, Photographs, Digital Images, or Video or Audio Recordings, must be completed.

9. Consulting the facility Privacy Officer and VHA Directive 1605.01, for guidance in privacy situations not addressed in this document.

10. Employees are responsible for annual completion of their mandatory privacy training requirement prior to or on their anniversary date of privacy training the following year. Monitoring for workforce tracking participation is done by the Privacy Officer. The Privacy Officer runs a daily report in TMS identifying shortfalls. The Privacy Officer will then alert employees, supervisors, the Executive Assistant to the Associate Director and the Associate Director. Employee access to the active network directory is suspended until training has been completed.

**Acknowledgement of Review**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the Residency Handbook in its entirety, including all residency related policies and procedures. I fully understand the policy/procedures and terms/conditions of the residency program.

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Printed Name Date

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Signature