Mission statement of the School of Optometry and Vision Science Residencies

To provide graduate optometrists with a program 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 Low Vision Rehabilitation Residency 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 program 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 program 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 22, 2019 – August 22, 2020

**Salary:** $38,000 per year

**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 (XG)), Dr. Susan Leat (Low Vision (LV)), Dr. Patty Hrynchak (Primary Care (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:** The clinical components of the Residency are scheduled during WOVS operating hours.
(approximately 8.30am-5.00p.m) 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 administration tasks and didactic components. Evening clinics and Saturday clinics may be scheduled in lieu of clinic during a weekday. The Resident may also be scheduled to be on-call.

Eligibility

Residencies at the University of Waterloo are available to those who have received an OD degree from an ACOE accredited program, 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 and promptly submitting all paperwork to the College. 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.

Immunization: Successful applicants must meet with University of Waterloo, School of Optometry & Vision Science immunization requirements. For more information please go to [https://uwaterloo.ca/optometry-vision-science/residencies/additional-information](https://uwaterloo.ca/optometry-vision-science/residencies/additional-information)

Residency Goals and Objectives:

**Goal 1 – Expert Role:** The Resident will be able to manage and implement advanced 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.
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.

1.9. Increase familiarity with funding sources available for assessment fees, devices and other services.

The learning opportunities provided to meet these objectives include:

1. Attend the annual Envision low vision conference and/or the biannual Canadian Interdisciplinary Vision Rehabilitation Conference (CIVRC)
2. Attend the American Academy of Optometry conference
3. Attend other conferences and seminars when available e.g. the WOVS Continuing Education weekend, the Canadian Optometry Schools Research Conference, the Vision Science Research Seminar Series, the Vision Science Graduate Research Conference.
4. Provision of patient care for approximately 180 patient encounters in the WOVS Low Vision clinic, which is part of the Centre for Sight Enhancement
5. Provision of patient care for approximately 200 patient encounters in the Primary Care and Acute Care clinics and in the External Geriatrics outreach clinic combined
6. Independent self-study
7. Preparation of ePortfolio/Reflection(s)

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

1. In-training Evaluation Report(s) (ITER(s)) each term
2. Chart-stimulated recall (CSR) monthly (once Direct Supervision is complete)
3. Direct observation by Supervisor(s) with feedback in Low Vision clinic
4. Checklist of advanced competencies for Low Vision Rehabilitation based on ASCO LV Educators’ SIG Advanced-Level Competencies and Learning Objectives In Visual Impairment and Low Vision Rehabilitation
5. Review of ePortfolio/Reflections
6. The Resident will maintain an accurate 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 including those who have 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 the Low Vision Rehabilitation plan with the patient and families and others involved in the patient’s circle of care.
3. Present cases to the Supervisor(s)
4. Preparation of ePortfolio/Reflection(s) with emphasis on the Communicator role

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

1. ITER(s) each term
2. Direct observation by Supervisor(s) with feedback in LV clinic
3. Review of ePortfolio/Reflections (including consult reports and letters) with emphasis on the Communicator role

**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 necessary documentation (Vision Loss Rehabilitation Ontario, Ontario Disability Support Program (ODSP), Disability Tax Credit).

The learning opportunities provided to meet these objectives include:
1. Assigned reading (as part of the LVR Residency Reading List) on Health Advocacy
2. Patient care in the Low Vision Clinic, Primary and Acute Care clinics and External Geriatric outreach clinic.
3. Preparation of ePortfolio/Reflection(s) with emphasis on the Collaborator role

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

1. ITER(s) each term
2. Direct observation by Supervisor(s) with feedback in LV clinic
3. Review of ePortfolio/Reflection(s) on Advocacy and Collaboration

**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 the use of the ePortfolio/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
4.5 Participate in ongoing Quality Assurance

The learning opportunities provided to meet these objectives include:

1. Self-assessment and improvement planning as part of each ITER
2. Patient care in the Low Vision clinic, Primary and Acute Care clinics and External Geriatric outreach clinic.
3. Preparation of ePortfolio/Reflection(s), some with emphasis on the Professional role

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

1. ITER(s) each term
2. Review of ePortfolio/Reflections and self-assessments

**Goal 5 - Scholar Role:** The Resident must master, apply, and advance his/her 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 five steps of evidence-based practice (Ask, Find, Appraise, Integrate, Evaluate)
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 in the year. These will be two short rounds, one Grand rounds and one open-style oral presentation (Grand rounds, seminar or continuing education lecture). The open style presentation is presented at the Vision Science Graduate Research conference. The Grand rounds and open-style oral presentations will be graded by audience (Supervisors, Faculty, other Residents and/or graduate students) using a written evaluation.

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 or research project.

3. Attend/Present at conferences/meetings when available/applicable e.g. Envision, CIVRC, the American Academy of Optometry, WOVS Continuing Education weekend, the Canadian Optometry Schools Research Conference, the Vision Science Research Seminar Series, the Vision Science Graduate Conference.

4. Participate in the EBM/Journal club, a directed reading class in which papers are critically analyzed with an emphasis on evidence-based medicine and clinical statistics (*Fall and Winter terms*).

5. Participate in a series of workshops to prepare and develop the Resident’s skills for supervising undergraduate UW optometry students (as part of the Resident’s didactic curriculum). *Many workshops are offered through the UW Centre for Teaching Excellence.*

6. Teach/assist with OPTOM 387 (Gerontology and Low Vision) laboratory

7. Supervise in the Low Vision Clinic.

8. Patient care in the Low Vision clinic, Primary Care and Acute Care clinics and External Geriatric outreach clinic.

9. LVR Residency Reading List

10. Scheduled Independent Self-Study time (some of this will be used for classes, workshops, rounds, meetings).

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

1. ITER(s)each term
2. Assessment of presentations (graded) and paper (feedback)
3. Review of students’ teaching assessments of the Resident. (Regarding clinical supervision, the Resident will receive teaching evaluations from the optometry interns in the clinic)
4. Review of ePortfolio/Reflection(s) with emphasis on the Scholar role
Anticipated Weekly Curriculum:

<table>
<thead>
<tr>
<th>Term 1 Fall</th>
<th>Term 2 Winter</th>
<th>Term 3 Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days LV – direct patient care</td>
<td>3 days LV Clinic - direct patient care</td>
<td>2 days LV – supervision of WOVS OD program interns</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>
</tr>
<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>
</tr>
<tr>
<td>½ day Primary Care‡ – direct patient care*</td>
<td>½ day XG Clinic – direct patient care</td>
<td>½ day Primary Care‡ – direct patient care*</td>
</tr>
<tr>
<td>1 day lab instruction (OPTOM 387)</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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</tbody>
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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 one 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, 2.5 days PC/AC or XG,
Winter/spring term: 2 days LV, 2.5 days PC/AC or XG

Supervision:

The Resident will be supervised by Dr. Labreche and Dr. Khan in the Low Vision and External Geriatrics clinics. 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 be available to the Resident when in Primary Care and Acute Care with Dr. Hrynchak 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 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 occurs from the start of the Residency. There is then a move to direct patient care under direct supervision of the Low Vision Supervisor(s) by September in Low Vision and by October in External Geriatrics. This graduated level of independence will be guided by the Resident’s attainment of a set of basic low vision competencies outlined in advance. A combination of direct and indirect patient care (i.e. supervision of optometry students) occurs by May.

Every effort is made to ensure that the patient population scheduled increases in complexity throughout the year. During the Fall term, whenever possible, only established elderly patients are scheduled in Low Vision. This provides the Resident the opportunity to discuss the case with the Supervisor(s) prior to initiating the assessment if needed. This progresses to the scheduling of new patients, including children and adults, by the second term, and eventually to those with multiple co-morbidities.

In the External Geriatrics clinics, ideally the Resident is initially 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, moving towards assessing new patients in a Long-term Care facility by term’s end.

The numbers of patients booked increases throughout the year. At first the Resident is scheduled only 2 patients per day in Low Vision and 4 patients per day in External Geriatrics and Primary Care. By the end of the Residency, the Resident will be scheduled a maximum of 4 patients per day in Low Vision, 7 patients per day in Primary Care and 7 patients per day in External Geriatrics.

The Resident may also be scheduled to be on-call and there may be a requirement to participate in Saturday or evening clinics.

Scholarly/didactic activities:

Formal:

1. Attend the Envision Conference and/or the biannual Canadian Interdisciplinary Vision Rehabilitation Conference (CIVRC) and the AAO meeting (3 days for the Envision conference (timing is variable); 2 days for the CIVRC (Spring), 4 days (Fall) for the AAO)
2. Attend lectures and seminars at WOVS whenever possible (e.g. research lectures, CE lectures) (Timing = various)
3. Submit ePortfolio/Reflections based on a patient encounter and/or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learned, and changes to implement for improvement (ongoing)
4. Prepare written self-assessments and improvement-planning as part of each ITER (ongoing)
5. Participate in the EBM/Journal club, a directed reading class, to develop skills in the critical analysis of papers with an emphasis on evidence-based medicine and clinical statistics (Fall and
6. Attend/Participate in Rounds sessions by other Residents and Faculty (Fall, Winter and Spring terms)

7. Opportunity to participate in a research project

Informal:
8. Case consultation with Supervisor(s) including feedback based on direct observation and Chart Stimulated Recall (monthly meetings one direct supervision has been completed)
9. Independent self-study; some of this scheduled time will be used for classes, workshops, rounds, meetings (half-day per week for 12 months)
10. LVR Residency Reading List

Educator/knowledge-sharing component

Formal:
1. Present four oral presentations in the year. These will be two short rounds, one Grand rounds and one open-style oral presentation (Fall, Winter and Spring terms)
2. Present when possible (poster, scientific paper, continuing education) at relevant conference/meetings (AAO, Envision, CIVRC, WOVS Doctor of Optometry programme Low Vision Special Interest Group)
3. Prepare a written article on a case report, topic or research project suitable for publication in a peer-reviewed journal (Spring term)
4. Participate in a series of workshops on writing skills, oral communication skills and case study development as part of the Residency’s didactic curriculum (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 as part of the Residency’s didactic curriculum (Fall and Winter terms)

Informal:
6. Teach in the Opt 387 Geriatrics and Low Vision laboratory (Fall term)
7. Supervise in Low Vision, Primary, Acute Care and External Geriatrics clinics (Spring term)

Assessment and evaluation of the Resident

1. In-training evaluation reports
2. Chart-stimulated recall (monthly, once direct supervision is completed)
3. Direct observation by Supervisor(s) with feedback in LV clinic
4. Evaluation of ePortfolio/Reflections
5. Grade on presentation. The grand rounds and open-style oral presentations will be graded by audience (Supervisors, Faculty, other Residents and/or graduate students) using a written evaluation.
6. Feedback on draft version of paper for style and content.
7. Regarding clinical supervision, the Resident will receive teaching evaluations from the undergraduate students in the clinic
Requirements for Residency completion and awarding of certificate

To successfully complete the Low Vision Rehabilitation Residency, the Resident must complete all outlined components of the program outlined which includes patient care, laboratory teaching, attendance at required classes/workshops, ePortfolio/Reflections, patient logs, attendance at assessment sessions (CSR and ITER), oral presentations and article completion.

Approved leaves of absence for reasons such as sickness or compassionate reasons in excess of six days per year must be made up at the end of the program.

Certificates will be awarded at the WOVS Fall Awards ceremony.

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 or not their education or training is conducted on or off the campus.

Benefits

Vacation and Sick Leave: The Resident is entitled to 10 days of paid vacation, 10 days of leave for attending conferences, up to 6 days of sick leave, and to paid statutory holidays.

The following public and University of Waterloo holidays will be observed during the residency year:

New Years Day (January 1)
Family Day
Good Friday
Victoria Day
Canada Day (July 1)
Civic Holiday
Labour Day
Thanksgiving
Christmas Day (December 25)
Boxing Day (December 26)
University of Waterloo Holiday Break (rotates yearly)

The list of paid holidays can be found at: https://uwaterloo.ca/human-resources/support-employees/payroll/paid-holidays
Medical: The resident will be enrolled in the University of Waterloo, Extended Health Care Plan. For more information see [https://uwaterloo.ca/human-resources/support-employees/benefits/benefit-eligibility-and-eligible-dependents](https://uwaterloo.ca/human-resources/support-employees/benefits/benefit-eligibility-and-eligible-dependents).

Optometric Licensure: WOVS will pay one year of fees to the College of Optometrists of Ontario. This will be for the year commencing in January of the Residency program.

Termination of Residency

Termination of the Residency may be considered in situations where the Resident is:

I. functioning in a manner considered to be of potential danger to the well-being of patients, or
II. performing patient care contrary to policies or procedures of the Clinic or workplace, or
III. performing patient care contrary to regulations or standards of care of the regulating body of Optometry or the prevailing laws of the Province or Canada, or
IV. 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 Guide for Residents.