Mission statement of the School of Optometry and Vision Science Residencies

To provide graduate optometrists with a programme of concentrated mentored clinical experience and education designed to produce practitioners with advanced knowledge, skill and judgement in a selected area(s) of optometric practice. This will enable them to deliver excellent clinical care, practice life-long learning and educate members of the profession.

General description of residency;

The residency in Low Vision Rehabilitation is a clinical training position that is available to those who have either a general license or are eligible to obtain an academic registration with the College of Optometrists of Ontario. It is intended to enhance the optometrist’s skills in the assessment and rehabilitation of individuals with low vision ages 3 and older. The emphasis of the one year programme is on achieving competence through clinical training, however, the candidate will also engage in scholarly activity and will be required to participate in the clinical and laboratory education of optometry students.

The residency curriculum is constituted as an educational programme focused upon patient care primarily in the Low Vision Clinic, with some patient care in the External Geriatrics and the Primary and Acute Care clinics.

Dates

July 16th 2018 –August 16th 2019

Salary: $38,000 per year prorated for the additional days

Facility and supervisor information

Supervisors : Dr. Tammy Labreche and Dr. Shamrozé Khan

Other Supervisors (in the absence of the primary supervisors): Dr. Valerie Shoemaker (External Geriatrics), Dr. Susan Leat (LV), Dr. Patty Hrynchak (PC)

Location: The majority of the residency will take place in the School of Optometry and Vision Science, with usually one day per week in External Geriatrics clinics, which are provided in Residential facilities in
the Waterloo region. A portion of the Primary care component may be scheduled at the Health Science Campus, Kitchener (HSOC).

**Hours:** For the majority of the residency the scheduled hours are office hours (approximately 8.30 am-5.00 p.m) for five days per week, or equivalent. Self-study is expected in the resident’s own time, although half a day per week is also given for self-study and administration tasks. Occasionally an evening clinic may be scheduled in lieu of a clinic during the day and similarly, Saturday clinics may be scheduled at the discretion of the Associate Director for Clinics, in lieu of clinic during a weekday. The resident may also be scheduled to be on-call for one week in two or three.

**Eligibility**

Residencies at the University of Waterloo are available to those who have received an OD degree from an ACOE accredited programme, who are eligible to hold a full general license with the College of Optometrists of Ontario. All of the ACOE accredited programs are currently in North America.

In all cases, **the license must be in place on entry to the residency.** This means taking and passing the Optometry Examining Board of Canada (OEBC) examination (including the OSCE and jurisprudence examinations) in sufficient time to obtain the license. See Information on applying for a General Certificate of Registration, College of Optometrists of Ontario [https://www.collegeoptom.on.ca/register-with-college](https://www.collegeoptom.on.ca/register-with-college). Applicants are encouraged to take the OEBC exams at the earliest opportunity, in order to obtain the Ontario license by the start of the residency.

The immunization requirements are the same as for undergraduate students admitted to the OD programme (see [https://uwaterloo.ca/optometry-vision-science/future-optometry-students/admission-requirements/additional-considerations](https://uwaterloo.ca/optometry-vision-science/future-optometry-students/admission-requirements/additional-considerations)).

**Residency Goals and objectives:**

*Goal 1 – Expert Role:* The resident will be able to manage and implement appropriate low vision rehabilitation for a wide variety of conditions that include complex or infrequently seen visual disorders and conditions.

**Objectives** - The resident will be able to:

1.1. Understand the effect of ocular conditions on visual function.
1.2. Recognize the impact of systemic co-morbidities on low vision rehabilitation.
1.3. Gather accurate and complete data in the case history.
1.4. Select and implement appropriate clinical tests to obtain necessary information to proceed with low vision rehabilitation.
1.5. Become familiar with a wide assortment of low vision assistive devices.
1.6. Develop necessary skills to develop and implement a rehabilitation plan for individuals requiring magnification or other approaches for both near and distance tasks including bioptic telescopes and head-mounted devices, contrast enhancement and field enhancement.
1.7. Develop necessary skills to demonstrate, train, fit and dispense low vision assistive devices and train patients on techniques to improve functional vision such as eccentric viewing training.
1.8. Recognize when a patient requires referral for auxiliary services (CCTV assessment, high tech assessment, orientation and mobility training, counselling, daily living assessment), or assessments for further evaluation of the ocular condition.

The learning opportunities provided to meet these objectives include:

1. Attend the Alcon lectures Wednesday evenings Fall and Winter term when offered
2. Attend the Envision conference
3. Attend the Academy of Optometry conference 4 days in the Fall
4. Provision of patient care for approximately 180 patient encounters in the Low Vision clinic
5. Provision of patient care for approximately 200 patient encounters in the Primary and Acute Care clinics and External Geriatrics outreach clinic combined
6. Independent self-study

The outcomes of the learning opportunities will be measured using these assessment tools:

1. In-training Evaluation Report (ITER) once per term
2. Chart-stimulated recall twice per term
3. Direct observation with feedback in LV clinic
4. Review of portfolio/reflections
5. The resident will maintain a log of his/her patient encounters.

**Goal 2- Communicator Role:** The resident will be able to provide patient-centred care for those with complex conditions through patient education, communication and shared decision-making with the patient.

Objectives- The resident will be able to:

2.1 Use clear record keeping and optimal letter writing
2.2 Effectively communicate with a patient who has cognitive and physical challenges
2.3 Demonstrate an ability to use principles of patient-centred care
2.4 Demonstrate an ability to communicate effectively with other individuals within the patient’s circle of care (parent, guardians or substitute decision makers).

The learning opportunities provided to meet these objectives include:

1. Complete records and write effective reports and referral letters
2. Discuss low vision rehabilitation plan with the patient and families and others involved in patient’s circle of care.
3. Present cases to the supervisor(s)

The outcomes of the learning opportunities will be measured using these assessment tools:

1. ITER once per term
2. Direct observation with feedback in LV clinic
3. Review of Portfolio letters and consultant reports from October, November and February.

**Goal 3- Collaborator Role:** The resident must function effectively within inter-professional environments, must demonstrate understanding of the role of other professionals and must be able to communicate and collaborate with other professionals to assure that appropriate resources are utilized for well-coordinated patient care.

**Objectives**- The resident will be able to:

3.1 For low vision service provision, communicate effectively with school representatives, other low vision rehabilitation providers, ophthalmologists, and family physicians
3.2 Demonstrate an ability to advocate for the patient at the individual level
3.3 Demonstrate the ability to recognize when referral to additional service agencies is appropriate and complete documentation (CNIB, ODSP, Disability tax credit).

The learning opportunities provided to meet these objectives include:

1. Assigned reading on health advocacy
2. Patient care in the Low Vision Clinic, outpatient Primary and Acute Care clinic and External Geriatric outreach clinic.

The outcomes of the learning opportunities will be measured using these assessment tools:

1. ITER once per term
2. Direct observation with feedback in LV clinic
3. Review of Portfolio reflections on advocacy and collaboration for Sept., Dec., and April

**Goal 4- Professional Role:** The resident must conduct themselves as a professional showing integrity, ethical behaviour and the ability to continuously improve patient care through self-assessment and quality assurance.

**Objectives**- The resident will be able to:
4.1 Show the ability to self-assess strengths and weaknesses and develop a learning plan through use of portfolio/reflections
4.2 Demonstrate improvement in self-assessment and reflection over time
4.3 Demonstrate compassion and integrity in clinical work
4.4 Demonstrate an ability to deal effectively with an ethical dilemma

The learning opportunities provided to meet these objectives include:

1. Written self-assessments and reflections as part of the portfolio ongoing throughout training with an emphasis in Jan., May and June.
2. Self-assessment and improvement planning as part of the ITER
3. Patient care in the Low Vision clinic, outpatient Primary and Acute Care clinic and External Geriatric outreach clinic.

The outcomes of the learning opportunities will be measured using these assessment tools:

1. ITER once per term

**Goal 5- Scholar Role:** The resident must master, apply, and advance the resident’s knowledge by analysing the best scientific information and integrating this knowledge into patient care through evidence-based clinical decision making. The resident must promote and disseminate knowledge through scholarly activities such as lectures, presentations, publications, poster or research.

**Objectives** - The resident will be able to:

5.1 Demonstrate an ability to use the 5 steps of evidence-based practice
5.2 Apply evidence-based health care in practice
5.3 Show an ability to use evidence-based practice by preparing an article for publication
5.4 Educate colleagues in grand rounds style or continuing education presentations
5.5 Use effective teaching skills to teach undergraduate optometry students procedures and supervise patient care

The learning opportunities provided to meet these objectives include:

1. Present four oral presentations : two short rounds, one grand rounds and one open-style oral presentation (Grand rounds or continuing education lecture).
2. Prepare an article in writing suitable for publication. This may be based on the same case or topic as one of the oral presentations.
3. Take an introductory course in instructional design through the Centre for Teaching Excellence
4. Teach/ assist with OPTOM 387 laboratory
5. Supervise in the Low Vision Clinic.
6. Patient care in the Low Vision clinic, outpatient Primary Care clinic and external Geriatric outreach clinic.
7. Undertake the Evidence Based Medicine and Clinical Statistics course offered by Dr. Leat.

The outcomes of the learning opportunities will be measured using these assessment tools:

1. ITER once per term
2. Assessment of presentation and paper
3. Review of teaching assessments by students
4. Review of portfolio- learning opportunities and reflections

**Anticipated Weekly Curriculum:** Direct patient care is in bold italics, clinic supervision i.e. supervision of Optometry undergraduates is in italics and laboratory teaching and self-study is plain type.

<table>
<thead>
<tr>
<th>Term 1 Fall 2018</th>
<th>Term 2 Winter 2019</th>
<th>Term 3 Spring 2019†</th>
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<tbody>
<tr>
<td>2 days LV – direct patient care</td>
<td>3 days LV Clinic – direct patient care</td>
<td>2 days LV – supervision</td>
</tr>
<tr>
<td>1 day XG Clinic – direct patient care</td>
<td>1 day XG Clinic – direct patient care</td>
<td>1 day LV – direct patient care</td>
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<tr>
<td>½ day Primary Care Clinic‡ – direct patient care*</td>
<td>½ day Acute Care Clinic‡ – direct patient care*</td>
<td>½ day XG Clinic – direct patient care</td>
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<td>1 day lab instruction (OPTOM 387)</td>
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<td>½ day Primary Care‡ – direct patient care and ½ Day Acute Care‡ – direct patient care*</td>
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<tr>
<td>½ day self-study</td>
<td>½ day self-study</td>
<td>½ day self-study</td>
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* This may be scheduled at HSOC.
‡ These are the ideals, but some combination of Primary Care and Acute Care may be necessary, with the provision that there will be a goal of an equal balance of Primary care and Acute Care during the residency.

**Notes:**

Part of Tuesday morning is reserved for classes, workshops and rounds.
As the clinic term is longer than the didactic term, the resident will be scheduled for the remainder of the term as follows:

Fall term: 2 days LV, 2 days PC, 0.5 days XG  
Winter/spring term: 2 days LV, 2.5 days PC/AC

**Supervision:**

The resident will be supervised by Dr. Labreche and Dr. Khan in the Low Vision Clinic and External Geriatrics. They will act as the main mentors and teachers to the Low Vision Rehabilitation resident. Dr. Leat will act as second supervisor in LV if Dr. Labreche or Dr. Khan are unavailable either in person or by phone, or any other clinician in the Low Vision clinic may be approached if immediate consultation is required.

Dr. Valerie Shoemaker will supervise the resident in External Geriatrics in Dr. Labreche’s or Dr. Khan’s absence. Dr. Labreche or Khan will supervise the resident in Primary Care and Acute care with Dr. Hyrnchak being available in their absence.

**Clinical Experience:**

The residency program will provide opportunities for competency development through the provision of educational experiences of increasing complexity over time.

Clinical responsibilities will start with observation in the Low Vision Clinic and External Geriatric outreach clinics due to the increased patient complexity and optometric skill level required in these clinics. Direct patient care in the Primary Care clinic will occur from the start of the residency. There will then be a move to direct patient care with direct supervision in Low Vision Clinic and External Geriatrics outreach clinic by October in LV and mid-October in XG. A combination of direct and indirect patient care through supervision of students by May will occur.

Every effort will be made to ensure that the patient population scheduled will increase in complexity throughout the year as well. During the first term only established elderly patients will be scheduled in Low Vision. This will provide the resident the opportunity to discuss the case with the supervisor prior to initiating the assessment if needed. This will progress to scheduling of new patients including children and adults by the second term and eventually those individuals with multiple co-morbidities.

In the external clinics, ideally the resident will initially be scheduled to see established patients in a retirement community. By the second term, it is expected that the resident will be capable of assessing established patients in a long-term care facility and moving towards assessing new patients in a long-term care facility by term’s end.
The numbers of patients booked will increase throughout the year. At first the resident will be scheduled only 2 patients per day in LV and 4 patients per day in XG and PC. By the end of the residency, the resident will be scheduled a maximum of 4 patients per day in LV, 7 patients per day in PC and 8 patients per day in XG.

The resident may also be scheduled to be on-call for one week in two or three and there may be a requirement to participate in Saturday clinics at the discretion of the Associate Director Clinical Programs, which would be expected to be one week in four or five.

Scholarly/didactic activities.

Formal:
1. Attend lectures and seminars at UWSOVS when possible (e.g. research lectures, CE lectures).
   Timing: various

2. Attend the Envision Conference and the AAO meeting
   Timing: 3 days for the Envision conference (timing is variable), 4 days in October or November for the AAO

3. Submit ePortfolio/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement.
   Timing: Fall and Winter terms

4. Written self-assessments and reflections as part of the portfolio
   Timing: ongoing throughout training with an emphasis in Jan., May, and June.

5. Undertake a directed reading course on topics on clinical statistics, evidence-based medicine, research design and reading clinical research critically.
   Timing: Fall and Winter terms

6. Participate and present in rounds sessions with other Residents and Faculty
   Timing: Winter term

Informal:

7. Independent self-study
   Timing: half day per week for 12 months

8. Case consultation with supervisors including feedback
   Timing: twice per term
**Educator/knowledge sharing component**

**Formal:**
1. Present four oral presentations in the year. These will be two short rounds, one grand rounds style and one open style oral presentation (grand rounds, continuing education lecture or seminar).
   *Timing: Fall, Winter and Spring terms*

2. Prepare a written article suitable for publication in a peer reviewed journal
   *Timing: spring term*

3. Complete an introductory course in instructional design through the Centre for Teaching Excellence
   *Timing: 3 days fall or winter term*

4. Participate in a series of workshops on writing skills, oral communication skills and case study development.
   *Timing: Fall, Winter and Spring terms*

5. Participate in a series of workshops to prepare and develop the resident’s skills for supervising undergraduate UW optometry students.
   *Timing: Fall, Winter and Spring terms*

**Informal:**
4. Teach in Opt 387 Geriatrics and Low Vision laboratory
   *Timing: fall term*

5. Supervise in Low Vision, Primary, Acute Care and External Geriatrics clinics
   *Timing: spring term*

**Additional activities**

**Formal:**
1. Complete records and write effective reports and referral letters
   *Timing: ongoing throughout training with an emphasis in Oct., Nov., and Feb.*

**Informal:**
2. Discuss low vision rehabilitation plan with the patient and families
   *Timing: ongoing throughout training with an emphasis in Oct., Nov., and Feb.*

3. Present a case to the supervisor(s)
   *Timing: ongoing throughout training with an emphasis in Oct., Nov., and Feb.*
Assessment and evaluation of the resident

1. In-training evaluation report (once/term)
2. Chart-stimulated recall (monthly, once direct supervision completed)
3. Direct observation with feedback in LV clinic
4. Evaluation of ePortfolio/Reflections
5. Grade on presentation and paper. The grand rounds and open-style oral presentations will be graded by audience (faculty, other residents and students) and supervisors using a written global rating scale

Requirements for residency completion and awarding of certificate

To successfully complete the Low Vision residency, the resident must complete all components of the program outlined which includes patient care, laboratory teaching, attendance at required classes/workshops, portfolio/reflection completion, patient log, attendance at assessment sessions (CSR and ITER), oral presentations and article completion.

Leave of absences due to illness in excess of six days must be made up at the end of the program.

Certificates will be awarded at the Fall Awards ceremony.

Termination of Residency

Termination of the Residency may be considered in situations where the Resident is functioning in a manner considered to be of potential danger to the well-being of patients, or contrary to policies or procedures of the Clinic or workplace, or contrary to regulations or standards of care of the regulating body of Optometry or the prevailing laws of the Province or Canada, or for failing to make adequate progress. Should a termination of employment be deemed necessary, Employment Standards Act guidelines will be followed.

The process for Remediation and Dismissal is described in the Policy and Guide for Residents.

Liability Insurance

The University of Waterloo’s general liability insurance policy, including professional and malpractice liability insurance, provides coverage for current University of Waterloo residents, in respect of any activity required by the discipline within their University of Waterloo program, whether their education or training is conducted on or off the campus.
Benefits

The resident is entitled to 10 days of vacation and 10 days of leave for attending conferences.

Residents are entitled to extended health care, see https://uwaterloo.ca/human-resources/support-employees/benefits/benefit-eligibility-and-eligible-dependents

The School of Optometry will pay one year fees to the College of Optometrists of Ontario. This will be for the year commencing in January of the residency programme.