

**UAB School of Optometry**  
**Residency in Pediatric Optometry**  
University of Alabama at Birmingham

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***Mission, Goals, Objectives, and Outcomes***  
***Curriculum***  
***Supervision Policy***

**Mission**

The goal of the School of Optometry, University of Alabama at Birmingham, is to provide programs of excellence in optometric education, research and community service. The mission of the residency programs of the University of Alabama at Birmingham is to develop, maintain, advance, and promote post-doctoral clinical training programs of excellence in the major areas of optometric care, including pediatric optometry. The Residency in Pediatric Optometry seeks to provide a specialty post-graduate clinical program of excellence to the highest quality optometric graduates. The program aims to foster exceptional and independent clinicians who will have the opportunity to excel in the areas of patient care, education, and research within pediatric optometry.

**Goal I - To select the most highly qualified applicant from a large and diverse applicant pool.**

Objectives

1. The residency in pediatrics should be promoted to optometry students nationwide.
  - a. Outcome 1: UAB Optometry residency representation at national meetings
  - b. Outcome 2: Available self-directed information
  - c. Outcome 3: Information available upon request
  
2. The value of both UAB and non-UAB residencies should be promoted to optometry students locally.
  - a. Outcome 1: Residency Director and/or faculty presentations to optometry students
  
3. The Residency Supervisor and the Pediatric department faculty should be utilized to select the best candidate for the residency position.

- a. Outcome 1: Resident ranking meeting among pediatric optometry faculty
- b. Outcome 2: Evidence of academic acumen and/or significant experience in ranked individuals

**Goal II - To promote interaction between the resident and a faculty and administration who serve as leaders in optometric education, research and community service.**

Objectives

1. A Residency Supervisor should be provided to the Pediatric Residency to serve as the resident's advocate throughout the program.
  - a. Outcome 1: Named residency supervisor in organizational chart
  - b. Outcome 2: Resident's proposed year-long schedule and/or self-assessment
2. Qualified faculty should be available to answer questions and provide guidance when requested by the resident.
  - a. Outcome 1: Evidence of faculty qualifications
  - b. Outcome 2: Evidence of strategies that promote faculty-resident communication
3. There should be a means for the resident to present concerns to the Residency Supervisor and Residency Director.
  - a. Outcome 1: Evaluations by resident
  - b. Outcome 2: Residency Exit Interview
4. There should be a means for the Residency Supervisor and Residency Director to present concerns to the resident.
  - a. Outcome 1: Evaluations by program supervisor

**Goal III – To provide the resident with the physical facilities necessary to promote high-level clinical care and scholarly development.**

Objectives

1. A clinical examination room that also serves as an office should be available for the exclusive use of the Pediatric Optometry resident.
  - a. Outcome 1: Description of resident's office and examination space

2. A direct phone line and personal computer with access to word processing capabilities, internet, and email communication should be provided to the resident to promote scholarly development and on-going communication between the faculty, administration, patients, and the resident.
  - a. Outcome 1: Description resident's communication access
3. The clinical examination and treatment equipment available to the resident must be contemporary.
  - a. Outcome 1: Description equipment available to resident
4. Library resources should be available to the extent that a vast majority of the resident's needs for resource materials can be met by Lister Hill Library of the Health Sciences (including its on-line services).
  - a. Outcome 1: Description of library accessible to resident

**Goal IV - To emphasize the clinical care of a challenging and diverse patient base in order to develop the resident's skills in pediatric optometry.**

Objectives

1. The resident should be assigned to the UAB School of Optometry Pediatric Clinic in order to develop clinical skills in pediatric optometry including general pediatrics, binocular vision and vision therapy, developmental vision, and special populations.
  - a. Outcome 1: Description of assignment to UAB Eye Care Pediatric Optometry Clinical Service
2. The resident should be assigned to specialty clinics inside and outside the UAB Eye Care Pediatric Optometry Clinical Service to develop skills in working in a multidisciplinary setting for children with special needs.
  - a. Outcome 1: Description of assignment to external specialty clinics and clinics for individuals with special needs
  - b. Outcome 2: Description of communication within multi-disciplinary setting
3. The resident will be encouraged to visit off-campus sites that specialize in the care of children's eyes, such as pediatric ophthalmology.
  - a. Outcome 1: Description of assignment to pediatric ophthalmology
4. The resident should acquire therapeutic licensure to enhance working knowledge of pharmaceutical management of ocular disease.
  - a. Outcome 1: Resident's license information

**Goal V - To develop a well-rounded and resourceful clinician who will maintain skills outside the area of pediatric optometry.**

Objectives

1. Each resident should participate in the UAB School of Optometry Residency Program Residency Conference series.
  - a. Outcome 1: Residency Conference Schedule
2. Each resident should be encouraged to schedule specialty rotations such as primary care, contact lens, retina, post-operative, and/or anterior segment care throughout the year.
  - a. Outcome 1: Description of assignment to specialty rotations
3. Each resident should attend grand rounds presented during the weekly seminar series.
  - a. Outcome 1: Grand rounds assignment documented on Residency Conference Schedule
4. The resident should be encouraged to attend continuing education activities offered by the UAB School of Optometry at no charge to the resident.
  - a. Outcome 1: Description of CE opportunities available to resident
5. The resident will rotate with the other in-house residents to handle after hours emergency care for UAB School of Optometry for at least 10 weeks throughout the year.
  - a. Outcome 1: Description of on-call responsibilities

**Goal VI - To enhance the resident's didactic experience through resident presentations, scholarly development, and clinical preceptor responsibilities.**

Objectives

1. Each resident should offer at least one 45 minute or longer formal presentation on a topic approved by the Residency Supervisor.
  - a. Outcome 1: Description of presentations provided by resident
2. Each resident will develop at least one clinical case during grand rounds.
  - a. Outcome 1: Clinical case grand rounds assignment documented on Residency Conference Schedule
3. The resident should be assigned to provide independent clinical instruction to 4<sup>th</sup> year optometry interns at least six 4-hour sessions during the residency year.

- a. Outcome 1: Description of assignment to UAB Eye Care Pediatric Optometry Clinical Services
4. The resident should participate in lab instruction whenever scheduling permits.
  - a. Outcome 1: Description of assignment to lab instruction

**Goal VII - To increase the resident's skill and awareness of clinic research.**

Objectives

1. Each resident should submit a paper of publishable quality on a clinic topic to the Director of Residency Programs.
  - a. Outcome 1: Documentation of resident's publishable quality paper
2. Each resident should attend a journal club.
  - a. Outcome 1: Journal club assignment documented on Residency Conference Schedule
3. Each resident will be encouraged to work with other faculty members on research projects whenever appropriate.
  - a. Outcome 1: Description of research activity

**Goal VIII – To maintain a commitment to advanced education by preparing residents for careers in pediatric specialty service or clinical teaching.**

Objectives

1. Each graduate of the Pediatric Optometry Residency Program should eventually devote a portion of his or her professional practice time to pediatric eye care.
  - a. Outcome 1: Description of intended work following residency
2. At least 20% of those who have completed the program should be or should have been engaged in teaching at some point in their career within a school or college of optometry or be a provider of student education.
  - a. Outcome 1: Description of residents entering academia in some capacity following residency.

## **UAB Residency in Pediatric Optometry - Curriculum**

The Residency in Pediatric Optometry is a unique program that aims to foster exceptionally well-rounded, independent, and inquisitive clinicians in many diverse areas of pediatric optometry. Emphasis is placed on direct patient care during the standard work week and on-call hours. There are additional opportunities in research and increasing teaching responsibilities as determined by the skill and preferences of the resident as well as the needs of the department. Training is divided between management of primary care pediatrics (including a wide range of conditions that affect children aged birth to 18 years old such as amblyopia, refractive conditions, binocular vision disorders, mild traumatic brain injury, congenital conditions with ocular sequelae, and pediatric ocular disease) as well as vision therapy, learning-related vision disorders, and care of the individual with special needs.

The educational objectives, learning activities, and expected outcomes of the Residency in Pediatric Optometry include the following:

1. Provision of care at least two half-days per week in the UAB School of Optometry Pediatric Clinic.
2. Provision of care in specialty clinics inside or outside the UAB School of Optometry Clinics (may include care of developmentally delayed children, children with cerebral palsy, low birth weight children, visually impaired children, pediatric neurology, and mTBI).
3. Visiting off-campus sites that specialize in the care of children's eyes (such as pediatric ophthalmology) will be encouraged.
4. Acquisition of a therapeutic license.
5. Participation in Residency Conference.
6. Scheduling of specialty rotations such as primary care, contact lenses, retina, post-operative, and/or anterior segment will be encouraged, based on preference of the resident.
7. Attendance of Grand Rounds within the Residency Conference series.
8. Attendance of UAB School of Optometry Continuing education (at no charge) will be encouraged.
9. Provision of after-hours emergency care for the UAB School of Optometry Clinics on a rotating basis with the other in-house residents.
10. Provision of at least one 45-minute or longer formal presentation on a topic approved by the Residency Supervisor.
11. Development of at least one clinical case during grand rounds.
12. Provision of independent clinical instruction to 4th year optometry interns at least six 4-hour sessions during the residency year.
13. Each resident will present at least one lecture to the student body on a topic chosen by the resident.
14. Participation in lab instruction as determined by the Supervisor, preferences of the Resident, the coursemaster, and the needs of the department.
15. Submission of a paper of publishable quality.

16. Attendance of Clinical Visiting Scholars presentations will be encouraged.
17. Attendance of journal club at Residency Conference.
18. Participation in research projects with other faculty members will be encouraged when appropriate.

The curriculum for the Residency in Pediatric Optometry is centered on clinical care. Other aspects of the resident's time is devoted to such academic interests as conferences, journal club, case presentations, optometry school lab teaching assistance, and research. The Resident and the Pediatric Optometry Supervisor create the year-long schedule for the Resident at the beginning of each residency year, based on the preferences of the Resident and the required curricular elements of the Program to include exposure to a wide variety of clinical, didactic, and scholarly opportunities. The proposed schedule is reviewed each term (half semester) and may be altered throughout the year by the Resident and the Supervisor as needed. The Resident generally has at least 2 half-days of optional rotations in addition to the core required pediatric schedule. The resident spends 40 hours per week in program-related activities, but is expected to be available for rotating emergency coverage after hours. The residency is a 12 month (53 week) full-time training program.

### **Clinical Activity**

This residency program presents a unique opportunity for the optometrist interested in the vision care of children and special populations. The resident develops knowledge and skills in the diagnosis and management of many pediatric vision problems in a variety of clinical settings. These settings include pediatric primary care (encompassing pediatric contact lenses), binocular vision and vision therapy, vision perception, low birth weight clinics and other interdisciplinary environments that monitor multi-handicapped or developmentally delayed individuals, children with diabetes, children and adults with TBI, and pediatric neurology.

The Program is an independence-building, educational enterprise, the primary focus of which is the attainment of sharp skills in patient care and management of a wide array of clinical conditions within pediatric optometry. The Resident is involved in patient care activities approximately four to four and a half days per week. Residents typically document approximately 1600 patient encounters per year; roughly half or more are listed as direct patient care, roughly one third involve teaching in the clinic, and the remainder are observed encounters. One of the strengths of the Program is the variety of both patient encounters and clinical settings, ranging from premature infants in the Low Birth Weight Clinic to older children and sometimes adults in the Vision Therapy Clinic. Residents may also be exposed to specialty clinics including Myopia Control, Pediatric Neurology, and mTBEye.

The patient encounters include a large diversity of diagnostic and management challenges and are considered by the pediatric faculty (including the Residency Supervisor) to be appropriate for training of residents in pediatric optometry. The UAB Residency in Pediatric Optometry  
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following is a brief description of each of these clinical curricular components in greater detail. “Required” indicates that a component that will be included in each residency schedule throughout the year. “Optional/required” indicates a rotation that may be required in one term and optional in another term based on the interests of the resident and the demands of the Department:

1. UAB Eye Care Pediatric Optometry (required):

Direct Patient Care

UAB Eye Care is an integral part of the UAB Medical Center. The main clinic was completely renovated in 2004 and is located in the Henry Peters Building at 1716 University Boulevard, next door to the Lister Hill Library of the Health Sciences and across the street from four hospitals including UAB Hospital, Callahan Eye Hospital, Children’s Hospital of Alabama, and the Veterans Affairs Medical Center. UAB Eye Care comprises 34,000 square feet of space with state-of-the-art equipment. It is a multidisciplinary clinic with both optometrists and ophthalmologists providing care in a number of subspecialties.

Within UAB Eye Care, the Pediatric Optometry Service provides services in nearly all areas of pediatric and binocular vision eye care including pediatric ocular disease, refractive, strabismus, and amblyopia management, Vision Therapy Clinic, vision perception services, care for children with special needs, contact lenses, mTBI, pediatric neurology, pediatric systemic conditions with ocular manifestations, and infant aphakia contact lens care. There are also opportunities for clinical research participation.

Clinicians in the UAB Eye Care Pediatric Optometry Services typically provide care to more than 4,000 children per year. The Resident provides direct patient care concurrently with the student clinic under the direction of the clinical instructor, who is readily available upon the Resident’s request. The Resident operates from her own schedule, but flexibility is built in for times when there is an imbalance of patients in the student clinic vs. the Resident clinic. For example, if the Resident gets involved in a challenging and time-consuming case, the student clinic can absorb the remaining patients on his/her schedule. There are also times during the year when a resident is providing patient care independently (in between terms, for example, when the student clinic is not in session, but faculty are assigned during these times and are in the building ready to help). Scheduling is determined such that the students and Resident have equal opportunity to see patients in the clinic.

Specialty clinics are available to the resident for direct patient care or co-instructing. These include Pediatric [optometry] Neuro, mTBEye Clinic, and the Myopia Control Clinic. Residents are also involved in direct patient care of children referred from Alabama Children’s Rehab Services on a monthly basis.



## Progressing Independence/Teaching Opportunities

The Resident most often provides direct patient care in the Pediatric Optometry Service; however, as clinical acumen develops, the Resident may also be asked to provide precepting services concurrently with the assigned Clinical Instructor. Precepting begins on a small scale in the beginning of the Residency and occurs when the student clinic gets behind, within the specialty clinic rotations, or on Friday afternoons. When the student clinic gets behind, the resident may take a student-clinic patient or assist in checking out the students. Precepting by the resident happens more and more frequently as the resident's skills develop. Precepting only on occasion later progresses into the resident having the responsibility of serving in the clinic as a substitute instructor without the originally assigned Clinical Instructor for that clinic session physically present (i.e., the resident acts as the sole Clinical Instructor instead of the originally assigned Instructor for a half day or full day). Precepting as a substitute instructor often begins during after the first of the calendar year and occurs once or twice per month. During these times, there is often Pediatric faculty available in the building to help the resident if needed. Finally, in the first half of the summer term near the end of the residency program, the Resident has an assigned student group for one half day and serves as the Clinic Instructor. As such, she is solely responsible for teaching this student group, completing midterm and final evaluations on each student, and determining the grade with the other attending instructor assigned for the term. Pediatric faculty continue to be available to the resident for help and consultation if needed.

### 2. UAB Vision Therapy Clinic (optional/required):

Vision therapy at UAB has grown from non-existence to heavily-scheduled weekly services for a growing number of patients over the 20+ years. It became the UAB Vision Therapy Clinic in 2017. The UAB Vision Therapy Clinic focuses generally on “soft” binocular vision anomalies including convergence and divergence insufficiency, convergence and divergence excess, accommodative dysfunction, and oculomotor deficiencies in both children and adults. Vision Therapy for strabismic and traumatic brain injury patients or other challenging patients requiring long-term, consistent care are generally directed to the Resident. The Resident most often provides direct patient care on a weekly basis and keeps the same patient from beginning of therapy to end whenever possible. She may also provide limited precepting services, depending on the Resident's training and acumen (as determined by the Chief of Vision Therapy Services and the Residency Supervisor).

### 3. Civitan-Sparks (“Sparks”) Clinic (optional):

Optometry is one of the multiple disciplines at the Sparks Clinic, which serves

children with special needs and developmental delay including autism, cerebral palsy, Down Syndrome, and others, as well as not-yet-diagnosed conditions. The Clinic consists of professionals in medicine, (pediatrics, developmental pediatrics, pediatric neurology, child psychiatry), nursing, psychology, social work, special education, occupational therapy, speech and language, audiology, and others. Most Sparks patients are referred to optometry by one of these subspecialty clinics. The Resident is part of a team approach to evaluating and managing problems and provides direct patient care at the Sparks Clinic (located at a nearby external site in the UAB Family Medicine/Student Health Services building at 930 20th Street South) on an as needed basis..

4. Alabama Institute for the Deaf and Blind (optional/required):

Alabama Institute for Deaf and Blind is the world's most comprehensive education and rehabilitation system serving children and adults who are deaf, blind and/or multi-disabled. Children ages 3 to 21 are served through Alabama School for the Deaf, the Alabama School for the Blind and the Helen Keller School of Alabama, accredited residential programs. Optometry Services are provided by Dr. Dawn DeCarlo (an optometrist in the Department of Ophthalmology), Dr. Mark Swanson (UAB Optometry tenured Professor), a student group, and the UAB Optometry Pediatric Resident. The Resident provides direct patient care in pediatric low vision as needed and comprehensive primary eye care for children with pediatric eye disease. Vision care is provided on the AIDB campus to children who attend the Alabama School for the Deaf or the Alabama School for the Blind in Talladega, Alabama. The Resident works closely with Drs. DeCarlo and Swanson at this challenging and rewarding clinic that is held several times throughout the AIDB school year.

5. Low Birth Weight Clinic (optional):

The mission of the newborn follow-up clinic is to provide periodic, longitudinal multidisciplinary assessment and intervention to promote the development of infants and children who experienced serious problems at birth. The population includes children of extremely low birth weight (<1000 grams), medically fragile children who require ongoing supportive medical care throughout childhood, children who had ECMO (extracorporeal membrane oxygenation) therapy, and others who are referred by private doctors because they suspect developmental delay. Depending upon the needs of the family and the level of prior care, infants and children may receive limited, intermediate or comprehensive ocular/visual evaluation and follow-up care. Management of visual problems may also be carried out directly through this clinic, depending upon family preferences. Examinations are done in the UAB Family Medicine/Student Health Services building at 930 20th Street South as part of a multidisciplinary assessment

including pediatrician services, audiology, psychology, nutrition, optometry, and occupational therapy. The goal of each patient encounter is to detect ocular/visual problems resulting from the child's medical condition, to answer the concerns of the parents and other professionals, and to communicate useful information in understandable terms. Because of the very young age of the infants and children involved, the Resident also learns the special examination techniques and management issues necessary for unique to this age group. The Resident provides direct patient care to children generally aged 6 months, 1 year, 2 1/2 years, and 5 years under the direction of Dr. Tamara Oechslin for one to two half-days per when assigned to that clinic as part of her residency (determined by resident preference).

6. Pediatric Ophthalmology and other Medical Specialties Observation (optional):

The Resident may choose observation of a pediatric ophthalmologist on a weekly basis as one of her optional rotations. The pediatric ophthalmologist provides care to a full schedule of patients and the Resident shadows. The Resident may choose to observe one of several pediatric ophthalmologists in the area including surgeons at UAB, in private practice, or at a referral center. Since UAB is in the heart of a medical center, observation may also include any number of medical specialties. Pediatric Neurology at Children's of Alabama is a commonly selected specialty clinic for the resident to observe.

7. Other optional clinics

The resident may choose to provide direct patient care in on-site settings including UAB Eye Care Primary Care, Cornea/Contact Lens, or Ocular Disease Clinic (including certification in the pre- and post- operative care of cataract and refractive surgery patients). Residents may also volunteer after hours in outreach clinics such as Cahaba Valley Health Care (local), Remote Area Medical (regional), or SVOSH (international).

8. On-Call Emergency Coverage (required):

The Resident is expected to provide emergency coverage for the UAB School of Optometry clinics (UAB Eye Care and the University Optometric Group, the faculty practice of UABSO) during day, night, and weekend hours. Call is divided among the three on-site residents throughout the year and rotates on a weekly basis.

### **Didactic Activity**

The UAB Residency Program in Pediatric Optometry also offers a variety of didactic

endeavors to build not only clinical independence but also co-management acumen as well. There is also opportunity to develop in areas outside of pediatric optometry.

### Weekly Residency Conference

The primary didactic opportunities during the residency exists within the weekly conference series with all local UAB Optometry residents (UABSO, Birmingham VAMC, and Tuscaloosa VAMC). There are typically 7-10 residents in attendance. The entire Residency Conference schedule is presented from July through May. Residency Conference meets every Wednesday morning during this time period, and conference is from 8:15-12:00. Residency Conference includes several components: area expert presentations, grand rounds, journal club, case conference, records review, and exit interviews. During the first several weeks, topics of general interest are covered in order to achieve a relatively equal common knowledge base. Topics pertinent to emergency patients are also included in the early part of the schedule. In addition to these core topics, a series of topics germane to the various specialty areas is presented throughout the year. A review of the Residency Conference Schedule reveals coverage of a wide range of topics applicable to pediatric and primary care optometry.

### *Conference Topics*

A wide variety of selected topics are presented in an informal lecture-type format by faculty and guests.

### Clinical Grand Rounds

Presentation of interesting patients by the residents to other residents and faculty. Residents should post a summary sheet next to the door for observer's reference. Approximately 9 to 10 patients per session should be scheduled. Obtaining a list of patients with interesting chronic ocular disease from the former residents may be helpful, especially in arranging for grand rounds at the beginning of the program. It is required that the residents participate in grand rounds. Specifically, the resident is required to present patients periodically to residents and clinical faculty. This aspect of the program rotates between UABSO, Birmingham VAMC, and Tuscaloosa VAMC. The UABSO residents are responsible for presenting Grand Rounds twice.

### Journal Club

Summaries of interesting and pertinent literature presented by the residents. Recent literature should be selected which is germane to the resident's specialty area. Strengths and weaknesses of research design should be discussed. Emphasis is placed upon peer-reviewed clinical studies. Each resident should provide 1 large paper (or two small papers) and should distribute them at least one week in advance for review. All residents are required to attend and participate in the journal club. In the journal club, residents select papers to be discussed in terms of the overall content, research design, and

results. This serves to familiarize the residents with the current literature, contemporary issues in patient management, and aspects of clinical research methodologies.

### Case Conference

Residents present interesting cases that are discussed with other residents and faculty. These cases may include unusual or problematic cases which the resident would like to share or seek a second opinion about. Case conference is similar to grand rounds without the patients physically present.

### Records Review

Randomly selected charts are reviewed by the faculty responsible for each program. The aim is to provide constructive feedback in regard to data collection, diagnosis, and management.

### Exit Interview

The resident is formally interviewed to provide input to faculty as to the resident's perspective of the program. Constructive comments are sought about ways to improve the program.

### UABSO Continuing Education

In addition to Residency Conference, Residents may attend UABSO Continuing Education programs at no charge. These CE programs provide the residents with the opportunity to hear world-class speakers teach on a variety of topics. UABSO continuing education is provided to the residents free of charge. UABSO has two weekend meetings; one in August and one in the spring. The topics cover a broad range of topics, and world-class speakers present at these meetings. In addition, UABSO offers several "Evening of Education" programs throughout the year. The value of the waived registration fees amounts to over \$1000 for the residency year. UABSO also provides the resident with a stipend for travel to other optometry meetings. Registration to the Alabama Optometric Association meeting in November is complimentary for residents.

### Clinical Visiting Scholars Program

The Clinical Visiting Scholars Program offers another opportunity for the resident to hear uniquely qualified speakers who visit UABSO for the purpose of collegiality, dissemination, and potential collaboration of research or unique works. The hour-long lectures occur one to four times per year over the noon hour based on the requests and/or needs of the faculty. Small group meetings are also scheduled between the UABSO faculty and the Visiting Scholar and the resident may attend if interested.

### **Scholarly Activity**

Teaching opportunities for the resident occur throughout the year in lab settings to foster interest in an academic career. Clinical research is also available to the resident at the level determined appropriate for the individual's interest by the Residency Supervisor in conjunction with the resident.

#### Paper of Publishable Quality

All residents are required to write a paper suitable for publication in a refereed ophthalmic or other scientific/medical journal. This paper may be a unique or unusual case report or case series, clinical literature review, or original research. This serves not only to teach residents the elements of research and paper writing, but also to enrich the optometric literature.

#### Lectures/Presentations

Residents are required to give a 25 minute continuing education presentation to other residents, faculty, students, and local optometrists in a program called "Residents Day Presentations" which is held in the spring. The three in-house residents (Pediatrics, Primary Care, and Cornea and Contact Lenses) also provide a grand Rounds CE presentation during the Spring to other residents, faculty, and students. Residents may also be invited to present at regional or national continuing education conferences, or to optometrists and/or paraoptometric as part of other local continuing education programs.

#### Pediatric Journal Club

Residents attend monthly Pediatric Journal Club with the pediatric faculty (usually the first Wednesday of every month over the noon hour). The original intent of this journal club was to provide an opportunity for the Resident to regularly meet with the pediatric faculty to review studies, pediatric optometry faculty/resident original research ideas, and challenging clinical cases in a less intimidating atmosphere than one-on-one monthly meetings. Although all faculty and pediatric staff are invited to attend, meetings are generally attended only by the small group of pediatric faculty and research staff.

Each pediatric faculty leads the journal club at least once per year presenting his/her own original research or another timely topic of interest. Because the intent is also to provide a forum for feedback on an individual's research, the Resident is exposed to how research projects are set up, designed, and managed, how to address feedback from colleagues, and how to design presentations when outcomes are available. It is hoped that the Resident also gains an appreciation for the importance of clinical research.

At the end of the formal presentation and subsequent discussions, the Resident (and faculty) may also take the opportunity to ask questions on challenging patients seen earlier in the month. This allows the Resident to see how individuals with similar

expertise manage patients uniquely and how respectful dissonance among colleagues has the potential to optimize patient care and study design.

In addition to faculty presentations, individuals from other disciplines across campus (neuro- ophthalmology, pediatric ophthalmology, occupational therapy, etc.) are also invited to present. At the end of the year, the resident is expected to provide a 45-minute presentation to the Pediatric Journal Club, reviewing a new journal article, original research, or case series. Constructive feedback and a show of appreciation for the Resident’s efforts are presented in a similar manner to that at faculty presentations.

Residents who choose to engage in formal research get IRB-certified and may become certified masked examiners for the Pediatric Eye Disease Investigator Group (PEDIG) to gain an appreciation for clinical research and life-long learning. Some residents may also choose to do a specific research project independently, with another resident, or with a pediatric faculty member.

**Typical Weekly Schedule for the Pediatric Resident\***

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	UAB Eye Care Peds/ AIDB	Resident’s choice/ MD observation	Residency Conference	UAB Eye Care Peds/ CRS/ LBW	mTBEye (co-instr)
<b>PM</b>	UAB Eye Care Peds/ AIDB	VT	UAB Eye Care Peds	UAB Eye Care Peds	UAB Eye Care Peds (co-instr)/ Resident’s choice

**Residency in Pediatric Optometry Supervision Policy**

The resident is allowed an increasing level of independence in diagnosis and management as the residency year progresses, with supervision close at the beginning and relaxed over time. Although each resident presents credentials and receives privileges identical to those of faculty members, a faculty member is always available for consultation when patient care is rendered by a resident during regular clinic hours and after hours when the resident is on-call. Although consultation with faculty members is encouraged, the resident has primary responsibility for providing each patient’s care. Independence is stressed so that the resident can develop self-reliance and confidence as a clinician. However, resident-provided care is appropriately supervised especially at the beginning of each year by direct observation of clinical skills by the supervisor or other faculty, patient consultation as needed, meetings between the supervisor and the resident, and meetings with other faculty. These activities help to ensure adequate patient care quality as well as appropriate residency supervision and education.

Each resident's clinical competency is evaluated and approved in a graduated manner with three levels of supervision. The residency supervisor will make a determination on the level of supervision based on the individual competency of each resident. The level of supervision approved will be documented in writing by the residency supervisor and shared with the resident.

### Level 1

This represents entry level for all residents. During the first two weeks of the program, the resident will observe patient care with the outgoing resident and with assigned clinical faculty instructors. After the first two weeks, residents will directly examine patients and formulate differential diagnoses and management strategies. The attending doctor will verify the resident's findings to ensure the accuracy of the diagnosis and treatment plan. The attending doctor must sign off on all resident exams during this period. Each resident will also receive training in pre- and postoperative management of cataract and refractive surgery patients within the first semester of the program. It is anticipated that each resident will be prepared to progress to the 2nd level of supervision after one month of interacting with patients and the attending doctors.

### Level 2

This level of supervision permits residents to discuss routine cases without the physical examination of every patient by an attending doctor. More complex cases will require an attending doctor to physically examine the patient. It is anticipated that each resident will be prepared to progress to the 3rd level of supervision by the time of the Fall resident evaluation.

### Level 3

This level of supervision permits residents to serve as an attending or co-attending doctor in the clinical service supervising 3rd or 4th year interns. Supervision of residents is also dependent upon Alabama licensure and receipt of insurance company provider numbers, especially during the early part of the program.

Residents provide clinical services in accordance with the statutory provisions of the state of Alabama. Accordingly, services include the independent use of topical and oral medications, including certain controlled substances. Co-management of patients is undertaken for clinical services that fall outside the current scope of practice.

The following guidelines apply to each resident:

- Until the resident obtains an Alabama license, he/she cannot examine patients independently. During this time, the patient record must be signed by, and insurance claim filed under, a licensed attending with a provider number. This attending must also see the patient and repeat key elements of the exam.



- With an Alabama license but no provider number, the resident can legally examine a patient and sign the chart but cannot file a claim for third party reimbursement. It must be filed by a licensed attending with a provider number. This attending must also see the patient and sign the patient record.
- With an Alabama license and a provider number, the resident can function independently, examining the patient, signing the chart, and filing a claim for third party reimbursement.