



**Bennett & Bloom Eye Centers  
Residency in Ocular Disease**

**Standard I: Mission, Goals, Objectives, Outcomes, and Program  
Improvement**



## 1.1 Mission

The residency program at Bennett & Bloom Eye Centers provides qualified optometrists with advanced clinical education in the diagnosis, treatment, and management of ocular disease within a secondary and tertiary eye care setting. Upon successful completion of the program, residents shall have fostered didactic and teaching skills and developed into exceptional clinicians fully prepared to enter a variety of clinical and academic settings.

## 1.2 & 1.3 Goals and Objectives

**Goal 1:** Strengthen the resident's expertise in the diagnosis, treatment and management of ocular disease.

**Objective 1:** The resident will have direct patient contact with and develop advanced clinical knowledge and skills in the areas of anterior segment disease, glaucoma, retinal disease, peri-operative and emergency eye care.

**Outcomes:** The resident will have direct patient contact with a minimum of 2200 patients throughout the residency period.

**Measure:** The resident will maintain a current patient contact log that will accurately identify the patient, the level of care, the diagnosis, and the appropriate treatment.

**Objective 2:** The resident will select and successfully perform the appropriate diagnostic procedures.

**Outcomes:** The resident will be able to select and proficiently perform the appropriate diagnostic procedures and thus ensure an accurate diagnosis.

**Measure:** The resident will be evaluated on a quarterly basis by the residency director, in consultation with the other attending doctors, regarding both the selection and the performance of the appropriate diagnostic procedures.

**Objective 3:** The resident will determine the correct diagnosis for each patient with direct supervision by the attending preceptor with increasing independence for the resident.

**Outcomes:** The resident will accurately diagnose the patient's condition and appropriately progress to clinical independence such that the resident is practicing in full autonomy by the last quarter.



Measure: The resident will be evaluated on a quarterly basis by the residency director, in consultation with the other attending doctors, regarding the patient's diagnosis.

**Objective 4:** The resident will determine the best management based on the diagnosis.

Outcomes: The resident will practice evidenced-based treatment based on the accurate diagnosis.

Measure: The resident will be evaluated on a quarterly basis by the residency director, in consultation with the other attending doctors, regarding the treatment rendered on behalf of the patient.

**Goal 2: Improve the resident's knowledge of specialized diagnostic procedures and instrumentation.**

**Objective 1:** Develop competence in performing and evaluating ophthalmic procedures determined by the residency director and included on the *Procedure Proficiency Page* (See Appendix I-B).

Outcomes: The resident will be proficient in all appropriate diagnostic procedures.

Measure: The resident will be directly evaluated regarding their proficiency of the appropriate diagnostic procedures and successful completion will be recorded on the Procedure Proficiency Page.

**Objective 2:** Develop advanced understanding for the selection and ordering of necessary lab tests including blood testing and radiologic studies.

Outcomes: The resident will be able to accurately order the appropriate ancillary testing, bloodwork, and radiological studies.

Measure: The resident will be evaluated by the attending doctors regarding their selection of the ancillary testing, bloodwork, and radiological studies and reviewed on a quarterly basis by the residency director, in consultation with the attending doctors.



**Goal 3: Expand the resident's knowledge in the care of refractive surgery patients.**

**Objective:** The resident will develop expertise in evaluating patients for refractive surgery and providing pre- and post-operative refractive surgical care.

**Outcome:** The resident will provide pre-operative refractive surgical evaluations and post-operative care to a minimum of 98\* patients.

\*Based 7 pts per week for 49 work weeks.

**Measure:** The resident will report monthly on the number of patient encounters of this type using the patient encounter logs and summary forms.

**Goal 4: Facilitate the resident's involvement in teaching, academics and research in the field of ocular disease.**

**Objective 1:** The resident will acquire skills needed to effectively present information to other professionals in a group setting.

**Outcomes:** The resident will prepare one grand rounds lecture per month and present the lecture during the weekly intern conferences. At least one of these lectures will be in a workshop format to teach the student externs primary and secondary eye care procedures.

The resident will prepare and present a minimum of one case report with discussion to students/faculty at Indiana University.

The resident will present one case report with discussion at a Bennett & Bloom Eye Centers sponsored CE to the optometric community.

**Measures:** The residency director will maintain a copy of all lectures, presentations, or posters presented by the resident during the residency period and reviewed at the conclusion of the residency.

**Objective 2:** Educate the resident in the preparation of a professional manuscript.

**Outcome:** The resident will prepare a publication-quality manuscript on an approved topic or produce a poster for presentation at a regional or national optometric conference.

**Measures:** The publication-quality manuscript will be peer-reviewed by the attending doctors with the resident prior to the completion of the residency.



**Objective 3:** Familiarize the resident with the design, implementation, and analysis of clinical research projects.

**Outcome:** The resident will participate in data collection and analysis of data for internal research projects ongoing at the center.

**Measure:** The resident will be evaluated quarterly by the supervisor to determine if the appropriate level of progress in scholarly activities is being achieved.

**Goal 5: The resident will acquire a practical understanding of business administration for a co-management ocular disease practice.**

**Objective 1:** Develop an understanding of proper inter-professional relations within a co-management network.

**Outcome:** The resident will understand the proper documentation, shared resources and marketing necessary for successful co-management relationships.

**Measure:** The resident will participate in a minimum of two (2) marketing meetings and a minimum of six (6) monthly doctor meetings throughout the residency with attendance recorded on an attached form.

**Objective 2:** The resident will become familiar with proper billing procedures and the required documentation for services provided within the clinical setting.

**Outcome:** The resident will log accurate diagnostic ICD codes and link them to appropriate CPT procedure codes on patient billing forms and will have quarterly exposure to billing personnel in Bennett & Bloom Eye Centers for training.

**Measure:** The results of regular internal and external audits with emphasis in the percentage of “clean claims” will be reflected in the quarterly resident evaluations.

**Goal 6: Residents will be proficient in minor surgical procedures and anterior segment lasers.**

**Objective 1:** The resident will successfully perform the appropriate Laser procedures.



Outcome: The resident will be able to select and proficiently perform YAG Capsulotomies, Selective Laser Trabeculoplasties, Micro-pulse laser Trabeculoplasties, Laser Trichiasis Repair, Laser Peripheral Iridotomies, Yag Vitreal Wick Lysis and Iridoplasties, and minor surgical precudres.

Measure: The resident will be evaluated on a quarterly basis by the residency director, in consultation with the other attending doctors, regarding both the selection and the performance of the appropriate laser and minor procedures.

## 1.4 Description of Review Process

At the beginning of the year, the resident will meet with the Residency Coordinator to set the goals for the residency. The goals are determined by both the Residency Coordinator and the resident. Semi-annually, the Coordinator and the resident meet to discuss how well the goals are being met and if any adjustments need to be made. They will also discuss possible problems and make adjustments to the program to ensure that all the goals and objective are going to be met by the end of the residency. At the end of year, the Residency Coordinator and the resident evaluate the residency in terms of the mission, goals, and objectives. The outcomes measures used to assess the fulfillment of the objectives include the resident's self-assessment, the patient log, the activity log, the successful completion of presentation to the optometric community and a paper of publishable quality, the review of patient records, the documentation of increasing levels of supervision, and the competency check list. The doctors at Bennett & Bloom Eye Centers will individually evaluate the resident based on this criteria on a quarterly basis. Semi-annually, the resident will evaluate the program, the program director, and the individual doctors. The residency director will maintain all of the forms associated with these reviews. All the meetings between the program coordinator and the resident are recorded in the resident's activity log.

At the completion of each residency year, an ACOE Annual Report will be generated for the residency program. This report, which will be submitted to the ACOE no later than September 1 following completion of each residency year, will provide a comprehensive look at the current state of the residency as viewed by the resident, the residency director, and other attending doctors or administrators as appropriate. It will also be forwarded to the Director of Residencies, Dr. Don Lyon, at Indiana University's School of Optometry, which is the residency program's sponsoring affiliate.

The focus of their review will be to examine the mission statement, goals, and objectives of the program, looking specifically for program strengths, weaknesses, and deficiencies. Any weaknesses or deficiencies identified during this annual



review process will be discussed by the reviewers, who will formulate and implement procedures to correct the shortcomings. The ACOE may also recommend program changes as a result of the Annual Report. These recommended changes will be implemented in a timely manner.

## **1.5 The following evaluations must be completed in writing or electronically:**

- 1.5.1 The resident must evaluate the residency at least semi-annually.**
- 1.5.2 The resident must evaluate the coordinator at least semi-annually.**
- 1.5.3 The resident must evaluate the faculty with whom he/she interacts with more than one time per month.**

The resident will fill out evaluation forms soliciting comments and feedback about the residency program, the program coordinator, and the other faculty with whom the resident interacts with at least monthly. The evaluations include assessment of the residency program's strengths and weaknesses, the residency coordinator's ability to assist in the resident's clinical growth and the optometry faculty's ability to encourage the resident to continue independent study outside of clinic. The most recent evaluations of the residency program, residency coordinator and the clinic faculty are in Appendix I-C, I-D, and I-E.

- 1.5.4 The resident must receive at least two interim and one final performance evaluations.**

The Residency Coordinator will perform quarterly evaluations of the resident's performance that include assessing areas of clinical skills, patient communication, scholarly activity, professional conduct, and clinical knowledge. The Residency Coordinator will meet with the resident to discuss these areas of assessment one-on-one and make recommendations for improvement if appropriate. The resident shall initial each review upon completion.

## **1.6 The residency must modify its program if indicated by the annual review of its analysis of the evaluations.**

The Residency Coordinator and the resident will meet at the end of the year for a formal end-of-the-year review. At that meeting, the strengths and weaknesses of the program will be discussed and documented. The resident will provide feedback to help enhance the education program for the future. From that meeting, adjustments will be made to ensure the mission, goals and objectives



will be better met for the following year. This meeting will also be documented by the resident in the activity log. Along with this review process and the year-end meeting with the resident, the annual report will be an important tool for self-evaluation and planning in the future to continue to improve the residency program. There is no analysis of findings by the annual review included in this report due to seeking initial accreditation

**1.7 The residency must achieve at least a 70% completion rate within the previous seven year period, or the ACOE will initiate an appropriate review of the residency.**

- 1) 2006-2007 Resident: Joshua Conner, O.D. – successful completion
- 2) 2007-2008 Resident: Vanessa Prange, O.D. – successful completion
- 3) 2008-2009 Resident: Nicole Sweeney, O.D. – successful completion
- 4) 2009-2010 Resident: Casey Bartz, O.D. – successful completion
- 5) 2010-2011 Resident: Nathaniel Pelsor, O.D. – successful completion
- 6) 2011-2012 Resident: Laura Rayne, O.D. – successful completion
- 7) 2012-2013 Resident: Ian McWherter, O.D. – successful completion
- 8) 2013-2014 Resident: Andrew Whitley, O.D. – successful completion
- 9) 2014-2015 Resident: Fraser McKay, O.D. – successful completion
- 10) 2015-2016 Resident: Meredith Lanham, O.D. - successful completion
- 11) 2016-2017 Resident: Kristin Griffin, O.D. – successful completion
- 12) 2017-2018 Resident: Keith Slayden, O.D. – successful completion
- 13) 2018-2019 Resident: Katherine Rachon, O.D. - successful completion
- 14) 2019-2020 Resident: Kelley Sedlock, O.D. – successful completion
- 15) 2019-2020 Resident: Branden Shaffer, O.D. – successful completion
- 16) 2020-2021 Resident: William Gibson, O.D. – successful completion
- 17) 2020-2021 Resident: P. Austin Eckel, O.D. – successful completion

The expected completion rate is 70% or greater for existing and future residents.

**1.8 Within the previous seven year period, 70% of those who have completed the residency must have worked in a clinical, education, research, or administrative setting within one year of completion of the residency, or the ACOE will initiate an appropriate review of the residency.**

**Career Placement Rates**

2006-2007 Residency Period – Joshua Conner, O.D., immediate placement at Michiana Eye, Mishawaka, IN

2007-2008 Residency Period – Vanessa Prange, O.D., immediate placement at Eye Specialists of Indiana, Indianapolis, IN





2008-2009 Residency Period – Nicole Sweeney, O.D., immediate placement at Midwest Eye Centers, PSC, Calumet City, IL

2009-2010 Residency Period – Casey Bartz, O.D., immediate placement at Moorhead Vision Associates, Moorhead, MN

2010-2011 Residency Period – Nathaniel Pelsor, O.D., immediate placement at Talley Medical-Surgical Eye Care, Evansville, IN

2011-2012 Residency Period – Laura Rayne, O.D., immediate placement at The Eye Gallery, Atlanta, GA

2012-2013 Residency Period – Ian McWherter, O.D., immediate placement at Gaddie Eye Centers, Louisville, KY

2013-2014 Residency Period – Andrew Whitley, O.D., immediate placement at Clay Rhynes Eye Clinic, Durant, OK

2014-2015 Residency Period – Fraser McKay, O.D., immediate placement at Bennett & Bloom Eye Centers, Louisville, KY

2015-2016 Residency Period – Meredith Lanham, O.D., immediate placement at Bennett & Bloom Eye Centers, Louisville, KY

2016-2017 Residency Period – Kristin Griffin, O.D., immediate placement at Kleiman Evangelista Eye Center, Arlington, Texas

2017-2018 Residency Period – Keith Slayden, O.D., immediate placement at Bennett & Bloom Eye Centers, Louisville, KY

2018-2019 Residency Period – Katherine Rachon, O.D., immediate placement at Virginia Eye Consultants, Norfolk, VA

2019-2020 Residency Period – Kelley Sedlock, O.D., immediate placement at Bennett & Bloom Eye Centers, Louisville, KY

2019-2020 Residency Period – Branden Shaffer, O.D., immediate placement at Eye Surgeons of Indiana, Indianapolis, IN

2020-2021 Residency Period – William Gibson, O.D., immediate placement at Thomas Eye Group, Atlanta, GA

2020-2021 Residency Period – P. Austin Eckel, OD., immediate placement at Bennett & Bloom Eye Centers, Louisville, KY



**Bennett & Bloom Eye Centers  
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**Standard II: Curriculum**



## **2.1 Curriculum: The residency must have a written curriculum that identifies and describes the specific activities for the fulfillment of the clinical, didactic and scholarly elements of the mission, goals, and objectives of the program to be fulfilled.**

Curriculum: This is a full-time, 13-month residency program, beginning on July 1<sup>st</sup> and ending on July 31<sup>st</sup> of teach residency year. The first month of the program is dedicated to resident orientation (see Appendix II-A). The focus of the program is on clinical care, but also includes didactic education and scholarly activity. The resident is involved in direct patient care at least 4.5 days each week. The remainder of the resident's time is devoted to academic interest such as attending special topic presentations, independent study and lecturing. Advanced competency achievement goals for the residency are listed below. The weekly clinical schedule and list of didactic activities and scholarly activities for the resident are enclosed in Appendix II-B and II-C.

### **Goal 1:**

#### **Objective:**

**The resident will develop a high degree of clinical skills and efficiency through direct patient contact, with the care of patients in a variety of circumstances including: emergency eye care, peri-operative cataract and refractive surgery care, anterior segment diseases, retinal diseases, glaucoma, and surgical settings.**

#### **Learning Activities:**

- The resident will have a minimum of 2200 patient encounters collectively in the above clinics with direct supervision by the attending preceptor with increasing independence.
- Thorough and complete documentation with the inclusion of pertinent clinical symptoms and signs with the use of appropriate diagnostic procedures.
- Development of accurate assessment and appropriate plan for each patient.
- Competence in performing and evaluating necessary procedures such as foreign body removal, irrigation and dilation of puncta, and gonioscopy.
- The ordering of necessary lab tests including blood testing and radiological studies.
- Efficient communication with others in the medical community and within the profession.

#### **Outcome:**

The resident will become highly proficient in the delivery and care based on examination and ancillary testing for refractive and ocular disease patients. The resident will develop advanced skill in ocular disease management as well as co-management protocol with other health care disciplines.



## **Goal 2:**

### **Objective:**

The resident will be exposed to a wide variety of diagnostic procedures and specialized instrumentation while providing patient care.

### **Learning activities:**

The resident will perform and/or interpret corneal topography, visual field testing, B-Scan ultrasonography, OCT/GDX testing, fundus photography, and fluorescein angiography.

### **Outcome:**

The resident will develop advanced knowledge and familiarity with diagnostic procedures and specialized instrumentation.

## **Goal 3:**

**Increase the resident's understanding and application of expanded therapeutic and laser procedures with associated risks, benefits, and alternatives.**

### **Objective:**

The resident will gain advanced understanding and technique regarding the indication, application of, follow-up care of, and associated risks, benefits, and alternatives of appropriate minor anterior segment surgical procedures and anterior segment laser therapies as approved by The Kentucky Board of Optometry.

### **Learning Activities:**

The resident will become credentialed by the Kentucky Board of Optometry to utilize these expanded therapeutic and laser procedures, and will be proctored by the faculty to safely and successfully perform these procedures independently by the conclusion of the residency year.

### **Outcome:**

The resident will be directly evaluated by the faculty regarding their proficiency in each of these expanded therapeutic and laser procedures and successful completion will be recorded on the *Expanded Therapeutic and Laser Procedure Proficiency Page*. (See Appendix I-G).



#### **Goal 4:**

**The resident will have regular formal didactical opportunities and regular periods for personal study.**

#### **Learning Activities:**

The resident will have time weekly administrative/preparation time and participate in weekly case conferences with student interns, quarterly fluorescein angiography and OCT conferences, and quarterly continuing education conferences.

The resident will report monthly the topics reviewed in the above settings as well as the number of fluorescein angiographies and OCT results to the residency director.

#### **Outcome:**

The resident will develop an appreciation and ongoing commitment to lifelong learning and continue to update him/herself with current health care trends.

#### **Goal 5:**

**The resident will reinforce the clinical and didactic knowledge by preparing for and effectively teaching in the following academic settings.**

#### **Learning Activities:**

The resident will be responsible for:

- One case conference, journal club, or workshop per month and present the lecture during the weekly intern conferences.
- presenting a minimum of one case report with discussion to students and faculty at Indiana University.
- presenting one case report with discussion presentation at our sponsored continuing education conferences to the optometric community.
- Prepare a publishable quality study or case report prior to the completion of the residency or present a poster at a regional or national conference.

#### **Outcome:**

The resident will develop skills to effectively present information material to other professionals.



## **Goal 6:**

### **Objective:**

**The resident will have quarterly exposure to the business aspect of patient care by personal and formal exposure to the following key personnel.**

### **Learning Activities:**

The resident will meet with the Billing Specialist, Marketing Director, Refractive/Surgical Director and Administrator(s). Monthly doctors' meetings will also be attended. The resident will provide a summary of topics discussed with the above departments and will be given to the residency director.

### **Outcome:**

The resident will gain an appreciation of business knowledge and strategy separate from the clinical side of optometry.

#### **2.1.1 Residency Term**

The term of the residency is 13 months, beginning July 1 and ending July 31 the following year.

## **2.2 Patient Encounters**

The resident will maintain a current record of all patient encounters including the type of exam, diagnosis, and treatment. This will include data on the wide range of patient encounters that the resident experiences at Bennett & Bloom Eye Centers. The resident is to personally care for 2200 patient encounters at minimum.

The resident is responsible for keeping track of patients via a digital patient log linked to a spreadsheet (eg. Google Forms). The log will include date of encounter, location of encounter, attending doctor, patient's initials, patient's age, diagnosis, complexity (low/medium/hard), and level of involvement (direct/observation) for each patient encounter. Upon completion of the residency, the resident submit a completed log of patient encounters.

#### **2.2.1 Quality Management Process**

The resident will provide appropriate care to each patient that is consistent with current clinical care guidelines and accepted standards of practice according to the American Academy of Optometry and the American Academy of Ophthalmology. The resident will receive a copy of our current co-management binder and be expected to adhere to the information contained therein as evidenced by the resident's signature on the *Patient Care Policy* form. (See Appendix II-D).

New employee orientation at BBEC includes training sessions for all clinical staff and residents regarding HIPAA protocol and blood-borne pathogens and



hazardous materials management during the New Employee orientation upon arrival at BBEC. See Appendix II-E and II-F for the preceding documentation.

A record of the resident's patient encounters that reflects the diversity of patient encounters must be maintained. The patient encounter logs will include the diagnosis, the level of case complexity, and the level of the resident's involvement (direct or observational).

## 2.3 Supervision Policy

The resident has independent privileges identical to those of faculty. However, he/she is supervised in a controlled and graduated manner. There is close, full-time supervision at the onset of the program, progressing toward increased independence, which is monitored by the quarterly resident evaluations (see Appendix II-H). The Residency Coordinator or other faculty members are always accessible for consultation when patient care is rendered.

The resident will be supervised in the delivery of patient care by the attending doctor present at each location pursuant to the schedules posed in Appendix II-I.

The resident will appropriately gain clinical privileges with the goal of increased clinical independence over the course of the residency period based on successful quarterly evaluations (Appendix II-H) and successful completion of the *Procedure Proficiency Page* (see Appendix II-J and I-B).

## 2.4 The residency must specify in the curriculum the specific knowledge, skills and behaviors needed to attain core competencies and must require the resident to attain core competencies specific to the program's mission. At a minimum, the resident must attain the core competencies in standards 2.4.1 through 2.4.6 below.

**2.4.1** The resident must be able to diagnose and manage conditions that include complex, subtle, or infrequently seen visual disorders and clinical presentations by using advanced diagnostic and treatment modalities when indicated.

BBEC is a co-management center that manages a wide variety of ocular conditions and visual disorders. There is adequate opportunity for management of various acute complaints, ocular diseases, and refractive concerns. The diversity of patient diagnoses includes glaucoma, macular degeneration, diabetic retinopathy, anterior segment disorders, binocular vision, and refractive error and will be reflected in the resident's patient log. He/she is expected to have at least 2200 patient encounters during the residency based on an average of 10 patients/day for 4.5 days/week for 49 work weeks.

**2.4.2** The resident may be able to provide patient-centered care for those with complex conditions through patient education, communication, and shared decision making with the patient.





Patient satisfaction and high quality patient care are the top priorities of BBEC. The resident will help to educate the patients and make sure their ocular concerns are assessed and acknowledged. An example of a complex patient encounter provided by the resident is provided in Appendix II-K, which highlights the importance of patient education, communications, and shared decision making.

- 2.4.3** The resident must function effectively within interprofessional 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.

BBEC is a secondary and tertiary care center which receives many referrals from across all medical professions. The optometry resident works directly with one of four ophthalmologists within this clinic at least weekly. In addition to specialties at BBEC, the resident has opportunities to interact with other sub-specialists in the optometric and ophthalmic professions. Examples of this interaction are included in the resident's Activity Log in Appendix II-L.

- 2.4.4 The resident must be able to continuously improve patient care through self-assessment and quality assurance.**

The resident provides an initial self-assessment at the beginning of the residency, stating what his/her goals and expectations are for the residency. The resident also states what his/her weaknesses are and how he/she plans to overcome them while also utilizing his/her strengths to become a stronger clinician. At the midterm point of the residency program, the resident undergoes another self-assessment to reflect upon the initial self-assessment and if he/she is personally meeting the goals stated. A plan will be determined to help the resident achieve initial goals that have yet to be met and also will assess if new goals have been made. Goals and self-assessments are in Appendix II-M and II-N respectively.

In order to ensure that the doctors at Bennett & Bloom Eye Centers are delivering patient care according to the standard of care, an on-going process of quality assessment via per-reviewed chart review is completed. This includes all physicians and the resident. Each doctor undergoes an internal chart review that is performed by the Quality Assurance (QA) Officer in addition to another clinician randomly selected by the QA Officer. The QA officer will randomly select up to 10 records that the resident has worked on. The records will be evaluated qualitatively according to the Clinical Practice Guidelines. Upon review, the QA officer and resident will discuss any problems found within the records. An example of an Internal Audit of the resident's charts has been included in Appendix II-O.

The resident will be evaluated on a quarterly basis by the residency director, in consultation with the other attending doctors, regarding the residents ability to appropriately perform advanced clinical procedures and/or evaluation specialized





diagnostic testing, order necessary blood work and radiological studies, patient's diagnosis and management (Appendix II-I, II-G).

**2.4.5 The resident must master, apply, and advance the resident's knowledge by analyzing the best current scientific information and integrating this knowledge into patient care through evidence-based clinical decision making.**

The resident attends monthly journal club review with optometric faculty and student interns. He/she also attends periodic Grand Rounds at the University of Louisville with the ophthalmology residents. Topics discussed in each setting are included in the Activity Log in Appendix II-K.

**2.4.6 The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters, or research.**

During the residency, the resident is required to:

- 1) Prepare one case conference, journal club, or workshop per month and present the lecture during the weekly intern conferences;
- 2) Prepare and present a minimum of one case report with discussion to student/faculty at Indiana University;
- 3) Present one case report with discussion at a Bennett & Bloom Eye Centers sponsored Continuing Education (CE) to the optometric community;
- 4) Prepare a publication-quality manuscript on an approved topic or produce a poster for presentation at a regional or national optometric conference that is to be peer-reviewed by the publishing journal or at least one of the attending doctors with the resident prior to the completion of the residency. If it was with a poster, documentation of presentation at the meeting will be supplied.

A copy of the current weekly case conference schedule the resident has attended, any patient cases that the fourth year students and lectures given by the resident to the optometric community have been included as part of Appendix II-K.

**2.5 The curriculum must include didactic activities.**

The resident participates in scholarly activities at least once per week. The resident is empowered to lead weekly meetings with the interns. During this time, the resident discusses interesting and/or challenging cases, recent journal articles, new clinical studies or advancements, or other relevant topics. The resident presents cases, leads discussion with the students and supervises the students during their case presentations. The resident also completes weekly meetings with a retinal specialist and attends periodic Grand Rounds at the University of Louisville with the ophthalmology residents (topics included in Appendix II-L). The resident is required to attend all CEs provided by BBEC. At one of these meetings, the resident must participate in the CE with a presentation. The resident is required to do one poster/paper at a regional/nation conference.



The resident is required to keep a log of scholarly/didactic activities. This includes time preparing for cases/lectures/papers, retina meetings with the retinal specialist, and case presentations/journal club with the 4<sup>th</sup> year interns. This log will be due at the completion of the residency term.

The resident is given the opportunity to attend any and all CE provided by the Indiana University School of Optometry free of charge.

Educational leave time, granted as authorized absence, is allowed for travel to attend optometric conferences.



## Residency Weekly Schedule\*

Monday – AM	Alternating Weeks: 1. East End with Dr. Millin
	2. BSLC with Dr. Peplinski
Monday – PM	East End with Dr. Tenkman
Tuesday – AM	South End with Dr. Bloom & Admin / 8:00am Intern Conferences
Tuesday – PM	South End with Dr. Bloom
Wednesday – AM	Elizabethtown with Dr. Singal
Wednesday – PM	Elizabethtown with Dr. Singal
Thursday – AM	Elizabethtown with Dr. Zagorianos
Thursday – PM	Elizabethtown with Dr. Zagorianos
Friday – AM	South End with Dr. P
Friday – PM	South End with Dr. P.

\*Subject to change based on resident needs and interests.



**Bennett & Bloom Eye Centers  
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**Standard III: Administration**



**3.1 A school or college of optometry accredited by the Accreditation Council of Optometric Education must be the program sponsor or affiliate (by written agreement) to provide educational direction to the residency.**

Indiana University School of Optometry is an ACOE-accredited college of optometry and is the “sponsor” of the Ocular Disease Residency at Bennett & Bloom Eye Centers. A copy of the affiliation agreement is in Appendix II-A, accompanied by records of e-mail correspondence between the Director of Residencies at Indiana University, Dr. Don Lyon, and the Residency Coordinator, Dr. Lee Peplinski, and/or Office Manager, Mr. Herbert Pierce, at Bennett & Bloom Eye Centers in Appendix III-B.

**3.2 The organizational structures of the affiliate and the sponsor must enable professional autonomy in the delivery of optometric services in accordance with the mission, goals and objectives of the program.**

Bennett & Bloom Eye Centers’ Board of Directors includes Steven Bloom, M.D., F.A.C.S., Inder Singal, M.D. and Lawrence Tenkman, MD. They have delegated the responsibility of Residency Director of Lee Peplinski, O.D., F.A.A.O. John Millin, M.D., Ian McWherter, O.D., F.A.A.O., Nikolaos Zagorianos, O.D., F.A.A.O., Meredith Lanham, O.D., Fraser McKay, O.D., Matthew Blair, M.D. and Andrew Steele, O.D. are also involved in the clinical education of the resident. The organizational chart as it relates to the resident is attached in Appendix III-C. The clinical privileging documents have been included in Appendix III-D.

The organizational structure of the Indiana University School of Optometry is conducive to professional autonomy in the delivery of optometric eye care services connected with the residency (See Appendix III-C). Dr. Don Lyon serves as the Director of Residencies. He reports directly to the Associate Dean for Clinical and Patient Care Services, Dr. Neil Pence. Finally, the resident has full clinical credentialing and privileges that is commensurate with their appointment as a post-graduate resident (See Appendix III-E).

**3.3 The school or college of optometry must have a director of residency programs who provides effective educational and administrative guidance to the program, who is qualified to provide guidance, and who is allocated adequate time to perform this duty.**



The Director of Clinics serves as the Director of Residencies. Dr. Lyon is assigned to oversee the planning and operation of all residency programs affiliated with Indiana School of Optometry. He is also the chair of the Residency Admissions Committee, which is involved in recruitment and admissions of residents, as well as program review. Dr. Lyon's Curriculum Vitae and weekly schedule are in Appendix III-F.

**3.4 The residency must have a coordinator who is responsible for program administration and whose time is dedicated to the residency is adequate to perform this duty.**

**3.4.1 The coordinator must be available to the resident for administrative issues.**

**3.4.2 The coordinator must hold a faculty appointment at the affiliated school or college of optometry.**

Dr. Peplinski, the program coordinator, holds an Adjunct Faculty appointment at the Indiana University School of Optometry. A copy of the Residency Coordinator's Curriculum Vitae and his weekly work schedule are attached in Appendix III-G. The schedules of other clinical faculty that oversee the resident's education are included in Appendix II-I.

**3.5 The residency must participate in a quality assurance process.**

The resident completes Program Evaluation forms semi-annually and meets with the Residency Coordinator on a monthly basis. The meetings with the Residency Coordinator and the resident will be logged in the resident's activity log (Appendix II-L). That activity log will also be available on-site.

The resident evaluates the program, residency coordinator and faculty at midpoint and then again at the end of the program. Faculty includes every physician with whom the resident interacts with at least weekly. The evaluation asks the resident to rate the characteristics of the program, their development, progress toward end goals set forth by both the mission statement and by the resident themselves, support given by supervisor, faculty, and staff and interaction and relationship with the Residency Coordinator and clinical faculty. Completed midterm evaluation forms are included in Appendix III-H-J.

Every quarter, 10 of the resident's charts will be pulled for review to assess proper charting and coding. These charts will be reviewed by the residency coordinator and billing supervisor with the resident. The reviews will be kept on file by the residency coordinator.



### **3.6 The residency must establish and adhere to its requirements for program completion.**

The resident maintains a patient log which monitors how many patients the resident sees, with a minimum of 2200 patient encounters required for program completion. The diversity of patient encounters will be monitored by the diagnostic codes and the level of patient encounter will be recorded by the resident's designation of comprehensive level (See Appendix II-G). The resident receives training for specialized instrumentation provided in the clinic and will document this in the *Procedure Proficiency Page* (See Appendix II-J).

A copy of each presentation given by the resident or paper written will be kept on-site in the resident's file by the Residency Coordinator and the resident will document in the activity log the dates that the presentations are given. When the resident engages in other scholarly activity, such as Journal Club, or written papers, the events will be accounted for in the activity log (see Appendix II-L). If the resident is not meeting the requirements for program completion, the Residency Coordinator will take measures to facilitate the resident to ensure that the program experience an expectations are met. A Certificate of Completion will be granted to the resident upon successful completion of the program (See Appendix V-C).

### **3.7 The residency must provide the resident's professional liability protection at all educational sites.**

The resident is covered by The Medical Protective Company at all Bennett & Bloom Eye Centers locations and its affiliated site at McPeak Vision Partners in Glasgow, KY. The policy can be viewed in Appendix III-K.



**Bennett & Bloom Eye Centers  
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**Standard IV: Faculty**





**4.1 The coordinator and other faculty of the program must have the qualifications to educate and train the resident in accordance with the mission, goals, and objectives of the program.**

**4.1.1 The coordinator and other faculty of the residency must hold a doctoral level degree in a clinical discipline or hold the appropriate terminal degree for the subject area taught.**

Dr. Peplinski, the coordinator, and the other clinical faculty all hold doctoral level degrees in optometry or ophthalmology. See Appendix IV-A for educational information.

**4.1.2 The coordinator must have completed an accredited residency plus one year of clinical experience or have obtained a minimum of five years of clinical experience.**

The coordinator completed an accredited residency at Bascom-Palmer in Miami, Florida and has been in clinical practice for 18 years. His curriculum vita is found in Appendix III-G.

Abbreviated biographical sketches for each faculty member with whom the resident interacts with at least weekly are included in Appendix IV-B and can also be found on-line at:

<http://eyecenters.com/doctors.html>

**4.2 Clinical Care Authorization**

The residency director and the attending doctors involved in the training of the resident have the professional autonomy necessary to accomplish the mission, goals, and objectives of the residency. These doctors have complete professional autonomy as delineated by their state licensure and credentialing by the institution. They each maintain and satisfy their respective continuing education requirements, are in good standing with their state, national, and professional organizations and practice according to the standard of care that is within their respective scope of practice. See Appendix III-D for credentialing information.

**4.3 The coordinator and other faculty must have sufficient time dedicated to educate and train the resident.**

Each faculty's schedule is included in Appendix II-I.



### 4.1.3 Biographical Sketch for Each Faculty Member

- **Donald W. Bennett, O.D., M.D.** is the area's only eye specialist with degrees in both medicine and optometry. He received a BA from the University of Wisconsin, his doctor of optometry degree from Indiana University, and doctor of medicine degree from the University of Cincinnati. He completed his residency at the University of Louisville. He founded what is now Bennett & Bloom Eye Centers in 1987. Through a caring and skillful approach to patient care, Dr. Bennett guided Bennett & Bloom Eye Centers to become one of the premier practices in the area for medical and surgical eye care.

Dr. Bennett specializes in anterior segment eye surgery and was the first ophthalmologist in the area to perform "No Needles, No Stitch, No Patch Cataract Surgery," using only eye drops to numb the eye, and remains the leader in that technique. An accomplished LASIK surgeon, Dr. Bennett is one of the area's foremost refractive surgeons.

Dr. Bennett is a member of the Phi Beta Kappa honor society, has served as chief of surgery at CARITAS Medical Center and medical staff president of CARITAS Surgery Center, and is a published author in scientific journals. He is a Diplomate of the American Board of Ophthalmology, and is a member of the American Society of Cataract and Refractive Surgery, Kentucky Academy of Eye Physicians and Surgeons, Louisville Academy of Ophthalmology, Kentucky Medical Association, and Jefferson County Medical Society. In 2004 Dr. Bennett was honored by his peers by selecting him for inclusion in The Best Doctors in America.

- **Steven M. Bloom, M.D., F.A.C.S.** completed his undergraduate and medical education as part of a combined 6-year BA-MD program at Lehigh University (summa cum laude) and the Medical College of Pennsylvania (cum laude). He did his residency in ophthalmology at the Tufts-New England Medical Center in Boston, and returned to Philadelphia for his fellowship in medical and surgical vitreoretinal diseases at the Scheie Eye Institute and the University of Pennsylvania. Dr. Bloom is an Associate Clinical Professor of Ophthalmology and Visual Sciences at the University of Louisville. He is a Diplomate of the American Board of Ophthalmology and a Fellow of the American College of Surgeons.

Dr. Bloom has been practicing in the Kentuckiana area since 1989, and joined Bennett & Bloom Eye Centers in 1995. His practice is devoted solely to diseases and surgery of the retina and vitreous. He has built his reputation through a knowledgeable, personalized and caring approach to patient management.

He has published extensively in his field, including the textbook, "Laser Surgery of the Posterior Segment," now in its second edition, and serves as a scientific reviewer for several ophthalmic and retinal journals. Dr. Bloom's academic honors include memberships in the Phi Eta Sigma, Phi Beta Kappa, and Alpha Omega Alpha honor societies. He is a member of the American Society of



Retinal Specialists and was the first Kentucky ophthalmologist to be inducted into the Macula Society. In 1998, 2002, and 2004 Dr. Bloom was honored by his peers by selecting him for inclusion in The Best Doctors in America. In 2002, 2004, and 2006 he was included in the Guide to America's Top Ophthalmologists and in 2003 was included in Who's Who in America.

- **Lee S. Peplinski, O.D., F.A.A.O.** is a graduate of Ferris State University College of Optometry, having received highest honors. He received his post-graduate training at the Bascom Palmer Eye Institute in Miami, Florida. Dr. Peplinski joined Bennett & Bloom Eye Centers as a consultative optometrist in 1992, specializing in medical management of eye disorders, including glaucoma, dry-eyes and pre- and post-operative care.

Dr. Peplinski has been published in national optometric journals and has lectured throughout the country at various state, regional and national meetings. He has designed and patented a device to aid in the dispensing of eye drops. In 2001, Dr. Peplinski was honored as a Life Member of the National Registry of Who's Who.

Dr. Peplinski received his Fellowship from the American Academy of Optometry in 1993. He is adjunct faculty at the Indiana University School of Optometry and Southern College of Optometry and has served as assistant clinical professor for Ferris State University College of Optometry. He is currently on staff at Carroll County Hospital and Frazier Rehabilitation Center.

Dr. Peplinski recently served as president of the Kentucky Optometric Association (KOA). He was awarded the 1997 President's Award from the KOA and in 1995 was recognized as their Young Optometrist of the Year. He is the Optometric representative for the Kentucky Medicare Carrier Advisory Committee, has been appointed as a Clinical Associate Professor, Ohio State University College of Optometry, and was a charter member of the Kentucky Medicaid Region 3 Council Board of Trustees.

- **John A. Millin, M.D.** came to Louisville and Bennett & Bloom Eye Centers after building a successful cataract and LASIK practice in Cheyenne, Wyoming. Dr. Millin is a native of Norwood, Massachusetts and was an undergraduate at the University of New Hampshire. Between college and medical school, he worked for two years as a full time research technician at the Schepens Eye Research Institute in Boston, a world class, Harvard Medical School affiliated eye research facility.

After receiving his medical degree from Boston University School of Medicine he received his ophthalmology training at the Mayo Clinic in Rochester, Minnesota and Johns Hopkins Hospital in Baltimore, Maryland. Mayo Clinic and Johns Hopkins Hospital routinely top U.S. News & World Report's annual list of the nation's best hospitals.

Dr. Millin has traveled extensively around the world as a volunteer cataract surgeon working with Surgical Eye Expeditions International. He has successfully performed cataract surgery on every continent in the world except Antarctica.



Dr. Millin is a diplomat of the American Board of Ophthalmology and is a member of the American Academy of Ophthalmology. Because of his commitment to excellence and the reputation he has developed, Dr. Millin has been selected by his peers for inclusion in “*Best Doctors in America*.”

- **Inder P. Singal, M.D.**, received his Doctor of Medicine degree from Wayne State University School of Medicine in Detroit, Michigan. He received several clinical honors during his internship rotations. He completed his residency training at The New York Eye & Ear Infirmary, also serving as Chief Resident, and completed his fellowship at The University of Toronto, St. Michael’s Hospital in Toronto, Ontario.

Dr. Singal has published several papers in scientific journals and publications, and has presented at national meetings for the Association for Research in Vision and Ophthalmology (ARVO) and the American Academy of Ophthalmology.

Dr. Singal is currently a member of the American Society of Retinal Specialists, American Medical Association, New York State Ophthalmology Society, Canadian Ophthalmology Society and the American Association of Physicians of Indian Origin.

Dr. Singal shares our belief in the importance of providing first class eye care with understanding and compassion. This combined with his medical and surgical expertise make him a superb addition to our practice.

**Ian McWherter, O.D., F.A.A.O.**, graduated from the Pennsylvania College of Optometry at Salus University in Philadelphia, PA with highest honors in May 2012. Dr. McWherter completed rotations at Veterans’ hospitals in Charleston, SC and Muskogee, OK, as well as private practices in Fairfax, VA and Savannah, GA. In 2012, Dr. McWherter was accepted to the Bennett & Bloom Eye Centers Optometric Residency program. Upon completion of his residency, Dr. McWherter practiced optometry in the Kentuckiana area.

Among his many academic honors and achievements, Dr. McWherter was named “Best in Class 2012” by “Vision Monday”, an optometric journal, for being a top student at the Pennsylvania College of Optometry. Additionally, he has been actively involved in many volunteer and charitable organizations, including the Lions Club and serving as the student member to the Board of Trustees at his university. In 2011, Dr. McWherter won first place in the Varilux Optometry Student Bowl in Salt Lake City, Utah – an academic challenge against students from other optometry schools across the country.

Upon acceptance into the Bennett & Bloom Eye Centers optometric residency program, Dr. McWherter received the Optometric Residency Matching Service’s Scholarship for obtaining one of the top four scores on the National Optometry Boards in this year’s residency class. He has also received several other awards including the Alumni Association Award, membership in the Gold Key



International Optometric Honor Society, the Clinical Excellence Citation, and the Beta Sigma Kappa Award.

Dr. McWherter is a member of the Louisville Glaucoma Society, the Kentucky Optometric Association and the American Optometric Association.

- **Lawrence R. Tenkman, M.D.** is an anterior segment surgeon, specializes in cataract, glaucoma, cornea and refractive surgery. Dr. Tenkman received his Bachelor of Science degree from Xavier University in Cincinnati, and his Doctor of Medicine degree from the Ohio State University College of Medicine in Columbus. In addition, Dr. Tenkman received extensive training in cataract surgery during his residency at the University of Cincinnati/Cincinnati Eye Institute. He furthered his anterior segment training with fellowships both in glaucoma at Emory University in Atlanta, and in cornea and refractive surgery at Price Vision Group in Indianapolis.

Most unique is Dr. Tenkman's training in Descemet's Membrane Endothelial Keratoplasty (DMEK), the newest and most advanced surgery for endothelial disease including Fuch's Dystrophy. He is proud to have developed some of the latest techniques for this surgery that provides better vision, faster recovery, and less rejection than any other type of cornea transplant. Dr. Tenkman recently performed DMEK combined with cataract surgery on his mother, who now has 20/15 vision in each eye!

Dr. Tenkman, a member of the American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and the American Glaucoma Society, is board certified by the American Board of Ophthalmology and licensed to practice in Indiana, Kentucky, and Ohio.

Dr. Tenkman regularly presents at national optometric and ophthalmic meetings, has also authored numerous research publications, produced surgical videos and a surgical movie, and has received numerous honors and awards in his areas of expertise.

#### **4.4 Faculty Evaluations**

Each faculty member will be evaluated by the resident on a semi-annual basis. The forms are kept on site and reviewed with the program coordinator



**Bennett & Bloom Eye Centers  
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**Standard V: Residents**





**5.1 The program must publish its selection procedure including admission eligibility criteria which must be provided to applicants when requested.**

**5.1.1 Admission eligibility criteria must include the requirement that prior to matriculation, applicants must have attained the Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council of Optometric Education.**

**5.1.2 Non-discrimination policies must be followed in selecting residents.**

Admission eligibility for each resident is as follows:

- The resident must have attained the Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council of Optometric Education prior to the residency.
- The resident must apply for The Bennett & Bloom Ocular Disease Residency via an ORMatch application, submitted by January 15<sup>th</sup>.
- The resident must submit a cover letter briefly stating their clinical experience, their interest in the residency, and their goals and objectives of the residency, along with a curriculum vitae.
- The resident must submit two (2) letters of recommendation from clinical professionals with whom the potential resident is very familiar and can accurately assess the resident's level of commitment and competency.
- The resident must submit a copy of NBEO scores and a copy of college transcripts (a copy of the official transcript is fine).

Bennett & Bloom Eye Centers is an equal employment opportunity facility. Federal laws prohibit discrimination based on race, color, religion, sex, national origin, age (over age 40), or mental or physical disability. Federal anti-discrimination laws are followed and enforced.

Further information regarding our residency program and our practice as well as our non-discrimination policies can be accessed directly at [www.eyecenters.com](http://www.eyecenters.com)

**5.1.3 The residency's publications, advertising and resident recruitment materials and activities must present an accurate representation of the program.**

The Bennett & Bloom Eye Centers Residency Program is included in Indiana University School of Optometry's advertising for residency programs, which includes brochures that are distributed at all major optometric conferences such as American Academy of Optometry (AAO), American Optometric Association (AOA) and Southeastern Education Congress of Optometry (SECO). These brochures are also sent to all the optometry schools every year by Indiana



University. Recruitment brochures will be included once they are made available to future applicants.

An overview of the residency program is available on the Indiana University School of Optometry's website under "Residencies" and "Positions". Recruitment and advertisements for the residency are included in Appendix V-A.

## **5.2 The residency must publish its policies regarding the following:**

**5.2.1 Duration of the resident's training program – 13 months**

**5.2.2 Expected weekly hours of resident's attendance including on-call duties – 50+ hours/week with 13 weeks of on-call duties (no holidays)**

**5.2.3 Resident's compensation, which cannot be contingent upon productivity of the resident - \$36,000/year**

**5.2.4 Resident's health, professional and leave benefits – Bluegrass Family Health/First Health/Healthsmart health insurance (Appendix V-B), 14 days PTO includes vacation, sick, continuing education (including expenses for Regional or National Conference) and personal time**

**5.2.5 Resident's professional liability protection for both internal and external clinical settings – Malpractice coverage through The Medical Protective Company \$1-3M (Appendix III-K).**

**5.2.6 Requirements for residency completion and awarding of certificates**

The resident must specifically complete the semi-annual evaluations (Appendix III-H to III-J) and the *Procedure Proficiency Page* (Appendix II-J) as well as the general requirements listed on the Curriculum Description in order to successfully complete the residency. A certificate of completion is awarded based upon satisfactory completion of these requirements. A sample certificate of completion is included in Appendix V-C.

## **5.3 The resident's orientation to the program must include information on:**

**5.3.1 Clinical practice protocols**

**5.3.2 Infection Control**

**5.3.3 Facility safety policies**

During the first week of the residency period, the new resident is





oriented to the program. The resident receives the clinic policies for Bennett & Bloom Eye Centers. These policies include, but are not limited to, clinical practice protocols, infection control policies, and facility safety policies, OSHA, and any HR related issues or questions the resident may have. The resident then receives the Employee Manual and other written reference materials. All questions regarding these policies are addressed at this time. (See Appendix II-F).

### **5.3.4 Counseling, remediation, and dismissal of the resident**

A resident whose performance in any area is below the expected level should receive counseling from the immediate supervisor at the site. The counseling should be done as soon as the problem becomes apparent. Counseling may include information about outside resources if appropriate.

Specific problems may require remediation in addition to counseling. Performance programs shall be documented and reviewed with the resident. The nature and caution of the remediation must be specific to the problem, and must be at the convenience of the site itself. Design and implementation of the remediation plan is the responsibility of the resident's supervisor, in consultation with the resident and with any other appropriate personnel at the site. The plan, including the consequences of failure to meet expected levels, must be described thoroughly and understood by all those involved before the remediation begins. The plan must be in place within 15 days of the identification of the problem.

If the resident shows little or no improvement within the specified time, the resident will be dismissed. If the resident has shown improvement but has not raised performance to the expected level within the specified time, the remediation may be repeated. If the resident does not achieve desired performance levels after two sessions of remediation, the resident will be dismissed by proposal of separation.

Residents may also be dismissed for falsification of records, patient endangerment, unprofessional or disrespectful conduct and for repeated violations of federal anti-discrimination laws – i.e., refusal to provide care to a specific patient population. In each instance, the offense must be carefully documented, the facts established, and the BBEC office manager consulted before the dismissal is finalized.

When it is determined that a resident should be separated for deficiencies in performance, suitability, or conduct, the BBEC residency supervisor under whom the resident is assigned will prepare a separation recommendation and review it with the other clinical faculty to reach a decision. The recommendation must be supported by a thorough documentation of the individual's deficiencies. If the decision to separate



or dismiss the individual, the separation will take effect within 15 calendar days after approval.

### **5.3.5 Receiving, adjudicating, and resolving resident complaints.**

A resident must present a complaint in writing to the immediate supervisor or the practice Executive Director (the supervisor) within 15 days. The supervisor and the resident will discuss the complaint; the discussion will be documented and the resident should review the documentation and agree to its accuracy before the supervisor proceeds. The supervisor should investigate the complaint, and document the steps taken and the findings that result; that documentation and the complaint, which prompted it, should be made available to all concerned parties. If the complaint is one of discrimination, the supervisor should seek the assistance of Human Resources in planning any investigation.

Once the complaint has been investigated and judged by the supervisor and other appropriate people, the decision should be delivered to the resident in writing within 30 days of the filing date. Complaints vary in nature, and the methods of resolution should be appropriate to the verified complaint. Action taken to resolve a substantiated complaint should be documented and made available to all parties involved, and the resident made aware of due process.

The Director of Residencies at Indiana University School of Optometry, Dr. Don Lyon, is also available for consultation to the resident as a third party resource on the resident's behalf.

### **5.3.6 Due process provided to the resident on adverse decisions.**

If a resident wishes to appeal a decision by the supervisor, whether regarding remediation/dismissal or the resolution of a complaint, the resident should present the appeal in writing within 10 days of the decision to the Board, with copies to the immediate supervisor and Executive Director. The board will conduct an investigation on the handling of the situation; the investigation will be documented as well. A decision shall be issued in writing within 15 days to all parties involved. The decision of the Board is final.

### **5.3.7 The program's academic calendar, including the program's start date, end date and significant deadlines for program requirements.**

Program start and end dates: The program is 13 months starting July 1 and running through July 30.



The resident will be evaluated every October, January, April and July (Appendix II-H), and will be asked to turn in evaluation of the program in January and June (Appendix I-C to I-E). The Residency Coordinator and the resident also meet periodically to talk about the residency, if the goals and objectives are being met and to assess the resident's performance. The meetings will be documented in the resident's activity log (Appendix II-L).

The resident is required to submit a paper for publication or an abstract to be presented in either a lecture or poster presentation to one of the major optometric conferences by June 1<sup>st</sup> (date is subject to change based on when the meeting is held).

#### **5.3.8 Criteria used to assess resident performance**

In consultation with the attending doctors, the resident is evaluated quarterly and at the conclusion of the residency by the residency director. The residency director evaluates the resident according to the *Resident Evaluation* form and reviews the findings with the resident. Any additional concerns or complaints by the resident if applicable is also addressed and recorded on this form. A copy of this form is maintained on file by the residency director and a copy is provided for the resident.

#### **5.4 The resident must maintain records of receiving, adjudicating and resolving resident complaints.**

When a resident presents an informal complaint, or grievance, in writing or verbally, to the immediate supervisor, the resident must also document such action was done on his/her behalf. If the resident chooses to present the complaint orally, the resident must be clear that a complaint is being issued to distinguish it from mere inquiries. The supervisor will need to prepare a written summary of the oral presentation given by the resident and have the resident sign the document for verification. The resident may also present his/her complaint during the quarterly reviews with the Residency Coordinator, who will also document the resident's complaint on the evaluations and address them appropriately at that time. The supervisor and resident will discuss the complaint; the supervisor will attempt to resolve the complaint as quickly as possible, seeking advice and assistance from others if necessary, and will give the resident a written decision 10 days from the initial request. The supervisor should investigate the complaint, and document the steps taken and the finding that result. The documentation and the complaint, which prompted the investigation, should be made available to all concerned parties. Complaints vary in nature, and the methods of resolution should be appropriate to the verified complaint. If the complaint is one of



discrimination, the supervisor should seek the assistance of the site's Office of Human Resources Management in planning any investigation. All status notifications to the resident will be documented by the resident as well.

If the resolution or relief sought is not granted, the resident may file the complaint in a formal manner through the immediate supervisor by a submission in writing. This must be within 10 days after completion of the informal procedure or 15 days from the date of service of a decision where the complaint originates at the formal process. The immediate supervisor or the official receiving the resident's complaint will refer it promptly through channels to the appropriate decision official.

The Director of Residencies at Indiana University School of Optometry, Dr. Don Lyon, is also available for consultation to the resident as a third party resource of the resident's behalf.

The resident is responsible for maintaining his/her own record keeping of the complaint being reviewed until it has reached a resolution. The resident will keep this file until the end of the residency year so that it can be included in the Residency Program's annual review for future program improvements.



**Bennett & Bloom Eye Centers  
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**Standard VI: Resources and Facilities**



## **6.1 Description of facilities, equipment, and ancillary staff**

Bennett & Bloom Eye Centers has two large, well equipped main offices in Louisville, KY and three nearby branch locations for a total of 5 offices with 120 employees. Ancillary staff includes front desk personnel, the billing department, refractive team, surgical scheduling consultants and the administrative staff.

Our state-of-the-art equipment includes Stratus and Cirrus OCTs, Fluorescein Angiography, Digital Photography, an Anterior Segment Camera, B-Scan, Humphrey Visual Fields, GDx, Orbscan Dual Work Station (including corneal topographer), Bausch & Lomb Technolas 217z and FISX S4 excimer lasers, argon lasers and the IOL Master OCT, GDx, Orbscan Dual Work Station, Bausch & Lomb Technolas 217z and VISX S4 excimer lasers, YAG laser, SLT laser, argon lasers and the IOL Master.

More information regarding the practice and the technology can be found at:

[www.eyecenters.com](http://www.eyecenters.com)

The staff at Bennett & Bloom Eye Centers, including the front desk, billing department, clerical personnel, and technicians at each clinical site are available to the resident for all clinical administrative duties such as scheduling, record keeping and filing, billing, and equipment maintenance.

The Optometry Library at the Indiana University School of Optometry is a Branch of the IU-Bloomington Libraries and has its services and all journals made available to the resident. See Section 6.2 for further educational resources.

## **6.2 Educational and Informational Resources**

The resident has full and unrestricted access to all periodicals, journals, books, and photos shared by the residency director and the attending doctors. In addition, access to online periodicals is also available to the resident through the practice. The resident is encouraged to utilize these resources as well as the personnel present who specialize in practice management, advertising, professional relations, billing and coding, research development, and insurance credentialing. The resident also has access to office supplies necessary for the residency curriculum.

Through the sponsorship of the Indiana University School of Optometry, the resident also has access to The Optometry Library, a branch of the IU-Bloomington Libraries. The Optometry Library is open 74 hours per week during the regular semester and 45 hours per week during summer sessions. The annual report of the IU Libraries for 1996-97 shows that the Optometry Library holds



19,306 volumes. The Library also holds paid and gift subscriptions to over 200 serial titles, including most of the important optometry-related titles published in the English language. Furthermore, the resident is provided with assistance in broad-based electronic literature searches and full access to internet resources.