

HANDBOOK OF CURRENT OPTOMETRIC RESIDENCIES

By

Matthew James Anderson

**This paper is submitted in partial fulfillment
of the requirements for the degree of**

Doctor of Optometry

**Ferris State University
Michigan College of Optometry**

April 24, 2006

HANDBOOK OF CURRENT OPTOMETRIC RESIDENCIES

by

Matthew James Anderson

Has been approved

April 24, 2006

Ferris State University
Doctor of Optometry Senior Paper
Library Approval and Release

HANDBOOK OF CURRENT OPTOMETRIC RESIDENCIES

I, Matthew James Anderson, hereby release this Paper as described above to Ferris State University with the understanding that it will be accessible to the general public. This release is required under the provisions of the Federal Privacy Act.

Doctoral Candidate 

4/24/06
Date

ABSTRACT

Background: Available information on residency education does not include detailed information needed for applicants to make a knowledgeable decision. Current information located on the Association of Schools and Colleges of Optometry (ASCO) residency or the affiliated Optometry school websites is not detailed enough for a perspective applicant to make a decision on which programs would be best suited for the individual's future goals. A user friendly handbook of all the available residency programs was designed and compiled. The handbook contains information unavailable to students at the websites and allows the initial process of researching a residency programs easier. *Methods:* A survey was sent to residency program supervisors to gather information on curriculum, faculty and facility information. *Conclusion:* The information in the handbook allows for the narrowing of the search to the top five to ten programs that would best fit the needs of the individual. It is recommended that ASCO redesign the information in residency websites to provide the information needed.

ACKNOWLEDGEMENTS

I would like to give special thanks to Nancy Peterson-Klein OD and Bruce Morgan OD for their help in the development of the survey. All of your input was very helpful and would not have gotten done without you.

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	v
INTRODUCTION.....	1
METHODS.....	2
RESULTS.....	4
DISCUSSION.....	9
CONCLUSION.....	11
 APPENDIX	
A. INTRODUCTION LETTTER.....	14
B. RESIDENCY LETTER.....	16
C. RESIDENCY HANDBOOK.....	18

LIST OF TABLES

Table		Page
1	Results for Each Institution.....	4
2	Number of Program Descriptions.....	5
3	Clinical Setting.....	6
4	Time Spent in Patient Care.....	6
5	Didactic Activities.....	7
6	Scholarly Activities.....	8
7	Benefits Available to Resident.....	8
8	Equipment Available to Resident.....	9

INTRODUCTION

Optometric residency training was initiated in 1975 within the Veterans Affairs Medical Center in Kansas City, Missouri¹. Residency training in its earliest years was mostly confined to the Department of Veteran Affairs (VA) facilities¹. Now residency programs are available in the schools and colleges of Optometry, Health Maintenance Organizations, the Indian Health Service, and co-management centers¹. In recent years the Association of Schools and Colleges of Optometry (ASCO) developed a description system in order to define residency programs more concretely. These types of programs include Family Practice Optometry, Primary Eye Care, Cornea and Contact Lenses, Geriatric Optometry, Pediatric Optometry, Low Vision Rehabilitation, Vision Therapy and Rehabilitation, Ocular Disease, and Refractive and Ocular Surgery².

When searching for information on a residency program, I had difficulty finding the detailed information on individual programs to make a knowledgeable decision. Information available at the ASCO site was not comprehensive enough to find distinctions between the programs. ASCO provides information on their website pertaining to the type of program (i.e. Primary Care), the city and state the program is located, the number of positions available, whether the program is accredited, the start date, salary/stipend, benefits, contact information, application information/deadlines along with miscellaneous information. The miscellaneous information was what I thought would describe the programs intricacies, but this was not the case. I found myself spending countless hours trying to distinguish one program from another with no avail.

To solve the problem I decided to develop a survey. The survey would be sent to the program supervisors. The information from this survey would then be used to

develop a handbook. This handbook would allow prospective resident candidates easier access to information that would differentiate various programs from each other. The handbook would also contain information not available to students at the ASCO website and would make the initial process of researching a residency much easier.

METHODS

When developing this survey, I thought certain information needed to be available to make a knowledgeable decision. This information included general information concerning the program description and clinical setting/mode of practice. I also thought information pertaining to the clinical component, didactic/scholarly activities, benefits, resources, and finally the credentials of the clinical supervisors would be helpful in the decision process.

The first question asked to the program supervisors was to pick the program description, developed by ASCO that best fit their residency. They were allowed to pick as many descriptors as they wanted in order to provide the best account of their residency. The next question involved the clinical setting/mode of practice for the residency program. The setting is important in the decision making process. Certain clinical settings have historically been more involved in teaching and education, while others are more focused on patient care.

The next set of questions addressed the amount of time spent in direct patient care, assisting in patient care, if any clinical observation is involved in the residency, and finally if on call duty is required of the resident. Many people choose a residency to get more experience in managing patients, while others choose residency in order to have a more specialized career post-residency

The didactic and scholarly components of the residency were covered in the next series of questions. The use of presentations, lectures, instruction and preceptorship are involved in the program to help educate the resident. Also, all residency programs require the completion of at least one scholarly activity. These activities usually consist of a poster presentation or development of a publishable clinical manuscript, but some programs require more and these questions distinguish these programs

The next question asked program supervisors to pick which benefits are available for the resident. Residency programs offer various levels of insurances, vacation, cell phone/pager, and continuing education allowance.

The next question allowed program coordinators to pick from a list of resources and also add special equipment not listed.

The final item in the survey was directed at finding out the credentials of the supervising faculty. The question addressed the clinical experience, scholarly achievements and involvement of the faculty.

To send the survey, I decided to use an on-line survey generating tool called Question Pro, available at "<http://www.questionpro.com>". The survey design consisted of yes/no, open-ended text, multiple choice with single response, multiple choice with variable number of response, and branching questions. Responses to the survey were then sent to my e-mail address via an integrated Emailing Engine that tracked responses and sent reminder emails. Responses were then available in real-time. Question Pro also allows users to send an introduction letter with the survey. The letter can either be a generic letter or can be customized by the user.

Question Pro allows users to have a free one month free trial membership to test their product. During this trial period only 100 responses were collected. Since there are currently 156 residency programs, the survey was sent out in two sessions. The first session consisted of the fifty-five VA residency programs and the second session consisted of the one hundred and one Non-VA residency programs.

RESULTS

Overall there was a 40.4 percent response rate (63/156). Twenty-nine, or 52.7 percent, of the Veteran Affairs residency programs responded and thirty-four, or 33.7 percent, of the Non-Veteran Affair residency programs responded. University of Missouri-St. Louis College of Optometry had the highest response rate at 60.0 percent and Inter-American University, Puerto Rico had the lowest response percent with 0.0. See Appendix A, B, and C for a copy of the introduction letter, survey and handbook.

Table 1. Results for Each Institution

<u>School/College</u>	<u>Number of Programs</u>	<u>Number of Responses</u>	<u>Percent</u>
IAUPR	2	0	0.0
ICO	7	3	42.9
IU	7	4	57.1
MCO	4	1	25.0
NEWENCO	14	6	42.9
NSU	10	4	40.0
NSUCO	11	5	45.5
PCO	14	5	35.7
PUCO	9	5	55.6
SCCO	17	8	47.1
SCO	10	4	40.0

SUNY	13	4	30.8
TOSU	7	4	57.1
UAB	7	4	57.1
UCB	9	1	11.1
UH	10	2	20.0
UMSL	5	3	60.0

Program coordinators found that two of the ASCO program descriptors (Table 2) best depicted their program, 34.9 percent, followed by greater than two 25.4 percent. The least were 0.0 percent for Geriatric Optometry and Refractive and Ocular Surgery followed by Family Practice and Vision Therapy and Rehabilitation. The clinical setting most chosen by coordinators was strictly hospital-based, followed by school-based and federal-service based (Table 3). Just under 16.0 percent reported their programs had two or greater clinical settings.

Table 2. Number of Program Descriptions

<u>Program Descriptions</u>	<u>Number</u>
Family Practice	1
Primary Eye Care	4
Cornea and Contact Lenses	6
Geriatric	0
Pediatric	3
Low Vision Rehabilitation	2
Vision Therapy and Rehabilitation	1
Ocular Disease	9
Refractive and Ocular Surgery	0

Two of the Above	22
Greater then Two	16

Table 3. Clinical Setting

<u>Clinical Setting</u>	<u>Number</u>	<u>Percent of Total</u>
Hospital-based	26	41.3%
Health Maintenance Organization	0	0.0%
School-based	14	22.2%
Surgical Center	1	1.6%
Federal Service-based	7	11.1%
Private Practice	5	7.9%
Two of the Above	7	11.1%
Greater than Two	3	4.8%

The most important factor in deciding a residency program is the clinical component. Concerning patient care, 79.4 percent reported direct patient care consisted from 60-100 percent of the resident's time and 81.0 percent consisted in assisting in patient care (Table 4). Clinical observation is required in 85.7 percent of residency programs. Most observation is done in with Ophthalmology sub-specialists such as Retina and Glaucoma. Many programs report that other secondary-care specialties, like Neurology and Dermatology, are observed. On-call duty is required in just under half, 46.0 percent, of all programs.

Table 4. Time Spent in Patient Care

<u>Type of Patient Care</u>	<u>Time Spent in patient Care</u>
-----------------------------	-----------------------------------

	0-20%	20-40%	40-60%	60-80%	80-100%
Direct Patient Care	3	6	4	22	28
Assisting in Patient Care	39	12	2	3	7

Lectures, case conferences, in-service presentations and continuing education are the preferred methods in the didactic/scholarly component of the residency (Table 5). Formal casework and other activities such as grand rounds are used less frequently. Preceptorship is also very popular in residency programs. Programs reported that 93.7 percent of their residents precept students. Fourth year students are most commonly precepted at 96.7 percent. Only 5.0 percent reported the precepting third year optometry students and 0.0 percent reported precepting second year students.

Table 5. Didactic Activities

<u>Activity</u>	<u>Number</u>	<u>Percentage</u>
Lectures	57	90.5
Formal Case Work	12	19.0
In-service Presentation	48	76.2
Continuing Education	49	77.8
Case Conferences	55	87.3
Others	8	12.7

All residency programs require residents to complete at least one scholarly activity to complete the program. A majority, 84.1 percent, requires a publishable clinical manuscript and 69.8 percent require case presentation/seminars. A majority of residencies require multiple activities to complete their program.

Table 6. Scholarly Activities

<u>Activity</u>	<u>Number</u>	<u>Percentage</u>
Case Presentation/Seminars	44	69.8
Journal Club	21	33.3
Poster Presentation	17	27.0
Clinical Research	9	14.3
Publishable Clinical Manuscript	53	84.1
Other	4	6.3

All residency programs offer benefits to their residents (Table 7). The most common benefits offered are health insurance, malpractice insurance and vacation at 92.1, 88.9, and 84.1 percent respectively. Most residencies also provide continuing education allowance, a clinic coat and liability insurance.

Table 7. Benefits Available to Resident

<u>Benefits</u>	<u>Number</u>	<u>Percentage</u>
Malpractice Insurance	56	88.9
Liability Insurance	37	58.7
Health Insurance	58	92.1
Disability Insurance	12	19.0
Laptop/Computer	24	38.1
Cell Phone/Pager	20	31.7
Vacation	53	84.1
Clinic Coat	38	60.3
Continuing Education Allowance	48	76.2

Fundus photography, anterior segment photography and automated visual fields are the most common equipment available to residents along with a library for research. Various optic nerve/nerve fiber layer analyzers are provided to residents. Equipment not listed in the survey, which was added as other by the program supervisors, included corneal topographers and binocular vision and vision therapy equipment.

Table 8. Equipment Available to Resident

<u>Equipment</u>	<u>Number</u>	<u>Percentage</u>
Fundus Photography	58	92.1
Anterior Segment Photography	54	85.7
Optical Coherence Tomography	26	41.3
GDx Nerve Fiber Analyzer	24	38.1
Heidelberg Resonance Tomography	20	31.7
Automated Visual Field	61	96.8
Fluorescein Angiography	37	58.7
Imaging/Radiology	40	63.5
Library	51	81.0
Other	12	19.0

The final question of the survey concerned the program supervisors experience and interests. Most supervisors gave a brief description of their interests and credentials. Others sent their curriculum vitae, while others had theirs available upon request.

DISCUSSION

The results from the various Optometric institutions varied in response rates. The Inter-American University, Puerto Rico had the lowest rate. This could be due to anything from software problems to caution in replying to e-mails from unknown

senders. The low response rate for University of California-Berkeley was due to their residency program coordinator not wanting them to reply to the survey. They wanted interested applicants to contact them personally to discuss their program. Similar thoughts were conveyed individually from various programs.

One of most interesting results from this survey was, of the 63 responses, 38 of the residency program supervisors described their programs by two or more of the ASCO program descriptions. Also, ten of the program supervisors stated that two or more clinical settings best described their program. Forty-one percent of the respondents described their program's clinical setting as hospital-based, which compared to the number of VA returns.

Most residency programs have residents spending the majority of their time in direct patient care. Clinical observation is required in most programs. Most observation is done in many Ophthalmology sub-specialists and some programs offer observation of secondary-care medical specialties.

Lectures, case conferences, in-service presentations and continuing education are the preferred for the didactic component of programs. Preceptorship is also very popular in residency programs. Over 90.0 percent of programs have their resident precepting students. Fourth year students are most commonly precepted.

Residency programs require residents to complete at least one scholarly activity to complete the program. Usually, a publishable clinical manuscript or case presentation/seminars is required. Most residencies require multiple activities to complete their program. All residency programs offer benefits to their resident. The most common benefits offered are health insurance, malpractice insurance and vacation.

Most residencies also provide continuing education allowance, a clinic coat and liability insurance.

Including a 100 percent rate, I would make one major change to two questions in the survey to make it more complete. The change would be to the questions that pertained to the sub-specialists observed and specialty equipment. I would have added choices that were more geared toward Pediatric, Vision Therapy and Rehabilitation, and Low Vision Rehabilitation. The answers available to survey participants were mostly concerned with ocular disease, which was my focus in my decision making for a residency program. Also, I think I would have omitted the question concerning benefits. When considering a residency program the benefits should not be a deciding factor in whether or not have a program included or excluded in the initial process.

CONCLUSION

The purpose of this project was to have a handbook that would allow prospective residents to have the ability to research the various residency programs. The information in the handbook would allow individuals to narrow their search to their top five or ten programs. With the results that I achieved, a complete handbook is not possible. The survey could be re-sent in order to increase responses or ASCO could reconstruct the information in their website to provide the information needed.

Changes to the ASCO website would allow for individuals to search for programs under individual or multiple program descriptors. As seen from the data collected most of the program supervisors describe their programs using more than one of the descriptors. Also, ASCO could include information on the clinical setting of each program. It is intuitive to think that two programs described as Primary Care would be

very similar, but if one is hospital-based and the other is in a private practice the program could be quite different. The final change to the ASCO site would be to include more information on the clinical component, didactic and scholarly activities, equipment and resources and finally a brief bibliography on the clinical supervisors overseeing the resident that were compiled with this survey.

REFERENCES

1. Atkin, SR. Optometry student interest in residency education. *J Optm Educ* 2003; 28(3)p87.
2. Hoffman DJ. Standardization of residency titles. *J Optm Educ* 1999; 24(3):87.

APPENDIX A

SURVEY INTRODUCTION LETTER

Dear Dr. XXXXXXXX

My name is Matt Anderson and I am a fourth year Optometry student from the Michigan College of Optometry. While searching for information on a Low Vision Residency, I had difficulty finding the detailed information needed to make a knowledgeable decision. Information that I found on the Internet concerning the Association of Schools and Colleges of Optometry (ASCO) residencies or information from the residencies affiliated Optometry schools or colleges was very helpful in the initial process, but was not detailed enough to help me make a final decision on which programs would assist me in reaching my goals.

To solve this problem, I decided to organize a user friendly handbook of all the available residency programs. This handbook will contain information unavailable to students on the Internet and will make the initial process of researching a residency easier.

A survey is attached that will be used in the development of the handbook. The survey asks questions on your residency programs curricula, faculty and facilities. Please complete this survey within the next two weeks. A reminder email will be sent one week before the survey is due. The survey will only take five minutes to complete. A completed handbook will be sent to you prior to January 1, 2006.

Sincerely

Matthew Anderson
4th Year Optometry Student

Nancy Peterson-Klein OD
Associate Dean, Michigan College of Optometry

APPENDIX B
RESIDENCY SURVEY

INTRODUCTION

1. Describe your residency program (may pick more than one).

Family Practice Optometry	Primary Eye Care	Cornea/Contact Lenses
Geriatric Optometry	Pediatric Optometry	Low Vision Rehabilitation
Vision Therapy and Rehabilitation	Ocular Disease	Refractive/Ocular Surgery

2. Describe the clinical setting your residency program.

Hospital-based	Health Maintenance Organization	School-based
Surgical Center	Military-based	Private Practice

CLINICAL COMPONENT

3. Indicate the percentage of the resident's experience focused on direct patient care.

0-20%	20-40%	40-60%	60-80%	80-100%
-------	--------	--------	--------	---------

4. Indicate the percentage of the resident's experience focused on assisting in direct patient care.

0-20%	20-40%	40-60%	60-80%	80-100%
-------	--------	--------	--------	---------

5. Indicate whether the resident's experience involves clinical observation.

YES (to 6)	NO (to 8)
------------	-----------

6. Indicate the type of sub-specialists that the resident observes?

Retina	Glaucoma	Oculoplasty
Refractive Surgery	Anterior Segment/Cornea	Other _____

7. Indicate whether the resident has a role in determining what specialty will be observed.

YES	NO
-----	----

8. Indicate whether the resident is required to perform any on-call duties.

YES	NO
-----	----

DIDACTIC ACTIVITIES

9. Indicate didactic activities in which the resident participates.

Lectures	Formal coursework	In-service presentations
Continuing education	Case conferences	

10. Does the resident participate in supervision of students?

YES (to 11)	NO (to 14)
-------------	------------

11. Does this supervision occur through out the residency?

YES	NO, after an interim period
-----	-----------------------------

12. Indicate the number of days per week of resident involvement in student supervision.

1	2	3	4	5
---	---	---	---	---

13. Indicate the level of training of the optometry students being supervised.

2 nd year	3 rd year	4 th year
----------------------	----------------------	----------------------

14. Indicate other instructional activities that the resident participates.

Lab/Workshop teaching	Grand rounds	Tutoring	Other: _____
-----------------------	--------------	----------	--------------

15. Indicate the scholarly activities required for completion of the residency program.

Case presentations/seminars	Poster presentation	Publishable manuscript
Journal club	Clinical research	

BENEFITS

16. Which of the following is/are provided to the resident?

Malpractice Insurance
Liability Insurance
Laptop/Computer

Health Insurance
Disability Insurance
Cell phone/pager

Vacation
Clinic Coat
Continuing Education Allowance

RESOURCES AND FACILITY

18. Indicate which of the following are available to the resident?

Fundus Photography

Optical Coherence Tomography

Heidelberg Resonance Tomography

Fluorescein Angiography

Other: _____

Anterior segment photography

GDx NFL Analyzer

Automated Visual Fields

Imaging/Radiology

Library

RESIDENCY SUPERVISOR

19. Please provide a biographical sketch to include your credentials and residency certification, years of clinical experience and special clinical interests.

APPENDIX C
RESIDENCY HANDBOOK

Illinois College of Optometry

Illinois Eye Institute (Pediatric Optometry) – Chicago, IL
Supervisor: Christine Allison, OD

E-mail: callison@ico.edu

Program Description: Pediatric Optometry

Program Setting: School-based

Direct Patient Care: 40-60%

Assisting Direct Patient Care: 20-40%

Clinical Observation: Yes, Retina. Resident has role in determining the specialty observed.

On-Call Duties: None

Didactic Activities: Lectures, In-service presentations, Case conferences

Supervision of Students: Yes, throughout the residency. 2 days per week with 4th year students.

Instructional Activities: Lab/Workshop teaching, Grand rounds

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript, Journal Club

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Disability insurance, Clinic coat, Cell phone/pager

Equipment Available: Fundus photography, Anterior segment photography, OCT, GDx, Automated visual fields, Fluorescein angiography, Library

Residency Supervisor Biographical Sketch:

Dr. Christine Allison received her BS degree from the University of Notre Dame in 1987. She received her OD degree in 1995 from the SUNY College of Optometry. Upon graduation she completed a residency program in Pediatric Optometry and Binocular Vision at the ICO. Currently she is an Associate Professor at ICO, and an attending faculty in the Pediatric/Binocular Vision Service. She teaches the Infant/Child Development and Management course to the third year students, as well as

the laboratories for the Treatment of Binocular Vision Disorders course. Dr. Allison is a Fellow of the College of Optometrists in Vision Development, and an American Academy of Optometry Diplomate in Binocular Vision, Perception, and Pediatric Optometry. She is also currently the Clinical Director for the Special Olympics Lions Club International Opening Eyes Program for Illinois.

Christine L. Allison OD
Illinois College of Optometry
3241 S. Michigan Ave
Chicago, IL 60616
312.949.7336

Jesse Brown Chicago VAMC/Hines VAH – Chicago, IL
Supervisor: Drs. Thomas and Joan Stelmack

E-mail: joan.stelmack@med.va.gov

Program Description: Low Vision Rehabilitation, Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 0-20%

Clinical Observation: Yes, Retina, Glaucoma, Oculoplasty, Anterior Segment/Cornea, Rehabilitation Therapists at Hines Blind Center; Resident has a role in determining the sub-specialist being observed.

On-Call Duties: Yes

Didactic Activities: Lectures, In-service presentations, Continuing education, Case conferences

Supervision of Students: Yes, after an interim period; 1 day per week of 4th year students

Instructional Activities: Grand Rounds, lectures for rehabilitation specialists, journal club, case presentations

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript, Journal club

Provided by Program: Malpractice Insurance, Health Insurance, Vacation, Clinic coat, Laptop/computer, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, HRT, Automated visual fields, Fluorescein Angiography, Imaging/Radiology, Library, SLO, Electro-diagnostics, Pachymetry, Ultrasonography

Residency Supervisor Biographical Sketch:

See web page – www.chicagovaoptometryresidency.org

Davis Duehr Dean Medical Center – Madison, WI

Supervisor: Robert Heyden, OD

E-mail: robert.heyden@deancare.com

Program Description: Primary Eye Care, Cornea and Contact Lenses, Refractive and Ocular Surgery

Program Setting: Health Maintenance Organization, Surgical Center, Private Practice

Direct Patient Care: 80-100%

Assisting Direct Patient Care: 80-100%

Clinical Observation: Yes, Retina, Glaucoma, Refractive Surgery, Anterior Segment/Cornea. Resident has role in determining the specialty observed.

On-Call Duties: None

Didactic Activities: Lectures, In-service presentations, Continuing education, Case conferences

Supervision of Students: None

Instructional Activities: Lab/Workshop teaching, Grand rounds

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript, Clinical research

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Disability insurance, Clinic coat, Laptop/Computer, Cell phone/pager, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, OCT, Automated visual fields

Residency Supervisor Biographical Sketch:
Robert J. Heyden, OD, FAAO
Residency Program Coordinator
Residency in Refractive Surgery Co-Management/Anterior Segment
Disease

Davis Duehr Dean/Dean Medical Center
1025 Regent St.
Madison, WI 53715

Completed residency in Geriatrics/Hospital-based Optometry 1995-1996
at West Los Angeles VAMC, in affiliation with SCCO.

24+ years of clinical experience; Special clinical interests in general
optometry, diabetic eye disease, glaucoma, specialty contacts.

Chicago Lighthouse for People Who Are Blind – Chicago, IL
Supervisor: John Rimkus, OD

E-mail: john.rimkus@chicagolighthouse.org

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

Illinois Eye Institute (Cornea and Contact Lenses) – Chicago, IL
Supervisor: Janice Jurkus, OD

E-mail: jjurkus@eyecare.ico.edu

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

Illinois Eye Institute (Primary Eye Care) – Chicago, IL
Supervisor: Stephanie Messner, OD

E-mail: jjurkus@eyecare.ico.edu

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

Deicke Center for Visual Rehabilitation – Wheaton, IL
Supervisor: John Coalter, OD

E-mail: jcoalterod@deicke.org

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

Indiana University, School of Optometry

IU School of Optometry (Cornea and Contact Lens) – Bloomington, IU

Supervisor: Susan Kovacich, OD,

E-mail: skovach@indiana.edu

Program Description: Primary Eye Care, Cornea and Contact Lenses, Pediatric Optometry, Low Vision Rehabilitation, Ocular Disease, Refractive and Ocular Surgery

Program Setting: Hospital-based, School-based, Surgical Center

Direct Patient Care: 20-40%

Assisting Direct Patient Care: 60-80%

Clinical Observation: Yes, Retina, Glaucoma, Refractive Surgery, Anterior Segment/Cornea. Resident plays role in determining the specialty observed.

On-Call Duties: Yes

Didactic Activities: Lectures, Formal coursework, Case Conferences, Laboratories

Supervision of Students: Yes, throughout the residency. 5 days per week with 3rd year students.

Instructional Activities: Lab/Workshop teaching

Required Scholarly Activities: Case presentation/seminars, Poster presentation, Publishable clinical manuscript

Provided by Program: Malpractice insurance, Health insurance, Liability insurance, Disability insurance

Equipment Available: Fundus photography, Anterior segment photography, HRT, Library

Residency Supervisor Biographical Sketch:

Susan Kovacich, OD, FAAO

Clinical Assistant Professor

Indiana University School of Optometry

812.856.5699

Coordinator, Cornea and Contact Lens Residency, approximately 10 years of clinical consultant experience

I graduated from Indiana University and then completed a Hospital-based Ocular Disease Residency at the St. Louis VAMC. I taught part-time at UMSL for two years while working in St. Louis. Also during that time, I worked for an HMO and corneal specialist. Since returning to Bloomington, I have worked in Primary Care and recently began working full time in the Cornea and Contact Lens Service, and also became coordinator of the residency. I enjoy contact lenses, ocular disease (anterior and posterior segment), and am the PI in 2 contact lens studies and on dry eye study. We recently had our 2005 annual report back from the ACOE and are accredited until 10/08.

IU School of Optometry – Pediatrics
Supervisor: Don Lyon, OD

E-mail: dwlyon@indiana.edu

Program Description: Pediatric Optometry, Vision Therapy and Rehabilitation

Program Setting: School-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 20-40%

Clinical Observation: Yes, Pediatric Ophthalmology. Resident doesn't have role in determining the specialty observed.

On-Call Duties: Yes

Didactic Activities: Lectures, In-service presentations, Continuing education, Case conferences

Supervision of Students: Yes, after an interim period. 3 days per week with 4th year students.

Instructional Activities: Grand rounds

Required Scholarly Activities: Publishable clinical manuscript

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Clinic coat, Laptop/Computer, Continuing education allowance, Retirement benefits, Dental

Equipment Available: Fundus photography, Anterior segment photography, OCT, Automated Visual Fields, Imaging/Radiology, Library

Residency Supervisor Biographical Sketch:

I am Don W. Lyon, OD, FAAO Chief of Pediatrics/Binocular Vision Services and Pediatric Optometry Residency Coordinator. I graduated from optometry school in 1999 and completed a residency in pediatric optometry in 2000. I worked four years at the IU Department of Ophthalmology's Pediatric Ophthalmology Clinic where I provided direct care to patients and supervised ophthalmology residents during this time I also worked for the School of Optometry at the Indianapolis Clinic. I was promoted to Chief of the Service in 2004. My clinical and research interests are primarily in amblyopia and vision therapy.

800 East Atwater Ave.
Bloomington, IN 47405
812.855.9196

University of Kentucky Medical Center – Lexington, KY

Supervisor: Cliff M. Caudill, OD

E-mail: cmcaud2@email.uky.edu

Program Description: Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 0-20%

Assisting Direct Patient Care: 60-80%

Clinical Observation: Yes, Retina, Glaucoma, Refractive Surgery, Anterior Segment/Cornea, Pediatrics. Resident has role in determining the specialty observed.

On-Call Duties: None

Didactic Activities: Lectures, Case conferences, Departmental Grand Rounds

Supervision of Students: Yes, throughout the residency. 5 days per week with 4th year students.

Instructional Activities: Grand rounds

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Clinic coat, Cell phone/pager, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, OCT, HRT, GDx, Automated visual fields, Fluorescein angiography, Imaging/Radiology, Library

Residency Supervisor Biographical Sketch:
See attached CV

Huntington VA Medical Center – Huntington, WV

Supervisor: Matthew Cordes, OD

E-mail: matthew.cordes@med.va.gov

Program Description: Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 0-20%

Clinical Observation: Yes, Neurology, Surgery, Radiology, ER, Cardiology, Internal Medicine. Resident has role in determining what specialty will be observed

On-Call Duties: Yes

Didactic Activities: Lectures, Formal coursework, In-service presentations, Continuing education, case conferences

Supervision of Students: None

Instructional Activities: Lab/Workshop teaching, Grand rounds, Conferences, Leading discussions/presentation, Clinical Workshops

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript

Provided by Program: Malpractice Insurance, Health Insurance, Vacation, Liability Insurance, Clinic coat, Laptop/Computer, Cell

phone/pager, Continuing education allowance, Life Insurance, Paid-leave for educational purposes, Sick leave

Equipment Available: Fundus photography, Anterior segment photography, GDx, Automated visual fields, Fluorescein angiography, Imaging/Radiology, Library, Medical records, X-rays, CT, ocular imaging

Residency Supervisor Biographical Sketch:

Matthew G. Cordes, OD, FAAO
Optometry Service (581/123)
1540 Spring Valley Dr.
Huntington, WV 25705
304.429.6755 x 2696

Graduate of Illinois College of Optometry, Residency at Bascom Palmer Eye Institute, Miami, FL

Special Clinical Interests: Ocular and Ocular-related Systemic Disease

Residency Website: www.OcularDisease.com

IU School of Optometry (Ocular Disease) – Bloomington, IN

Supervisor: Vic Malinovsky, OD

E-mail: malinovs@indiana.edu

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Illiana VA HCS – Danville, IL

Supervisor: Stephen Boyer, OD

E-mail: stephen.boyer@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Wang Vision Institute – Nashville, TN

Supervisor: Helen Abdelmalak, OD

E-mail: dra@wangvisioninstitute.com

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Inter American University School of Optometry

IAU Community Health Center Clinics – Hato Rey, Puerto Rico

Supervisor: Juan Galarza, OD

E-mail: jl_galarz@inter.edu

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

San Juan VA Medical Center – San Juan, Puerto Rico

Supervisor: Laura Dalmasay-Frouin, OD

E-mail: laura.dalmasy@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Michigan College of Optometry

Michigan College of Optometry (Cornea and Contact Lens) – Big Rapids, MI
Supervisor: Bruce Morgan, OD

E-mail: morganb@ferris.cdu

Program Description: Cornea and Contact Lenses

Program Setting: School-based

Direct Patient Care: 0-20%

Assisting Direct Patient Care: 60-80%

Clinical Observation: Yes, Glaucoma, Refractive Surgery, Anterior Segment/Cornea, Phone consultation with Art Optical. Resident has role in determining the specialty observed.

On-Call Duties: Yes

Didactic Activities: Lectures, In-service presentations, Case conferences, Web-based Grand rounds

Supervision of Students: Yes, after an interim period. 2 days per week with 4th year students.

Instructional Activities: Lab/Workshop teaching, Grand rounds, Web based grand rounds facilitator

Required Scholarly Activities: Poster presentation, Publishable clinical manuscript

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Disability insurance, Clinic coat, Laptop/Computer, Cell phone/pager, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, OCT, GDx, Automated visual fields, Library, Corneal topography

Residency Supervisor Biographical Sketch:

Dr. Morgan is an associate professor at the Michigan College of Optometry at Ferris State University. He has also assumed the positions as Chief of Cornea and Contact Lens Services, Director of Residencies and is the Supervisor of the Cornea and Contact Lens Residency. Dr. Morgan

graduated from Northeastern State University College of Optometry in 1987 and completed the residency in Cornea and Contact Lenses at the University of Missouri-St. Louis in 1989. He has taught in the areas of Ophthalmic Optics, Contact Lenses and Ocular Disease. Dr. Morgan's clinical and research interests include gas-permeable contact lenses, keratoconus, and corneal reshaping. He specializes in the design and fitting of ortho-keratology lenses for the purpose of non-surgical reduction of myopia.

Bruce W. Morgan, O.D., F.A.A.O.
Chief of Cornea and Contact Lenses
Director of Residencies
Michigan College of Optometry
Ferris State University
Big Rapids, MI 49307
Phone: 231-591-2180
FAX: 231-591-2394

Battle Creek VA Medical Center – Battle Creek, MI
Supervisor: Michael Vandevceer, OD

E-mail: michael.vandevceer@va.gov

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

TLC Eye Care of Michigan – Battle Creek, MI
Supervisor: Jack Veith, OD

E-mail: sara.campbell@tlcmi.com

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

Northern Indiana VA HCS – Fort Wayne, VA
Supervisor: Sarah Schamerloh, OD

E-mail: sara.schamerloh@va.gov

Residency Supervisor Biographical Sketch:
Please contact residency supervisor for further information.

New England College of Optometry

Connecticut VA HCS, Newington Campus – Newington, CT
Supervisor: Sharon Bisighini, OD

E-mail: sharon.bisighini@med.va.gov

Program Description: Primary Eye Care, Geriatric Optometry, Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 20-40%

Clinical Observation: Yes, Retina. Resident has role in determining specialty being observed.

On-Call Duties: None

Didactic Activities: Lectures, In-service presentations, Continuing education

Supervision of Students: Yes, throughout the residency. 1 day per week with 4th year students.

Instructional Activities: Grand rounds

Required Scholarly Activities: Case presentation/seminars, Publishable clinical manuscript, Journal club

Provided by Program: Malpractice Insurance, Health Insurance, Vacation, Clinic coat

Equipment Available: Fundus photography, Anterior segment photography, Automated visual fields, Imaging/Radiology

Residency Supervisor Biographical Sketch:

Sharon Bisighini, OD

VA CT Healthcare System

Newington Campus

555 Willard Ave

Optometry Section

Newington, CT 06111

10 years of clinical experience. Completed Residency Campus in 1996

Connecticut VA HCS (West Haven Campus) – West Haven, CT

Supervisor: Charles Haskes, OD

E-mail: charles.haskes@med.va.gov

Program Description: Primary Eye Care, Low Vision Rehabilitation, Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 80-100%

Assisting Direct Patient Care: 0-20%

Clinical Observation: None

On-Call Duties: None

Didactic Activities: Lectures, In-service presentation, Continuing education, Case conferences

Supervision of Students: Yes, after interim period. 2 days per week with 4th year students.

Instructional Activities: Grand rounds, Hospital In-services

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript, Journal club, Year-end lecture

Provided by Program: Malpractice Insurance, Health Insurance, Vacation, Liability Insurance, Clinic coat, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, Automated visual fields, Fluorescein angiography, Imaging/Radiology, Library

Residency Supervisor Biographical Sketch:

Charles Haskes, OD, MS, FAAO

Residency completed, June 1992

Eye Clinic (112 D)

VA Connecticut Healthcare System, West Haven Campus

West Haven, CT 06516

203.932.5711 x 2759

New England Eye Institute (Cornea and Contact Lens) – Boston, MA

Supervisor: Ronald Watanabe, OD

E-mail: watanabe@neco.edu

Program Description: Cornea and Contact Lenses

Program Setting: School-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 0-20%

Clinical Observation: Yes, Refractive Surgery, Anterior Segment/Cornea. Resident doesn't have role in determining specialty observed.

On-Call Duties: None

Didactic Activities: Lectures, In-service presentations, Case conferences, Workshops

Supervision of Students: Yes, after an interim period. 1 day per week with 4th year students.

Instructional Activities: Lab/Workshop teaching

Required Scholarly Activities: Case presentations, Publishable clinical manuscript

Provided by Program: Malpractice Insurance, Health Insurance, Vacation, Disability Insurance, Clinic coat, Stipend for travel to conference

Equipment Available: Fundus photography, Anterior segment photography, Automated visual fields, Library, Corneal topography

Residency Supervisor Biographical Sketch:

Ronald K Watanabe, OD, FAAO

Current positions:

Associate Professor, The New England College of Optometry
Residency Supervisor, Residency in Cornea and Contact Lens, NECO
Chief, Cornea and Contact Lens Service, New England Eye Institute

Education:

OD: Southern California College of Optometry, 1991

Residency in Contact Lenses: SCCO, 1991-92

Years in clinical practice: 14

Special clinical interests: Specialty contact lenses for corneal irregularities, ortho-keratology

Other:

Fellow, American Academy of Optometry, 1994

Diplomate, Cornea and Contact Lens Section of the AAO, 2004

Vice Chair, Association of Optometric Contact Lens Educators

The New England College of Optometry

424 Beacon Street

Boston, MA 02115

617-236-6249

New England Eye Institute (Pediatric Optometry) – Boston, MA

Supervisor: Nicole Quinn, OD

E-mail: quinn@neco.edu

Program Description: Pediatric Optometry

Program Setting: Hospital-based, School-based

Direct Patient Care: 80-100%

Assisting Direct Patient Care: 0-20%

Clinical Observation: Yes, Pediatric Ophthalmologists doing strabismus surgery and electro diagnostics testing. Resident has role in determining the specialty observed.

On-Call Duties: Yes

Didactic Activities: Lectures, In-service presentations, Continuing education, Case conferences, Varies from year to year

Supervision of Students: Yes, throughout the residency. 1 day per week with 4th year students.

Instructional Activities: Lab/Workshop teaching, Grand rounds, Tutoring

Required Scholarly Activities: Case presentations/seminars, Poster presentations, Publishable clinical manuscript

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability insurance, Clinic coat, Laptop/Computer, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, GDx, Automated visual fields, Library, Also dependent on clinic site

Residency Supervisor Biographical Sketch:

Nicole Quinn, OD, FAAO
Pediatric Optometry Residency Supervisor
The New England College of Optometry/New England Eye Institute
1255 Boylston Street
Boston, MA 02215
617.369.5065

Nicole Quinn graduated from the New England College of Optometry in 2001 and completed the Pediatric Optometry Residency at NECO in 2002. Since then, she has held a position of Assistant Professor at NECO, where she lectures in the Pediatric Optometry Course and teaches the Pediatric Optometry Labs. She is the Pediatric Optometrist at the Tufts-New England Medical Center Pediatric Ophthalmology Clinic, where she provides patient care (including contact lens and vision therapy services) with the assistance of optometry residents and students. The residency was certified in 2003.

Boston VA HCS – Boston

Supervisor: Gerald Selvin OD

E-mail: gerald.selvin@med.va.gov

Program Description: Geriatric Optometry, Ocular Disease

Program Setting: Federal Service-based

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 0-20%

Clinical Observation: None

On-Call Duties: Yes

Didactic Activities: Lectures, In-service presentations, continuing education, case conferences

Supervision of Students: Yes, after an interim period; 1 day per week 3rd and 4th year students

Instructional Activities: Lab/Workshop Teaching, Grand Rounds

Required Scholarly Activities: Case presentation/seminars, Poster presentation, Publishable clinical manuscript

Provided by Program: Malpractice covered by Federal Tort Claims Act, Health Insurance, Vacation, Clinic Coat, Cell phone/pager

Equipment Available: Fundus photography, Anterior Segment Photography, GDx NFL Analyzer, Heidelberg Resonance Tomography, Automated Visual Fields, Fluorescein Angiography, Imaging/Radiology, Library

Residency Supervisor Biographical Sketch:

Residency supervisor for 26 years. National leader in VA Residency and Student Education. 32 years of clinical experience. Author of 1 text, several chapters and dozens of publications. Have lectured worldwide.

New England VA HCS – Manchester, NH

Supervisor: Nadia Zalatimo

E-mail: nadia.zalatimo@med.va.gov

Program Description: Ocular Disease

Program Setting: Hospital-based

Direct Patient Care: 80-100%

Assisting Direct Patient Care: 0-20%

Clinical Observation: Yes, Retina, Refractive Surgery, Anterior segment/Cornea, Medical sub-specialties. Resident has role in determining what specialty will be observed.

On-Call Duties: None

Didactic Activities: Lectures, In-service presentations, Continuing education, Case conferences

Supervision of Students: Yes, after an interim period. 1 day per week with 4th year students.

Instructional Activities: Lab/Workshop teaching, Grand rounds, Tutoring, Teaching labs at NECO

Required Scholarly Activities: Case presentations/seminars, Publishable clinical manuscript, Journal club

Provided by Program: Malpractice Insurance, Vacation, Liability Insurance, Laptop/Computer, Continuing education allowance

Equipment Available: Fundus photography, Anterior segment photography, HRT, Automated visual fields, Imaging/Radiology, Library

Residency Supervisor Biographical Sketch:

Dr. Zalatimo is a 1995 graduate of the Indiana University School of Optometry. She completed a hospital-based residency at the Baltimore VA Medical Center in 1996. She was a full-time faculty member at the New England College of Optometry for one year before she became the Chief of Optometry at the Manchester VA Medical Center. She is the Director of the Optometry Residency in Ocular Disease and the Co-Director of the Optometry intern program at the VA Medical Center. She is part-time Assistant Professor at the New England College of Optometry and teaches an elective course on advanced management of open angle glaucoma.

Dr. Zalatimo has been a member of the New Hampshire Optometric Association Board of Directors since 1998 and was the coordinator of continuing education for the NHOA from 1999-2005. Dr. Zalatimo is a Fellow of the American Academy of Optometry.

Nadia Zalatimo, OD
Eye Clinic (112)
VAMC Manchester
718 Smyth Rd
Manchester, NH 03104
Phone: 603-624-4366 x 6675

ENR Memorial Veterans Hospital – Bedford, MA

Supervisor: Donee Wong, OD

E-mail: donee.wong@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Ophthalmic Consultants of Boston – Boston, MA

Supervisor: Mark O'Donoghue, OD

E-mail: modonoghue@eyeboston.com

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Boston VA HCS – Brockton, MA

Supervisor: Kevin Toolin, OD

E-mail: lisa.kearney@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Dorchester House Multi-Service Center – Dorchester, MA

Supervisor: Douglas J. Hoffman, OD

E-mail: hoffmand@neco.edu

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Dimock Community Health Center – Roxbury, MA

Supervisor: Jeanette Sewell, OD

E-mail: jsewell@dimock.org

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Boston VA HCS – West Roxbury, MA

Supervisor: Lisa Fanciullo, OD

E-mail: lisa.kearney@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Boston VA HCS – Worcester, MA

Supervisor: Kevin Toolin, OD

E-mail: lisa.kearney@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

New England VA HCS – White River Junction, VT
Supervisor: Dorothy Hitchmoth, OD

E-mail: dorothy.hitchmoth@va.gov

Residency Supervisor Biographical Sketch:

Please contact residency supervisor for further information.

Northeastern State University College of Optometry

BVA Advanced Eye Care – Edmond, OK

Supervisor: Larry R. Henry, OD

E-mail: lhenry@bva20-20.com

Program Description: Ocular Disease, Refractive and Ocular Surgery

Program Setting: Hospital-based, Surgical Center, Private Practice

Direct Patient Care: 60-80%

Assisting Direct Patient Care: 20-40%

Clinical Observation: Yes, Retina, Glaucoma, Refractive Surgery, Anterior Segment/Cornea, Neuro-ophthalmology, Dermatology, Rheumatology. Resident has a role in determining specialty observed.

On-Call Duties: Yes

Didactic Activities: Lecture, Continuing education, Case conferences

Supervision of Students: Yes, after an interim period. 3 days per week with 4th year students.

Instructional Activities: Lab/Workshop teaching, Grand rounds

Required Scholarly Activities: Case presentation/seminars, Publishable clinical manuscript, Journal club

Provided by Program: Malpractice insurance, Health insurance, Vacation, Liability Insurance

Equipment Available: Fundus photography, Anterior segment photography, GDx, Automated visual fields

Residency Supervisor Biographical Sketch: none given

BVA Advanced Eye Care – Tulsa, OK

Supervisor: Jason Ellen, OD

E-mail: jellen@bva20-20.com

Program Description: Ocular Disease, Refractive and Ocular Surgery