Bennett & Bloom Eye Centers
Residency in Ocular Disease

Standard I: Mission, Goals and Objectives, Outcomes, Education and Support team, Program Dates, Clinical Education, Schedules, On-Call Duties, Dress Code, Program Benefits and office Policies, Description 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 residents 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 residents will have direct patient contact with a minimum of 2200 patients throughout the residency period.

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

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

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

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

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

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

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

Outcomes: The residents will practice evidence-based treatment based on an accurate diagnosis.

Measure: The residents will be evaluated on a quarterly basis by the residency coordinator, 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*.

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

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

Objective 2: Develop an advanced understanding of 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 including Light Adjustable Lens Enhancements.

Outcome: The resident will provide pre-operative refractive surgical evaluations and post-operative care to a minimum of 30* patients.

Measure: The resident will report at the end of the year 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 residents will acquire skills needed to effectively present information to other professionals in a group setting.

Outcomes: The resident will present one lecture, journal club or workshop weekly at 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 Bennett & Bloom Eye Centers sponsored CE to the optometric community.

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

Objective 2: Expose the resident to scholarly activity

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 or poster submission will be peer-reviewed by the attending doctors with the residents prior to the completion of the residency.

Objective 3: Familiarize the residents 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 of ocular disease practice.

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

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

Measure: The residents will participate in a minimum of four (4) doctor's meetings that take place quarterly throughout the residency with attendance recorded in the resident's activity log.

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

Objective 1: The resident will successfully perform the appropriate Laser and Minor Surgical procedures.

Outcome: The resident will be able to select and proficiently perform YAG Capsulotomies, Selective Laser Trabeculoplasties, Laser Peripheral Iridotomies, and minor surgical procedures.

Measure: The resident will provide a Expanded Therapeutic and Laser Procedure Proficiency Page as well as a list of all surgical and laser procedures at the termination of their residences. The residents will also be evaluated on a quarterly basis by the residency coordinator, in consultation with the other attending doctors, regarding both the selection and the performance of the appropriate laser and minor procedures.

1.4 Education and Support Team

Bennett and bloom Eye Centers is supported by several team members and attendings:

Nikolaos Zagorianos, OD, FAAO – Residency Coordinator
Inder Singal, MD – Medical Director
Steven Bloom, MD- Attending
Fraser McKay, OD- Attending
Meredith Mueller, OD, FAAO- Attending
Keith Slayden, OD, FAAO- Attending
Andrew Steele, OD, FAAO- Attending
Lawrence Tenkman, MD- Attending
Anne Rowland, MD- Attending
Jannelle Adenerian, MD- Attending
Mathew Blair, MD- Attending
Mistry Arnold- Organizer
Bethanie Vincent- Clinical Manager

JoAnna Hardin- Patient Liaison
Stephanie Hardin – Professional Liaison

1.5 Program Dates

The program begins the first clinic day in July and runs for a total of 56 weeks. The program begins July 1st, and ends July 31. The last month will overlap with the first month of the new resident.

1.6 Program Description

The Ocular Disease, Retina, Refractive and Ocular Surgery residency is an intensive 56-week educational experience designed to provide advanced clinical training in the examination, diagnosis, and treatment of anterior segment and posterior segment disorders. The program emphasizes management of patients requiring pre- and post-operative care of cataracts, advanced IOL technologies, corneal surgery, glaucoma surgery, oculoplastic surgery, and retinal surgery. There will also be thorough training in expended therapeutic optometric procedures of the eye and ocular adnexa. Residents will be proficient in preforming anterior segment minor surgical procedure and ophthalmic lasers.

1.7 Clinical Education

1.7.1 Resident Development

The policy at BBEC is that residents always have supervision or consultation ability with faculty doctors. The first one month of the residency is largely spent in observation and tandem patient interaction with BBEC faculty and previous residents. As the resident's skills and confidence increase, independent patient interaction with faculty for consultation will increase. During any potential on-call activities, a BBEC faculty doctor will be available for consultation.

1.7.2 Supervision Policy Detail

1. Initial Phase (Months 1):

- **Primary Focus:** Observation and Structured Learning
- **Resident Responsibilities:**
    - Residents will primarily observe faculty physicians and engage in tandem patient care alongside faculty and senior residents.
    - The focus will be on understanding diagnostic techniques, patient management strategies, and patient communication.

    - Residents will be expected to engage in patient histories, basic ocular examinations, and assist in initial diagnostic procedures under close supervision.
- **Faculty Responsibilities:**
    - Faculty will provide hands-on instruction, explain diagnostic findings, and model decision-making in patient care.
    - Faculty will also evaluate the resident's understanding of ocular disease, clinical reasoning, and patient interaction.
- **Supervision Level:** Direct supervision at all times. The faculty will ensure that residents are involved in all clinical activities but will be responsible for all decision-making.

2. Early Progression (Months 2-6):

- **Primary Focus:** Independent Case Management with Faculty Consultation
- **Resident Responsibilities:**
    - Residents will begin to handle patient assessments independently but with direct faculty oversight and immediate consultation available.
    - They will manage routine cases, conduct comprehensive ocular exams, and develop treatment plans for common ocular diseases under faculty guidance.
    - Residents will begin managing follow-up visits independently and making recommendations, with faculty approval and consultation.
- **Faculty Responsibilities:**
    - Faculty will review the resident's management plans, provide feedback, and allow for increased responsibility as competence is demonstrated.
    - Faculty will evaluate clinical reasoning, decision-making, and diagnostic accuracy through direct observation and case review.
- **Supervision Level:** Faculty will provide supervision through case reviews and are available for consultation, especially in complex or unfamiliar cases.

3. Intermediate Phase (Months 6-8):

- **Primary Focus:** Increased Independence with Regular Faculty Review
- **Resident Responsibilities:**
    - Residents will handle more complex cases independently, including initial diagnoses, treatment plans, and follow-ups, with decreasing immediate supervision.
    - Residents will be expected to independently manage both routine and more advanced ocular disease cases under faculty review.

    - On-call duties and after-hours patient management will become more independent, with faculty consultation available.
- **Faculty Responsibilities:**
    - Faculty will regularly review and assess the resident's management of complex cases, providing feedback, guidance, and corrective action when necessary.
    - Faculty will ensure that the resident's decision-making aligns with advanced clinical competencies and that patient safety is maintained.
- **Supervision Level:** Indirect supervision with available consultation as needed. Faculty will conduct regular case reviews, ensuring the resident is progressing in clinical competency.

4. Advanced Phase (Months 9-13):

- **Primary Focus:** Full Clinical Responsibility with Final Evaluations
- **Resident Responsibilities:**
    - Residents will be expected to independently manage a wide range of ocular disease cases, demonstrating advanced clinical competencies in diagnosis, treatment, and management.
    - Residents will perform advanced diagnostic procedures and complex treatments with minimal supervision.
    - The resident will be expected to show leadership in clinical decision-making, mentor junior residents or students, and consult with faculty on complex cases when necessary.
- **Faculty Responsibilities:**
    - Faculty will provide final evaluations, ensuring that the resident has achieved the required advanced clinical competencies before completion of the program.
    - Faculty will mentor the resident in the development of independent practice skills, such as professional judgment, communication with interdisciplinary teams, and advanced procedural techniques.
- **Supervision Level:** Minimal supervision with available faculty consultation. Residents will be expected to operate independently but with oversight and feedback on critical or complex decisions.

1.7.3 Clinical Practice Protocols

All eye care providers at BBEC follow the accepted clinical practice guidelines including those produced by the American Optometric Association and the American Academy of Ophthalmology. These guidelines are available to all residents and faculty.

https://www.aoa.org/practice/clinical-guidelines

https://www.aao.org/education/guidelines-browse

1.8 Schedules

1.8.1 Clinical Operation Hours

1. The Bennett and Bloom Eye Centers clinics are open for clinical care Monday-Friday from 8:00 am to 5:00 pm EST.
2. Resident Schedule, 50+ hours per week including on-call
    1. Resident 1
        1. Monday AM: AR (LGA), Monday PM: LT (LG)
        2. Tuesday AM: SB (SE), Tuesday PM: SB (SE)
        3. Wednesday AM: KS (LG), Wednesday PM: KS (LG)
        4. Thursday AM: NZ (ET), Thursday PM: NZ (ET)
        5. Friday AM: FM (JV 1/3/5), IS (SE 2/4), Friday PM: FM (JV 1/3/5), AS (SE 2/4)
    2. Resident 2
        1. Monday AM: MLM (ET), Monday PM: MLM (ET)
        2. Tuesday AM: KS (EE 1/3/5), AS (SE 2/4) Tuesday PM: KS (EE 1/3/5), AS (SE 2/4)
        3. Wednesday AM: IS/FM (ET), Wednesday PM: IS/FM (ET)
        4. Thursday AM: JA (LG), Thursday PM: JA (LG)
        5. Friday AM: LT (LG 2/4), NZ (EE 1/3/5), Friday PM: LT (LG 2/4), NZ (EE 1/3/5)

1.9 On-Call Duties

Residents are subject to monthly on-call, which starts on Monday at 5pm and ends seven days later on Monday at 8am. The first week of call, the resident will be a "back-up" call and will be under the supervision of the current resident. The following month, the resident will be a primary call with a Resident Physician as a "back-up". From there on, the residents will be on their own. The resident does assume the lead role in caring for any emergency/same day appointments scheduled during operable clinic hours, assisted by the precepting optometrists as needed. The number of weeks is subject to change depending on the number of physicians employed by the practice. The remaining weeks of the year are split amongst the other optometrists and ophthalmologists in the practice. Residents are responsible for managing and triaging patients while on call autonomously, although they will always have a back-up physician to report to if necessary.

1.10 Dress Code

The residents are expected to dress in a manner appropriate for patient interaction. Scrubs or business casual attire is recommended. Jackets are optional, and undershirts can be worn, as long as they are either a solid black or gray color.

Hair should be clean, combed, and neatly trimmed or arranged. Sideburns, mustaches, and beards should be neatly trimmed. Hair colors are limited to naturally occurring colors (blonde, brown, black, and red). BBEC does not permit extremes in dyeing, bleaching, or coloring. If hair color is changed, it must be natural looking and well maintained. Artificial hair is permitted if it looks natural and meets the previously listed guidelines. While we respect cultural and religious beliefs, non-distracting colors and patterns should be worn. Managers have discretion over color/pattern of headbands and/or hair accessories. Jewelry worn by employees must be reasonable in size and shape, be appropriate to the work setting, and may not interfere with patient care, job performance, or patient/employee safety. Examples of allowable piercings include professional ear piercings and single nose studs.

Tattoos are acceptable, unless deemed inappropriate by organizational leaders and/or People and Culture. Examples of inappropriate use include tattoos that display profanity, violence, crude images, or images or that may be seen as discriminatory against any race, gender, ethnic background, or religion. Facial and neck tattoos are not acceptable in the workplace, and employees would be responsible for ensuring tattoos on the face and/or neck are always concealed. Directors will have full discretion to address any concerns around body art displayed in the workplace and can ask employees to remove or conceal tattoos/piercings that don't adhere to the ECP policy.

1.11 Program Benefits and Office Policies

Annual residency salary is $60,000/year ($65,000 over 13 months)

Salary is not contingent on resident productivity.

Please see Eyecare partners handbook for benefits and policies.

1.12 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 objectives 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 supervising doctors at Bennett & Bloom Eye Centers will individually evaluate the resident based on these criteria on a quarterly basis. Semi-annually, the resident will evaluate the program, the program coordinator, and the supervising doctors. The residency coordinator 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 coordinator, and other attending doctors or administrators as appropriate. It will also be forwarded to the Director of Residencies, Dr. Anna Bedwell, 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.

1.13 The following evaluations must be completed in writing or electronically:

1.13.1 The resident must evaluate the residency at least semi-annually.

1.13.2 The resident must evaluate the coordinator at least semi-annually.

1.13.3 The resident must evaluate the core supervising faculty semi-annually

The resident will fill out evaluation forms soliciting comments and feedback about the residency program, the program coordinator, and the core supervising faculty. 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 core supervising faculty's ability to encourage the resident to continue independent study outside of clinic.

The resident evaluates the core faculty, including the coordinator, on a quarterly basis.

1.13.4 The resident must receive at least two interim and one final performance evaluations.

The Residency Coordinator and core faculty 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. At midterm and final evaluation, the Residency Coordinator provides a thorough, in-depth analysis of the resident's abilities. The Residency Coordinator will meet with the resident to discuss these areas of assessment one-on-one quarterly and make recommendations for improvement if appropriate. The resident shall sign each midterm and final review upon completion.
A blank copy of the evaluation forms used to critique the residents can be found in the orientation schedule.

1.14 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.

1.15 The residency must achieve at least a 75% completion rate

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
18) 2021-2022 Resident: Mattie Adams, O.D. – successful completion
19) 2021-2022 Resident: Kelly Sieps, O.D. – successful completion
20) 2022-2023 Resident: Matthew Wojcik, O.D – successful completion
21) 2022-2023 Resident: Madeline Brillhart, O.D – successful completion
22) 2023-2024 Resident: Jeremy Caylor, O.D. – successful completion
23) 2023-2024 Resident: Chad Herschberger, O.D. – successful completion
24) 2024-2025 Resident: Hailey Dunlow, O.D. - successful completion
25) 2024-2025 Resident: Addy Adkisson, O.D. - successful completion

Bennett & Bloom Eye Centers
Residency in Ocular Disease

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 1st and ending on July 31st of each residency year. The first month of the program is dedicated to resident orientation. 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 5 days a 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.

Clinical Curriculum

1. Enhance skills in diagnosis and treatment of ocular disease
    a. Lids and conjunctival conditions
        i. Assess and manage conditions that affect the lid margin and eyelashes
            1. Utilize testing such as osmolarity, anterior segment photography, and vital dyes to understand and stage the related conditions
        ii. Develop skills to analyze eyelid structure and function
            1. Assess eyelid function by analyzing lid apposition, laxity and lid wiper appearance
        iii. Development of advanced surgical techniques and administering anesthesia
            1. Removal of benign lesions of periorbital adnexa and conjunctiva, drainage of chalazion, injections of lesion, periorbital anesthesia techniques, repairing lacerations, repairing ectropion, punctal cautery, laser trichiasis, Lacrifil, plugs, anterior stromal micro-puncture, and culturing
    b. Corneal disease, disorders and degenerations
        i. Develop techniques to assist in proper diagnosis and management
            1. Corneal staining, culturing, wound burp, BCL application and removal, application and

removal of dry and cryopreserved amniotic membranes

2. Advanced skill Debridement

ii. Enhance ability to recommend and manage corneal surgical procedures

1. Superficial keratectomy, phototherapeutic keratectomy, corneal collagen cross-linking, Superficial Keratectomy, penetrating keratoplasty, DMEK, DSEK, DALK, Gunderson Flaps, pterygium autographs, chalasis suturing, Kpro, and Conjunctival Biopsy.

c. Anterior Chamber

i. Develop advanced skills in gonioscopy to assess angle structure, presence of previous MIGS / angle-based procedures, neovascularization of the angle, indentation gonioscopy

ii. Advanced skill emergency paracentesis

d. Iris

i. Treatment and recognizing iris pathology and managing post operative PI closure, Iris Cerclage, and Iris Embrocation Sutures

ii. Advanced skill performing Iridoplasty, Laser Peripheral Iridotomies

e. Crystalline lens

i. Enhance ability to assess visual significance of cataract development and categorization, evaluation for pseudoexfoliation and zonular dehiscence

ii. Development of recommendations for Advanced Intra Ocular lens options and combined procedures

iii. Advanced skill performing Yag capsulotomies

f. Vitreous

i. Enhanced ability to recognize vitreous pathology and disease involving the vitreous cavity

g. Optic nerve

i. Recognize infectious/inflammatory/inherited pathology affecting the optic nerve head

1. Capability of developing differentials and ordering outside imaging and blood work

associated with disease affecting the optic nerve.

ii. Surgical management and capability of determining when XEN stents, Kahook Dual Blade, ECP, CPC, MP CPC, Hydrus, Omni, Istent Inject, Ahmed shunt, Bearvedlt Shunt, Goniosynechialysis should be recommended. Manging post operative surgical glaucoma cases

h. Retina

i. Development of enhanced ability in interpreting and ordering imaging of the retina with Fluorescein Angiography, macular OCT, Optos photos, Autofluorescence imaging, Enface imaging

ii. Advanced skill scleral depression

iii. Diagnosis and recommendation of treatment of all infectious, inherited and inflammatory conditions affecting the retina. Ability determines outside testing and bloodwork for diagnosis and management

iv. Managing post-operative pars planar vitrectomies, retinopexy, pneumatic retinopexy, membrane peels, scleral buckle and cryopexy

v. Proficiency in recommending treatment for patients requiring intravitreal injections. Developing treatments and extending schedules.

2. Develop treatment protocol and follow up

a. Educate on proper follow up schedules post-operatively, and when it is appropriate to deviate from the standard protocols.

3. Enhance skills in diagnosis and management of refractive surgery cases

a. Utilize diagnostic instrumentation and patient information to recommend most appropriate refractive surgery procedure

i. Topography/Tomography, pachymetry, anterior chamber depth, corneal aberrations, age, goals and refractive error

b. Understand the differences and similarities of the refractive surgical processes, follow-up care, and postoperative medications.

i. LASIK, PRK, phakic IOL, ICL, Prelex

ii. Incorporate goals of monovision

iii. Develop appropriate plan when a surgical enhancement is being considered

c. Communicate post-operative expectations, short- and long-term side effects, risk and benefits of each procedure to patients

d. Identify poor candidates for refractive surgery

e. Identify postoperative complications and determine if surgical intervention is indicated

4. Enhance skills in diagnosis and management of cataract and advanced refractive cataract cases

   a. Understand results of testing, including glare testing, Argos, macula OCT, biometry

   b. Incorporate patient goals to make appropriate IOL recommendation of monofocal, toric, extended depth of focus or multifocal IOL design or Light Adjustable Lenses

   c. Understand modifications that can be used to enhance surgical outcomes, such as femtosecond laser assisted surgery, Malyugin ring, capsular tension ring, and piggyback or sutured IOLs

   d. Enhance skills in the pre and postoperative care of patients having cataract surgery

      i. Preoperative management of ocular surface disease to optimize measurements and reduce postoperative discomfort and vision fluctuations

      ii. Postoperative management of occurrences such as corneal edema, anterior chamber reactions, IOP spikes, dry eye symptoms, and other conditions that can occur postoperatively.

   e. Enhance ability to evaluate and manage changes to the lens capsule, including presence of posterior opacity, zonular dehiscence, and IOL haptic migration outside of capsular bag

   f. Enhanced skill of being Light Delivery Device certified and performing LAL adjustments and recommendations

5. Enhance skills in advanced glaucoma care

   a. Build knowledge of diagnostic testing, including perimetry evaluation, corneal thickness, and anterior chamber evaluation with gonioscopy and anterior segment OCT.

   b. Enhance the understanding of the different types of glaucoma, such as primary open angle glaucoma, pigmentary glaucoma, pseudoexfoliation, uveitic, traumatic, etc.

c. Understand the medical and advanced surgical options for glaucoma treatment and which is most beneficial based on glaucoma type.

d. Increase skills in glaucoma management and surgical planning, as well as pre- and postoperative evaluation and patient education.

e. Build knowledge in the topical medications available and their respective mechanisms of action.

6. Enhanced Skill Minor Surgical and Laser

a. Able to successfully preform Laser Yag Capsulotomies

b. Able to successfully perform Laser Peripheral Iridotomies and determine patency.

c. Able to successfully preform Selective laser trabeculoplasties and Micropulse Laser Trabeculoplasties

d. Able to successfully preform Laser Argon Trichiasis

e. Development of clinical skills in the administration of local anesthesia, suturing techniques, proper instrument handling, surgical ergonomics, and the management of intraoperative and postoperative complications.

Research and Surgical Participation Goals

1. The residents will participate in clinical and surgical monitoring research trials as a sub-investigator or clinical affiliate. Research trials are ongoing at BBEC and encompass many areas, including glaucoma, IOL, corneal, refractive surgery, retina and dry eye.

2. The resident will observe surgical procedures at least once and then as desired throughout the program year.

Didactic Curriculum

1. The residents will actively participate in weekly meetings held onsite or location of their choosing, attended by the current interns. The residents will be responsible for presenting cases, papers or prepared lectures each session.

2. The residents will also remotely participate in the Retina Grand Rounds conference held on Zoom with Dr. Steven Bloom. The optometric residents, along with the attending optometrists and vitreal-retinal surgeons. The residents will prepare by reviewing images prior to the conference as they will be selected to participate in diagnosing and treatment of management of unknown cases.

3. The residents will participate in a weekly Zoom Case Conference and full literature walk-through of the Gass Atlas with Dr. Steven Bloom. The

weekly meeting will consist of lectures and readings of the atlas, also other recommended journal articles that are recommended by Dr. Bloom.

4. The residents are responsible for giving one hour lecture at a continuing education conference that is sponsored by BBEC.

5. The residents are required to either prepare a manuscript of publishable quality or present a poster submission at a regional or national conference.

6. The residents will meet for a quarterly lecture with Dr. Zagorianos (or other faculty) on a topic of their choice.

7. Once per academic calendar, the resident will present a 30–40-minute case series, either remotely or in-person, to the 4th year optometry class at the Indiana University School of Optometry, University of Kentucky or the University of Louisville.

8. The residents are required to attend a minimum of four (4) doctor's meetings.

9. The residents are required to attend two (2) ECP Education Summits per year and engage in scholarly activities.

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 Docs, excel). The log will include date of encounter, patient's age range, CPT Code, diagnosis code, procedure, and the level of involvement. Upon completion of the residency, the resident submits 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.

New employee orientation at Eyecare Partners 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 Eyecare Partners.

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 residents 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 5 days/week for 53 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 residents 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 Residency Coordinator at orientation, 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.

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 manual.

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 peer-reviewed chart review is completed. This is done internally by ECP.

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

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 student interns. He/she may also attend periodic Grand Rounds at the University of Louisville with the ophthalmology residents.

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 expected 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.

2.5 The curriculum must include didactic activities.

The resident participates in scholarly activities at least once per week. The Residents is empowered to lead weekly meetings with 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 discussions with the students and supervises the students during their case presentations. The resident also completes weekly meetings with a retinal specialist reviewing the Gass Atlas. The resident is required to keep a log of scholarly/didactic activities. This case presentations/journal club with the 4th 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 or Bennett and Bloom free of charge. Educational leave time, granted as authorized absence, is allowed for travel to attend optometric conferences.

Bennett & Bloom Eye Centers
Residency in Ocular Disease

Standard III: Administration

3.1 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 onsite, accompanied by records of e-mail correspondence between the Director of

Residencies at Indiana University, Dr. Anna Bedwell, and the Residency Coordinator, Dr. Nikolaos Zagorianos, and/or Office Manager, Mr. Melissa Hasselwander at Bennett & Bloom Eye Centers.

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 is under the ownership of Eyecare Partners. They and Dr. Inder Singal, M.D. have delegated the responsibility of Residency Director to Nikolaos Zagorianos, O.D., F.A.A.O. Steven Bloom, M.D., Ian McWherter, O.D., F.A.A.O., Lawerence Tenkman, MD, Meredith Lanham, O.D., Fraser McKay, O.D., Janelle Adeniran, M.D., PhD., Andrew Steele, O.D., F.A.A.O, Keith Slayden, O.D., F.A.A.O, and Anne Rowland, M.D. are also involved in the clinical education of the resident.
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. Dr. Anna Bedwell serves as the Director of Residencies. She reports directly to the Associate Dean for Clinical and Patient Care Services, Dr. Brad Sutton. Finally, the residents have full clinical credentialing and privileges that are commensurate with their appointment as a post-graduate resident.

3.3 The school or college of optometry must have a director of residency programs who provide 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. Bedwell is assigned to oversee the planning and operation of all residency programs affiliated with Indiana School of Optometry.

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

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

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

Dr. Zagorianos, 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 onsite The schedules of other clinical faculty that oversee the resident's education are onsite.

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 quarterly basis. The meetings with the Residency Coordinator and the resident will be logged in the resident's activity log.

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 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.

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. The resident receives training for specialized instrumentation provided in the clinic and will document this in the *Procedure Proficiency Page*.

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 activities, such as Journal Club, or written papers, the events will be accounted for in the activity log. 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 expectations are met. A Certificate of Completion will be granted to the resident upon successful completion of the program.

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

The resident is covered by Eyecare Partners at all Bennett & Bloom Eye Centers.

Bennett & Bloom Eye Centers
Residency in Ocular Disease

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. Zagorianos, the coordinator, and the other clinical faculty all hold doctoral level degrees in optometry or ophthalmology.

4.1.2 The coordinator must have completed 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 over 10 years. Abbreviated biographical sketches for each

faculty member with whom the resident interacts with at least weekly are Included in manual.

4.2 Clinical Care Authorization

The residency director and the attending doctors involved in the training of the residents have the professional autonomy necessary to accomplish the mission, goals, and objectives of the residency. These doctors have completed 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.

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

4.1.3 Biographical Sketch for Each Faculty Member

1. **Nikolaos C. Zagorianos, O.D., F.A.A.O.** is a consultative optometrist at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Zagorianos specializes in the medical management of eye disorders including glaucoma, uveitis, ocular emergencies, ocular disease, and pre- and post-operative care.

   Dr. Zagorianos joined Bennett & Bloom Eye Centers in 2015. He is a native Texan and he received his Bachelor of Science Degree in Nutrition (Magna Cum Laude) from the University of Houston in Houston and his Optometry Degree from the University of Houston College of Optometry. Dr. Zagorianos completed his ocular disease externship training at Cedar Springs Eye Clinic in Dallas, Texas, and Northeastern State University College of Optometry in Tahlequah, Oklahoma, where he first gained laser experience. He completed his residency in ocular disease at the highly competitive and world-renowned Bascom Palmer Eye Institute in Miami.

   Dr. Zagorianos has received multiple letters of clinical excellence throughout his training and has taught courses on ocular anatomy and disease to pre-optometry students. He currently serves as the Director of Optometric Ocular Disease Residency at Bennett & Bloom Eye Centers and Adjunct Faculty at the University of Indiana. TEXOCOP granted him the “Most Outstanding Instructor Award” for two years in a row. He has been honored with several other awards including the Allergan Ocular Disease Resident Fellowship, HOYA Vision Care Scholarship, Varilux Award of Excellence, Ocular

Instruments Ocular Disease Award of Excellence and the Contamac Contact Lens Induced Related Disease Award.

2. **Steven M. Bloom FACS** is a board-certified, fellowship-trained ophthalmologist at Bennet & Bloom Eye Centers, serving patients in Louisville. Dr. Bloom specializes in diseases and surgery of the retina and vitreous.

   Dr. Bloom 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 completed 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. 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 is the founder and co-curator of Retina Rocks, the world's largest online multimedia retina image library and bibliography repository.
   He has published extensively in his field, including the textbook, "Laser Surgery of the Posterior Segment," and has served 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, the American Academy of Ophthalmology, and was the first Kentucky ophthalmologist to be inducted into the Macula Society. Dr. Bloom has been honored by his peers on numerous occasions by selecting him for inclusion in The Best Doctors in America. He is consistently included in the Guide to America's Top Ophthalmologists and has been included in Who's Who in America.

3. **Inder Singal, M.D. M.B.A**. is a board-certified, fellowship-trained ophthalmologist at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Singal specializes in vitreoretinal diseases.

   Dr. Singal earned his Doctor of Medicine degree from Wayne State University School of Medicine in Detroit, Michigan. He completed his residency training in ophthalmology at The New York Eye & Ear Infirmary where he served as Chief Resident, then continued to The University of Toronto, St. Michael's Hospital in Toronto, Ontario, for his fellowship in medical and surgical vitreoretinal diseases. Dr. Singal joined Bennett & Bloom Eye Centers in

2003. While maintaining his clinical and administrative duties at Bennett & Bloom, he received his MBA from Bellarmine University in 2019.

Dr. Singal believes in providing first-class eye care with understanding and compassion. His passion for serving patients reaches far beyond the Kentuckiana region. He has traveled abroad to provide medical and surgical eye care services to patients in many regions. Within the last several years, Dr. Singal has committed much of his time to the Belize Council for Visually Impaired, visiting almost quarterly to help provide the gift of sight and improve the quality of life for the people in many villages of Belize. In 2019 he created *Let's Help the World See*, a non-profit who's mission is to find cost effective sustainable solutions to help alleviate preventable vision impairment in the world.

With his desire to constantly improve care to his patients, he continues to research and study eye disease and is widely published in scientific journals and ophthalmology publications. Dr. Singal has presented at national meetings for the Association for Research in Vision and Ophthalmology (ARVO) and the American Academy of Ophthalmology.

He is a co-curator for Retina Rocks, the world's largest online multimedia retina image library and bibliography repository. He is currently a member of the American Society of Retinal Specialists, American Medical Association, Louisville Ophthalmology Society, and the American Association of Physicians of Indian Origin.

4. **Janelle F. Adeniran, M.D., Ph.D.** is a board-certified, fellowship-trained ophthalmologist at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Adeniran specializes in the medical and surgical management of retinal diseases. This includes diabetic retinopathy, macular degeneration, retinal detachment, ocular trauma, and ocular tumors.

   Dr. Adeniran completed her Bachelor of Science with honors in Neuroscience at Davidson College in North Carolina before starting the combined MD/PhD program at the University of Louisville in 2005. She completed the two degrees by 2012 then headed to Good Samaritan Hospital in Cincinnati for her General Surgery internship. She returned to the University of Louisville for her ophthalmology residency program and stayed on for her 2-year fellowship in Vitreoretinal Surgery and Uveitis in 2016.

   Dr. Adeniran has published extensively in her field, including original research, review articles, and book chapters. She maintains a strong interest in clinical research and teaching. She is a co-curator for Retina Rocks, the world's largest online multimedia retina image library and bibliography repository. Dr. Adeniran and her husband have two beautiful children, and it has been her distinct honor to serve both her community and her family.

5. **Fraser D. McKay, O.D.** is a consultative optometrist at Bennett & Bloom Eye Centers, serving patients in Louisville. Dr. McKay specializes in retinal diseases including diabetic retinopathy, macular degeneration, surgical co-management, and emergency eye care.

   Dr. McKay joined Bennett & Bloom Eye Centers as a consultative optometrist in 2016. Originally from Canada, he graduated with high academic honors from the Indiana University School of Optometry. Dr. McKay completed ocular disease internships at the Bascom Palmer Eye Institute in Miami, FL, and the Veterans Affairs clinic located in Lexington, KY. He completed his 2-year post-doctoral education with Bennett & Bloom Eye Centers.

   Dr. McKay has received numerous awards including the Brett Swanda Scholarship for outstanding attitude and work ethic, one of five nominations for the VSP scholarship based on his clinical skills, and the Shick Scholarship for his work in contact lenses. He thoroughly enjoys lecturing to students and fellow doctors on medical eye care.

6. **Dr. Ian W. McWherter** is a highly accomplished optometrist with extensive expertise in ocular disease, optometric surgery, and emerging technologies in eye care. He graduated with the highest honors from the Pennsylvania College of Optometry at Salus University in 2012. His clinical training included rotations at Veterans' hospitals in Charleston, SC, and Muskogee, OK, as well as private practices in Fairfax, VA, and Savannah, GA.

   Following his doctorate, Dr. McWherter was selected for the prestigious Optometric Residency Program at Bennett & Bloom Eye Centers, specializing in ocular disease. He earned the Optometric Residency Matching Service's Scholarship for achieving one of the top four scores nationwide on the National Optometry Boards in his residency class. Upon completing his 13-month post-doctoral training, he practiced in the Kentuckiana region before returning to Bennett & Bloom Eye Centers as a full-time consultative optometrist in 2014.

   Dr. McWherter has received numerous accolades throughout his career. He was named "Best in Class 2012" by Vision Monday for his outstanding academic performance and was honored as the Kentucky Optometric Association's Young Optometrist of the Year in 2018. In 2011, he won first place in the prestigious Varilux Optometry Student Bowl, a national academic competition. He is also a recipient of the Alumni Association Award, the Clinical Excellence Citation, the Beta Sigma Kappa Award, and is a member of the Gold Key International Optometric Honor Society.
   Outside his clinical expertise, Dr. McWherter is a pioneer in AI-driven telemedicine. He is the Founder & CEO of Telasight, a cutting-edge AI telemedicine company dedicated to helping eye care providers make more effective clinical decisions. His work has also led to several U.S. patents,

reinforcing his commitment to advancing technology in optometry and improving patient outcomes.

Furthering this commitment to advancing the field of optometry, Dr. McWherter serves as Head of Optometric Telemedicine and Emerging Technologies for the Kentucky College of Optometry at the University of Pikeville. He is also an adjunct faculty member at Indiana University School of Optometry and Vice President of the Louisville Glaucoma Society. Dr. McWherter is a Board-Certified Diplomate of the American Board of Optometry, a Fellow of the American Academy of Optometry, and a member of the American Society of Optometric Surgeons. He remains actively involved with the American Optometric Association and the Kentucky Optometric Association.

Beyond his clinical, academic, and entrepreneurial roles, Dr. McWherter is dedicated to community service, volunteering with local charities to help provide eye care to homeless and uninsured patients.

With his extensive knowledge, leadership, and commitment to patient care, Dr. McWherter continues to be a trusted expert in optometry, providing the most up to date solutions to improve vision and eye health.

7. **Meredith Lanham Mueller, O.D. FAAO** is a consultative optometrist at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Lanham Mueller is proficient in the treatment of dry eye, glaucoma, lasers, emergent care, and the complexities of pre- and post-operative cataract, corneal and LASIK surgeries.

   Dr. Lanham Mueller joined Bennett & Bloom Eye Centers in 2016 as a consultative optometrist. Originally from Huntersville, NC, she earned her Doctor of Optometry from Southern College of Optometry (SCO), located in Memphis. She attended Furman University for her undergraduate degree in Health Sciences, where she also played Division 1 basketball.

   Dr. Lanham Mueller is very involved with mentoring future optometry students from Southern College, Indiana University, University of Pikeville and University Alabama-Birmingham through the internship program at Bennett & Bloom Eye Centers. She regularly gives continuing education lectures to her peers on various medical eye diseases and treatments and assists with the residents entering the Bennett & Bloom Eye Centers ocular disease program.

   Dr. Lanham Mueller and her husband recently purchased property in Oldham County, KY to plant long-term roots in the community. Although a change of pace, she enjoys letting her two chocolate labs run without a leash, learning new gardening skills and the peace of country living.

8. **Keith Slayden, O.D., FAAO** is a consultative optometrist at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Slayden is proficient in the treatment of glaucoma, corneal disease, dry eye disease, retinal disease, as well as the complexities of pre-and post-operative cataract, corneal and LASIK surgeries.

   Dr. Slayden joined Bennett & Bloom Eye Centers in 2018 as a consultative optometrist upon completion of the 13-month post-doctoral training in ocular disease. Originally from Hebron, KY, Dr. Slayden graduated with honors from Southern College of Optometry in Memphis, TN, after attending the University of Kentucky for his undergraduate degree in mathematics. While attending SCO, he was awarded for clinical excellence.

   Being involved in the Fellowship of Christian Optometrists, Dr. Slayden served on multiple mission trips to Haiti. He also helped lead a mission trip to Nicaragua to provide eye care. Additionally, he serves on the Ret. Pray. Love Foundation board which focuses on providing eye care around the globe while educating the local doctors of other countries to advance their clinical skills. He enjoys educating students and fellow doctors locally as well.

   Dr. Slayden is a Fellow of the American Academy of Optometry, and a member of Beta Sigma Kappa Honor Society, American Optometric Association, and the Kentucky Optometric Association. He is a co-curator for Retina Rocks, the world's largest online multimedia retina image library and bibliography repository. In his spare time, Dr. Slayden enjoys spending time with his family, traveling, hiking, and exploring new restaurants.

9. **Andrew J. Steele, O.D., FAAO, FASOS** is a consultative optometrist at Bennett & Bloom Eye Centers, serving patients in Louisville. Dr. Steele specializes in ocular disease.

   Dr. Steele is a Kentucky native and graduated with honors from Western Kentucky University with a degree in Human Biology and Nutritional Chemistry before earning his optometric doctorate with honors from The Ohio State University. He completed ocular disease training at the Chalmers O. Wylie VA Medical Center and The Ohio State University Department of Ophthalmology's Havener Eye Institute. He received post-doctoral training with Bennett & Bloom Eye Centers and joined the practice in 2016.

   Dr. Steele has been named a Fellow of the American Academy of Optometry and American Society of Optometric Surgeons. Other honors include the American Optometric Foundation Practice Excellence Award, OI Ocular Disease Award, Beta Sigma Kappa distinction and Outstanding Clinician of the Year for his work with the visually impaired at The Ohio State University. He achieved the highest ranking for his academic performance and leadership in his graduating class and thus named President of Ohio State's Gold Key International Optometric Honor Society.

Dr. Steele is a co-curator for Retina Rocks, the world's largest online multimedia retina image library and bibliography repository. He serves as attending physician for the interns and residents as adjunct faculty at Indiana University and University of Alabama Birmingham. He has served on the National Board of Optometric Examiners, setting standards for colleagues on laser and surgical procedures. In addition, he is a frequent lecturer on various topics and contributes to multiple professional journals. He is a member of the Kentucky Optometric Association, American Optometric Association and Louisville Glaucoma Society.

10. **Lawrence R. Tenkman, M.D**. is a board-certified, dual fellowship-trained ophthalmologist and anterior segment surgeon at Bennett & Bloom Eye Centers, serving patients in the Louisville, Southern Indiana, and Northern Kentucky areas. Dr. Tenkman specializes in cataract, refractive surgrery, cornea, and glaucoma.

    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 in glaucoma at Emory University in Atlanta and in cornea & refractive surgery at Price Vision Group in Indianapolis.

    Most unique is Dr. Tenkman's extensive training in DMEK, the newest and most advanced surgery for endothelial disease including Fuch's endothelial dystrophy. Dr. Tenkman was the first United States fellow extensively trained in DMEK. He is proud to have developed some of the latest techniques for this surgery that provide better vision, faster recovery, and less rejection than any other type of cornea transplant. Dr. Tenkman performed DMEK combined with cataract surgery on his mother, and his aunt, with better than 20/20 vision in each eye! He has also performed surgery on his father, father-in-law, aunts, and uncles and has been sought after by many physicians in our community as their eye surgeon. He is relied upon to do many complex or difficult surgeries that others are less comfortable with.

    Dr. Tenkman regularly presents at national optometric and ophthalmic meetings, has authored numerous research publications, produced an array of surgical videos and surgical movies, and has received numerous honors and awards in his areas of expertise. Dr. Tenkman has made many educational videos for the practice throughout our website.

    Some of Dr. Tenkman's films & lectures are on his Youtube channel, "EyeNinja". Although most of these are aimed at other eye doctors, a glimpse at them shows how passionately he develops solutions for all kinds of eye problems.

11. **Anne P. Rowland, M.D**. is a board-certified, fellowship-trained oculoplastic surgeon at Bennett & Bloom Eye Centers, serving patients in the Louisville area. Dr. Rowland specializes in reconstruction and cosmetic rejuvenation of the eyelids and face. She is a leading expert in the treatment of aging changes, cancers, inflammation and other conditions of the eyes and eyelids.

    After graduating cum laude from Dartmouth College, Dr. Rowland received her medical degree from the University of Vermont College of Medicine, where she was inducted into the prestigious Alpha Omega Alpha medical honor society. While completing her ophthalmology residency at Louisiana State University, Dr. Rowland was named Outstanding Resident. She completed her oculoplastic fellowship with Dr. Kimberly Cockerham, an Associate Clinical Professor at Stanford University. She is a diplomate of the American Board of Ophthalmology and a member of the American Academy of Ophthalmology. She has been included in the Leading Physicians of the World and America's Top Ophthalmologists.

    In addition to her dedication to the medical side of oculoplastics, Dr. Rowland is also committed to the cosmetic side of her practice. Her focus is achieving natural-looking results using the latest technologies and non-Invasive techniques.
    Dr. Rowland also believes in giving back to the community. Her Let's Face it Together Foundation provides grants to uninsured patients so they can receive the medical and surgical care they need. Dr. Rowland's line of exclusive doctor-directed skincare products raises funds for the foundation.

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.

4.5 Plan for Ensuring Continuity of Resident Oversight During Extended Gaps in Administrative and/or Educational Support

This plan outlines the procedures the Bennett and Bloom Eye Centers Optometry Residency Program will follow to ensure continuity of resident oversight during extended gaps in administrative and/or educational support. These gaps may occur due to faculty or administrative personnel taking planned or unplanned leave, including but not limited to medical leave, family leave, personal leave, or unfilled positions. The plan can be found in Written Plan.

Bennett & Bloom Eye Centers Residency in Ocular Disease
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 February 1st.
- 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. Eyecare partners, out private equity company also solicits the residency at their various sponsored events under the guidance of Dr. Bill Werner.

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 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" also, online at eyecenters.com.

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 - $60,000/year

5.2.4 Resident's health, professional and leave benefits - Blue Cross/Blue Shield **,** 10 days PTO includes vacation, sick, continuing education (including expenses for Regional or National Conference) and personal time, Licensing and $1000 travel credit.

5.2.5 Resident's professional liability protection for both internal and external clinical settings - Malpractice coverage through The Lockton $1-3M

5.2.6 Requirements for residency completion and awarding of certificates

- A minimum of 2,200 patient encounters must be documented in the official patient log.
- The procedure proficiency page and expanded therapeutics page requirements must be successfully fulfilled, as evidenced by completion of the designated proficiency checklist.
- The resident must either present a scholarly poster at a recognized national or regional optometric conference or submit a manuscript of publishable quality to the residency coordinator.
- Final evaluations from the residency coordinator and core supervising faculty must reflect satisfactory performance across all required competencies.

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, 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 ECP National Team Member Handbook).

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. Anna Bedwell, 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 is required to submit a paper of publishable quality or an abstract to be presented in either a lecture or poster presentation to one of the major optometric conferences by June 1st (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 coordinator.
The residency coordinator 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 coordinator and a copy is provided for the resident at the end of the manual.

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. Anna Bedwell, is also available for consultation to the resident as a third-party resource on 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 Residency in Ocular Disease

Standard VI: Resources and Facilities

6.1 Description of facilities, equipment, and ancillary staff

Bennett & Bloom Eye Centers has three large, well equipped main offices in Louisville, KY and three nearby branch locations for a total of 8 offices with over 350 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 Optos Optomap California FA, Pentacam and Atlas Topographer, Argos Biometer, Nidek specular Microscope, Peschke PXL cornea cross-linking, Humphrey Field Analyzers, Topcon Triton and Zeiss cirrus OCT, Bscan, Nidek ECC, CATALYS Precision Laser System, , Femtosecond Laser, Wavelight EX 500 excimer laser, Iridex OcuLight GL 532nm laser, Nidek YC200 I SLT and YAG laser, and Light Adjustment Delivery Device. The resident has unrestricted access to all equipment throughout their residency. While each office is designed to meet the specific needs of its location, the overall experience remains consistent as residents rotate through different offices. Most of the equipment is portable, ensuring seamless interaction across all locations. More information regarding the practice and the technology can be found at: 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 staff ensures that residents can focus on their clinical training and patient care by handling non-clinical duties like scheduling, record keeping, and billing. This allows the resident to allocate more time and energy towards refining their diagnostic skills and treatment plans, which directly contributes to their clinical development.

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 coordinator and the attending doctors. In addition, access to online periodicals is also available to residents 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 program.

The residency Coordinator, Dr. Zagorianos provides residents with access to browzine.com. BrowZine.com is a platform that allows users to access and manage academic journals and articles from a wide range of disciplines. It provides an organized, user-friendly interface for browsing, reading, and saving scholarly content across various devices. With personalized features like notifications for new issues and articles, BrowZine enhances access to high-quality academic resources for students, researchers, and professionals.

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

BENNETT & BLOOM EYE CENTERS®

Clinical Evaluation of Resident

Name of Resident _____ **Supervisor**

Date

Instructions: Please respond to the following statements indicating the degree to which you believe applies to the resident's clinical performance.

SA= Strongly agree
A = Agree
D = Disagree
SD= Strongly disagree
NA= Not applicable, did not observe, or do not know

Upon completion, please submit this form to the Director of Residencies. Thank you.

		SA	A	D	SD	NA
Technical Skills						
1.	Is able to perform tests and procedures expected for current level in program.					
2.	Data is accurate and reliable.					
3.	Understands purpose/value of tests being utilized.					
4.	Recognizes need for specialized ancillary tests and procedures.					
5.	Works aggressively to correct skill deficits that become apparent.					
Organizational Skills						
1.	Examination sequence development is appropriate for current level in program.					
2.	Gathers an orderly problem-oriented case history and clearly defines the reason-for-presentation/chief complaint.					
3.	Analyzes clinical data in a logical sequential manner.					
4.	Develops orderly, sequential, legible clinical records and documents.					
5.	Completes examinations and procedures within an appropriate amount of time for current level in program.					
6.	Effectively and efficiently provides consultative services for patients.					
7.	Effectively and efficiently provides consultative directions for interns.					
Diagnosis and Assessment						
1.	Diagnostic capabilities are appropriate for current level in program.					
2.	Demonstrates appropriate knowledge of differential diagnosis.					
3.	Diagnosis is approached in a logical manner with appropriate consultation with supervisory faculty.					
4.	Diagnosis is consistent with clinical data.					
5.	Diagnosis involves appropriate use of references/recourses					

		SA	A	D	SD	NA
Management and Treatment						
1.	Management and treatment development is appropriate for current level in program.					
2.	Plan is developed logically and with appropriate faculty consultation.					
3.	Plan developed is appropriate for assessment/diagnosis reached.					
4.	Management plans, treatments, therapies, prescriptions, etc. are formulated through the use of appropriate references and resources.					
5.	Remains open to new management options and concepts.					
6.	Has the resident's level of autonomy decreased □, stayed the same □, or advanced □, in the last quarter? How will autonomy be advanced in the next quarter?					
Communication						
1.	Establishes and maintains good rapport with patient.					
2.	Established and maintains good working rapport with faculty.					
3.	Effectively presents significant aspects of chief complaint, patient history, clinical findings, assessment, and management plan (as appropriate for current level in program); Makes an appropriate case presentation.					
4.	Effectively communicates findings/plan to patient following all appropriate discussions with supervisory faculty.					
5.	Professionally controls patient encounters and provides patients with instructions likely to result in compliance with treatment and therapy plans.					
6.	Does the resident demonstrate respect for the patient during the exam?					
7.	Is the resident able to use appropriate language to communicate problems and instructions to the patient?					

Overall Impression		**Better than before**	**Same as before**	**Not as good**
6.	Overall, the resident's performance this quarter compared to the previous quarter was:			