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 Ocular Disease and Glaucoma is designed to extend and refine the optometrist’s knowledge and clinical skills in the diagnostic and therapeutic management of patients with a variety of ocular diseases with an emphasis on the management of glaucoma. While the main focus of the one-year programme is on clinical training, the resident is strongly encouraged to engage in scholarly activity and will be required to present at and participate in organised seminars, as well as actively contribute to the clinical training and practical education of optometry students. The benefits of teaching and scholarly activity in refining skills and knowledge are self-evident.

Dates of residency: July 22, 2019 – August 22, 2020

Salary: $38,000 per year

Supervisor information
Primary Supervisors: Dr. S. Maclver,
Dr. C.L. Prokopich
OH secondary supervisor: Dr. N. Furtado

Location: The majority of the residency will take place in the School of Optometry and Vision Science and the Health Science Campus, Kitchener. Some sessions are scheduled in local ophthalmology offices.

Hours: The clinical components of the residency are scheduled during WOVS operating hours (approximately 8.30 am-5.00 pm) for 5 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 programme and who are eligible to hold a full license with the College of Optometrists of Ontario (General Certificate of Registration). All of the ACOE-accredited programmes are currently in North America.

In all cases, a Certificate of Registration must be in place on entry to the residency. This includes taking and passing the jurisprudence examination and obtaining the license through the College (see https://www.collegeoptom.on.ca/register-with-college/). Applicants are encouraged to take the Optometry Examining Board of Canada examinations (OEBC) at the earliest opportunity, in order to obtain an Ontario license to practise by the start of the residency.

Graduates of an ACOE-accredited programme should apply for a full license. ACOE-accredited programs are currently available in North America only.

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

Residency Goals and objectives:

Goal 1: Expert Role
To train the resident to competently examine diverse and complex clinical cases in the sub-discipline areas of glaucoma, anterior segment disease, posterior segment/neurological disease, and acute care.

Objective 1: To train the resident to accurately and efficiently assess patients in each of the identified subdiscipline areas

Outcome measures:

I. The resident will be required to examine patients in each clinic or disease area listed above.

II. The resident will be required to provide primary care to new refugees/underprivileged patients – this diverse subset of patients presents with unique challenges such as language barriers and a higher incidence and range of disease(s)

III. The resident will be scheduled approximately one day per week in the acute care clinic

IV. The resident will discuss patient encounters and/or have patient files reviewed by a supervisor until the resident displays adequate competency for each specific type of assessment
V. There will be at minimum of bi-weekly meetings scheduled with a supervisor to discuss case management

VI. The resident will experience a minimum of 250 encounters for patients with glaucoma, 300 with anterior segment diseases/disorders, 200 with posterior segment/neuro diseases; as well as 70 independent encounters in imaging services and 200 encounters in an acute care setting. Visits will be primarily in direct care and supervised care, as well as some shadowing.

VII. The resident will submit ePortfolio Reflections based on a patient or teaching situation(s) in which s/he reflects on experiences gained, knowledge and skills learned and changes to implement for improvement.

VIII. The resident will maintain an accurate log of his/her patient encounters.

Objective 2. The resident will become proficient in utilizing and analyzing the results of imaging instruments for the management of ocular disease

Outcome measures

I. Training will be provided to allow the resident to become more proficient with the use of the following:
   a. Optical Coherence Tomography (OCT-Spectralis, Zeiss, Nidek) – anterior and posterior segment
   b. Scanning laser tomography – Heidelberg Retina Tomography (HRT)
   c. Fundus Autofluorescence
   d. B-Scan Ultrasonography
   e. Fundus photography
   f. Perimetry

II. The resident will spend a half-day per week for at least 2 of three terms in the imaging clinic providing imaging services to patients

III. A supervisor will review the files from the patients seen in imaging clinic until adequate level of competency has been demonstrated

IV. The resident will maintain an accurate log of his/her patient encounters.

Goal 2: Expert Role
The resident will develop and solidify strong clinical diagnostic and management skills in the area of ocular disease and primary care.

Objective 1: To train the resident to understand advanced management options for more complex cases and to appropriately identify when referral is required

I. The resident will spend at minimum one half-day per month with a glaucoma specialist/general ophthalmologist
II. Information from the resident patient log will be used to ensure exposure to the following:
   a. Fluorescein angiography analysis
   b. SLT/ALT, peripheral iridotomy, YAG – including post-op care
   c. Glaucoma filtration surgery – including post-op care, where appropriate
   d. Cataract surgery – including post-op care
   e. Anti-VEGF injections – including post-op care
   f. Pan-retinal photocoagulation and macular grid laser – including post-op care

III. The resident will discuss outcomes of patient care during meetings with supervisor.

IV. The resident will submit ePortfolio/Reflections based on a patient or teaching situation in which s/he reflects on experiences gained, knowledge and skills learned and changes to implement for improvement.

V. The resident will maintain an accurate log of his/her patient encounters.

Objective 2: The resident will be scheduled to examine patients for both primary care and ocular disease conditions in diverse settings

Outcome measures:

I. The resident will be required to provide primary care to new refugees/underprivileged patients

II. The resident will be scheduled approximately once per week in the acute care clinic

III. The resident will be expected to provide continuity of care and follow-up with all patients seen whenever possible and necessary

IV. The resident will discuss patient management and/or have patient files reviewed by a supervisor until the resident displays adequate competency in diagnosis and management

V. A supervisor will be available on-call or on-site for consultation on patients when needed

VI. The resident will submit ePortfolio/Reflections based on a patient or teaching situation in which s/he reflects on experiences gained, knowledge and skills learned and changes to implement for improvement.

Goal 3: Scholar Role
To develop the resident’s knowledge in the area of ocular disease and management and the ability to critically review the literature

Objective 1: The resident will create at least four evidence-based rounds/presentations

Outcome measures:
I. Supervisor will work with resident to develop
   a. two evidenced-based rounds to be presented during scheduled UW residency rounds sessions. One will be Grand Rounds and one must be glaucoma.
   b. a third case will be encouraged to be presented in a venue other than in internal rounds (e.g. continuing education venue)

Objective 2: To expose the resident to different continuing education experiences on various disease topics
Outcome measures:
I. Attend at least one large optometric/vision conference (AAO preferred). If the resident attends the AAO meeting, s/he will be required to attend the Optometric Glaucoma Society meeting as a guest – the OGS meeting is an annual meeting that outlines contemporary clinical and translational research in glaucoma
II. Attend Continuing Education events held at the University of Waterloo School of Optometry and Vision Science whenever possible
III. Attend evening local optometry meetings whenever possible
IV. Participate in the Residents’ Evidence-Based Medicine/Journal club

Objective 3: Efficiently and effectively use library and other on-campus resources to develop skills, access literature and use evidence-based medicine
Outcome measures:
I. The resident will attend a library tutorial as scheduled through the Waterloo Optometry Learning Resource Centre
II. Attend and participate in resident enrichment didactic activities and workshops on topics such as writing skills, oral communication skills, case study development and supervision skills.
III. Participate in the Residents’ Evidence-Based Medicine/Journal club

Goal 4: Communicator role
To become a skilled clinical communicator
   Objective 1: The resident will participate in speaking and writing opportunities.
   i. The resident will present four oral presentations during the year: two of these will be short rounds presentations and one will be a Grand rounds presentation. The final one may be another rounds (case-oriented) presentation or could also be an open style oral presentation such as a 50-minute continuing education lecture suitable for COPE-approval based on patient management in which they were involved. The two main presentations will be given at Grand rounds, residency seminar setting, as part of the University of
Waterloo Optometry and Vision Science Graduate Conference or in a continuing education setting.

ii. The resident will be encouraged to submit a poster to a recognized optometry conference. A supervisor will work with the resident during August to develop an acceptable abstract with the goal of submitting for ‘Resident’s Day’ at the AAO (abstract submission due end of August)

iii. Develop a publishable quality paper based on a case in which the resident was involved

iv. The resident will participate in a series of enrichment workshops on topics such as writing skills, oral communication skills, case study development and clinical teaching

Goal 5: Educator role
To develop skills to become an effective clinical educator

Objective 1: The resident will be scheduled as a lab-teaching assistant in the advanced clinical disease lab (OPT 375L) and the clinical medicine in optometric practice lab (OPT 385) for third year students.

Outcome measures

I. The resident will instruct in the lab on a weekly basis in the term it is offered.

II. The resident will work with the course instructor to instruct one of the clinical techniques in the lab. The resident will be responsible for preparing a pre-lab and performing a demonstration as well as be responsible for ensuring all the materials for the lab are prepared in time for lab. Feedback will be provided by the lab instructor.

III. The resident will assist with the injections for optometry workshop that is held over the course of a day in the winter term for third year optometry students (usually a Saturday)

Objective 2: The resident will be involved in the clinical supervision of optometry interns

I. The resident will be scheduled to supervise undergraduate UW optometry interns in the Ocular Health Clinic and the Health Sciences Optometry Clinic, and may supervise in the Imaging and/or Acute Care and/or Primary Care clinics as needed.

II. The resident will participate in a series of workshops to prepare and develop the resident’s skills for supervising undergraduate optometry students.

III. When supervising, the resident will discuss cases with the residency supervisor if they are present – a supervisor or attending will be available for consultation in person or by phone.
Goal 6: Collaborator role
To develop the resident’s communication and knowledge-base to be able to engage in interprofessional education, collaboration, and care.

Objective 1: The resident will collaborate with the family health team while at the Health Sciences Optometry Clinic
Outcome measures:
I. The resident will have access to the EMR of the patients at Center for Family Medicine (CFFM, this arrangement between HSOC and CFFM already exists) to check blood work, request blood work, and send reports about mutual patients
II. The resident when available, will sit in on trans-disciplinary/inter-professional rounds that run for the family medicine, pharmacy and optometry learners
III. The resident will participate in optometry teaching days to the family medicine residents and medical students
IV. The resident will have an opportunity to participate as a facilitator in an IPE (interprofessional education) event with first year students of optometry (Waterloo), dentistry (Western), pharmacy (Waterloo) and medicine (Schulich School of Medicine) held at the University of Western Ontario

Objective 2: The resident will communicate effectively and collaborate with ophthalmology and other health professionals through referrals/reports/other communication methods
Outcome measures:
I. The resident will have a seminar with their supervisor(s) on how to effectively and efficiently communicate with other health professionals
II. Letters/reports for complex patients (e.g. Blood work requests, glaucoma surgery referrals, etc.) will be reviewed by supervisor(s) prior to sending until appropriate level of competency has been demonstrated

Objective 3: The resident will collaborate with ophthalmology
Outcome measures:
I. As above, the resident will be required to work with a local ophthalmologist at least one half-day each month
Anticipated Weekly Curriculum (all three terms):

TERM 1: Fall

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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>8:30am – 12pm</td>
<td>OH Direct care</td>
<td>Residents didactic course work / file review</td>
<td>HSOC Direct care (Glaucoma)</td>
<td>Acute care Direct care</td>
<td>HSOC</td>
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<tr>
<td>1:00 - 5:00pm</td>
<td><strong>OPTOM 375L</strong> (Advanced Clinical Techniques lab: Sept-Dec)*</td>
<td>Self Study (1-5pm) OH Imaging (5-8 pm)</td>
<td>HSOC Direct care (Glaucoma)</td>
<td>OH Direct care</td>
<td>HSOC (Refugee Vision clinic)</td>
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</table>

Notes
- OH = Ocular Health clinic; HSOC = Health Sciences Optometry Clinic
- Part of Tuesday morning is reserved for classes, workshops and rounds
- Evenings / Saturday clinics may be scheduled in lieu; on-call is considered as required.
- * Direct care July and August and in the weeks before and after the lab
- Between the terms the schedule will turn to 8:30am-5pm of direct care in the same designated clinics during regular schedule with the exception of Tuesday afternoons remaining self-study.

Interim Federal Health (IFH) Program: The IFH program provides limited temporary health-care coverage to protected persons who are not eligible for provincial or territorial health insurance plans and where a claim cannot be made under private health insurance. These protected persons include resettled refugees, refugee claimants, certain persons detained under the Immigration and Refugee Protection Act and other specified groups. HSOC has a partnership with Refugee clinics and also a grant to support care of these patients.

Work alongside an ophthalmologist: Once a month, the resident will have the opportunity to shadow and be an intern with a local ophthalmologist (depending on OMDs availability)
## TERM 2: Winter

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<td>HSOC</td>
</tr>
<tr>
<td>1:00 - 5:00pm</td>
<td>OH Supervision (3 interns)</td>
<td>Self Study (1-5pm) OH imaging (5-8pm)</td>
<td>HSOC Supervision (Glaucoma) (3 interns)</td>
<td>Acute care Supervision</td>
<td>HSOC (Refugee clinic / Primary care) Direct care</td>
</tr>
</tbody>
</table>

**Notes**
- Part of Tuesday mornings are reserved for classes and workshops.
- Between the clinic terms the schedule will turn to 8:30am-5pm of direct care in the same designated clinics during regular schedule with the exception of Thursday afternoons remaining self study.
- The resident will be a teaching assistant for a full-day injections workshop as part of clinical medicine course (one Saturday in the Winter term).
- Evenings / Saturday clinics may be scheduled in lieu; on-call is considered as required.

## TERM 3: Spring

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<tbody>
<tr>
<td>8:30am – 12pm</td>
<td>OH Supervision (2-3 interns)</td>
<td>Self study</td>
<td>HSOC</td>
<td>Acute care Direct care</td>
<td>HSOC Supervision (2-3 interns)</td>
</tr>
<tr>
<td>1:00 - 5:00pm</td>
<td>OH Supervision (Glaucoma)</td>
<td>OH</td>
<td>HSOC Supervision (Glaucoma) (2 interns)</td>
<td>Acute care Supervision</td>
<td>HSOC</td>
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**Notes**
- Part of Tuesday mornings are reserved for classes and workshops.
- Evenings / Saturday clinics may be scheduled in lieu; on-call is considered as required.

**HSOC shift on Fridays may become supervision depending on comfort level and skill level of the Resident.**
General Information for ODG Resident

Supervision:
Drs. MacIver and Prokopich will be the main mentors and supervisors of the resident.

*Health Science Clinic (Glaucoma and Primary Care):*
The majority of the supervision when the resident is scheduled at HSOC clinic will be with Dr. S. MacIver. At times, other optometrists will be involved.

*Ocular Health and Acute Care:*
Dr. C.L. Prokopich will be the main supervisors of the resident in the OH and Acute Care clinic. At times, other optometrists who are in clinic will be involved.

**Clinical Experience:**
Residents will start in the fall session with direct care focusing on the areas of disease management, acute care, and glaucoma management, as well as some primary care when at HSOC. The number of patients per session will depend on the clinic in which they are providing care. Patient numbers and complexity of assessment and management skills will be expected to increase during the year. This will be monitored to ensure that the resident is examining patients with a variety of disease states, with an emphasis on management including glaucoma. The resident will gain increasing autonomy as the residency year progresses and as s/he demonstrates competency and begins to supervise optometry interns. A portion of the resident’s time will also be devoted to reflection, critical analysis of the literature, and professional development.

**Scholarly/didactic activities**
In addition to the clinic curriculum, the resident must also complete the following:

a) Present at minimum two rounds. One case is to be glaucoma. This will be given in the scheduled rounds sessions.

b) Present an open style oral presentation such as a presentation (50 min) suitable for the school CE program, Grand rounds or seminar or equivalent during their residency and suitable for being COPE approved (or equivalent). This could be presented at a CE event, scheduled rounds session or residency seminar setting.

c) Submit a case report/review article in a form suitable for publication

d) Attend one external optometry meeting (the American Academy of Optometry, if possible - a travel budget is made available) and the University of Waterloo Optometry and Vision Science annual continuing education program, when possible. The resident is encouraged to submit a poster or participate in the development of a poster for the meeting they are to attend, for example, submitting for the Resident’s day at the AAO. If the resident would like to submit a poster for the Resident’s day, the supervisors will work with the resident ahead of time to prepare their submission.

e) Undertake the Residents’ Evidence-based Medicine/Journal club.
f) Participate in scheduled didactic activities designed to enhance the residency experience (includes topics on writing skills, oral communication skills and case study development)

Scholar: Educator/knowledge sharing component

The resident will:
- Be a Teaching Assistant (TA) for a lab course in the UW optometry curriculum (two sections OPT 375L)
- Be a TA for the Injections for Optometry Workshop that runs during winter term for third years usually (OPT 385; a day long workshop)
- Supervise the fourth year optometry interns in disease clinic setting
- Develop and present evidence-based rounds
- Present an open style oral presentation such as a seminar, lecture (50 min) or Grand rounds suitable for presentation at annual University of Waterloo School of Optometry and Vision Science continuing education event or equivalent and suitable for COPE approval. This will be presented at a CE event, grand rounds or residency seminar setting.
- Participate in a series of workshops to prepare and develop the resident’s skills for supervising undergraduate UW optometry students/interns.

Further, the resident is encouraged to:
- Prepare and submit a minimum of one abstract on a case to a credible optometry conference (e.g. AAO)

Additional activities
- Clinical research projects: if the resident is interested in expanding clinical research skills, then an opportunity to participate in ongoing clinical research projects may be explored. This is not mandatory, but would be made available whenever possible to those residents who are interested in this opportunity.

Resident Assessment and Evaluation

Clinical skills evaluation:
- There will be at least one evaluation of skills and case management each term (oral and written feedback generated by supervisors)
- Final evaluation of skills and case management (oral and written feedback generated by supervisors)
- The resident will receive ongoing oral feedback during bi-weekly meetings with supervisors
- The resident will receive an evaluation of his/her ePortfolio/Reflections
Teaching evaluations:
- Peer-evaluation of the teaching seminar in the lab course (by supervisor or designate) with optometry student feedback incorporated.

Didactic component evaluations:
- Review paper will be reviewed for content and writing style by the supervisor(s)
- Grand Rounds/Seminars will be graded by the supervisors of the resident using a written global rating scale. The audience (faculty, other residents and students) also provide comments and feedback.
- Reflections will be reviewed and graded by the supervisor(s)

Overall progress
- The resident will receive a written evaluation at least once per term on their overall progress in the residency.

Requirements for residency completion and awarding of certificate
To successfully complete this residency, the resident must complete all components of the program outlined, including patient care, laboratory teaching, attendance at required classes and workshops, all oral presentations, log of patient encounters, portfolio/reflection 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 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
- 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.

**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.