External Rotation Program

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This manual is designed to provide guidance and uniformity to those individuals directly or indirectly involved in the Indiana University School of Optometry External Rotation Program.
Indiana University School of Optometry

Mission, Vision & Goals

The mission of the Indiana University School of Optometry (IUSO) is to protect, advance, and promote the vision, eye care, and health of people worldwide by preparing individuals for careers in optometry, the ophthalmic industry, and vision science and by advancing knowledge through teaching, research, and service. This will be accomplished through the Doctor of Optometry, Optician/Technician, Residency, and Graduate Programs.

The vision of the School of Optometry is to be at the leading edge of vision care for the people of the world.

The goals of the School of Optometry focus on six areas:

1. Teaching. To be recognized for excellence and leadership in teaching.

2. Patient care. To supply students with sufficient numbers, diversity, and quality of patient experiences that will provide them with the clinical education to become efficient in performing patient care. At the same time, the goal is to provide timely, appropriate, and quality care to the patients.

3. Research. To increase the research activity of our faculty and students, to improve the research profile of the faculty and school, and to be a recognized leader in vision science and vision health research.

4. Service. To increase the service activity of our faculty, staff, and students; to be recognized nationally/internationally as a leader in service to the profession and vision science; and to have a level of service within the university and community to be recognized as outstanding citizens.

5. Facilities. To have state-of-the-art physical facilities and equipment that creates an integrative approach to education, research, training, and service delivery.

6. Finances. To maintain funding that allows for sufficient faculty and staff continued growth, up-to-date facilities, and the ability to take advantage of opportunities that arise.
Because a significant amount of the students’ clinical instruction takes place during the fourth academic year, IUSO is extremely interested in maintaining the quality and effectiveness of the fourth year training program. Rotations at affiliated External Clinical Sites provide the optometric extern with invaluable patient care experiences that would otherwise be unavailable at our university clinic locations. The clinical extern must have the opportunity to be involved in direct hands-on care of optometric patients, and open lines of communication must exist between the School of Optometry and the affiliated Clinical Sites. A continuous effort must be made by the School of Optometry, the affiliated Clinical Facilities and optometric externs to ensure that the appropriate level of clinical training is maintained at all times.

**External Rotation Program**

**Background**

**External Rotation Program**

**Goals and Learning Objectives**

1. To expose clinical externs to primary and secondary optometric patient care in an established clinical practice.

2. To allow clinical externs to participate in primary and secondary optometric patient care under supervision.

3. To allow clinical externs to interact with other health care practitioners in a multidisciplinary approach to healthcare that includes ocular and vision care.

4. To improve the examination efficiency of clinical externs to entry level competency.

5. To refine the ability of clinical externs to analyze clinical data as it relates to patient signs and symptoms and form a logical diagnosis.

6. To develop the ability of clinical externs to formulate appropriate optometric patient management plans.

7. To emphasize the problem-oriented approach to optometric patient care.

8. To encourage interprofessional education of optometry externs with other healthcare students to develop competency in the four domains of interprofessional collaborative practice (values and ethics, teamwork and team-based practice, interprofessional communication, and roles and responsibilities.)
Indiana University School of Optometry Responsibilities

The responsibilities of the IU School of Optometry regarding the External Rotation Program are as follows:

1. To train clinical externs over the course of the first three years of optometry school to prepare them for External Clinical Rotations.

2. To schedule and assign clinical interns to rotations at External Rotation Clinical Sites.

3. To handle the administrative tasks involved in the registration of clinical externs who are away on External Rotations.

4. To provide information and guidance regarding the External Rotation Program to Clinical Site Directors.

5. To coordinate the student evaluation process; request and collect student grades from Clinical Sites at the appropriate time during the External Rotation.

6. To offer advice, comments, suggestions and feedback to affiliated Clinical Site Directors when appropriate.

7. To keep the Clinical Site Directors informed regarding any changes to the School of Optometry schedule, curriculum, or clinical education program that may affect the External Rotation Program.

8. To initiate the appointment process of Clinical Site Directors as Adjunct Faculty members of the IU School of Optometry.

9. To allow and invite Clinical Site Directors to participate in case conferences at the School of Optometry.

10. To encourage Clinical Site Directors to stay at the forefront of their profession by participating in Continuing Education (CE) programs at the School of Optometry and accessing the literature and technology tools. IUSO CE is offered at no charge to the Adjunct Faculty members. The IU Library System and IUWare can be accessed by adjunct faculty as well (Please refer to Appendices)

11. To advise appropriate individuals including students, Site Directors, and other involved parties as problems are identified.

The Director of the External Rotation Program is the individual primarily responsible for ensuring that the above items 2-11 are properly carried out.
Director of External Rotation Program
Position Description & Responsibilities

The Director of the Indiana University School of Optometry External Rotation Program is a faculty member who is responsible for the overall administration and coordination of activities related to the External Rotation Program. This individual must be familiar with the clinical training of optometry students and the role of the affiliated External Clinical Sites. The duties of the Director may include, but are not limited to, the following:

1. Establish guidelines and procedures for assignment of students to External Clinical Sites and coordinate the assignment and scheduling process.

2. Maintain current data on I.U. affiliated Clinical Facilities. This data should include Adjunct Faculty information, site description, address and phone numbers. The Director of External Rotation Programs will provide this information to optometry students and affiliated Clinical Facilities as needed.

3. Visit affiliated Clinical Facilities whenever possible in order to establish and maintain open and regular communication between the School of Optometry and affiliated Clinical Facilities. The Director will be the primary point of contact between the School and the Site.

4. Establish new External Clinic affiliations with sites that offer the opportunity for appropriate clinical education and unique educational opportunities for fourth year clinicians. New sites are evaluated and selected based on the submitted CV of the proposed Adjunct Faculty member/Clinical Rotation Site Director and the proposed curriculum from the site.

5. Solicit and receive performance evaluations of clinical externs from affiliated External Clinic Site Directors.

6. Develop and update the External Rotation Program on a continual basis in order to maintain current and complete, high-quality optometric training for students.

9. To allow and invite Clinical Site Directors to participate in case conferences at the School of Optometry.

10. Provide educational direction, including orientation, training and development for externship site directors and adjunct faculty at external rotation sites.

11. Encourage Clinical Externship Site Directors to participate in Continuing Education (CE) programs at the School of Optometry. The CE is offered at no charge to the Adjunct Faculty members.

12. Implement a monitoring system including updated Site Directory Entries, patient encounter logs, and student evaluations of the sites to assure quality in the external rotation sites and programming.

Please note that the current Director of External Rotation Programs is: Elli Kollbaum OD FAAO. If you have any questions or concerns regarding any of these programs please call Dr. Kollbaum at: (812) 855-0831 or ekollbau@indiana.edu.
Optometry Clinical Extern Responsibilities

The responsibilities of the Indiana University School of Optometry clinical externs assigned to affiliated External Clinical Facilities are as follows:

1. To recognize that the Externship Site is a non-academic, fully functioning clinical practice with the primary responsibility of patient care and, only secondarily, a responsibility for the clinical training of externs.

2. To contact the Externship Site director well in advance of arrival at the Clinic, at least 4 to 6 weeks prior to the start of the clinical rotation, and complete all steps necessary prior to arrival to ensure externship training can begin on the specified date.

3. To report promptly to the Externship Site at the start of the rotation. The Externship Site director MUST approve any exceptions.

4. To follow the calendar and schedule of the Externship Site. Rotations are scheduled based upon an approximate 12-week period and the Externship Site director MUST approve any changes desired by the intern.

5. To accept the authority and policies of the Externship Site director/Adjunct Faculty of the IU School of Optometry.

6. To recognize the External Rotation as a clinical training program and devote the appropriate time and effort to develop and demonstrate clinical proficiency and professionalism.

7. To request and review/accept feedback from Adjunct Clinical Faculty regarding clinical performance. Formal evaluations will be given at a minimum at midterm and end of quarter.

8. To accurately complete and submit all patient logs and required evaluation forms by the end of each rotation. Failure to submit patient logs and site evaluations on time will result in a grade of “incomplete” initially, a grade decrease if significantly delayed, and possibly a delay in degree confirmation if not completed at set date prior to graduation.
External Rotation Site Responsibilities

The responsibilities of External Rotation Clinical Sites affiliated with the Indiana University School of Optometry are as follows:

1. To allow clinical externs direct, hands-on primary and secondary optometric patient care.
2. To provide a sufficient patient population for the clinical education of externs.
3. To provide direct supervision of patient care given by clinical externs.
4. To provide clinical instruction to clinical externs and offer suggestions and advice where appropriate.
5. To encourage independent decision-making and afford clinical externs the opportunity to formulate diagnoses and patient management plans.
6. To allow clinical externs to attend educational seminars and Grand Rounds related to optometric care.
7. To encourage interprofessional health care education that prepares learners to partner in providing high quality, team-based care to optimize health.
8. To maintain open communication with IUSO and offer comments, suggestions and criticisms about the External Rotation Program when appropriate.
9. To keep the School of Optometry informed regarding any changes to the External Rotation Site that may have an impact on clinical extern education.
10. To evaluate clinical performance of externs and provide them feedback on a frequent basis. To immediately discuss problems that may occur with both intern and the Director of External Rotation Programs at Indiana University School of Optometry.
11. To evaluate clinical externs’ performance and provide feedback by way of formal evaluation to the Director of External Rotations at six weeks (mid-term) and rotations’ end.
12. To assist externs with matters of concern and provide them with local area information.
13. To assist with housing arrangements at a cost/or free for the extern.
Responsibilities of the Director of Student Administration

The person in this position is an administrator who must be accustomed to dealing with students and with dissemination of information. The duties of the Director may include, but are not limited to, the following:

1. Assist students in selection and assignment of external rotations.
2. Assist students in registration matters.
3. Provide information on student loans and financial considerations.
4. Participate in clinical remediation meetings.
5. Advise appropriate individuals as problems are identified.

Remediation Policy

The IU School of Optometry’s remediation policy is based on the following concept: clinical education is an interactive process, and successful clinical performance requires the full participation of the student. A student who is having difficulty in areas of clinical performance is expected to seek help, to make every attempt to understand the problem, and to take an active role in correcting it. Faculty will provide intense supervision at the student’s request. The ultimate success of remediation depends on the student, who must take the responsibility for learning.

This remediation policy is meant to address clinical deficiencies in the 3rd and 4th year clinic courses. All 3rd or 4th year students who request remediation or who are required to take it must enroll in either V780, Clinical Skills Enhancement – 3rd Year or V880, Clinical Skills Enhancement – 4th Year.

Here are the situations that merit formal clinical remediation:

1. If a student receives a grade of less than a C in any third- or fourth-year clinic rotation, the student must enroll in and complete with a grade of C or better V 780 Clinical Skills Enhancement (third-year clinic remediation) or V 880 Clinical Skills Enhancement (fourth-year clinic remediation) prior to continuation of the third- or fourth-year clinic rotation.

2. A student who fails to complete V 780 or V 880 with a grade of C or better will be ineligible to continue.

Under this policy, a C- or lower is considered a non-passing grade.
Statement of Policies Regarding Access to Student Information and Confidentiality

Everyone involved should be aware that, according to Indiana University policy and the guidelines established by the Family Educational Rights and Privacy Act (FERPA), the following information is considered strictly confidential and should not be shared with others: grades in specific didactic courses; performance in previous clinical courses; specific areas of present clinical deficiency. In addition, such information as birth date, marital status, etc., is absolutely confidential. Access to such information is limited. Requests should be made to the Director of Student Administration. Additional information at: http://registrar.indiana.edu/ferpafaculty.shtml

Emergency Situations

In the event of any emergency situation/disaster, the extern is expected to follow the emergency protocol of that site and obey the Site Director or appropriate emergency personnel. Upon reaching safety, the Site Director, Extern Supervisor, and the extern should notify the IU Director of External Rotations or the Office of Student Affairs. If the site becomes inoperable, every attempt will be made to place the extern at another site.

In situations where discrimination, including harassment, is a possibility, please refer to the IU Code of Student Rights, Responsibilities, and Conduct at: http://www.iu.edu/~code/code/index.shtml

Release Time Policy for NBEO Testing During Fourth Year Rotations

After a student has registered for NBEO Part III, he/she should promptly request the clinic day of the test, as well as the clinic day prior to and immediately after the test date as travel days. (Exceptions include Sites within a five hour driving radius of the Boards Site). A minimum of four weeks notice (prior to the dates requested) will be required. These days will be excused and will not count against personal days. If a student is considering registering for a test date less than four weeks in advance, the student must obtain permission from the site director to be released for the dates involved PRIOR to registering or PRIOR to finalizing travel and test-taking plans. Students are encouraged to choose Monday, Friday or Saturday times for testing to minimize the impact on the clinics. Students are NOT allowed to take the Boards during the first four days of a quarter at a new rotation site. Students are not released for study days in addition to testing days for any part of the NBEO during the fourth year unless taken as a personal day.

For clarification regarding release time, a student sitting for NBEO Part III on a Monday will be excused for the Monday and Tuesday. In this case, there are only two days excused from clinic, because the day prior to the testing is a non-clinic day. A student sitting for NBEO Part III on a Wednesday may be excused from clinic for Tuesday, Wednesday, and Thursday.

During the Bloomington rotation, when there are a few half-days free in the schedule, students are encouraged to swap clinic days if at all possible to maximize their clinical experience, instead of taking the days off from clinic. During external rotations, students retaking NBEO Part I cannot take NBEO Part III during the same rotation unless he/she obtains special permission from the Director of External Rotations.
Release Time During External Rotations

Students must request release time from clinical duties from the adjunct faculty/site director four to six weeks prior to the date under consideration. Sites are responsible to set their own absence/release policy, but are asked to grant a minimum of 2 release days total per rotation for professional or personal reasons (mirroring IUSO’s policy). Sites are to grant sick days on an as-needed and reasonable basis. If total of all absences between release days and excused absences for illness exceeds 5 days, make up time or hours will be assigned. Additional release time policy will be set by the adjunct faculty/externship site director. For professional learning and advancement opportunities (e.g. poster or responsibility at professional meeting), students may be granted 1-2 days of additional release time at the discretion of the site director.

For the third quarter of the academic year which includes Thanksgiving, Christmas, and New Year’s Day holidays, students will be allowed two days of holiday time to use in addition to the listed holidays themselves. If the clinic is closed for specific dates over the holidays, those dates may or may not be counted as the holiday time at the discretion of the externship site director.

FUNCTIONAL STANDARDS FOR DIDACTIC AND CLINICAL OPTOMETRIC EDUCATION

The mission of Indiana University School of Optometry is to produce graduates who are fully qualified to provide quality comprehensive eye care services to the public. To fulfill this mission, IUSO and its affiliated External Rotation Sites must ensure that students demonstrate satisfactory knowledge and skills in the provision of optometric care.

An entry-level practitioner is able to manage patients who present with an ocular or vision-related problem or a systemic condition that manifests ocular signs or symptoms. This includes differential diagnosis and treatment of any condition that is within the scope of practice as established by state laws regulating optometric practice. The entry-level practitioner is able to detect and assess the health risk of all other abnormalities manifest by the visual system, so as to make the appropriate referral.

Indiana University School of Optometry graduates must be able to provide quality eye and vision care to their patients and must have an established knowledge of the basic and clinical sciences. The foundation must be broad and include the biological, medical, vision and optical sciences, as well as a basic understanding of the health care delivery system. Graduates must recognize the dynamic nature of knowledge, and possess the commitment and skills needed to responsibly assess and apply new information and treatment strategies throughout his/her career.

An essential objective of the Indiana University School of Optometry is to promote high standards of professional conduct, optometric education, and practice in order to train future optometrists who will serve the primary vision and eye care needs of the public and enhance the visual development and quality of life of the world’s adults and children.

The graduates of Indiana University School of Optometry are primary health care providers trained and skilled in the examination of the eyes for defects in the visual system and ocular diseases or conditions related to systemic health. As entry-level practitioners, they must possess the ability to detect, diagnose, treat and manage ocular disease and provide rehabilitation of conditions related to the visual system, which include spectacles, contact lenses, visual therapy, and low vision devices, as well as differentially diagnose and assess conditions that may be outside their scope of practice in
in order to make the timely and appropriate referral.

The Doctor of Optometry (O.D.) curriculum is actively engaged in providing leadership and resources to all optometry students through clinical care, research, and education, while emphasizing the development of complete and well-rounded optometrists.

Curriculum Design to Ensure Entry-Level Competency

The clinical faculty of the Indiana University School of Optometry have analyzed the attributes set forth in the Association of Schools and Colleges of Optometry’s report “Attributes of Students Graduating from the Schools and Colleges of Optometry” published in the *Journal of Optometric Education* 2000; 26(1):15-18 and available at www.opted.org. These well-stated attributes of entry-level knowledge and skills were adopted and implemented by the IU School of Optometry.

The optometry curriculum is designed to adequately prepare students for entry-level practice according to the ACOE standard. The objective of the curriculum is to ensure that before graduation each student will have demonstrated knowledge, understanding, and skills in four principal areas: 1) basic sciences; 2) visual sciences; 3) applied specialties; and 4) clinical sciences and skills. The first three areas are primarily didactic/laboratory and include instruction in all of the theoretical, fundamental, and clinical phases of optometry and visual sciences.

Entry-level competency is an end product of curricular content, faculty effort, and student achievement. It is accomplished when the student has learned and demonstrated mastery of the entry-level didactic material and integrated it with appropriate clinical experience during the four years of the professional degree curriculum.

The optometry curriculum includes instruction in all of the clinical, practical, theoretical and fundamental aspects of vision science, which support the conditions and standards of entry-level competencies that best define a comprehensively trained optometrist. The curriculum provides the following:

**Medical/optometric knowledge**

- Provide graduates with a broad knowledge and understanding of the fundamental, theoretical, and applied scientific principles of the anatomical, optical, physiological, behavioral, and perceptual aspects of the visual system relevant to the practice of optometry.

- Provide graduates with an investigatory and analytical thinking approach to clinical situations and the ability to translate theory into practice in a clinical setting with the purpose of distinguishing morbid ocular and visual conditions from normal variations.

- Provide graduates with the cognitive and motor skills needed to detect, recognize, diagnose, treat, manage, and prevent ocular disease and binocular vision anomalies and ocular manifestations of systemic diseases.

**Patient care**

- Provide graduates with the clinical science and skills to formulate a rational diagnosis and treatment plan in order to provide patient care that is appropriate, compassionate, and effective for the management and prevention of vision, eye, and health conditions.
Provide graduates with the experience and knowledge of a wide-range of optical appliances (spectacles, contacts, low vision aids), along with dispensing and patient education.

Provide graduates with pharmacological principles in order to treat ocular diseases and monitor and recognize ocular adverse reactions to systemic medication.

Provide graduates with instruction and certification in CPR in basic life support skills for emergencies encountered in the delivery of optometric patient care.

**Professionalism**

Provide graduates with a sense of commitment to professional responsibilities, adherence to ethical principles of the Optometric Oath, and sensitivity to diverse patient populations and socioeconomic backgrounds.

Provide graduates with the ability to apply ethical and professional principles during decision-making and practice management processes.

Provide graduates with faculty role models to encourage a sense of commitment to professional service in organized optometry and the community.

Provide graduates with the ability to maintain clear, accurate and appropriate records and cultivate time management and organizational skills.

**Communication skills**

Provide graduates with interviewing skills necessary to identify, record, and analyze problems, complaints, and pertinent history presented by the patient.

Provide graduates with the awareness of the role of an optometrist as a primary health care provider, providing patients with an important point of entry into the health care system through consultation or coordination of care by health care specialists.

Provide graduates with the opportunity to exchange information effectively with patients, their families, physicians and other health care professionals.

Provide graduates with the experience in communication skills that recognizes and respects patients’ cultural and personal diversity and HIPAA privacy regulations.

**Evidence-based learning**

Provide graduates with the ability to use information/research to maximize patient care and the degree to which they are able to learn from past cases and/or errors.

Provide graduates with the skills to investigate scientific studies related to their patient’s condition and apply it to their practice.

Provide graduates with the opportunity to develop an investigative approach to academic subjects and clinical practice in order to incorporate theory with problem solving.
Provide graduates with the experience and utilization of the full range of technology, including the use of ophthalmic materials, pharmaceutical agents, diagnostic laser technologies, functional rehabilitative therapies, and other diagnostic and therapeutic tools necessary to meet patient needs.

Curriculum Assessment to Ensure Entry-level Competency

The professional degree curriculum of the Indiana School of Optometry provides students with didactic and clinical courses to prepare them for entry-level practice, as defined by the program’s mission statement.

The School's Curriculum Committee periodically reviews the curriculum in order to ensure that the current courses continue to provide the appropriate level of instruction. In addition, students provide valuable feedback in the form of course/instructor/consultant evaluations, as well as through membership on the Curriculum Committee and the Dean’s Student Advisory Committee. The Curriculum Committee closely monitors the goals established in the first three areas of curricular concentration (basic sciences, visual sciences, applied specialties) in order to increase the overall NBEO pass rate for our students. The clinical area of curricular concentration ensures formative and summative methods of student evaluation through a series of practical examinations designed to evaluate competency at each level of clinical course work, culminating in the NBEO.

The professional curriculum is comprised of 163 semester credit hours (i.e., one semester credit = one hour of didactic class time or three hours of laboratory/clinic time per week per semester), with an average of twenty credits per semester encompassing fifty-four courses. Overall, thirty-two percent of the courses and forty-one percent of the credit hours are dedicated to the clinical program. The School and its faculty view timely implementation of clinical skills education and the enhanced development of these skills as the ideal training paradigm. With this in mind, students are introduced to the clinical portion of training early in their education.

The first professional year

The first year of the curriculum includes basic science courses and laboratories covering such topics as human and ocular anatomy, human and ocular physiology, biochemistry, optics, neuroscience, and pharmacology, as well as public health, ethics, and the history of the profession. The clinical experience begins in the fall with lecture course V550-Clinical History and Interview. The students are immediately immersed in communication, history-taking and interpersonal skills. At the conclusion of the course, the students are able to perform and correctly document a routine history in order to develop a working diagnosis based on the patient responses. HIPAA training is also a part of the early training of our students ([http://www.indiana.edu/~opt/admin/hipaa/](http://www.indiana.edu/~opt/admin/hipaa/)). The foundational clinical skills are presented during the spring semester of the first year with lecture courses V551-Clinical Optometry and V553-Diagnostic Procedure I. During these courses, students begin to learn the cognitive and motor skills needed to conduct optometric examinations using fellow classmates as patients for an average of six hours each week. At the end of the semester they take a practical examination utilizing a check sheet similar to Part III of the National Board of Examiners in Optometry. The students continue to gain clinical experience as a patient for third year students in the primary care clinic and for the second year competency examination. First year students are further encouraged to participate in many of the volunteer vision screening programs conducted by the School and the VOSH program.

The second professional year
The second year of the curriculum continues with basic science courses and optometric methodology. In the fall, the students complete the mechanics of the optometric examination and health assessment in V652-Clinical Optometry II and V654-Diagnostic Procedures II. The students must complete an evaluation of their skills at mid-term and at the end of V654. Their skills are tested utilizing an item check sheet similar to that used by the part III of the National Board of Examiners. In the spring, V656-Diagnostic III encompasses advanced case management and problem focused case analysis. This course brings together the important aspects of patient care and communication. It culminates in the Clinical Competency Examination, which each second year student must pass before they are assigned into clinic. The Competency Examination includes the necessary tests required to perform a comprehensive eye examination, including slit-lamp biomicroscopy, Goldman tonometry, and direct ophthalmoscopy. Under the direct supervision of clinical faculty, students have ninety-five minutes to complete the examination and the analysis and formulation of an appropriate assessment and plan. In addition to the competency, students must successfully pass an oral and two written examinations in order to complete V656.

Eligibility to enroll in V680-Introduction to Clinic (Summer Clinic) requires passing the Competency Examination. The School’s annual White Coat Ceremony recognizes the demonstrated competency of the students and represents their transition to the remainder of clinical course requirements and patient care. The students begin to see patients starting the second half of the spring semester as part of a two-day clerkship under the supervision of third year optometry externs and their assigned clinic faculty. They are required to observe and assist third year optometry externs conducting comprehensive eye examinations in the School’s Primary Care Clinic. Although the role of second year students is to assist in patient care, they may be assigned to conduct a comprehensive examination on their own, depending on the clinic needs. Second year students are evaluated by third year externs and their grade in V656 is affected accordingly. While in clinic, second year students have the opportunity to hear the dissection of the cases during the debriefing conference. Second year students spend an additional twenty hours in the Eyewear Center assisting patients under the supervision of the staff opticians.

Quality assurance and record review is an additional requirement of V656. Second year students must review completed comprehensive examination charts for completeness and legibility. Participation in the process teaches students how quality assurance is conducted, which indicators can be evaluated, and what health care plans may look for with regard to outcomes. This assignment provides an excellent opportunity to orient students to the construction of the examination form, data entry, and clinical notation skills. In addition, it presents an opportunity for students to understand the concerns of quality assurance and the health care system, as well as introduce them to billing and medical coding with case examples.

A “Mock Module” workshop for all second year students is an additional requirement of V656. This workshop emphasizes advanced techniques, such as binocular indirect ophthalmoscopy, detailed biomicroscopic evaluation, including the use of fundus lenses in conjunction with the slit lamp, gonioscopy, and hand-held tonometry. In Mock Modules, one-half of the class performs a comprehensive exam on the other half. The externs approach clinical consultants for consultation once the exam is completed. This process mimics the process utilized in the evaluation of clinic performance on actual patients by the third year externs.

The third professional year

The clinical experience by means of patient care begins in the School’s Primary Care Clinic. This provides a broad base of patients and clinical cases. Under the direct supervision of assigned
consultants with a 4:1 student-faculty ratio, third year students see primary care, pediatric, geriatric, and contact lens patients and patients who may have mental and/or physical challenges. Immediately after the completion of the spring semester of the second year, the rising third year students enroll in V680-Introduction to Clinic. V680, which also includes CPR certification, has traditionally been the most intense and useful learning experience for the new clinician. On the first day of V680, the Chief of Primary Care Service references the School of Optometry Clinic Policy and Protocol Manual as part of a comprehensive orientation (http://www.opt.indiana.edu/manual/index.htm).

The scope of the orientation includes all of the third year clinical experience. The group is familiarized with protocol, proper documentation, billing and insurance, professionalism toward patients, patient communication, and other details regarding day-to-day patient care matters on the clinic floor. The summer clinic rotation is divided into five three-week sessions. Each group of interns is required to spend forty hours per week for three weeks in clinic for supervised patient care. This affords the new intern the opportunity to have an average minimum of thirty-five to forty total patient encounters for the rotation.

The third year curriculum continues to provide didactic courses that enhance and expand knowledge and skills in areas such as contact lenses, pediatrics, visual perception and training, low vision rehabilitation, and ocular disease, including therapeutics and post-operative cataract and refractive management. In addition, the interns participate in providing school vision screenings to over twenty central and south central Indiana schools during the fall semester. The clinical experience is divided into four eight-week clinic courses, V786, V787, V788, and V789. The clinic is open to the public and accepts a wide variety of insurances. As a result, the students gain experience within a diverse socioeconomic patient base that reflects the variety of the greater Bloomington area, much more so than the defined population of the University. During each eight-week course, students can have up to four comprehensive exam encounters per week and the opportunity to see a number of office visit/urgent eye care patients per week. The expected minimum of twenty patient encounters has been deemed appropriate. Student clinicians are expected to advance in knowledge and skill throughout the third year and demonstrate proficiency in clinical skills. Each rotation has a proficiency requirement that must be performed. Consultants utilize a check sheet similar to Part III of the National Board of Examiners in Optometry. To continue to the fourth year clinical rotations, the third year interns must demonstrate proficiency in Goldman tonometry, slit lamp skills and use of funduscopic lenses, binocular indirect ophthalmoscopy, and gonioscopy. During one of the four eight week periods, the student will rotate through BV/Peds and Contact Lens Services to gain further experience with these patient bases.

Attending doctors and consultants understand the importance of instructing the interns and strive to achieve a balance between efficient patient care, intern supervision, and teaching. In the third year, the clinical consultants provide the students with daily feedback. At the end of each clinic day in the Primary Care Service, the performance of student clinicians is critiqued during case conferences. Consultants have the opportunity to hear externs "think aloud," allowing the opportunity to provide substantive feedback. This allows the consultants the opportunity to gauge the knowledge of the interns and provide patient-based instruction with oral and written evaluations. A daily skills assessment form is completed with an outcome grade for each patient encounter. This format continues throughout the third year clinic courses. The expectations and specific requirements for each skill assessed are outlined in the clinic course syllabus.

V756-Clinical Assessment I and V757-Clinical Assessment II have been integrated to speed the development of problem solving strategies. These courses provide an introduction to clinical reasoning and problem formulation of differential diagnostic protocols for investigation of various visual
problems. During the spring course, V702, the interns are introduced to case presentations. Group of interns must give a twenty-five minute case presentation where the course instructor assesses the oral presentation and medical reasoning skills. Case presentations continue into the fourth year as part of the Bloomington rotation.

The fourth professional year

The fourth year begins immediately after the completion of spring semester final exams in the third year. It represents the completion of all didactic and classroom instruction. Each fourth year intern is assigned to four twelve-week clinical rotations, which include one rotation in each of the following: Bloomington Eye Care Centers (V885), Indianapolis Eye Care Center (V887) and/or an external site, one primary care emphasis site (V888), and one ocular disease emphasis site (V888). The student clinicians are allowed to list their preferences sequentially in order to tailor their clinical experience to their area of interest.

In order to ensure entry-level competency, each intern must rotate through the Atwater Eye Care Center (AECC) and/or Indianapolis Eye Care Center (IECC). They are scheduled in the Pediatric and Binocular Vision Service, Vision Rehabilitation Service, Contact Lens Service, and Advanced Ocular Care Service in Bloomington. At IECC, these services are all part of the experience with only BV/Peds and Vision Rehabilitation separated out. Clinic training in binocular vision, pediatrics, low vision, and contact lenses is not guaranteed at all external sites. Therefore, completion of the Bloomington or Indianapolis rotation ensures the clinical knowledge and experience for entry-level practice in the following areas:

- The Pediatric and Binocular Vision Service provides the student practitioners with the ability to properly and effectively examine and manage the various conditions commonly seen in the pediatric environment. The students see approximately forty pediatric patient encounters, including school age pediatric patients, preschool aged patients, infant to toddler patients, binocular vision disorders, visual information processing assessment, and in-office vision therapy sessions. This is in addition to the pediatric patients seen in third year clinic and on external rotations.

- The students gain experience in the applications of contact lenses during rotation through the Contact Lens Service in Bloomington or through experiences with IECC’s contact lens patient base. These rotations covers the fitting and care of patients requiring specialty contact lenses and the more difficult cases, including, but not limited to, correcting astigmatism, tinted and cosmetic lenses, fitting the presbyopic patient, fitting infants and children, fitting keratoconic patients, and fitting post-surgical and other distorted corneas. By the end of their fourth year, approximately ten percent of patients seen will be contact lens patients.

- The Vision Rehabilitation Service provides the students with experience in special examination procedures and patient management techniques for the visually impaired and acquired brain injury populations. The interns spend eleven half days (one half day = four hours) at the Indianapolis Eye Care Center or Atwater Eye Care Center and learn how to provide evaluations and prescriptions of optical, non-optical, and electronic devices, as well as providing and utilizing other rehabilitative services.

A seminar course is maintained during this twelve-week period to update students on the most recent information within the profession, to offer a forum for the discussion of observations and problems encountered in clinical care, and to provide professional health systems information as well as case presentations. While assigned in Bloomington, all students are required to participate in the twenty-
four hour emergency service under the supervision of a clinical faculty or resident. In addition, ten fourth year interns have the opportunity during the academic year to rotate through the IU Health Center’s Urgent Eye Clinic, which is a cooperative center between IU School of Optometry and the IU Health Center.

The clinical experiences at the Indianapolis Eye Care Center are very similar to those at the Atwater Eye Care Center, which include contact lenses, binocular vision and pediatrics, low vision rehabilitation, and primary care. The urban patient population differs from the Bloomington population in that it includes many homeless and severely disadvantaged patients, as well as more ethnically diverse patients. The patient population is approximately thirty-five to forty percent African American and ten to fifteen percent Hispanic. Within this primary care setting, each intern experiences between 135 and 175 patient encounters and a large amount of ocular disease, such as glaucoma, surgical post-operative care, and a wide range of patients with various ocular and systemic pathologies (http://www.opt.indiana.educlinics/centers.htm). The IECC also provides interns the opportunity to experience patient care in non-traditional settings, such as the state of Indiana correctional facilities, Rehabilitation Hospital of Indiana, nursing homes, in-home patient care, and community health clinics and hospitals. The non-traditional settings help expose the students to a variety of practice modes and experiences. The clinic receives a large amount of RGP referral fits from a nearby hospital, the VA, and the prison system. The location of the clinic in downtown Indianapolis adjacent to the Indiana University Medical Center campus makes it a high volume multi-disciplinary eye care facility.

Additional primary care and ocular disease experiences are gained at the external sites preferred and matched to the students. The students can choose preferences from approximately twenty primary care facilities and twenty ocular disease centers. Each intern is scheduled for one twelve-week rotation at a primary care facility and one twelve-week rotation at an ocular disease site. The primary care clinics provide real world experience with large patient volumes and intense problem solving opportunities. The primary care sites may include a component of specialty care but not to a majority level of the patient experiences. The ocular disease rotations ensure that our graduates receive advanced training in ocular disease diagnosis, treatment, and management at the highest level. The faculty at the respective clinics monitor the externs’ performance. A performance evaluation, along with a final grade, is submitted to the School’s Director of External Rotations at the completion of the rotation.

At the completion of the fourth professional year, students will have gained entry-level competency through experiences with primary care patients (41%), ocular disease patients (43%), contact lens patients (10%), and pediatrics, binocular vision, and low vision patients (6%). (These numbers represent calculations based on the Class of 2005 patient logs “class report” – a representative student in the class of 2005 logged 494 primary care patients, 506 ocular disease patients, 112 contact lens patients, 48 pediatric/binocular vision patients, and 9 low vision encounters.)

**Student Assessment to Ensure Entry-Level Competency**

Entry-level competency is the ability to perform the responsibilities required as professionals to the standards necessary for safe and effective practice.

The assessment of student performance, which occurs at every phase of interaction with the students, is a long-standing feature of the Indiana University School of Optometry. Student assessment in the areas of optometric/medical knowledge, patient care, professionalism, communication skills, and
evidence-based learning has been the characteristic emphasis of the School’s professional training program. There are numerous subjective and objective, time-honored methods of examining students’ knowledge and entry-level competency. The evaluation of student performance and entry-level competency within the professional program incorporates a structured sequence of examinations, which include written, oral, and practical assessment.

CPR certification.

_Students are trained in Adult and Child CPR as well as Advanced Lifesaving using the American Heart Association program during the summer between their second and third year of the program._

It is the intent of the School of Optometry that its professional students be able to graduate after four years of instruction. Although primary responsibility rests with the student, the School will work to help all students achieve good academic standing and will seek out and attempt to provide remedial help for students who are having academic difficulties.

Students obtain knowledge and skills from reading materials, lectures, and didactic instruction, but learning from precept and example are still the most important ways that students are mentored to be professionals in optometric practice. The clinical program at the Indiana University School of Optometry is one of the School’s many acknowledged strengths. The resources at the School include its diverse and strong faculty, the varied clinical population to which the students have access, the facilities in which the students provide care, and the scope of practice to which they are trained. The School takes great pride in the fact that the optometry faculty participate in clinical training, as well as the didactic education. The faculty feels this integration provides an assurance that students understand the application of didactic knowledge, presented in the classroom, to patient care encounters. This approach brings a sense of continuity and realism to the pre-clinical courses. The clinical program’s strength stems from its faculty and their dedication to patient care and teaching, as well as tenacious attention to maintaining the highest standards in selection of students as well as in evaluative methods throughout the four-year program.

**INDIANA UNIVERSITY SCHOOL OF OPTOMETRY**

**ENTRY LEVEL CLINICAL TRAINING**

In order to accomplish entry level competency in patient care, Indiana University School of Optometry interns are expected to secure patient encounters in a variety of settings and specialty areas, both in-house and during their external rotations. Source for number/type of encounters: Meditrek Patient Log Entries at [http://www.opt.indiana.edu/students/index.htm](http://www.opt.indiana.edu/students/index.htm) (administrative access code required).

**Fourth Year:**

Upon successful completion of the third professional year, the interns are placed in rotations, both in-house and externally. These rotations are 12 weeks in duration each and last all year (four rotations). One external site is devoted to high volume primary care practice. Additionally, the interns are exposed to primary care optometry in the contact lens and pediatric areas in
Bloomington and Indianapolis. One rotation is generally a disease referral site. Again, the interns are exposed to ocular disease in Bloomington and Indianapolis rotations. Please note that the wide range of encounters in each specialty is the result of the interns’ schedule, classification of each encounter, and amount of freedom afforded the individual intern at a given external site.

The **functional standards** as outlined by the Association of Schools and Colleges of Optometry (ASCO), January 12, 1998 with revisions March 31, 2009, require that the student possess appropriate abilities in the following areas: 1) observation; 2) communication; 3) sensory and motor coordination; 4) intellectual-conceptual, integrative and quantitative abilities; and 5) behavioral and social attributes (www.optomcas.org, accessed 05/14/2012). Each of these areas is described in this document.

In any case where a student’s abilities in one of these areas are compromised, he or she must demonstrate alternative means and/or abilities to meet the **functional** requirements. It is expected that seeking and using such alternative means and/or abilities shall be the responsibility of the student. Upon receipt of appropriate documentation, the school or site will be expected to provide reasonable assistance and accommodation to the student.

**OBSERVATION ABILITIES**
The student must be able to acquire a defined level of required knowledge as presented through lectures, laboratories, demonstrations, patient interaction and self-study. Acquiring this body of information necessitates the functional use of visual, auditory and somatic sensation enhanced by the functional use of other sensory modalities. Examples of these observational skills in which accurate information needs to be extracted in an efficient manner include:

**Visual Abilities** (as they relate to such things as visual acuity, color vision and binocularity):
- visualizing and reading information from papers, films, slides, video and computer displays.
- observing optical, anatomic, physiologic and pharmacological demonstrations and experiments.
- discriminating microscopic images of tissue and microorganisms.
- observing a patient and noting non-verbal signs.
- discriminating numbers, images and patterns associated with diagnostic tests and instruments.
- visualizing specific ocular tissues in order to discern three-dimensional relationships, depth and color changes.

**Auditory Abilities**:
- understanding verbal presentations in lecture, laboratory and patient settings.
- recognizing and interpreting various sounds associated with laboratory experiments as well as diagnostic and therapeutic procedures.

**Tactile Abilities**:
- palpating the eye and related areas to determine the integrity of the underlying structures.
- palpating and feeling certain cardiovascular pulses.

**COMMUNICATION ABILITIES**
The student must be able to communicate effectively, efficiently and sensitively with patients and their families, peers, staff, instructors and other members of the health care team. The student must be able to demonstrate established communication skills using traditional and alternative means. Examples of required communication skills include:
- relating effectively and sensitively to patients, conveying compassion and empathy.
• perceiving verbal and non-verbal communication such as sadness, worry, agitation and lack of comprehension from patients.
• eliciting information from patients and observing changes in mood and activity.
• communicating quickly, effectively and efficiently in oral and written English with patients and other members of the health care team.
• reading and legibly recording observations, test results and management plans accurately.
• completing assignments, patient records and correspondence accurately and in a timely manner.

SENSORY AND MOTOR COORDINATION ABILITIES
Students must possess the sensory and motor skills necessary to perform an eye examination, including emergency care. In general, this requires sufficient exteroception sense (touch, pain, temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and fine motor function (significant coordination and manual dexterity using arms, wrists, hands and fingers). Examples of skills required include:
• instillation of ocular pharmaceutical agents.
• insertion, removal and manipulation of contact lenses.
• assessment of blood pressure and pulse.
• removal of foreign objects from the cornea.
• simultaneous manipulation of lenses, instruments and therapeutic agents and devices.
• reasonable facility of movement.
• Injections into the eye, lids or limbs

INTELLECTUAL-CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE ABILITIES
Problem solving, a most critical skill, is essential for optometric students and must be performed quickly, especially in emergency situations. In order to be an effective problem solver, the student must be able to accurately and efficiently utilize such abilities as measurement, calculation, reasoning, analysis, judgment, investigation, memory, numerical recognition and synthesis. Examples of these abilities include being able to:
• determine appropriate questions to be asked and clinical tests to be performed.
• identify and analyze significant findings from history, examination and other test data.
• demonstrate good judgment and provide a reasonable assessment, diagnosis and management of patients.
• retain, recall and obtain information in an efficient manner.
• identify and communicate the limits of one’s knowledge and skill.

BEHAVIORAL AND SOCIAL ATTRIBUTES
The student must possess the necessary behavioral and social attributes for the study and practice of optometry. Examples of such attributes include:
• satisfactory emotional health required for full utilization of one’s intellectual ability.
• high ethical standards and integrity.
• an empathy with patients and concern for their welfare.
• commitment to the optometric profession and its standards.
• effective interpersonal relationships with patients, peers and instructors.
• professional demeanor.
• effective functioning under varying degrees of stress and workload.
• adaptability to changing environments and uncertainties inherent in patient care.
• positive acceptance of suggestions and constructive criticism.
A summary of attending consultant requirements for documentation of examinations involving student participation

Faculty Documentation guidelines for patients covered by Medicare or Medicare subcontractors:

1) Personally document a chief complaint and history of the present illness and initial a review of systems and past family/social history.

2) Repeat examination components as necessary and always personally repeat slit lamp and fundus examination (when fundus exam is indicated). Personally document slit lamp and fundus findings as well as any other examination components that are performed.

3) Personally document an assessment and plan.

4) If billable diagnostic tests (VF, photos, OCT, pachymetry, etc.) are performed by the student and not repeated by the attending consultant, bill for the professional component of the test only assuming proper documentation of the test results by the attending consultant. The technical component may not be billed. If a hired technician performs the test the technical component may be billed.

5) Choose a billing code based on the level of service justified by the attending consultant’s documented services only. Any examination components performed by the student and not repeated by the attending consultant may not be included with the exception of the review of systems and PFSH.

General Supervision Guidelines for patients covered by all other non Medicare / non Medicare subcontractor carriers:

1) Personally document a chief complaint and history of the present illness or document in writing agreement with the student’s documentation and initial a review of systems and past family/social history.

2) Repeat examination components as necessary and always personally repeat slit lamp and fundus examination (when fundus exam is indicated). Personally document slit lamp and fundus findings as well as any other examination components that are performed.

3) Personally document an assessment and plan or document in writing agreement with a student’s fully accurate assessment and plan.

4) If billable diagnostic tests (VF, photos, OCT, pachymetry, etc.) are performed by the student and not repeated by the attending consultant, the entire procedure (technical and professional component) may be billed assuming proper documentation of the test results by the attending consultant.

5) Bill to the level of service justified by the combination of examination elements performed by the student and the attending physician assuming all of the above criteria are met.
This is an Addendum to the Participating School Agreement with Vision Service Plan ("Agreement"), entered into by and between VSP and Indiana University College of Optometry (School) and is incorporated into the Agreement.

1. "Student" is defined as an optometry student enrolled in an approved class program at the School and whose clinical training is continuing under the auspices and control of the School in which student is enrolled and under the personal supervision of an instructor who is a licensed optometrist to which student has been assigned by the School. Student is not considered a staff member or employee of the University.

2. "Individual Provider Identification Number" means the specific identification number assigned by a governmental agency or VSP to an individual Provider.

3. A Student participating under this Agreement shall be in good standing with the School during the period of participation. School shall notify the Company as soon as reasonably possible of any suspension, withdrawal or termination of Student during Student’s participation under this Agreement.

4. A Student shall be included under Provider's general and professional liability insurance for those actions or omissions occurring as a result of the Student’s participation under the terms and conditions of this Addendum.

5. Student may work only under the direct supervision of the Provider who is immediately available in person on the premises to furnish assistance and direction throughout the performance of the services, but who need not be physically present in the room at the time the student works. The Provider is fully responsible for all supervised work by Student during the period of supervision.

6. The Student shall work with patients on a randomly-selected basis without bias toward a particular type of patient care, such as Medicare, Medicaid, or managed care contract.

7. Student shall clearly identify himself or herself to patients before performing work and in no circumstances shall Student hold himself or herself out or represent himself or herself as a licensed doctor.

8. The supervising Provider shall review Student’s findings before a patient leaves the office. Only a licensed Provider is permitted by law to sign prescriptions for eyeglasses or contact lenses.
9. Student shall be subject to the same requirements and restrictions to which the Provider is subject by virtue of Provider’s participation in any network.

10. School shall notify VSP immediately upon any disciplinary action or event which significantly limits Student’s ability to participate in the scope intended under this Agreement and Addendum.

11. Only a licensed Provider may bill for services as a licensed Provider.

12. Provider shall only seek reimbursement, and VSP shall only reimburse Provider for those Covered Services rendered to Members that are rendered in a lawful manner.

13. Student shall not receive compensation of any nature, directly or indirectly, from a patient.

14. In the event of a conflict between the terms and conditions of this Addendum and the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control. In no event or circumstance does this Addendum allow, nor shall it be construed to allow, any Student or Provider to perform any act that he or she is prohibited by any applicable state or federal law to perform. Except as set forth herein, all other terms and conditions of the Agreement remain in full force and effect.

THIS ADDENDUM IS EFFECTIVE: December 1, 2008.

DISCLAIMER
This issue paper was developed to provide information and general guidance with regard to billing Medicare in a clinical teaching environment. The information contained in the guideline has been researched with due diligence and is believed to be accurate as of April, 2008. However, the ultimate responsibility for correct coding and documentation lies with the provider of services.
External Rotation Program Monitoring System

In order to maintain a high level of quality in the School of Optometry External Rotation Program, the following mechanisms are in place to monitor the education provided at the External Rotation Sites:

- Students are required to log all patient encounters into Meditrek (www.meditrek.com). The level of participation and complexity of the cases are documented as well as demographic and diagnostic data (See protocol below). The system is secure and HIPAA compliant. No identifiable patient information is recorded. If the patient log and evaluations (below) are not complete one week after the end of the rotation, an incomplete will be submitted for the student’s grade. If the patient log and evals are not complete by the six week point after the rotation the grade will be lowered a full letter grade and further lowered each additional six weeks that the logs are incomplete.

- Students are required to evaluate the site after he/she completes the rotation and the evaluation is recorded and data compiled in the Meditrek System (www.meditrek.com). Failure to complete the site evals has the same consequences as incomplete logs as noted above. See the appendices for the form used.

- Sites also provide a Site Directory Entry conveying a brief summary of the educational experience provided at the external rotation site. The site surveys are updated regularly and posted on the IUSO Website and in the Meditrek System.

- Sites are also involved in auditing student patient logs with the Director of Externships to ensure the integrity of the data entered. If a student has falsified data for a patient log and this fact is verified, their behavior will be considered unprofessional and is grounds for a failing grade for the rotation.

It is the responsibility of the Director of the External Rotations Program to oversee the monitoring system.

Meditrek Patient Encounters Log Expectations & Protocols (edited 03/27/18)

For patient logs, please remember, this job started Day 1 of clinical experience coursework and continues throughout each rotation up to graduation. Here are the main points, to be sure encounters are entered correctly.

1. EVERY clinical patient interaction is included for the log except strictly eyewear center work. That means: observation, testing only, combination of those two, and full participation in cases. If you are observing, there is a separate log to enter the patients in batches per day.
2. For your 4th year patient logs, enter the medical codes first for each patient unless their visit did not include a medical dx’s or was a contact lens visit that had nothing to do with their medical diagnosis and then enter a refractive code instead.
3. Be sure to select the correct visit date, location, and quarter for you log entries. If we are reviewing your logs and you have incorrect data for encounters during a rotation, those will need to be rectified before the grade for the rotation is submitted. (e.g. submitting that you saw 30 patients a day for 10 days as all of the IECC rotation entries. That data will very likely get flagged and you will be responsible for correcting)
4. If you are observing a large number of patients, the observation log is an easier way to log the patients together. Set up a spreadsheet or get a copy of the days patients for you to use and set up categories to fill in, including: primary diagnosis (e.g. wet AMD, Glaucoma, Diabetic Mac Edema, Nuclear Sclerosis), gender, age group (<1 yr, 1-5, 6-17, 18-39, 40-64, 65+), estimate the case (most will be low or moderate), and estimate E&M code used for new or estab. You may not be looking at the charts, but you should be able to pick up what the primary diagnosis was or estimate it, and estimate the other areas to be completed.

5. For the observation log, pick that option when you go into Meditrek. Then, enter a broad diagnosis (e.g. wet AMD, Glaucoma, Diabetic Mac Edema, Nuclear Sclerosis) with a breakdown the #’s of patients into gender, age group (commonly >65), estimate the case complexity and estimate E&M code used for new or estab.

6. We, typically, do spot-auditing of the logs during the year and then, if necessary, students must redo gross errors in their entries. The logs are reviewed closely with the site director in these cases. Significant errors in the logs decrease the overall perception of your integrity. Keep this in mind while you are completing this task. If a student has falsified data for a patient log and this fact is verified, their behavior will be considered unprofessional and is grounds for a failing grade for the rotation.

7. If the Meditrek patient log, site eval, and instructor eval (if internal site) are not complete one week after the end of the rotation, an incomplete will be submitted for the student’s grade. If the patient logs are not complete by the six week point after the rotation the grade will be lowered a full letter grade and further lowered each additional six weeks that the logs are incomplete. (From Externship Manual) Students will not graduate officially and get diploma processing started in a timely manner if the patient logs and evals are not completed by the Wednesday after the last rotation day.

8. Some employers (and privileging departments at hospital systems) will want info on how many patient encounters and what types of patients were seen during your clinical experiences. If you have accurate information entered, it will be easy to compile. You should print off the completed documents at the end of your fourth year to keep for those types of inquiries.

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**External Rotation Assignment Process**

The current selection/assignment process begins early in the third academic year. External rotation assignments are contingent upon the student’s successful completion of third year clinic courses. The Director of the External Rotation Program will meet with the class and describe in detail each affiliated Clinical Site. Students will be allowed to provide a list of personal preferences of external sites and desired rotations, which will be considered in the assignment process. Initial assignments are made before the end of the fall semester to allow for notification of external site assignments and any schedule modification. If a student needs to repeat any didactic 3rd year course, the School Of Optometry will make every attempt to rearrange the student’s 4th year schedule so that the student can repeat the course and still graduate on time. There is no guarantee that the student will be able to retain the original 4th year external rotation assignments for the second, third, and fourth rotations. There are approximately 40 “active” rotation sites for the 2014-2015 academic year. The rotation sites consist of approximately an equal number of referral/secondary care and primary care centers.

The process is further described as follows:

- The fourth academic year is divided into four approximately 12-week sessions.
- Students will select site preferences for fourth year and submit these preferences to the Director of External Rotation Program.
• The external rotation site(s) selected MUST be IU affiliated.
• Information is kept on file in the library to help students in their decision-making.
• Each student will be assigned to two or three 12-week external rotations. At a minimum, one rotation will be at a primary care site and the other at a disease (referral/secondary care) site. These clinic sites are active private or government practices that are affiliated with I.U. School of Optometry.

• Students are NOT to call external rotation sites to negotiate assignments. Students are NOT to make living arrangements until the FINAL rotation assignment has been posted.

• Capstone Seminar will conclude the 4th year External Rotation Program. This seminar is held during the last week of the school year.

IUSO CPT Documentation Process with IU Office of International Students (for International OD Students prior to Fourth Year External Rotations)

Step 1: Finalize externship rotations.
Step 2: Sign the placement/confirmation letter.
Step 3: Register for the appropriate 4th year externship course(s).
Step 4: Four weeks prior to each rotation other than Bloomington, log into iStart (https://istart.iu.edu) and complete the Curricular Practical Training (CPT) e-form group. OIS needs to have your completed e-form group no later than two weeks before your externship begins. In the eyes of the OIS, IECC is an externship because it is off the IU Bloomington campus. In the Academic Advisor Verification e-form, please put Dr. Elli Kollbaum’s information (name and email) in the e-form. Upload your rotations confirmation letter that you signed and the “offer letter” Dr. Kollbaum will generate upon request with dates, address, etc. Please remember that Dr. Kollbaum will need to complete a section of the e-form as well, and plan accordingly. If the site is in Canada, the iStart system will not accept an international address. Therefore, use Bloomington, Indiana 47405 for the City, State, Zip parts of the form.
Step 5: Dr. Kollbaum will review your request, provide additional information about your placement and a copy of the appropriate MOU via iStart.
Step 6: OIS will review the application, and if approved, update your I-20 to reflect the externship placement. You will then receive an email from OIS to confirm the approval and advise you to collect the new I-20.

IU SCHOOL OF OPTOMETRY
Fourth Year Clinic Rotation Schedule

Each fourth-year student will be assigned to four 12-week clinical rotations, which may include one rotation in each of the following:

- Bloomington Eye Care Centers (V885)
- Indianapolis Eye Care Center (V887)
- One primary care-emphasis site (V888)
- One disease-emphasis site (V888)

Students will be assigned a minimum of Bloomington or Indianapolis Eye Care Center and two or three external rotations to sum to four rotations.
BLOOMINGTON EYE CARE CENTERS

Atwater Eye Care Center experience will include Contact Lens Service, Binocular Vision/Pediatrics Services and Ophthalmic Disease Services. In addition, several students will have the opportunity to rotate through the IU Health Center and through the Vision Rehabilitation Service. While assigned in Bloomington, all students will have the opportunity to participate in the 24-hour on-call emergency service.

INDIANAPOLIS EYE CARE CENTER

The Indianapolis Eye Care Center operates very much like the Atwater Eye Care Center. The inner-city patient population differs from the Bloomington population.

The Indianapolis Eye Care Center and Atwater Eye Care Center – Bloomington will not be able to accommodate all fourth-year students; therefore, some students will be scheduled for a second primary care-emphasis site or disease-emphasis site. Students are allowed to preference Bloomington OR Indianapolis Eye Care Center OR both. Preferences will be matched based on availability.

STUDENT SELECTION OF CLINICAL ROTATIONS

The following sources of information may be helpful in selecting your external rotation sites:

- The information contained in the following pages of this Manual.
- Site info folders in the optometry library containing copies of previous Externship Site Evaluations.
Appendices

1. Daily Student Evaluation Form

2. Student Midterm Evaluation Form/ Student Final Evaluation Form (No difference in form except header)

3. External Rotation Experience Evaluation

4. Adjunct Faculty Access to CE and Professional Tools

5. Site Selection Process and Application
3rd Year Patient Encounter Assessment

Student: ... Student name ...
Supervising Doctor: ... Supervisor name ...
Academic Year: 2015/2016
Period: ... Period ... (-)
Date: ... date ...
Service Site: ... site ...
Patient Number: ... ### ...
Total time (minutes): ... ### ...

☐ Grading of this encounter is not necessary.
To skip this evaluation, mark the checkbox above, leave everything else blank, and press the 'Submit' button. (Any data entered will not be saved!)

Overall Encounter Grade
☐ A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+ ☐ C ☐ C- ☐ D ☐ F
Comments:

Clinical Skills
☐ A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+ ☐ C ☐ C- ☐ D ☐ F
N/A
Comments:

Problem Solving/Critical Thinking Skills
☐ A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+ ☐ C ☐ C- ☐ D ☐ F
N/A
## APPENDIX 2

**Extern Performance Review - Midterm**

*House Office: … name placeholder … PGY. Evaluator: … name placeholder …*

*Academic Year: 2010/2011 Period: 0 From: To: Rotation: … placeholder*

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If I have not had sufficient encounters with this student to evaluate him/her, please leave all controls unmarked, and click **Save Final**.

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**Instructions:**

Rate the student in each of the following areas on a scale of 1-4 using the code below. Be sure to carefully evaluate each item independently correlating to the extern’s performance in each specific area.

- 4 = Exemplary Clinical Skills: Accurate, Efficient, Comprehensive, & Independent (top 10% of interns).
- 3 = Above Average Clinical Skills: Complete, Effective, Consistently Uses Good Judgment.
- 2 = Adequate Clinical Skills: Overall Good performance with limits to understanding and efficiency.
- 1 = Inadequate Clinical Skills: Some incomplete and/or inaccurate data, limited knowledge base, repeated unsatisfactory performance.

The assessments of the vast majority of externs should fall within the range of 2-3. Any assessment of 1 must be justified with written comments in the space provided.

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>PROFESSIONALISM AND CONDUCT</strong></td>
</tr>
<tr>
<td>1</td>
<td>1. Demonstration of promptness and adherence to attendance schedule</td>
</tr>
<tr>
<td>2</td>
<td>2. Demonstration of an interest in learning</td>
</tr>
<tr>
<td>3</td>
<td>3. Demonstration of adequate respect to the preceptor, staff, and patients</td>
</tr>
<tr>
<td>4</td>
<td>4. Demonstration of initiative and responsibility in care of patients</td>
</tr>
<tr>
<td>5</td>
<td>5. Demonstration of attitude, motivation, and conduct befitting a professional</td>
</tr>
<tr>
<td></td>
<td><strong>PATIENT CARE SKILLS AND TECHNIQUES</strong></td>
</tr>
<tr>
<td>1</td>
<td>1. Performs adequate history and testing relevant to CC or reason for visit</td>
</tr>
<tr>
<td>2</td>
<td>2. Performs proper procedural skills correctly, accurately, and efficiently</td>
</tr>
<tr>
<td>3</td>
<td>3. Has critical thinking skills to analyze and assess examination findings</td>
</tr>
<tr>
<td>4</td>
<td>4. Ability to differentiate normal &amp; abnormal and prioritize problems properly</td>
</tr>
<tr>
<td>5</td>
<td>5. Ability to formulate diagnostic &amp; therapeutic plan relating to CC</td>
</tr>
</tbody>
</table>

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6. Record keeping with clear and complete assessment and plans
7. Patient communication
8. Efficiency, time and patient management
9. Overall clinical competency

Did the intern ask you how you thought they were performing?  Yes  No

Assign a letter grade from the choices below.
(Any student receiving less than a B- will receive notification from IUSO Student Administration also.)

A+  A  A-  B+  B  B-  C+  C  C-  D+  D  D-  F

COMMENTS ARE WELCOME AND ENCOURAGED [Required to justify ratings of 1]:

Please enter your password for authentication:

Check Spelling  Please review your entries before submitting.

Save Final
APPENDIX 3

Student Evaluation of External Rotation Site

1. Approximately how many patients did you examine per day during your rotation? (Enter 3-5 each)
   Do you feel the number was adequate? Yes No

2. How many of each of the following personnel were assigned to the clinic?
   OIs (max. ) MDs (max. ) Residents (max. ) Other OD Students (max. )

3. Do you feel the facilities/equipment, supplies, exam areas were adequate? Yes No
   Please comment on any positive or negative aspects of the facilities and equipment.

4. Were you allowed adequate clinical independence to develop your clinical skills (e.g., you were not excessively supervised)?
   Yes No

5. Were you allowed to see patients from start to finish? Yes No

6. Did you get enough clinical instruction during the rotation? Yes No
   Please comment on the amount and quality of clinical instruction.

7. Please rate the following by checking the appropriate box:
   (1: poor, 3: acceptable, 5: average, 7: acceptable, 10: superior)

   Score Criteria
   __ __ __ __ Clinical instruction
   __ __ __ __ __ Inter-professional relations
   __ __ __ __ __ Support, receptionist, technical
   __ __ __ __ __ Availability of reference materials
   __ __ __ __ __ Support by clinic personnel
   __ __ __ __ __ Overall value of experience

Please comment on the above ratings.

8. Did your experience match the stated goals and objectives of the rotation? ☐ Yes ☐ No
   Comments:

9. What suggestions do you have to improve this rotation for future students?

10. Please use the following space to comment on any clinical aspect of the rotation that has not been addressed.

11. Was housing provided for you by the sponsors of the rotation? ☐ Yes ☐ No

12. Did you have any difficulty locating temporary housing? ☐ Yes ☐ No
   Comments:

13. What type of housing did you use? ☐ apartment ☐ dormitory ☐ house ☐ other
   Comments:
14. Budget Information - Estimated monthly costs for:

- Rent
- Telephone
- Utilities
- Internet
- Cable

Comments:

15. What comments or suggestions about housing do you have for future students?

16. What spare time/extracurricular activities (e.g., theaters, gyms, shopping, and universities) were available to you?

17. Please provide any additional comments or advice you may have regarding the rotation (e.g., what to expect, equipment to bring, cost of living, etc.)
IUSO ADJUNCT FACULTY ACCESS TO CE & PROFESSIONAL TOOLS

For all of the access benefits except “live” CE, the first step is to contact Melissa Larsen at our HR office in the School of Optometry, (melarsen@indiana.edu), and she will be able to get you a username and password within the IU system.

- For online CE, when you register, it will ask you if you are an employee and you will click “Yes” and then proceed. You are considered a “Non-paid employee” in our system. (A title you didn’t know you had!) Additionally, you will need to provide the username and password.
- For any “live” CE, please skip the online registration and contact Cheryl Oldfield, our faculty secretary, to register (coldfiel@indiana.edu).
- Access to the IU Library System and access journals and e-books at your convenience is available with your username and password. Once you have your username and password, go to www.opt.indiana.edu and click on IU Library. If you would rather get library assistance with a person, contact Dr. Elli Kollbaum and she will direct you.
- Lastly, the IUWare site has computer programs available for downloading by individuals in the IU system. The programs, such as Adobe Acrobat and Microsoft Office products, are available at iuware.iu.edu.

***This document is informational only and not part of any contractual agreement.***
IUSO values its externship program for fourth year OD students. We carefully select externship sites and coordinators in line with our educational mission. The external rotation sites must provide quality training that elevates the students to meet or exceed entry level competency in their profession. Sites should also provide a unique element to the student experience while moving them toward entry level competency. The sites that meet these criteria will be added if they fit the need based on the current class number and changes in the current group of active sites. External Rotation Site Applications are reviewed twice per year and when an urgent need arises. Sites that are included on the student preferring list are confirmed 8 months prior to students arriving for externships (typically list is set in September for externship placements starting the following May).

A practicing optometrist interested in serving as the externship site coordinator and adjunct faculty for IUSO must meet the following requirements:

1) Practicing optometry for 5 years or more OR residency training with an additional year of practice.
2) Willingness to serve as point of contact for communications from IUSO and to submit grades and paperwork necessary in a timely manner.
3) Willingness to provide or coordinate full-time supervision of optometry externs.
4) Willingness to provide externships during 3 of 4 rotations each year and establish a long-term relationship with IUSO External Rotations Program

External Rotation Site Application must include:

1) Curriculum Vitae for the OD submitting application and planning to serve as the externship site coordinator and adjunct faculty.
2) Proposed curriculum for students including: Hours of Activity/Operation; Educational Activities (in addition to patient encounters, e.g. small group conferences, presentations, lectures); Learning Objectives; Clinical experiences; Unique Opportunities provided
3) Completed form: IUSO External Rotation Site Application Form

Applications can be submitted at any time to Brian Page, bcpage@indiana.edu. You will receive notification once your application is complete. IUSO will contact you once the application is reviewed at the biannual meeting indicating: Likely inclusion, Possible inclusion, No inclusion for the next year. If not selected, a new application can be submitted May 1st of each year.

We appreciate all interest. Please be aware - we receive many more external rotation site applications than needed each year. If you have questions regarding the program, please contact: Elli Kollbaum, OD, Clinical Associate Professor and IUSO Director of Externships, at ekollbau@indiana.edu.
## IUSO External Rotation Site Application Form

**Date Completed:** XX/XX/20XX

<table>
<thead>
<tr>
<th>Name of Site:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>Street Address 2:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
</tbody>
</table>

| Applicant’s name (OD’s only): |  |
| Direct Phone #: |  |
| Email: |  |

| Additional staff or Notes: |  |
| Direct phone #: |  |
| Email: |  |

### Number of IU student spots available per rotation:

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
</table>

### Please indicate by percentage how the externs experience would be broken down by specialty area:

- **BV/Pediatrics:**
- **Contact Lens:**
- **Low Vision Rehabilitation:**
- **Ocular Disease Mgmt/Co-Mgmt:**
- **Primary Care:**

#### Rotation Number and percent breakdown Notes:

<table>
<thead>
<tr>
<th>Does this site affiliate with other schools?</th>
<th>Yes/No</th>
<th>Total Number of Students from all Schools per rotations: (approximate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Observe cataract surgery?</td>
<td>Yes/no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Observe refractive surgery?</td>
<td>Yes/no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Observe other surgeries?</td>
<td>Yes/no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinic description:

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39
<table>
<thead>
<tr>
<th>Special requirements:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Equipment at Site:</td>
<td></td>
</tr>
<tr>
<td>No cost housing provided?</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing assistance provided by site?</td>
<td>yes</td>
</tr>
<tr>
<td>Estimated monthly cost of a one bedroom apartment without utilities:</td>
<td></td>
</tr>
<tr>
<td>Additional Housing Information:</td>
<td></td>
</tr>
</tbody>
</table>
# Calendar of Fourth Year Rotations 2018-2019

<table>
<thead>
<tr>
<th>OPT 4TH YR ROTATIONS</th>
<th>Start Date</th>
<th>Mid-Term Date</th>
<th>End Date</th>
<th>Travel Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>May 7th, 2018/May 9th, 2018*</td>
<td>June 15th, 2018</td>
<td>Aug 9th, 2018</td>
<td>Aug 10th, 2018</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Aug 13th, 2018</td>
<td>Sept 21st, 2018</td>
<td>Nov 1st, 2018</td>
<td>Nov 2nd, 2018</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Nov 5th, 2018</td>
<td>Dec 21st, 2018</td>
<td>Jan 31st, 2019</td>
<td>Feb 1st, 2019</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Feb 4th, 2019</td>
<td>March 15th, 2019</td>
<td>April 26th, 2019</td>
<td>Weekend plus</td>
</tr>
</tbody>
</table>

**NOTES:**
- *All rotations start on a Monday EXCEPT Rotation 1. Bloomington and IECC rotations start on Monday, May 7th and all other rotations will start on Wed, May 9th, 2018.
- **All rotations end on a Thursday EXCEPT Rotation 4 which ends on Friday, April 26th, 2019.

**OTHER IMPORTANT DATES:**

- AOA (Denver) | June 20-24th, 2018
- Fall NBEO Part I | August 7th, 2018
- Fall Semester Term Begins | August 20th, 2018
- AAO (San Antonio, TX) | Nov 7 – 10th, 2018
- NBEO Part II | Dec 4th or 6th, 2018
- Christmas Holiday | Tuesday, Dec 25th, 2018
- New Year’s Day Holiday | Tuesday, Jan 1st, 2019
- IUB Spring Break | March 9 - 17th, 2019
- (no break in AECC 4th year clinics)
- IUSO Graduation | Friday, May 3rd, 2019
Externship Directory Completed By the IUSO External Rotation Sites

(Updated by Clinic Administrative Coordinator 03/27/2018. Most current version is available on the IUSO intranet.)