

THE PRACTICING OPTOMETRIST'S OPINION OF RESIDENCY TRAINING

by

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ABSTRACT

Background: The current view of the value of residency training among practicing optometrists seems to be rather inconsistent. The purpose of this survey is to review the opinions of practicing optometrists in Michigan about residency training. *Methods:* An anonymous survey will be sent to the Michigan Optometric Association and distributed to their current practicing members via email. *Results:* The completed surveys will be analyzed to determine the attitudes of respondents toward residency training. *Conclusion:* Information from this survey will provide a broad overview of what Michigan optometrists think about residency programs. The data will be useful for future optometry students when considering whether or not to apply for a residency training program.

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INTRODUCTION

The majority of modern-day optometry students face the decision of whether or not to pursue optional residency training after finishing the required four years of optometric training at an accredited optometry school. Is it worth the initial pay-cut? Will it be easier to find employment in the mode of practice that I am most interested in? These are examples of concerns that students must consider when making this important decision regarding their future. Another on-going debate, which could be a deciding factor for students for choosing residency, concerns mandating residency training in order to complete licensure and board certification.

The purpose of this survey is to bring together a collective voice of practicing optometrists concerning residency training. This information will hopefully provide optometric students with the ability to more confidently make decisions regarding the next step in enhancing education in order to practice successfully in accordance with the highest standards of patient care.

METHODS

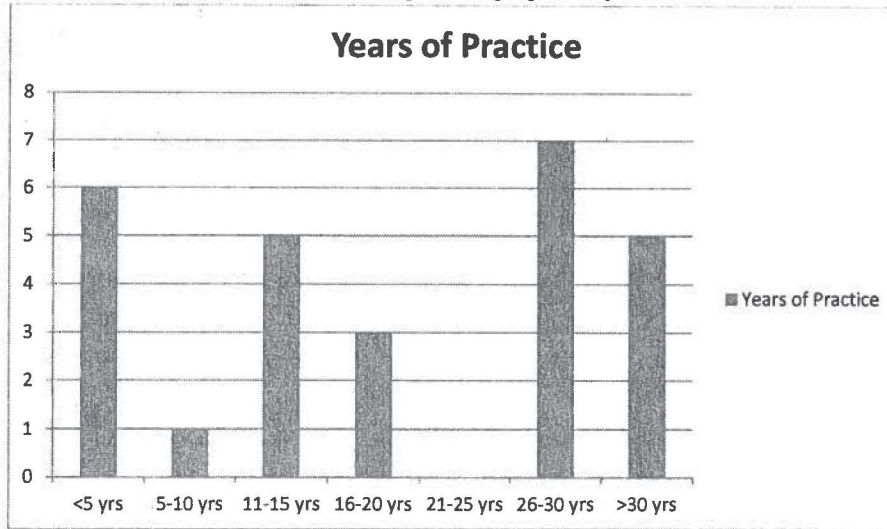
This survey was conducted by 4th year optometry students from the Michigan College of Optometry, along with a faculty advisor and the Michigan Optometric Association (MOA). All practicing optometrists in the state of Michigan, that were members of the MOA as of August 2011, were included in this study. An anonymous survey was e-mailed to each member of the MOA and responses were mailed back, either in paper or digital form.

We recorded data regarding years of practice, the size of community in which the practice is located, current mode of practice and whether or not the owners of the practice had experience in hiring new associates. We questioned if the optometrists in the practice had completed residency programs themselves, which residency-type they felt would most benefit their practice, and how the owner's of the practice had considered residency-training when hiring new associates. We asked the practitioners who were able to list the advantages and disadvantages of residency-trained employees to do so. Also, a topic that sparked much debate was whether or not residency training should be required for licensure and/or board certification.

The 27 responses were recorded and analyzed to obtain insights from current practicing optometrists on the importance of residencies in our profession.

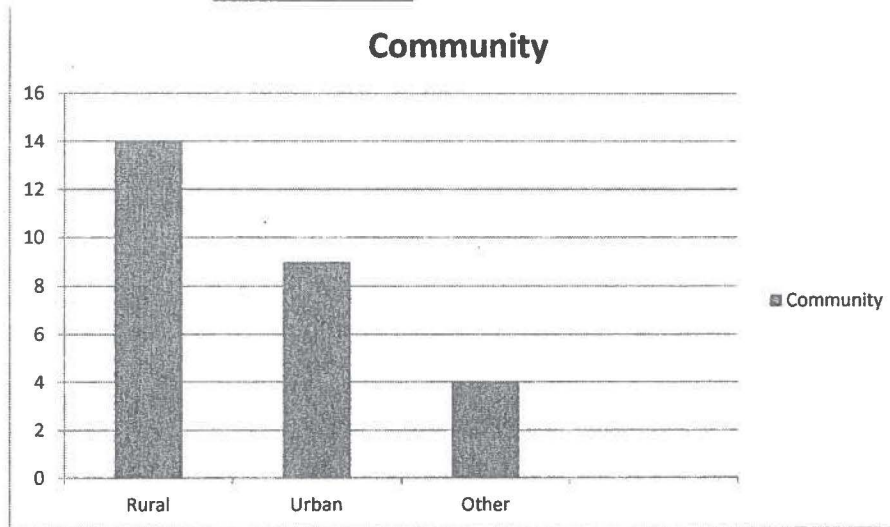
RESULTS

1. How many years have you been practicing Optometry?



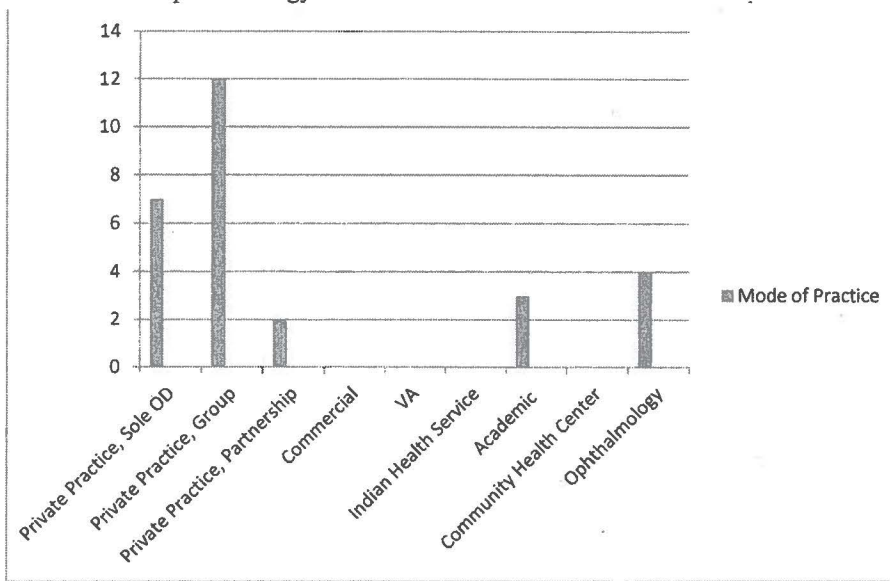
2. How would you describe the community in which you practice?

- a. Rural
- b. Urban
- c. Other _____



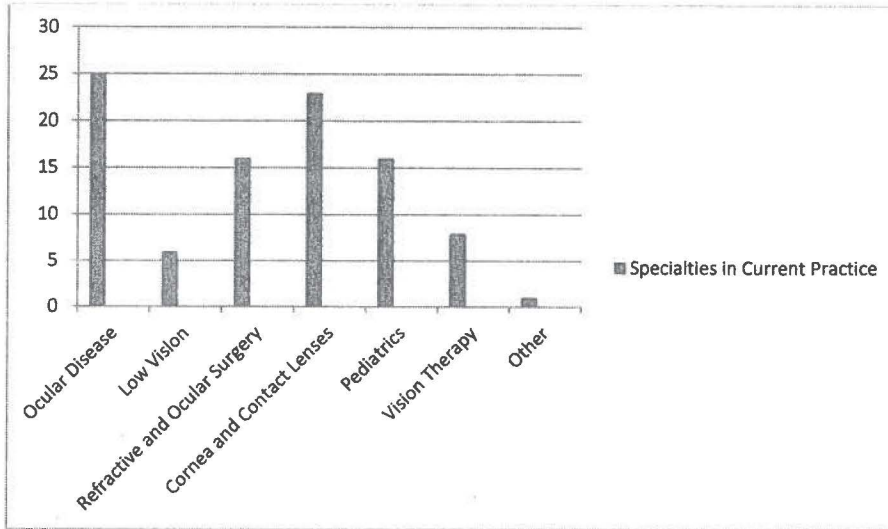
3. What is your current mode of practice?

- a. Private Practice, Sole OD
- b. Private Practice, Group
- c. Private Practice, Partnership
- d. Commercial
- e. Veterans Affairs
- f. Indian Health Service
- g. Academic Setting
- h. Community Health Center
- i. Ophthalmology



4. What types, if any optometric specialties are in your current practice?(please select all that apply)

- a. Ocular Disease
- b. Low Vision
- c. Refractive and ocular surgery
- d. Cornea and Contact Lenses
- e. Pediatrics
- f. Vision Therapy
- g. Other _____

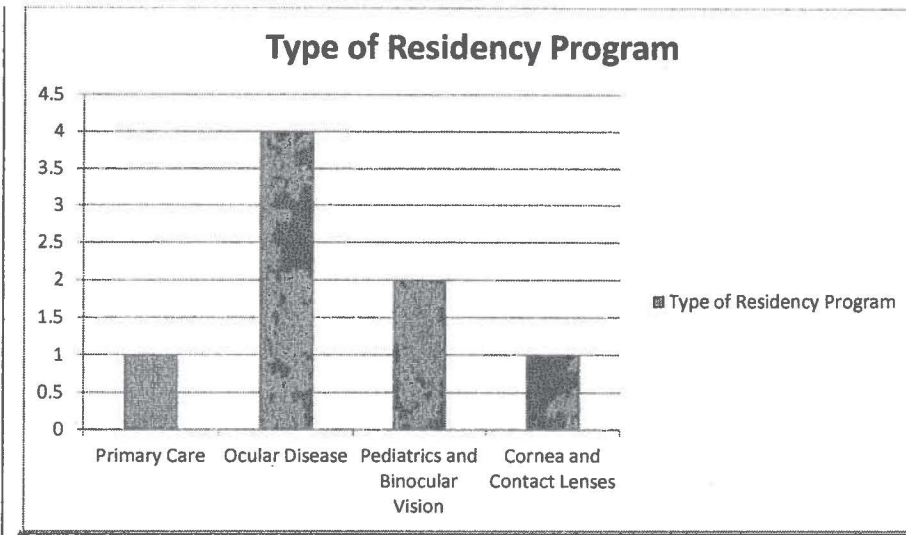


5. Did you do a residency after graduation?
- Yes
 - No



6. If yes to question 5:
- What kind of residency program did you do?
 - “Primary care/ocular disease.”
 - “Ocular Disease.”

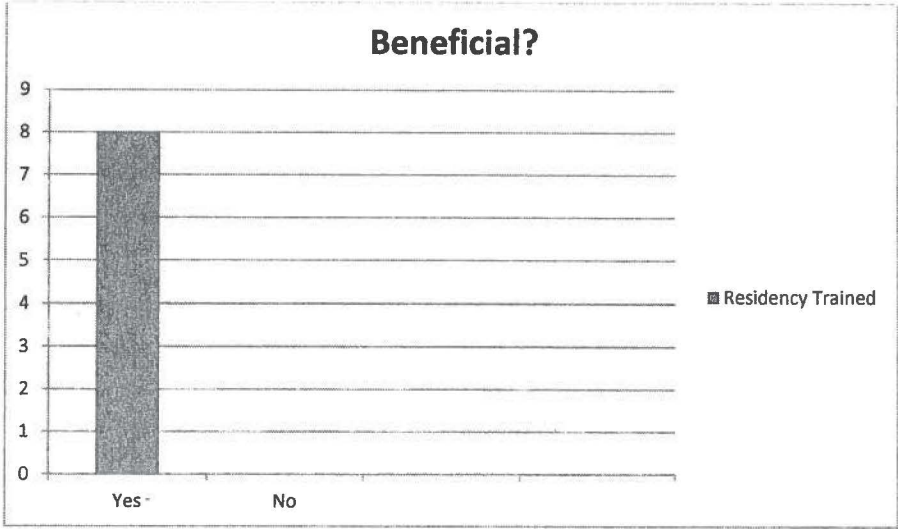
- “Ocular disease/Medical Optometry in a VA Medical Center.”
- “Pediatrics and binocular vision.”
- “VA based – Ocular Disease/Primary Care.”
- “Cornea and Contact Lenses.”
- “Pediatrics.”
- “Ocular disease.”



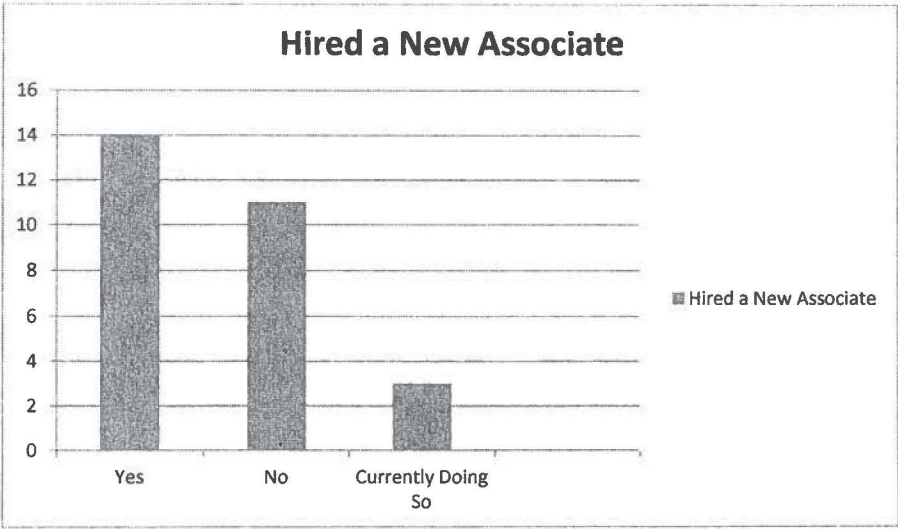
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b. Do you feel it was beneficial to you?

- “Immensely.”
- “Yes, enhanced confidence; problem solving skills.”
- “Absolutely.”
- “Yes, absolutely.”
- “Most definitely.”
- “Yes.”



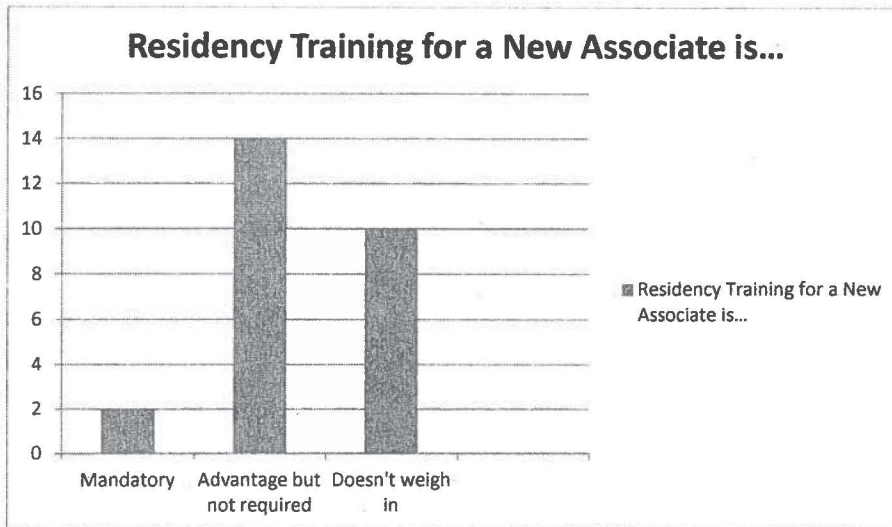
7. Has your practice hired a new associate?
- a. Yes
 - b. No
 - c. Currently in the process of doing so.



8. Previously hired associates have been: (please select all that apply)
- a. Residency-trained
 - b. Non- Residency trained

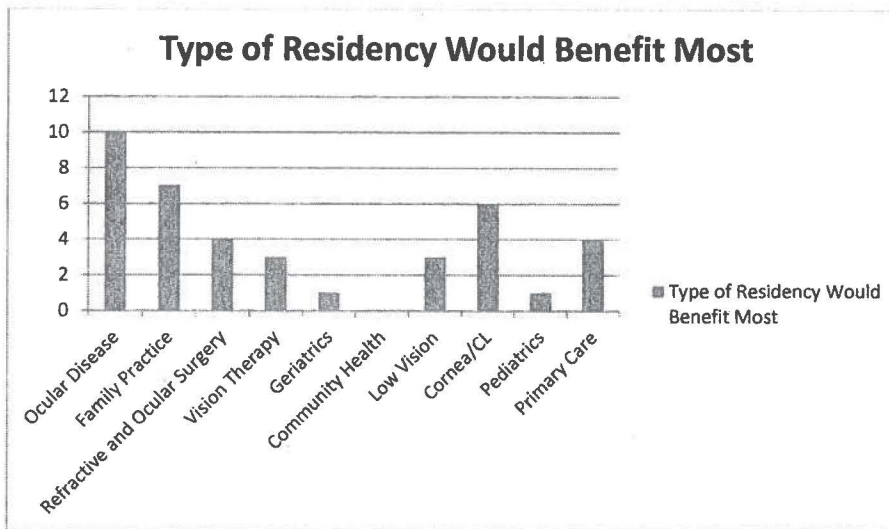


9. When looking to hire a new associate residency training is...
- a. Mandatory
 - b. An advantage but not required
 - c. Doesn't weigh into decision making



10. What type of residency would you feel would benefit your practice most?

- a. Ocular Disease
- b. Family Practice
- c. Refractive and Ocular Surgery
- d. Vision Therapy
- e. Geriatrics
- f. Community Health
- g. Low Vision
- h. Cornea and Contact Lenses
- i. Pediatrics
- j. Primary Care



11. If able to compare a residency trained employee vs. non-residency trained employee:

- a. Please list some advantages of residency trained employee?
 - “Breadth of exposure to various conditions/situations. Non-“retail” mentality.”
 - “Confidence, problem solving skills, communication and skills between various professions.”

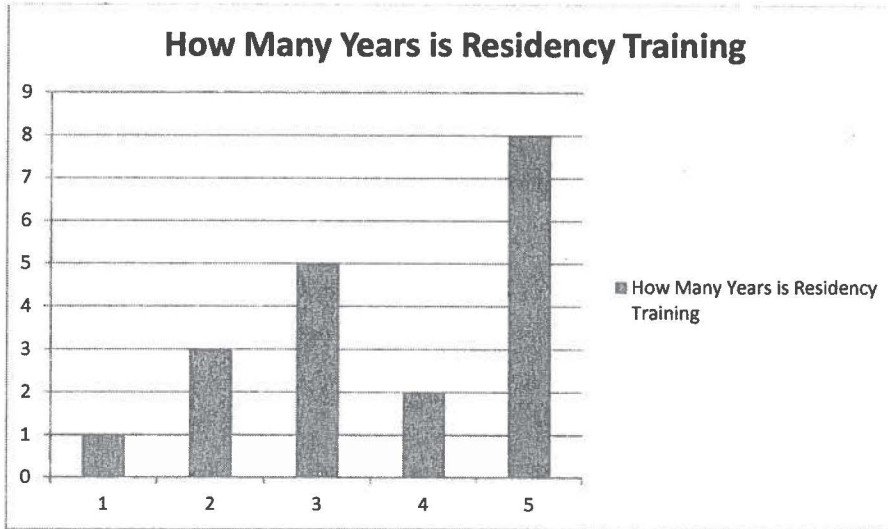
- “Experience – supervised.”
- “Much more experience with ocular disease states, particularly of the posterior pole.”
- “Generally have seen a higher concentration of diagnostic and treatment challenges compared to general practice in the comparable period of time.”
- “More thoroughly trained, attentive to detail and patient-centered.
- “Has seen advanced cases in respective area of training, has experience in research and presentations. Theoretically, would have had more patient encounters than classmates. Has contacted people for complex cases if extra help is needed.”
- “If a good residency, improved grasp of specialty.”
- “More clinical exposure to “worst case scenario” patients and therefore greater comfort when they walk in your door.”
- “The ability to add some extra specialties that we are presently not able to.”
- “The practice can add more specialized services to attract more patients.”
- “Experience and confidence.”

- “More experience, better educational base, more confidence clinically.”

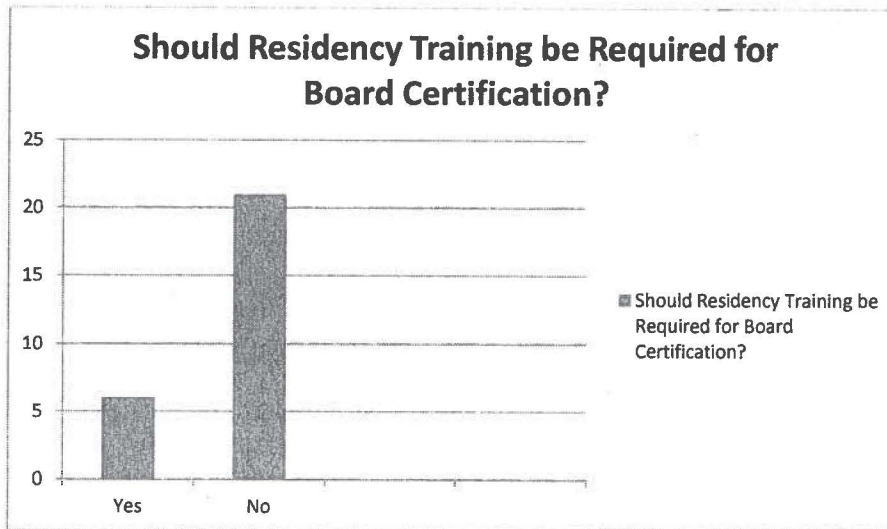
b. Please list some disadvantages of a residency trained employee?

- “None.”
- “Lack of real world experience.”
- “Higher salary.”
- “Little experience with billing/coding and contact lenses.”
- “Could have too specific of a focus and not broad enough to meet all the needs that a general practice may require of its providers.”
- “Possibly less “real world” experience and possibly reduced patient encounters in areas outside of that specialty.”
- “Often not real-world experience as far as issues dealt with in private practice.”
- “Little knowledge of how a contact lens business runs in a private practice/commercial setting/real world.”
- “The expectation for higher pay which may or may not be supported by the area’s needs and the socioeconomic base.”
- “The employee may require a higher starting salary.”
- “None. Probably have to pay more, however.”
- “Need ‘real-world’ exposure.”
- “Can’t think of any.”

12. How many years of optometric practice experience would be comparable to a residency training program?



13. Do you believe that residency training should be required for board certification?
a. Yes
b. No



14. Do you believe that residency training should be part of the general requirements to get licensed?
- a. Yes
 - b. No



15. Please note any additional comments?

- “Interesting thought that only residency-trained OD’s can be considered “board-certified.””
- “My associate is not residency-trained but very good with pathology and contacts. And more important great with people and communication. For some OD’s, residency would help give more confidence in ability.”
- “The medical model of board certification requires that a practitioner complete a residency/fellowship program to become specialized in a specific area of practice; then, passage of an examination board certifies them in that area of practice. To claim “board certified” in general practice based on a “general practice” exam and no additional training is erroneously labeling a general practitioner as a specialist and is misleading to the general public. The residency training experience was invaluable but I do not believe they should be required for general licensure.”
- “I think questions 13 and 14 are outrageous and show how “out of touch” academia has become with the real world. I work for a large surgical practice. I expect to train any new O.D. as to the way we do things at our center, residency trained or not. I think it’s sad that we feel our optometry school training is so lacking, that we need residencies. We go to school long enough. New graduates simply need work experience.”
- “The current number of available residency positions would not meet the capacity needed to make it a requirement for board certifications, or for general licensing.”

- “I do not think the current board certification is the way to go about being “board certified.” If we were to follow the medical professions, anyone “board certified” would, by definition, have to be residency trained in the specialty. For the current board certification, I think anyone could be board certified, and a residency should not be required.”
- “For number 10, being in an academic setting, the residency would be beneficial depending on the area we for which we were hiring. Any residency training would be a plus.”
- “I am not sure exactly what your survey is aiming to find, but I will say that would not trade my residency experience for anything. I highly encourage students to pursue residencies, no matter what mode of practice they are planning on going into.”
- “If I were to hire an associate, I would be more concerned with the real world experience, personality, efficiency, etc. If two candidates were otherwise equal, I would choose the one who had the residency training.”
- “I would look favorably on a new grad with residency experience just because they have the expanded experience base. New grads MUST remember that they don’t know as much as they think they know. They need to listen to those OD’s that are proven success in practice, those that know how to make a good living at Optometry. In my conversations with MCO grads, I have sensed a very high level of confidence in their skill sets, which is unwarranted. Long term successful practices survive and thrive for good reasons, not by accident.

- "I feel there needs to be more residencies available for students if it is going to become a requirement to obtain a license. I feel a residency would make us more competitive with ophthalmologists."
- "Number 14 is a difficult question to mandate before getting licensed, but I feel that the "high-level" optometrists are usually residency trained. I am not sure if this is due to extra training or just "highly motivated" students that want to be the best at what they do so they see the advantages of residency."
- "In regards to #13 and 14, I think it would be great if everyone completed a residency. I don't think it is practical at this time, but I would love to see mandatory residency for licensure."

DISCUSSION

One of the main goals of this survey was to obtain responses from optometrists with a wide range of experience. The range of responses was from practitioners with less than five years of experience to greater than 30 years of experience, with the majority of the responses being from the 26-30 years of experience group. Of the optometrists which responded to the survey, 30% were residency-trained and of those, 50% were trained in ocular disease. One hundred percent of the respondents with residency training agreed that the experience was beneficial for their career.

Approximately 52% of responses were from optometrists practicing in rural areas, most of which, 43%, were in a group private practice setting. From the responses received, 92.6% said that the practice offered an ocular disease specialty and only 21% offered low

vision. This corresponds with the fact that, when asked which residency would be of the greatest benefit to the practice, 26% answered ocular disease and only 11.1% for low vision. 18% said that a family practice residency would be most beneficial, 15% said cornea/contact lens, 10% said refractive/ocular surgery and 10% said primary care.

Over half of the optometrists surveyed had already hired, or were in the process of hiring an associate. According to the survey, 75% of newly hired associates were not residency-trained, although, 50% of the respondents considered residency training an advantage for applicants. Only eight percent of respondents considered residency training to be a mandatory requirement when hiring a new associate.

When asked to give a numerical value in number of years of practice for what the doctors believed a residency training program would be equivalent to, the responses varied from one year to five years with the mean response being four years of "real world" experience. Thirty percent of the respondents felt that residency training was worth five years, 18.5% said three years, 11.1% said two years, 7.4% said four years and 3.7% said one year of experience.

The political views on residency training were also addressed in this survey. The participants were asked if they believed that residency training should be required for board certification, and a vast majority of 78% responded no. When asked if residency training should be required as a general requirement for licensing, 89% responded no.

APPENDIX G
CONCLUSION

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Overall, it seems that the majority of practicing optometrists believe that, while residency training offers a beneficial experience and provides an advantage for future applicants, residency training is not a requirement for employment into a practice. Also, the majority of optometrists believe that residency training should not be required for optometric board certification or licensure.

The goal of this survey was not to endorse or discount the value of a residency, but to obtain a better understanding of current practicing optometrist's views on the importance of residency training. Often times, surveys, such as this one, target recent graduates or residents instead of long-time practicing OD's. This survey touches on a wide range of experience in working with, and hiring, residency-trained optometrists. It was beneficial to collect opinions about residency programs and, more importantly, how residency training applied when hiring new associates. The intention is that this information will work to better the optometric profession by expanding our informational databases concerning optometric opinions with regard to residency training programs.

APPENDIX H
REFERENCES

REFERENCES

1. Accreditation Council on Optometric Education: ACOE Accreditation Process, www.theacoe.org
2. Associated of Schools and Colleges of Optometry: Residency Programs, <http://www.opted.org/i4a/pages/index.cfm?pageid=3389>. April 28, 2011
3. Gernhardt, K. United States Department of Veterans Affairs: Education and Training, http://www.va.gov/OPTOMETRY/Education_and_Training.asp. April 8, 2011
4. Haines, C.L. Optometric Residency Matching Service. <http://www.optometryresident.org/Programs.htm>. 2011
5. Wasserman, et al. Accreditation Council on Optometric Education, <http://www.aoa.org/x12708.xml>. 2006-2011
6. Weidmayer, S. All About Residencies: A Survey of Past Residents From the Michigan College of Optometry. May 2010.