

NSUOCO Mission Statement ↓

The Northeastern State University College of Optometry (NSUOCO) provides an educational program leading to the Doctor of Optometry degree, post-graduate clinical residency certification, and continuing optometric education.

Our primary mission is:

- The education of excellent optometric physicians who through excellence in academic and clinical instruction, are able to provide the highest quality clinical care and who emphasize an ethical and caring commitment for the welfare of patients.
- To deliver quality clinical services to the patients served by NSUOCO.

To remain committed to a teaching environment conducive to excellence in education through faculty and students who are diverse, who embrace life-long learning, independent critical thinking, research and scholarly activity, and who have a desire to contribute to society through community.

The Optometry program is the sole doctoral program at Northeastern State University. Consistent with the mission of the University, the College of Optometry mission reflects the high aspirations and commitment to education made in 1846 by the founders of the original Cherokee seminaries.

- **Mission Statement of NSUOCO Clinics**

The clinics of the College of Optometry have two primary missions which guide them:

- To provide Optometry students, residents, post-doctoral fellows, and faculty with facilities, equipment, and patients which provide educational, research, and service opportunities to produce highly skilled optometrists, as well as opportunities for the advancement of the practice and profession of Optometry.
 - To provide patients with the highest level of preventive, diagnostic, and therapeutic eye health and vision care. The balance between educational objectives and patient service is delicate but must be maintained for the good of the students and of the communities which they serve. These primary missions are highly compatible and need not be mutually exclusive. An environment that fosters motivated clinicians who acquire and apply new knowledge and new techniques, under the guidance and direction of competent and interested faculty, results in a higher level of patient care.
- **Goals of the Clinical Program**

Educational

1. To provide facilities and opportunities for students and residents to develop the understanding and skills needed to practice comprehensive, full-scope, primary care optometry.

2. To provide an environment conducive to learning and mastery of the science and the art of optometric practice.
3. To provide a forum for the sharing of ideas and experiences relating to the practice of optometry.
4. To provide an atmosphere of professionalism, and to convey a sense of those standards, ethics, and obligations that should govern health care professionals.
5. To provide students and residents with guidance, support, and assistance as they acquire and enhance their clinical skills.
6. To encourage creative thinking and productive clinical research.
7. To provide students and residents with timely and appropriate criticism and advice, while emphasizing and encouraging positive growth and development.
8. To provide access to new and current knowledge, theories, and techniques which relate to the diagnosis and management of eye and vision problems.
9. To allow for a degree of flexibility which enables motivated students and residents to pursue areas of special interests and study.
10. To encourage students and residents to continually strive for excellence.

Service to Patient

11. To provide comprehensive, full-scope primary optometric care and services.
12. To protect the welfare and confidentiality of the patient, and to respect the patient's rights and personal wishes.
13. To treat each patient as an important person.
14. To foster a sense of confidence and trust by the patient.
15. To provide appropriate examination, diagnosis, management, and treatment services to patients.
16. To protect patients from inappropriate and/or harmful or useless medications, prescriptions, treatments, and therapies.
17. To provide appropriate communication, guidance, and counseling to patients with hereditary or acquired disorders or diseases.
18. To fully and properly advise patients about their eye health and visual system problems and the options available to them for the management and treatment of those problems.
19. To seek to obtain appropriate consultation and referral services when this is in the patient's best interest.

- **Patient's Bill of Rights**

The Northeastern State University College of Optometry recognizes and affirms the rights of its patients, as listed below.

0. The patient has the right to considerate and respectful care and to receive the institution's highest efforts at providing quality care regardless of race, creed, religion, age, or national origin (consistent with Federal and Cherokee Nation organizational guidelines for facilities which serve Native Americans).

1. The patient has the right to obtain from his or her doctor complete, current information concerning diagnosis, treatment, and prognosis in terms that the patient reasonably can be expected to understand. When it is not professionally advisable to give such information to the patient, the information should be made available to an appropriate person in his or her behalf. The patient has the right to know by name the student doctor and faculty member(s) responsible for coordinating his or her care.
2. The patient has the right to receive information necessary to give consent prior to referral for additional care and prior to the implementation of any program of therapy. Except in emergencies, such information for consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the health related risks involved, and the probable duration of treatment. When significant alternatives for care or treatment exist, or when the patient requests information concerning alternatives, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment.
3. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of his or her action.
4. The patient has the right to every consideration of his or her privacy concerning his or her own health care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved in that patient's care must have at least the implied permission of the patient to be present in the examination room.
5. The patient has the right to expect that all communications and records pertaining to his or her care should be treated as confidential.
6. The patient has the right to expect that the optometry clinics will make a reasonable response to a request for services. The clinics must provide evaluation, service, and/or referral as indicated by the urgency of the need. When necessary, a patient may be referred to another facility or provider of health services only after he or she has received complete information and explanation concerning the needs for and alternatives to such a referral. The provider or institution to which the patient is to be referred should receive full information regarding the need for additional consultation and treatment upon the consent of the patient.
7. The patient has the right to obtain information as to any relationship between the optometry clinic and other care providers to which he or she is referred. The patient has the right to obtain information as to the existence of any professional relationship among the individuals who are treating him or her.
8. The patient has the right to be advised if the optometry clinic proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in such research projects and to receive more traditional care, or be referred for such, if it is available.
9. The patient has the right to expect reasonable continuity of care. He or she has the right to know in advance what appointment times and services are available and where. The patient has the right to expect that the optometry clinics will inform him or her of any continuing health care requirements following treatment.

10. The patient has the right to be informed of all professional fees prior to the provision of such services. He or she has the right to examine and receive an explanation of the bill, regardless of the proposed source of payment.
11. The patient has the right to know what institutional rules and regulations apply to his or her conduct as a patient.
12. The patient has the right to know that review procedures exist and has the right to be advised of how they may be initiated. These rights are stated in the expectation that all clinical faculty, staff, and students will support them, and thereby respect the individual dignity of each patient. It is only in the atmosphere of such respect that the best vision care can be provided.

- **Patient's Bill of Responsibilities**

The Northeastern State University College of Optometry defines the responsibilities of its patients, as listed below. (Adopted from the Cherokee Nation Patients' Bill of Rights and Responsibility)

0. The patient has the responsibility to treat the staff, students and faculty of the college with consideration and respect.
 1. The patient has the responsibility to take an active part in their own health care.
 2. The patient has the responsibility to follow the treatment plan they agree to with their eye care provider and if for some reason they cannot, the patient has the responsibility to let their eye care provider know.
 3. The patient has the responsibility to observe the rules of the program and facility, which are for the safety and consideration of all patients and staff.
 4. The patient has the responsibility to respect the property and not to deface or destroy any part of it.
 5. The patient has the responsibility to provide the clinic staff and providers accurate information regarding their overall health, the specific eye care problem they are seeking treatment for, and any medical insurance they may have or may be eligible for.

- **Process for Patient to File Complaint**

The clinical staff personnel provide first contact with a complaining or hostile patient. Staff, faculty and students should remain polite and respectful when encountering a patient perceived to be hostile. If the complaint is beyond the scope of responsibilities of that person, they should immediately provide access to the patient to the appropriate Clinic Office Manager. Each facility has a process by which a patient can file a complaint. All clinical support staff at each site must be familiar with the process for their location.

The Clinic Office Manager at the particular site should hear the patient's complaint and may be able to offer a direct solution (opportunity to reschedule, etc.). The Clinic Office Manager should politely offer the patient the opportunity to contact the Associate Dean to discuss the problem. If so desired by the patient, this contact should be arranged immediately.

The Clinic Office Manager should help the patient through the patient complaint process for their location which may include providing the patient with the appropriate "Patient Complaint" form. The staff member should provide any help that patient may require in filling out the document. When completed, this form should be submitted directly and immediately to the appropriate person at the site as defined by site policy. If the Cherokee Nation employee designated to respond to patient complaints wishes to discuss the complaint with the Associate Dean, they should immediately be advised of ways to contact him/her.

Responsibility of Student Clinicians ↓

It is assumed that every student will conscientiously and consistently strive to provide every patient with care and service at the highest level of competency which that student is capable of providing. It is expected that this care and service will be delivered with courtesy, concern, and respect for the patient. It is further expected that the student will maintain and demonstrate a professional attitude, demeanor, and appearance while in the clinics and while dealing with patients, faculty, and colleagues.

Clinical education should provide numerous opportunities for students to gain experience, improve technical skills, develop and refine diagnostic skills, advance skills of analysis, and develop competency in formulating management, treatment, and preventive therapies. Clinical education should also foster a sense of professionalism, a commitment to ethical standards, and a sense of pride in providing excellent health care, and specialty medical eye and vision care. Development of poise, self-assurance, and maturity should be enhanced and encouraged.

Unprofessional (and unacceptable) student behavior will result in a failing grade. Failure to respond to an instructor's direction, failure to respond to a patient's needs, failure to maintain equipment and examination area in a hygienic manner, failure to demonstrate concern, compassion, and an interest in the patient's problem will be evaluated negatively. Discussing a patient's problem before other patients or the non-faculty clinical staff is inappropriate and will be handled in accordance with NSU College of Optometry's HIPAA policies. Drug intoxication, erratic or uncouth behavior, eccentric appearance, poor hygiene, inappropriate and offensive language, lack of compassion, and lack of concern are all deemed unprofessional, and are sufficient grounds for failure.

Assumption of authority on behalf of the clinic or College in any regard without expressed permission from the Dean and/or Associate Dean is forbidden, and may lead to immediate suspension from clinic.

Courtesy and respect is expected during all interactions with patients, faculty, post-graduate residents, clinical staff, hospital staff, and fellow students. Differences of opinion regarding protocol, patient care, and etc., are likely to arise. These differences in opinion should result in positive interactions conducive to personal and professional growth, as well as an improved delivery of patient care and clinical education. It is hoped that students, faculty, and staff will seek discussion and clarification in a non-confrontational manner. Hostile, confrontational, belittling, and argumentative styles are counterproductive. Disagreements should never result in

debates in front of patients. Use of designated consultation areas for confidential and positive communication are encouraged of both students and faculty.

Students are expected to know the Clinic Protocol and Procedures of this Clinic Manual. As the Clinic Manual is reviewed and updated periodically, students are also expected to attend Clinic Orientation scheduled at the beginning of each semester and adhere to any policy or procedural changes discussed during Clinic Orientation or through memo issued by the Associate Dean throughout the year.

- **Attendance in Clinics**

Students enrolled in clinical courses are required by the Oklahoma State Regents for Higher Education to be in attendance for a designated amount of time. In addition, as health care providers, patient care is a primary responsibility of the College, its faculty, and its students. Effective summer semester 2017, the clinical absence policy is as follows.

- **Number of Clinical Absences**

- Students will receive 4 days or 8 clinical absences without penalty during the entirety of their optometric schooling. Each clinic is a four-hour block. The students will need to request clinical absences 28 days in advance. Unless special circumstances exist, request for absences with less than 28 days of advanced notice will be denied.
- When a student is absent from his or her scheduled clinic, **the student's available absences must be applied first.** After the 8th clinical absence the student will be required to make up two clinics for each clinic missed.
 - For example, if a student has exhausted his or her 8 clinical absences and is absent for 1 entire clinical day (2 clinics), the student will be required to make up 2 clinical days (4 clinics). Students will be informed that these make up clinics likely will be during breaks (i.e. Fall Break, Thanksgiving Break, Spring Break, Winter Break, etc.) and will likely be made up at an REP clinic.
- When a student is absent from his or her scheduled clinic without 28 days of advance notice, and has exhausted his or her 8 clinical absences, the student will be required to make up three clinics for each clinic missed.
 - For example, if a student has exhausted his or her 8 clinical absences and is absent for 1 entire clinical day (2 clinics) and does not give 28 days of advance notice, the student will be required to make up 3 clinical days (6 clinics). Students will be informed that these make up clinics likely will be during breaks (i.e. Fall Break, Thanksgiving Break, Spring Break, Winter Break etc.) and will likely be made up at an REP clinic.
- When a student does not give 28 days of advance notice and still has absences available, the absences will be docked at twice the normal rate.
 - For example, if a student with all 8 absences still remaining chooses to be gone for 1 entire clinical day (2 clinics) and does not

give 28 days of advance notice, the student will be docked 4 clinical absences and will then have 4 clinical absences remaining.

○ **Excused Absences**

Excused absences are absences that will not reduce a student's absence total. Absences that are considered excused include:

- American Academy of Optometry Meeting
- American Optometric Association Meeting
- State Optometric Association Meetings, Limit 2 state meetings per year
- Heart of America Meeting
- Required meetings for students in optometric leadership positions
- National Board of Examiners (NBEO) Part 3 testing. Students may request a maximum of 2 clinical absences (1 day) for NBEO Part 3 testing. 28 days of advance notice must still be provided.
- Death of an immediate family member (parent, stepparent, grandparent, sibling, spouse, children)
- The above listed excused absences will be granted without any adverse effect on the student's 8 clinical absences, and no clinics will have to be made up, **as long as 28 days of advance notice is still given** when possible and applicable.
- As a reminder, a special student clinic schedule is created for AOA, Academy and OAOP fall and spring meetings.

○ **Student may not swap clinical assignments**

A student may not swap clinical assignments with another student. Students will be expected to always be in attendance in their scheduled clinics. If not in attendance they will be required to use their 8 clinical absences. Absences after that would be penalized as described above.

○ **Illness**

A student should not come to clinic ill when putting the health of others in danger. The 8 clinical absences are to be used in the case of illness. The following rules apply for illness:

- If a student comes to clinic ill and is sent home by the attending doctor the clinical absence policy will apply and the student will be docked 1 absence for each clinic missed.
- If a student calls in sick the clinical absence policy will apply and the student will be docked 1 absence for each clinic missed, provided that the student provides a doctor or nurse's note documenting the illness. The note must be given to Nate Lighthizer, Assistant Dean of Clinical Care, within 3 days after returning to clinic.

- If a student calls in sick and cannot provide a doctor or nurse's note documenting the illness, the clinical absence policy will apply and the student will be docked 2 absences for each clinic missed.
- **Saving absences for final month of fourth year prohibited**

Saving all or most of the 8 absences and trying to use them all during the last month of 4th year clinic will not be tolerated.

- **Attendance and Punctuality**

Attendance and punctuality are required in meeting all clinical assignments. Students should report to the supervising faculty at the beginning of each clinic assignment. Any student reporting later than 5 minutes after the start of his or her assigned clinic will have a tardy noted on their clinic grade slip for that clinic session, for the purpose of monitoring for trends. Any student reporting later than 15 minutes after the start of his or her assignment to clinic will have an absence reported, pending evaluation of the Absence/Lateness Report.

Anyone who will be absent from an assigned clinic without being previously excused must notify the appropriate Clinic Chief, clinic staff person, or the Assistant Dean either by phone or in person. **Voice mail messages and text messages are not acceptable.** In addition to clinical management and patient care issues, the College is concerned for the welfare of the student. If someone is absent for an unknown reason, the faculty and staff will attempt to locate the student to ensure that there is no cause for concern. Clinic Staff must file an Absence/Lateness report on any student who fails to arrive at their clinical assignment. **At his/her discretion, the Assistant Dean may require the student to make up two or more clinics for each one missed.**

Students dismissed from clinic for any reason will be assigned an absence to be made up. All such absences must be made up and will be brought to the attention of the SAEC for possible disciplinary action.

(Note: Students may be "released" from clinic without penalty but only by the faculty member and only when all clinical obligations are met for that session.)

- **Excessive Absences**

Absences in excess of the allowed number (8) will result in an incomplete grade assigned in a clinical course and will revert to a failing grade (F) if not made up. Arrangements must be made with the Assistant Dean to make up absences after the 8 have been applied. It is the student's responsibility to submit the appropriate paperwork for approval and to notify the Clinical Absence Coordinator who will notify the clinics affected by the switch.

- **Student Absence Request Form**

Students may request permission to be absent from an assigned clinic session by filling out a "Student Absence Request Form" which is available from any Clinic Office Manager, College administration staff, or any external Clinic Chief. A completed form must contain the signature of the Attending Doctor from each clinic to be missed, the staff person responsible for scheduling the clinic that will be missed, followed by a final signature from the Assistant Dean of Clinics. **An Attending Doctor has the option of approving/disapproving requests and has the option of making alternate arrangements with the student to make-up an absence.** An Attending Doctor's decision to disapprove an absence request will be honored by the Assistant Dean.

- **Extenuating Circumstances**

If a student believes he or she is experiencing extenuating circumstances causing absence from clinic, the student may appeal to the Dean's Council (or a committee appointed by the Dean) for special consideration. This may include a situation where a student is undergoing an extensive illness, or other situation where special considerations need to be made.

- **Start of the semester absences**

In regards to students requesting clinic absences at the start of the semester where 28 days notice may not be possible due to when the schedule was released, the following rule applies:

- A student will have three business/school days after the schedule is released to complete the orange form to request a clinic absence with less than 28 days notice without penalty. For example, if the schedule is released on Monday May 1st, and the student requests a clinic absence for May 22nd, that student will have until the end of the day on Thursday May 4th to complete an orange form requesting a clinic absence for May 22nd without penalty. If the orange form is filled out after that, standard penalty rules for lack of 28 days notice will apply.

- **Inclement Weather**

As public health facilities, the University Clinics have an obligation to remain open for patient care, even in the event of bad weather. Therefore, all students assigned to any of the Optometry Clinics (including Pheiffer and the Rural Eye Program), should make every reasonable effort to honor their responsibilities in the event of inclement weather. In cases of hazardous conditions which prohibit you from traveling to the clinic where you are scheduled, or to determine if the clinic is open for patient care, please contact the clinic staff supervisor. Students should be aware that some clinics may be open even though the University (NSU) has officially closed or cancelled regular classes. **While students are urged not to take unnecessary risks, particularly if they have to travel long distance to the clinic site, they are urged to make every reasonable effort to be at any**

clinic that remains open. It is imperative that the students call the clinic at which they are scheduled to determine the clinic's status or to report their absence or late arrival.

- **Make-Up Clinics**

An opportunity is given to utilize make-up clinics to allow students who have experienced attendance hardships or other unusual events, to meet their clinical obligations. Also this opportunity is afforded the students to allow and encourage student travel to and participation in professional meetings. Clinic rotations used for make-up must meet the educational requirements of regular clinic rotations in patient care and supervision. Students will sign up for available clinic opportunities. Make-up clinic assignments will be approved and initialed by the Associate Dean prior to the student scheduling the make-up clinic. At the completion of each make-up clinic, students must have the supervising faculty person document their attendance and the student is responsible for submitting that documentation to the Associate Dean or College Administration Office. Students are not allowed to use make-up clinics to shorten their final semester.

- **Additional (Elective) Clinical Attendance**

Students wishing to assume additional (elective) clinical assignments may request this through the Director of Clinical Care Services. All extra assignments in clinic (make-up or elective) must receive approval from the Director of Clinical Care Services prior to being performed by the student. To facilitate student access to make-up or elective clinics, a schedule of available make-up clinics will be published for each interim session between semesters. Due to a need to meet graduation requirements, OS IV students will receive a one-week priority in signing up for interim make-up clinics.

- **Examination Room Protocols**

For security and continued quality and performance of clinic equipment, students should complete the following tasks before the examination.

1. Begin with complete inspection of room and equipment. The area should be clean and uncluttered. All instruments should be sanitized and in proper working order.
 2. Check to see that personal equipment is charged and all diagnostic equipment, tests, and or agents to complete the examination are readily available.
 3. Check the expiration date of all diagnostic pharmaceuticals in the exam room and dispose of, and replace, any with expired dates.
- **During the examination:**

During examinations at the Pheiffer Clinic all pharmaceuticals must be kept locked up per hospital policy. Each student is issued a clinical key that unlocks

the cabinets in all exam rooms at Pfeiffer. These cabinets must remain locked throughout the day.

○ **At the end of each clinic session:**

1. Clean and cover all instruments with their appropriate dust covers. Report any missing dust covers to the Equipment Engineer.
2. Dispose of trash in appropriate waste or hazardous waste containers.
3. Report any equipment/furniture needing repair or maintenance to the Equipment Engineer via the "Work Order" form available at every clinic.
4. Turn off all electric instrumentation.

All students are responsible for following proper guidelines for cleanliness and hygiene of examination areas as defined by Cherokee Nation policy. Students failing to meet the appropriate standards will be evaluated by the staff coordinator of the clinic who will file a written report to the Coordinator of Student Evaluation or the Clinic Supervisor.

○ **Student-Supplied Equipment:**

Students are required to bring the following equipment, in working condition, to all clinical assignments:

0. Direct Ophthalmoscope
1. Retinoscope
2. Transilluminator
3. Cover Testing Paddle
4. PD Rule
5. Nearpoint Test Cards
6. Water Soluble Marker (for marking major reference points)
7. BIO
8. Indirect Lenses
9. Gonioscopy Lens
10. Trial Lenses and Trial Frame
11. Broken Wheel Acuity Test
12. Stereo Test

Students who repeatedly fail to bring required equipment to clinical assignments will be evaluated negatively during semester grading.

○ **Duties in Clinic**

Students must remain available for duty in their assigned clinical service, even in the event of patient no-shows. **They may only assume other duties or be released from clinic for that session upon the approval of their assigned faculty supervisor.** Clinic staff persons do not have the authority to release a student from clinic.

- **Change in Clinic Assignment**

Situations may arise that warrant a reassignment of duties and responsibilities for student clinicians. The faculty optometrist supervising a student may deem it necessary to assign other patient care duties or clinical activities for that student because of illness, emergency, overloads, or other special situations which may arise. The cooperation of students is expected at such times, and clinical faculty are urged to use their best judgment when redirecting clinicians in order to meet other needs.

- **Duty Doctor Student Assignment**

In anticipation of emergency absences of assigned student clinicians due to illness, or other unforeseen events, the position of Duty Doctor has been created. The duty is rotated among assigned clinicians as scheduled. Only third or fourth year students can be assigned as Duty Doctor.

A student designated as the Duty Doctor for a particular clinic session does receive clinical credit for the assignment, and is expected to remain readily available in the assigned clinical facility to answer any call to duty.

The Duty Doctor should remain in the designated area of the Clinic throughout the four hour clinic session, keeping the appropriate clinic manager aware of his/her presence. The Duty Doctor is released at the end of the clinic by the faculty supervisor and should not leave without expressed permission.

The clinic manager on site or the supervising faculty are authorized to call the Duty Doctor into service whenever circumstances necessitate activating an additional clinician. In cases of emergency absence from an assigned clinic, the Duty Doctor may be called to provide coverage for that student forced to be absent.

The Duty Doctor may be utilized within any of the clinic's service units, and should help ensure sufficient student staffing to meet patient needs and avoid overloading of other students. In the event that the designated Duty Doctor is not assigned a specific assignment by the Clinic Office Manager or supervising faculty, that student is authorized to utilize the time for studies, literature review, etc., but is expected to remain readily available in the clinic. Students are encouraged to assist other students with patient care duties.

- **Dismissing Patients From Clinic**

Students should release patients from clinic only upon receiving permission from the supervising faculty. The role of the faculty is not only that of an instructor, but also as a licensed optometric physician. In addition to the educational need to close cases, there is a medical and legal need for the physician

of record, the faculty, to provide a final disposition opportunity for each case prior to dismissal of each patient. Failure to receive permission from the supervising faculty will result in an unsatisfactory evaluation for that clinic.

- **Dismissing Students from Clinic**

In some instances, a student may finish a patient early or they may have had a patient "no-show." A student is *absolutely not allowed* to leave the clinic until both the faculty supervisor and staff supervisor have agreed that the student may be dismissed. The faculty member may have a "grand rounds" scheduled, or the staff may have an extra patient who needs to be seen or a chart which must be completed. Students are strongly encouraged to use any time, when not assigned with a patient, to the advantage of their education. This may include shadowing or scribing for another student or practicing clinical skills.

Student Clinic Assignments ↓

A student who has earned a Bachelor's degree, satisfactorily completed the full four years of the professional optometry curriculum, and met any special requirements set by the Dean shall be eligible to receive the Doctor of Optometry Degree. The curriculum for the professional optometry program includes the requirement that students must obtain passing grades for all clinical course work.

- **First Year**

All first year optometry students will be required to obtain a passing grade in Optometry 4184 (Optometric Clinical Methods I) before entering Clinic. During Spring Semester of the first professional year, students will be assigned to clinical screening duties and/or observation of examinations by senior optometry students or quality assurance reviews. [Opt. 4291: Introduction to Clinic]

- **Second Year**

In order to progress into second year clinics, students are required to satisfactorily pass Optometry 4184 (Optometric Clinical Methods I), Optometry 4283 (Optometric Clinical Methods II), and Optometry 4291 (Introduction to Clinic I).

During the fall semester of the second professional year, students must be enrolled in Optometry 5183 (Optometric Clinical Methods III) in order to participate in clinics (Optometry 5191, Introduction to Clinic II). Assignments during this semester will include screening activities, observation of examinations by senior optometry students, and quality assurance reviews.

During the spring semester of the second year, students will be enrolled in 5291 (Clinical Practice I) and be assigned to clinical observations and direct examination of scheduled patients. Participation is contingent upon having successfully passed Optometry 5191

(Introduction to Clinic II). In addition, students must complete a proficiency check-out consisting of a comprehensive examination supervised and directly observed by a faculty member.

- **Third Year**

In order to progress into third year clinics, students are required to have successfully passed all second year clinical courses; Optometry 5191 (Introduction to Clinic II) and 5291 (Clinical Practice I).

During the summer semester of the third year students are enrolled in Optometry 6093 (Clinical Practice II), under the supervision of clinical faculty in the screening, examination, diagnosis, treatment and management of vision conditions, ocular and systemic medical problems. Students must successfully pass this course to continue on to the Fall Semester of the third year.

During the fall semester of the third year, students will be assigned to Optometry 6195 (Clinical practice III) which includes supervised examination, diagnosis, analysis, management, therapy, and treatment of patients with eye and/or visual system disorders, as well as patients with histories of systemic medical conditions associated with ocular/visual system implications.

Clinical assignments in the spring semester of the third year will be covered under Optometry 6295 (Clinical Practice IV) and will represent a continuation of those activities listed above for Fall Semester of the third year. In addition, students must complete a proficiency skills check list. A number of clinical skills must be performed, observed, and approved by a faculty member.

- **Fourth Year**

In order to progress into fourth year clinics, students are required to have successfully passed all third year clinical course work.

Clinical assignments in the summer session of the fourth year will include supervised examination, diagnosis, analysis, management, therapy, and treatment of patients with eye and/or visual system disorders, as well as patients with histories of systemic conditions associated with ocular/visual system implications (Optometry 7095, Clinical Practice V).

The fall semester of the fourth year includes activities which represent a continuation of those listed for summer semester of the fourth year. Students are enrolled in Optometry 7196, Clinical Practice VI.

Curriculum for the spring semester of the fourth year includes Optometry 7293, Clinical Practice VII. Activities represent a continuation of those listed for fall semester, and may

occur at both on- and off- campus locations. In addition, students must complete a proficiency skills check list.

- **External Rotations**

Students participate in an eight-week external rotation during the spring of the fourth year of the curriculum. These are arranged with the Associate Dean and the Coordinator of External Rotations. The following is the goal and objectives of the extern program. These published goal and objectives are distributed to the Faculty Coordinator at each extern site as well as to the students.

Goal

Provide optometric students with the quantity and quality of clinical experiences necessary to develop the professional competence to diagnose, treat, and manage eye and vision conditions and to deliver care and services unique to the profession of optometry.

Objectives

During the clinical externship rotations, the student will:

- Experience a diverse clinical population that provides different demographics from the college clinical population
- Experience new practice management modalities

The Externship Program Coordinator communicates with the on-site externship faculty on a regular basis. Each site director is required to provide a written performance evaluation of the student clinician, and each clinician is required to maintain a patient encounter log and complete a rotation evaluation. All external sites are under a memorandum of agreement (MOA) signed by the chief officer (Dean), the Externship Program Coordinator, and the supervising optometrist at the external clinical site. These documents as well as other externship policies are on file in the office of the Coordinator of Externship Program.

Evaluation and Grading of Student Clinicians ↓

The College of Optometry recognizes its responsibility to encourage and educate students, while insuring that patients receive a consistently high standard of care. The College also has a responsibility to the general public, and must convince itself of complete competency before conferring the degree of Doctor of Optometry. It is therefore necessary and desirable that the clinical curriculum include frequent and on- going evaluation of student performance, development, and level of competence.

Clinical faculty and students are urged to view the evaluation process as a mechanism for uncovering and rectifying clinically-related problems and weaknesses, and thus for insuring against incompetency. The evaluation, however, should also emphasize and encourage clinical strengths demonstrated by the students. Timely input should be given so that errors in thinking

and/or technique can be corrected. At the same time, recognition of a good performance will serve to bolster confidence and competency, while encouraging students to pursue excellence.

- **Counseling and Advisement of Student Clinicians**

Counseling and advisement sessions may be arranged upon the request of the student or the faculty. The faculty, after reviewing student clinical evaluations, may determine the need for counseling. They may ask the Associate Dean, Clinical Education Coordinator, or other faculty to provide counseling or remediation. Further counseling sessions, if warranted, may be scheduled with the Student Academic Evaluation Committee.

The following represents a partial listing of the functions expected of the counseling and advisement relationship:

1. Provide a communication link between clinical faculty and student clinicians.
2. Serve as a resource/reference center for students with questions and concerns regarding clinical policies, protocols, procedures, etc.
3. Provide a focal point for purposes of direct counseling relative to performance in clinic.
4. Provide a focal point for designing, communicating, and directing problems of clinical deficiency and programs of remediation.
5. Provide a communication link (in addition to direct discussion with the Associate Dean or Coordinator of Clinical Evaluations) for handling problems or concerns arising over student grading in clinics.
6. Provide an additional communication link between student clinicians and the Coordinator of Clinical Evaluations, the Associate Dean, and the faculty.

- **Grading of Clinical Performance**

All students are assigned grades of Passing (P), Failing (F), or Incomplete (I) upon completion of each semester of clinical assignment. Final semester grades will be determined by faculty consensus after discussion of each student's clinical performance at student clinical evaluation meetings scheduled during and at the end of each semester.

- **Daily Grading - The Closing Interview**

Upon completion of each session of assigned clinic, the student should meet briefly with his/her faculty supervisor for that session. Teacher and student should discuss the events of that session, and should provide one another with a candid assessment of both the positive and negative aspects of the session. Specific strengths and weaknesses should be discussed. The faculty member will have taken notes on patient encounters which have occurred during the session and will review these comments with the student. In addition, remarks should be made as to learning objectives which will facilitate the on-going improvement and advancement of the student's clinical skills. Both the faculty member and the student should sign the evaluation. If there are any comments the student wishes to add to the evaluations, (s)he should do so as it is a process for the student's

development and improvement. Both student and faculty member should utilize this format to help advance and improve skills.

It is the student's responsibility to be sure (s)he has met with the faculty supervisor before leaving the clinic for the day. In the event that a faculty supervisor has left the clinic prior to the conclusion of the patient examination, the student shall inform another supervising faculty or the Clinic Chief.

Following the closing interview, the student may be allowed to leave the clinic.

- **Periodic Clinical Progress Review**

The daily clinical evaluations are compiled for each student two to three times during each regular semester and twice during the summer session. Clinical evaluations are reviewed by the Clinical Education Coordinator. During this review, daily clinical evaluations are monitored for trends and concerns which are discussed in a confidential clinical grade conference attended by all clinical faculty. Based on the student's clinical performance, a grade of satisfactory, unsatisfactory, or incomplete is assigned to each student by the clinical faculty following the clinical grade conference. A final grade of pass (P), fail (F), or incomplete (I) will be determined at the clinical grade conference held at the end of each term.

Following each clinical grade conference, the Clinical Education Coordinator will provide each student with a written notification of his/her status in clinic. Each student will be advised of any and all relevant comments from the faculty regarding his/her strengths and/or weaknesses.

The Clinical Education Coordinator and the Associate Dean remain responsible for all relevant documentation, recording, and distribution of information necessitated by this process.

- **Disciplinary Dismissal of Students from Clinic**

Each supervising faculty member retains the right to expel a student from an assigned clinic session for disciplinary reasons. The severity of this action is obvious, and this course is to be followed only when gross violations of established standards and protocols occur. The supervising faculty member will be responsible for seeing that the patient assigned to the dismissed student is reassigned to another student or is re-scheduled for an appointment.

A detailed written report of events leading to the dismissal from clinic must be presented by the faculty member to the Associate Dean, or in his or her absence, to the Clinical Education Coordinator within 24 hours of the occurrence.

A meeting of the Student Academic Evaluation Committee (SAEC) will be arranged with utmost urgency, and the involved student will be contacted in order that (s)he may

address any and all complaints either personally, or through a written statement addressed to the Committee.

The SAEC will decide upon the appropriateness of the dismissal, and will make recommendations relevant to the incident. The committee's purpose is to objectively evaluate the roles of both the student and the supervising faculty member involved in the incident.

- **Procedure for Student to File Grievance**

Inevitably, situations and conditions related to clinic functions will arise which confuse, frustrate, and/or anger students. When questions, concerns, or problems develop, the student is urged to quickly arrange an appointment for discussion with the Associate Dean. If desired, the student may lodge a complaint or grievance (preferably in writing). If the student prefers to do so, (s)he may choose to act through his/her class president; however, the concern or grievance should be submitted in writing to the class president. Individual problems will be addressed, and if warranted, will be brought to the Student Evaluation Committee (SEC), the faculty, and/or the Dean for further discussion and action.

It is hoped that small problems can be dealt with quickly, and that major controversies can be avoided by following the policies as described.

- **Procedure for Faculty to File Grievances**

Just as students will at times find that clinically-related questions, problems, and concerns can arise, faculty members will undoubtedly experience similar episodes. Faculty are urged to bring their concerns (preferably in writing) to the attention of the supervising Clinic Chief, Residency Director (if a resident is involved), Associate Dean, and/or the Dean, in that order. Further discussion and action can be most effectively initiated by following this protocol.

It is important to keep foremost in any thoughts and actions the following:

- Keep small problems small
- Other people are impacted by your actions
- Patient care and education of students are the primary activities in the clinic

Maturation of Clinical Proficiency ↓

In an effort to minimize misunderstandings, reduce apprehensions, and help insure consistency and fairness in the evaluation of student clinicians, the following list of expectations and requirements is provided. This is an attempt to define the minimum criteria which must be met in order to progress through the clinical curriculum. Where individual tests and procedures are indicated, it is anticipated that they will be reliably performed, and that the data obtained and recorded will be consistently accurate. It also is anticipated that when a student records a finding

on a patient's exam form, and therefore into the patient's medical record, that the student understands the results of the test and its implications.

It should be recognized that other non-specified problems, events, occurrences, etc., could potentially result in a failing grade for clinic.

The student is encouraged to refer to this list frequently, and to assess student performance based upon these specific objectives, established for specific points in the clinical curriculum.

Requirements are listed under the following headings:

- Technical Skills
- Organizational Ability
- Analysis And Diagnosis
- Formulation of Management Plan
- Communication

Note that the expectations and requirements are designated as being "by completion" of the semester being described, but proficiency is expected to develop during the semester. Students should be able to meet the specified standards without assistance, unless otherwise noted. It is evident, to ensure competency by the end of the optometric curriculum, each semester's skills must build upon those of the previous semester. It is therefore important to note, that as the student progresses through the clinical program all skills within each heading listed in the previous semester are expected to be maintained, performed consistently and improved upon.

Please refer to the Appendix for a copy of the Proficiency Skills Check Lists.

- **First Professional Year**

A student who does not successfully pass the designated class, Optometry 4184, Optometric Clinical Methods I, cannot participate in first year clinics, including screenings. Students must have a current CPR certification prior to participating in clinics and providing care in the spring semester of the first year.

By completion of the spring semester, first year:

Technical Skills

1. Case history
2. Visual acuities
3. Cover testing with neutralization (lateral and vertical)
4. Near point of convergence
5. Interpupillary distance determination
6. Ocular motility (ductions, versions, convergence)
7. Keratometry
8. Distance retinoscopy (static and cycloplegic)

9. Nearpoint (dynamic) retinoscopy
10. Monocular subjective refraction
11. Refractive balance
12. Distance Binocular Subjective Endpoint
13. Crossed Cylinder Tests
14. Distance lateral phoria
15. Distance vertical phoria
16. Near lateral phoria
17. Near vertical phoria
18. Distance lateral and vertical fusional ranges
19. Nearpoint lateral and vertical fusional ranges
20. Donder's amplitude of accommodation
21. AC/A ratio determination (response and gradient methods)
22. Eye dominance (preference)
23. Subjective tests of accommodation (amplitude and facility)
24. Determination of appropriate spectacle add for presbyope

Organizational Ability

25. Perform a logical, orderly, sequential examination routine on non-complicated cases
26. Be knowledgeable of the S.O.A.P. record-keeping format
27. Complete examination of non-complicated patient (excluding ocular health assessment) within 90 minutes

Analysis and Diagnosis

28. Identify and communicate to the instructor the patient's Chief Complaint or Reason for Presentation
29. Identify and communicate to the instructor any problems encountered during performance of the examination (patient variables which may have impact upon testing and data reliability; for example: used eccentric viewing and head tilt during monocular acuities)
30. Detect major deviations from normal findings
31. Arrive at an accurate refraction for non-complicated patients

Formulation of Management Plan

32. Demonstrate an interest in discussing the management plan determined by the supervising faculty member
 - A. Determine the patient's recall/disposition by documenting in the appropriate place on the exam form.
 - B. Complete any required referral letters/forms in a timely manner if patients are referred to any other service - both internal and external referrals

Communication

33. Establish effective rapport with patient
34. Establish effective interaction with clinical instructor

Check - Out At the end of the first semester first year students must pass a proficiency examination (practicum) for Methods I before (s)he can be assigned to school screening clinical activities during the second semester.

- **Second Professional Year**

A student who does not successfully pass the designated classes (Optometry 4184, Methods I; 4283, Methods II; and 4291, Intro to Clinic I) cannot participate in second year clinics, including screenings. Students will be enrolled in 5183 (Methods III), and 5191 (Intro to Clinic II).

By completion of the fall semester, second year:

Technical Skills

1. All 1st year requirements
2. Nearpoint (dynamic retinoscopy)
3. Biomicroscopy (anterior and posterior segment)
4. Tonometry (Goldmann, N.C.T., and hand-held)
5. Gonioscopy
6. Visual fields analysis (manual, automated, and Amsler Grid)
7. Sphygmomanometry
8. Auscultation of neck and orbit
9. Exophthalmometry
10. Lid eversion
11. Pressure patching
12. Glucometry
13. Indirect ophthalmoscopy with scleral indentation
14. Ocular smears
15. Ocular cultures
16. Basic ocular cytology
17. Lacrimal system evaluation
18. Lacrimal system irrigation
19. Superficial foreign-body removal
20. Binocular indirect ophthalmoscopy
21. Corneal Evaluation with fluorescein and yellow filter

Organizational Ability

22. Select and perform appropriate ancillary tests, when indicated
23. Consistently establish a thorough listing of patient problems, medications and allergies by the end of an examination
24. Bring all required equipment to clinic

Analysis and Diagnosis

25. Provide clinical instructor with a tentative diagnosis for a broad range of refractive anomalies
26. Consistently address the patient's problems and complaints in the assessment portion of the examination
27. Detect and observe major pathologies, binocular anomalies, visual dysfunctions, and deviations from normal expected findings
28. Identify and communicate to the instructor relevant findings of previous examinations (demonstrate the ability to review patient charts and records)

Formulation of Management Plan

29. Clearly, concisely, and accurately document the management/treatment plan in all patient records, including patient recall.
30. Complete all required referral letters/forms
31. Always obtains faculty permission to dismiss any patient from clinic

Communications

32. Communicate significant observations, findings, concerns, etc., to supervising faculty in a timely and organized fashion throughout the examination
33. Demonstrate effective communication and description of final diagnosis and management plan to the patient following consultation and discussion with supervising faculty.
34. The student is expected to clearly convey a sense of professionalism in interactions with patients, faculty, peers, other health care providers, etc. A sense of professionalism should permeate every aspect of the student's life, including punctuality.

A student must successfully pass the designated classes (Optometry 5183 - Methods III, and 5191 - Intro to Clinic II) to participate in second year Spring clinics.

By completion of the spring semester, second year:

Technical Skills

35. Improved efficiency with all previously identified skills
36. Photodocumentation
37. Seidel testing
38. Insert and remove GP and soft contact lenses on routine patients
39. Clean, edge, polish and modify contact lenses

Organizational Ability

40. Complete examination of non-complicated patient including fundus evaluation within 120 minutes

Analysis and Diagnosis

41. Provide clinical instructor with a tentative diagnosis for a broad range of refractive anomalies.
42. Detect and observe major pathologies of both anterior and posterior segments as well as deviations from normal expected findings in all areas of the examination

Formulation of Management Plan

43. Actively discuss management and treatment options with supervising faculty member
44. Demonstrate knowledge of basic science involved in approaches
45. Demonstrate an interest in understanding the management plan designated by the supervising faculty member
46. Complete all required referral letters/forms
47. Checks with faculty at beginning of each clinical session regarding dilation policy
48. No contact lens is removed prior to consulting with faculty
49. Student is never allowed to release patient from clinic until advised to do so by the consulting faculty member.

Communication

50. Demonstrate an improving ability to talk and listen to patients
51. Demonstrate an ability to "focus" case presentations to faculty, and to select key findings of the examination process during the consultation
52. Demonstrate effective use of the problem-oriented examination form - SOAPE - (Subjective, Objective, Assessment, Plan) in discussions and for entries into patient records

Clinical Skills Competency Evaluation

- Approximately midway through the Spring semester, each student is required to perform a comprehensive examination on a first year optometry student while being observed by a clinical faculty member. The faculty member uses a checklist adapted from Part III of the NBEO to assess the student's performance and give the student immediate feedback. Following this assessment, remediation programs are initiated, if indicated.
- **Third Professional Year**

A student who does not successfully pass the designated class (Optometry 5291, Clinical Practice I) cannot participate in third year clinics.

By completion of the summer semester, third year:

Technical Skills

1. All 2nd year requirements
2. Perform and evaluate non-complicated contact lens fittings
3. Identify, record, and analyze pertinent history and problems presented by the patient.
4. Accurate and quick radiuscope analysis of GP contact lenses
5. Teach insertion and removal of contact lenses to patients without difficulty
6. Accurately acquire computerized topographical map

Organizational Ability

7. Complete examination of non-complicated patient including dilated fundus evaluation within 90 minutes (student may be required to complete 21 point analytical or graphical exam)
8. Complete a routine contact lens examination and initial trial lens fitting within two (2) hours.

Analysis and Diagnosis

9. Provide clinical instructor with a tentative diagnosis for a broad range of patient problems
10. Provide differential diagnosis for anterior segment pathologies, including contact lens complications

Formulation of Management Plan

11. Provide instructor with appropriate suggestions for management/treatment for many specific patient problems
12. Complete all required referral letters/forms

Communications

13. Following consultation with supervising faculty, demonstrate clear and effective description of findings and recommendations to the patient

A student must successfully pass the designated class (Optometry 6093, Clinical Practice II) to participate in third year fall clinics.

By completion of the fall semester, third year:

Technical Skills

14. All previous level skills

15. Perform and evaluate wide variety of contact lens fittings
16. Remove superficial corneal foreign bodies
17. Complete routine examination of variety of anterior segment "walk in" patients within 45 minutes
18. Complete examination of non-complicated patient including dilated fundus evaluation within 90 minutes
19. Perform trial lens refraction including using hand held JCC
20. Perform lensometry, tonometry, and slit lamp exam using hand held instruments
21. Perform a complete examination on a patient who is confined to a wheel-chair or bed
22. Utilize COVD Quality of Life checklist in patient care
23. Perform and evaluate all diagnostic skills listed on the Vision Therapy summary sheet

Organizational Ability

24. Complete specific ancillary test procedures (short exam) within 30 minutes (examples: reevaluate refraction, perform automated visual fields testing)
25. Complete the examination of patients with a broad range of ocular and visual system pathologies within 2 hours
26. Be able to complete patient superbill for billing, including finding and selecting appropriate CPT and ICD 9 codes with minimal help from supervising faculty.
27. Complete a routine contact lens progress examination within one (1) hour.

Analysis and Diagnosis

28. Provide clinical instructor with a tentative diagnosis for a broad range of patient problems

Formulation of Management Plan

29. Provide instructor with appropriate suggestions for management/treatment for many specific patient problems
30. Complete all required referral letters/forms

Communications

31. Following consultation with supervising faculty, demonstrate clear and effective description of findings and recommendations to the patient
32. Use techniques to communicate with patient with certain physical limitations such as hearing impairment, aphasia or dementia

A student must successfully pass the designated class (Optometry 6195, Clinical Practice III) to participate in third year Spring clinics.

By completion of the spring semester, third year:

Technical Skills

33. Improved efficiency with previously mentioned skills. Skills are expected to be performed correctly consistently.
34. Perform and evaluate contact lens fittings for presbyopes and patients with significant astigmatism.
35. Complete evaluation of patients presenting for acute care other than anterior segment problems within 45 minutes

Organizational Abilities

36. All previously listed tasks, in a consistent reliable, manner

Analysis and Diagnosis

37. Anticipate test results and clinical findings based upon previous data, patient complaints, history, and referral information (begin advanced formulation of differential diagnosis)
38. Demonstrate the ability to develop a problem-oriented diagnostic strategy, directly related to the differential diagnosis of patient signs and symptoms
39. Arrive at a logical tentative diagnosis consistent with the results of a differential diagnosis process, and present it to the supervising faculty member

Formulation of Management Plan

40. Following discussion of diagnostic possibilities, and designation of a "final" diagnosis by supervising faculty, demonstrate a knowledge of therapeutic and treatment options appropriate to the final diagnosis
41. Complete all required referral letters/forms

Communication

42. Clearly and logically list diagnostic possibilities for the supervising faculty member based upon patient presentation, complaint, history, previous data, referral letters, chart entries, etc.,
43. Clearly outline an approach to problem-solving (i.e. describe the steps of a differential workup) for the supervising faculty member, before performing the tests
44. Demonstrate the ability to recognize and investigate problem-specific elements of the patient's history throughout the examination process
45. Clearly and logically discuss and provide preventative care, patient education and counseling.

- **Fourth Professional Year**

A student who does not successfully pass the designated class (Optometry 6295, Clinical Practice IV) cannot participate in fourth year clinics.

By completion of the summer semester, fourth year:

Technical Skills

1. All designated 1st, 2nd, and 3rd year skills
2. Improved efficiency. Skills must be successfully performed consistently in every clinical encounter.
3. Assessment of primary and secondary angles of deviation
4. Evaluation of comitancy
5. Krimsky and reverse-Krimsky neutralization
6. Four Prism Diopter Base-Out test
7. Park's Three Step Method of Vertical Analysis
8. Spatial localization testing
9. Tests of sensory fusion
10. Determination of intensity of suppression
11. Tests of anomalous correspondence
12. Kinetic cover testing
13. Bagolini Lens Testing
14. Kinetic cover testing
15. Tests of fixation (eccentricity, steadiness, etc.)
16. Tests of visual perception

Organizational Ability

17. Complete a sequential in-depth assessment of binocular visual function within 90 minutes. Appropriately describe treatment for abnormalities found within such exam.
18. Complete a routine evaluation of anterior segment "walk in" patients within 30 minutes
19. Described all items pertaining to informed consent for surgical procedures including anterior segment laser and minor surgical procedures.

Analysis and Diagnosis

20. "Tentative diagnosis" proposed by student should closely and clearly approximate "final diagnosis" reached following consultation with supervising faculty. In other words, the student should be able to demonstrate the necessary skills to examine and evaluate the patient to arrive at a rational diagnosis.
21. Recognize when it is necessary to obtain a consultation with minimal coaching from supervising faculty.
22. Formulate treatment plans for binocular vision anomalies including if office therapy and home support programs.

Formulation of Management Plan

23. Actively describe options for patient management for supervising faculty, including post operative care for anterior segment laser and minor surgical procedures
24. Provide specific recommendations regarding the implications of various treatments and prescriptions for consideration by supervising faculty
25. Complete all required referral letters/forms. The student must be able to coordinate care provided by others.
26. Complete all phone calls and/or correspondence back to any referring provider to ensure patient continuity of care.

Communication

27. Convey a sense of professionalism and confidence in all aspects of interaction with patients, other students, optometry and hospital staff, other health care providers, and faculty preceptors
28. Begin to show the ability to effectively advise and counsel patients, and to maximize the likelihood of compliance with recommendations and prescriptions
29. The student should be able to effectively communicate orally and in writing with other healthcare professionals and patients.

A student must successfully pass the designated class (Optometry 7095, Clinical Practice V) to participate in fourth year Fall clinics.

By completion of the fall semester, fourth year:

Technical Skills

30. Increased efficiency in all previously mentioned skills. Skills must be successfully performed consistently in every clinical encounter.
31. Assessment of sensory motor skills
32. Assessment of perceptual skills
33. Assessment of strabismus evaluation
34. Assessment of amblyopia evaluation
35. Diagnosis and treatment of visual dysfunctions listed above
36. Be familiar with the operations of the retinal imaging equipment available in specialty care and imaging clinics.

Organizational Ability

37. Complete most examinations within 60 minutes
38. Show the ability to logically prioritize the patient's problems
39. Show the ability to logically allocate emphasis and time throughout the examination

40. Demonstrate the ability to designate appropriate intervals and directions for follow-up examinations and patient recalls to clinic

Analysis and Diagnosis

41. Specify an appropriate diagnosis for the majority of patients seen
42. Reach a "tentative diagnosis" which in most cases should be largely in agreement with the "final diagnosis" reached through consultation with supervising faculty
43. Be able to analyze results from retinal imaging equipment

Formulation of Management Plan

44. Be able to detail a logical course of management for the majority of cases encountered
45. Complete all required referral letters/forms

Communication

46. The student should demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to the delivery of optometric care.

A student must successfully pass the designated class (Optometry 7196, Clinical Practice VI) to participate in fourth year Spring clinics.

By completion of the spring semester, fourth year:

Technical Skills

47. Demonstrate mastery in many areas and techniques

Organizational Ability

48. Demonstrate skills which are consistently efficient and effective
49. Reliably complete examinations "on time"

Analysis and Diagnosis

50. Consistently reach logical conclusions
51. Demonstrate reliable diagnostic capabilities

Formulation of Management Plan

52. Develop, prescribe, and administer appropriate therapies and treatments
53. Request appropriate consultations and referrals
54. Clearly define needs and requests in making referrals and obtaining consults

55. Make appropriate and well-guided referrals
56. Schedule appropriate follow-up examinations at appropriate times

Communication

57. Demonstrate excellent and professional communication skills in any and all areas of patient care

Ongoing Assessment of Clinic Competency ↓

In order to assure maintenance of proficiencies in essential optometric skills, the following regimen of "Practical Demonstrations" is intended to insure minimum proficiency in techniques and procedures considered basic to a complete and thorough eye examination and vision analysis. Through these demonstrations, students will be motivated to review and refine their clinical methods. As all procedures will have been previously evaluated in formal practical ("Check-out") exams incorporated within the Clinical Methods courses, these third and fourth year "practical demonstrations" represent an effort to encourage review and to prevent any acquired "bad habits" from becoming firmly ingrained. An additional benefit to the student will be the opportunity to be closely evaluated during performance of a clinical procedure; in essence a form of "dress rehearsal" for the licensure examinations (s)he can anticipate taking.

Each third and fourth year clinician will be issued a Clinical Proficiency Checklist at the beginning of the Spring semester that must be successfully completed prior to the end of that semester in order to receive a passing grade in clinic. The checklists include approximately fifteen clinical skills considered essential for the student's level in the program. Students who are unable to successfully demonstrate all of the proficiencies will be assigned an incomplete or failing grade by the faculty.

- **Procedure for Third and Fourth Year "Proficiency Demonstrations"**

Each student is to bring the checklist to clinic each day (see Appendix for sample form). When time is available in clinic, the student will ask one of the clinical faculty members if (s)he is free to check the student out on a procedure. The procedure may be demonstrated on another student or on a patient if it is appropriate to do so.

Once the student has demonstrated proficiency in performing a procedure, the faculty member will sign the form next to that procedure. If the student does not demonstrate proficiency, the procedure must be demonstrated again (not necessarily on the same day) until it is performed satisfactorily. Unsuccessful attempts will be noted by the faculty. Once the form is completed, it must be returned to the Clinical Education Coordinator's mailbox by the due date listed on the form.

Failure to successfully demonstrate all items of proficiency will result in notification of the Student Academic Evaluation Committee by the Clinical Education Coordinator. The SAEC will meet and formulate a recommendation regarding appropriate remedial action or assignment of a clinical grade (Pass/Fail/Incomplete) to the Dean for final approval

and implementation.

Other forms of ongoing clinical assessment include:

1. Quality Assurance/Quality Improvement Studies performed by the Clinical Education Coordinator.
2. Spectacle Reorder Form. A copy of which is given to the initial prescribing faculty and student. These are also reviewed by the Clinical Education Coordinator to look for trends by any individual student and/or faculty member.
3. Daily clinical grade reports which are then reviewed for each student as a whole to look for trends of deficiency in any area including skill, knowledge base, attitude and professionalism.

- **Log Books**

All students are encouraged to maintain log books. The students may utilize a variety of ways to maintain a "log book". Some students choose to keep copies of the PCC exam form, some students devise a paper log book, and other students choose to use their PDA to keep a patient log. All students are advised of and aware of HIPAA regulations in regards to the various forms of log that may be used.

The purposes of the log book are to:

1. Allow students and faculty to obtain an accurate picture of how many patients of various types (i.e., glaucoma, pediatric, contact lens, etc.) were seen. This can also be accomplished via a report from the NSU College of Optometry practice management software. The information can be obtained by request through the Associate Dean. The information can also describe what CPT codes the students have provided to patients and what diseases (ICD9) the student has encountered.
2. Enable students to follow up on patients of special interest.
3. Educate students in methods and skills of maintaining documentation which may be useful for the students in their practices. It is explained to students that this information may be vital to them, such as when requesting hospital or insurance privileges.

During the semester as part of their clinical education, faculty may require students to follow up on a particular patient, or students on their own may wish to remind themselves to check on a patient's condition at a later date. In either case, a notation should be made so that the student can remind themselves to perform the follow up. If the faculty member is requiring the follow up, the faculty member should also make a notation to themselves to check on student compliance with the task assigned. The student should examine the medical record (or perform other follow up as required) and report back to the faculty member. If the task (follow up) is not completed, the faculty member should report so through the Student Clinical Grade process. This deficiency will then be discussed through the grade meeting process.

Clinic Protocol and Procedures ↓

- **Titles to Be Used in Clinics**

1. **Faculty, Residents, Post-doctoral Fellows, and Student Clinicians**

In order to minimize patient confusion, maximize patient rapport and compliance, and enhance a sense of professionalism and pride, it is desirable for supervisory faculty, residents, and postdoctoral fellows to be referred to as "doctor" in discussions before patients. Students should be referred to as "clinician _____".

2. **Clinical Support Staff**

Please refer to all members of the clinical support staff as "Dr.", "Mr.", "Mrs.", "Ms.", or "Miss" in discussions before patients.

3. **Patients**

As the majority of data collected through patient satisfaction surveys indicate that patients generally prefer to be addressed through the designation of "Dr.", "Mr.", "Mrs.", "Ms.", or "Miss", it is clinic policy to address all patients with appropriate titles. In the event that a patient specifically requests to be addressed on a first-name basis, then it becomes appropriate to do so. Routinely using the patient's first name is many times interpreted as a lack of appropriate respect toward the patient. Student clinicians should always introduce themselves to the patients, giving both the first name and the last name; i.e., Clinician Jason Smith.

- **Dress Code for All Clinics**

Faculty, staff, and students should recognize their role as representatives of the Northeastern State University Oklahoma College of Optometry, and of the profession of Optometry. Patients and hospital personnel will be forming opinions about the Clinic, about the College, and about Optometry based upon their impressions of you. Personal appearance, hygiene, language, mannerisms, etc., will influence the impression you create. A non-professional bearing will convey a sense of non-professional attitude. For this reason all faculty, staff and students are expected to actively adhere to and support a dress code and grooming code which conveys a sense of professionalism. The dress code for all clinicians is as follows:

Faculty and students performing clinical duties, providing direct patient care, research or pre-clinic laboratories in clinics during normal clinic hours must present a professional appearance. As professional health care providers, it is essential that a professional image be presented to the public and to the patients. This policy applies whether students and faculty are providing care or performing research, or, in the case of students, participating in project activities or practice labs in the clinic areas during normal clinic hours.

General Rules Regarding Attire:

- All clothes must be clean and wrinkle-free.
- Students must wear short (to the waist or hip) clinic/lab jackets in all clinics except those pertaining to pediatric populations. In addition, students may check

with their faculty member for permission to remove their coats in situations where the temperature is poorly regulated.

- Scrubs may be substituted for clinics on the NSU campus. Scrubs may also be worn to pre-clinical laboratories held in clinical areas.
- Jean pants/jean slacks (denim) of any type or color are not acceptable.
- Cargo pockets or hanging drawstrings on any pants are not acceptable.
- Dress shoes or dress sandals are required; flat heels are acceptable. Open toed shoes are not allowed in Specialty Care or Surgery clinic areas of the NSU building. Cherokee Nation policy prohibits open toed shoes in any facility, therefore open toed shoes may NOT be worn to REP or Hastings clinics. If open toed shoes are worn to Hastings or REP clinics you will be sent home to change, you will be counted absent, and you will not be allowed to make up the absence.
- Hiking boots, casual sandals or sneakers/athletic shoes are not acceptable with dress attire. Clean athletic shoes may be worn with scrubs.
- Excessively strong cologne/perfume may be irritating to others and is to be worn in moderation.
- Body tattoos or piercing (other than traditional ear rings for women) are considered inappropriate. Tattoos must remain covered while in any clinical area.
- Artificial nails are not allowed. Fingernails must be no longer than ¼ inch. Nail polish must be conservative and in good repair.
- All students and faculty must have their name visible at all times. This may be achieved by embroidery on the white coat or scrub top or by use of a name tag.

Scrubs:

- Must be clean and wrinkle free.
- Must have the NSUOCO logo on the scrub top. Clinician name may be added but is not required.
- Must not have a print design.
- Must be one of the following colors – no other will be allowed.
 - - Dark green (forest, jade, hunter)
 - Black
 - Grey
 - Dark Blue (navy, indigo)
 - Ceil Blue

Women:

- Leggings are not acceptable unless worn under other acceptable attire for warmth during cold weather.
- Inappropriately short skirts are not acceptable. Skirts must be at the knee or below when standing.
- Dress slacks with appropriate blouses/tops are acceptable. Non-revealing sleeveless shirts are allowed. No tank tops or spaghetti straps are allowed. The

- bottom of a dress shirt should be below the waist of pants at all times when bending or reaching. The neck line of women's shirts should not be revealing.
- Women's dress pants may be mid-calf or below. Casual Capri pants are not acceptable.
 - Shorts or T-shirt type shirts are not acceptable.

Men:

- Dress shirts which button down the front and slacks that are clean and without wrinkles is the appropriate attire. Ties are not permitted in the clinic setting.
- Socks are to be worn with all foot attire.
- Men must be clean shaven or have a well manicured beard.

Students presenting for clinic who are not wearing professional attire, or otherwise presenting an unprofessional appearance, will be considered unprepared for clinic. The supervising faculty, clinic chief, or staff support person may ask the student to leave and return to clinic appropriately dressed in a professional manner. This will be counted as an un-excused absence. Rules of the dress code may be amended by clinic chiefs or by the Associate Dean due to weather conditions or for individual health reasons.

- **Photo/ID Badges**

All students, clinical staff, and faculty are required to obtain and wear photo/ID badges while in the clinics in order to insure security and to meet state and federal guidelines regarding patient records and confidentiality. Replacement of lost NSUOCO badges will cost \$5.00. Students in clinic must wear at all times their NSUOCO photo ID badge or their Hastings photo ID badge. Students should not put stickers or pins on their badges that will hinder easy identification.

- **Personal Hygiene**

Personal cleanliness is an important element in any practitioner of a health profession. The clinical faculty and staff, as well as your own classmates, should feel free to direct your attention to any shortcomings in this area. Continued inattention to personal hygiene will result in dismissal from clinical assignments and evaluation by the Committee on Ethics and Professionalism.

- **Food and Beverages**

Please strive to keep the entire clinic clean and presentable! It is permissible to eat and drink ONLY in those clinic areas designated for Lounge/Consultation use. Please keep food and drink out of sight from patients, and do not carry it out into the hallways or examination areas. Try to avoid "in house" food preparation, microwaving, etc., that is likely to permeate the clinic with a heavy odor. Always remember the need to present a professional appearance when working with patients. Students, faculty and staff should keep in mind that eating and drinking in a clinical setting puts one at increased risk of

acquiring infection. When in Cherokee Nation clinical facilities, all faculty and students will follow Cherokee Nation policy regarding food and beverages.

- **Optometry Equipment Engineer:**

These individuals are responsible for assisting faculty and students with equipment needs or repairs. Duties include, but are not limited to, the maintenance and inventory of all clinic equipment, performance of regular checks on calibration and standardization of all clinic equipment, moving clinic equipment when requested by clinical faculty, ordering general clinic supplies, maintaining adequate inventories of diagnostic and therapeutic ocular pharmaceuticals, and performing prompt and appropriate repair of worn or damaged equipment.

The equipment engineer should inspect all examination rooms on a daily basis to insure that contents are complete, and in working order. The equipment engineer is also responsible for daily cleaning and disinfection of the examination areas in the clinic. Chairs, headrests, counter tops, etc., which commonly come in contact with patients should be cleansed and disinfected with an acceptable hospital grade cleaner on a daily basis. This duty may be delegated to a specific student worker upon approval of the Associate Dean; however, the equipment engineer remains responsible for seeing that the work is done properly and regularly.

- **Responsibility for Clinic Equipment**

All students are responsible for ensuring that all equipment is in proper working condition prior to using for patient care. Also students are responsible for turning off and covering all equipment prior to leaving the clinical session. Students are responsible for informing the equipment engineer of any problems either immediately if the engineer is present on site, or via the NSU College of Optometry Work Order form. This form is readily available in each clinic. It will otherwise be assumed that the equipment was complete and functioning when the student arrived and subsequently left clinic.

Students and/or faculty may be charged for missing or blatantly abused equipment. This action would only come upon recommendation of the Associate Dean, following an investigation of any complaint lodged by the equipment engineer. Failure to pay costs assessed by the Associate Dean could result in a failing grade or referral to the Committee on Ethics and Professionalism with a recommendation of suspension from clinic.

- **Care and Use of Equipment**

Clinical performance evaluations are based in part on appropriate handling of equipment. Faculty and students must recognize the responsibility to assist in maintaining clean and functional clinical equipment. Please handle equipment with care. Student responsibility before leaving the room at the end of each clinic session include the following.

1. Return phoropter sphere and cylinder lens banks to plano and replace dust covers.
2. Turn off all electrical equipment and lights (unless otherwise specified for a particular instrument.)
3. Lower stand and chair to lowest position, lock chair, and turn all switches off.
4. Replace dust covers on every piece of equipment.
5. Return any borrowed equipment to main reception area or appropriate equipment storage area.
6. Report all broken equipment to the Optical Equipment Engineer for immediate repair by completing a work order form - these are available from the main clinic office at each site.
7. Report any areas needing special cleaning attention by the custodians to the main clinical staff person.
8. Rooms should be kept tidy and neat throughout all exams. Students should clean their exam room before leaving it. Students must ensure that they have locked all cabinets that are required to be locked.

- **Supplies**

Routinely used clinical supplies, including Kleenex, Q-tips, fluorescein strips, rose bengal strips, sterile saline, etc., can be obtained from the appropriate supply area and does not require sign out.

- **Diagnostic and Therapeutic Pharmaceuticals**

Students are to observe the following policies regarding the use of pharmaceuticals in any and all clinics:

1. Students should always remember to check the name and expiration date on all pharmaceuticals when they first report to the clinic and are assigned a room. Expired bottles should be disposed of and replace with current ones.
2. Do not apply, instill, or dispense any pharmaceutical agent without first getting permission from the supervising optometrist.
3. Do not remove contact lenses without taking visual acuity, evaluating the contact lenses, and then checking with the supervising optometrist.
4. Students are prohibited from taking pharmaceutical agents from the clinic.

- **Contact Lens Disinfection**

1. Used disposable trial lenses should be discarded. Return all non disposable used trial lenses to the Contact Lens Staff Assistant for cleaning and disinfection.
2. Current contact lens service protocol involves disinfection through use of 3% Hydrogen Peroxide with appropriate neutralization and storage in appropriate sterile solution.

Building Security Policies ↓

- **Building Security**

The primary use of the facilities of the College of Optometry are for classroom and clinical instruction. These activities take precedence over any other planned uses. Anyone wishing to use the facility for reasons other than regularly scheduled classroom and clinical instruction must obtain approval for the use and must have a sponsor who assumes responsibility for security of the facility and equipment used during the planned activity. This includes Student Project work, approved organizations, and study groups meeting in rooms which are normally locked. **Students, faculty, residents, and staff are urged to respect the need for security in all clinical and educational facilities. In addition, everyone is urged to respect the privacy and confidentiality of individual faculty and staff offices.**

Note: Approval for use of the facility may only be granted by a full-time faculty member or a member of the administrative staff which includes the dean, the associate dean, the assistant deans, or the coordinator of student affairs. That person is responsible for ensuring that an appropriate sponsor is available either on-site during the activity or will be present to unlock and lock doors. The sponsor may be another faculty, a full-time staff person, a resident, or someone who is closely connected with the program such as the spouse of a faculty member or administrator.

Students, staff, residents, and faculty are assigned keys that access various areas of the Optometry Building. Keys are assigned to provide entry into areas appropriate to the responsibilities of the person. Any person who lends a key to another person, be they a fellow student, a family member, friend or co-worker, runs a risk of disciplinary action. Any person who illegally copies a key is subject to disciplinary action.

Faculty, residents, or staff will not lend 1-2 keys, Master Keys, or other equally sensitive keys to other faculty, residents, staff, relatives, friends, or students without first advising the Dean of Optometry, the Associate Dean, or the Assistant Dean for Administration. **Should a faculty, resident, or staff member have a compelling reason to lend a key to a member of his or her immediate family, or to another faculty, resident, or staff member, it is done so with the understanding that personal liability is not transferred with the key.** Responsibility for any losses which might occur will be assigned to the person who loaned the key originally. These losses include damages to equipment or facilities, loss of supplies, or actions which may have a negative impact on the reputation of the College.

Students may not loan their keys out to anyone, including family members, under any circumstances. Each student is required to have his or her own personal key to access the student areas of the Optometry Building. Since all students have appropriate keys, there should be no reason for building keys to be transferred or loaned to another student. Also, under no circumstances should a door be left propped open to allow access to others.

Students who are issued specific keys as a result of their responsibilities within the

College of Optometry (i.e., laboratory assistant, SITE officer, or OSA officer) must obtain that key via a written request signed by the appropriate faculty or staff person. The student should submit the written documentation to the Assistant Dean for Administration to receive the key, and upon completion of the responsibilities, the student must immediately surrender the key. Under no circumstances, should a student "Pass" the key on to another student, even if that student is assuming the responsibilities which require the key.

If a key is lost or stolen, the faculty, staff, or student suffering the loss will immediately report the loss to both Campus Security and the Dean's Office.

- **Use of Clinics for "Special Exams" and "After Hours"**

Examination and management of regularly scheduled patients receives highest priority in allocation of clinical space, rooms, equipment, facilities, and supervisory staff. Clinical research and student research projects are also a high priority, and a concerted effort should always be made to accommodate the requests of those involved, without impacting the ability to deliver care to patients.

Examination of relatives, friends, university colleagues, and etc., is valuable from the standpoint of public relations, as well as for purposes of teaching and learning, but these endeavors must, of necessity, receive a lower priority.

Students may only utilize clinical space and equipment to conduct private examinations, project-related examinations and personal clinical research under the direct supervision of a member of the NSU College of Optometry faculty, or upon expressed approval of the Dean. Students must make prior arrangements for a faculty member to provide direct supervision, as well as arrange for a clinical room and medical chart to be made. All arrangements must be made at least four days in advance of the examination. The College cannot permit, and will not condone, the "practice of optometry without a license."

Faculty members and residents are asked to respect priorities in utilizing space and equipment for purposes other than regularly scheduled clinic assignments. Regularly scheduled clinical activities always take precedence over other activities.

Use of clinical space and equipment in the W. W. Hastings Pheiffer Clinic on weekends, evenings, and during non-routine hours, may be possible by special arrangement. Requests should be given in writing to the Associate Dean, who will then forward the request to the Hospital Administration for special consideration. Approval is much more likely if sufficient leadtime is given so that all arrangements can be finalized.

- **Monitor Key for Exam Rooms in Optometry Building (Campus)**

Students wishing to utilize the clinical exam rooms in the Optometry Building on campus may check out the "monitor" key from the Secretary in the College

Administration Office. Students checking out the monitor key assume responsibility for activities in the clinic during the period of time they are serving as the "monitor." The "monitor" must stay on-site and within the clinic area during any time that the doors remain unlocked. Students may not pass the key to another student. The key may not be checked out prior to 4:30 pm. Also, it must be understood that the student checking the key out has a commitment to other students of all classes to open the clinical area for practicing, during reasonable hours. Students should attempt to coordinate the times the "monitor" will be required to be present so as not to put an undue burden upon any one student's time. The monitor is responsible for locking all exam room doors and clinical entrance doors after ensuring that all equipment is off and covered and that all room lights are turned off.

- **Access to Academic Areas**

Entry/Exit Doors

Doors into the Optometry Building pose particular problems for security. While the College desires to have easy access for those who have appropriate reasons for being in the building, we also must be mindful of issues of security. Doors which should remain permanently locked are will have a notation on them.

The main doors into the Academic, Administrative and Clinic wings will be unlocked at 8 a.m. and locked at 5 p.m. each week day. These doors should never be propped open after hours.

Classroom Doors

The doors into the Auditorium (room 104) and classroom 114 will be locked at 5 p.m. each day and all audio visual equipment turned off. Room 115 will be left unlocked. Students wishing to use the Breakout Room as a study area after regular office hours may check out an access key which will open the Breakout Room only. Students are cautioned that they may not use the audio visual equipment in Room 115 or the Breakout Room after 5 p.m. or on weekends without faculty approval and supervision. The access key may be checked out from the Administrative Secretary in Dean's Office. **Persons using these areas are responsible for seeing that all equipment is turned off, windows are closed, and trash removed. Continued violations of these expectations will result in loss of access to these areas.**

Student Study Areas

Students have unlimited access to the following areas for study: Student Lounge and Computer Lab in basement, the foyer in new Academic Wing and alcove near Classroom 115; any unused classroom (between the hours of 8 a.m. and 5 p.m.) and classroom 115 after hours and on the weekend. The Breakout/Conference Room is available as a study area only by checking out an access key from the Administration Secretary. The Breakout Room is a Conference Area and any activity requiring use of the room as a meeting room takes precedence over use of the area as a study area. The students will have unlimited access to the Clinical Instruction Laboratory (former Literacy Building). All students have a key which accesses this area. That building should remain locked from 5 p.m. to 8

a.m. and on weekends. Doors should never be propped open during those times.

Classroom Audio Visual Equipment

The increased emphasis on technology in teaching has introduced new expectations in many courses taught in the professional program. Assignments may include presentations in class which require outside development and practice utilizing some of the audio visual equipment in the classrooms. However, the risk of damage or misuse must be weighed against easy access, and appropriate security must be followed. At any time during use of any equipment, technical problems must be reported immediately to one of the staff persons responsible for technical support of computers and audio visual equipment (Mr. Aaron Lee or Mr. Tom Tinnell).

During regular office hours (8 a.m. to 5 p.m.), students may use audio visual equipment in Room 115 if the room and equipment are available. However, they should report to the Administrative Wing (Dean=s Secretary or Receptionist) that they will be in the room and using the equipment. If the student is unfamiliar with the equipment and has any questions about its proper use, the student should seek assistance from Aaron Lee or Tom Tinnell. **Persons using the equipment are responsible for turning it off.**

After 5 p.m. or on the weekends, students may not have access to the auditorium, classroom 114, or use any audio visual equipment unsupervised in ANY classroom. After 5 p.m. or on the weekends, the student must have a supervising faculty member who will assume responsibility for security of the classroom and use of the equipment. The faculty member=s responsibility will include unlocking the room, overseeing use of the equipment, checking for open windows, and locking the room at the completion of the activity.

Sponsored Activity

Activities within the facility which are outside of regularly scheduled academic and clinical teaching may be conducted if approved in advance and if the activity creates no conflict in scheduling or disruption due to noise or heavy traffic. Anyone wishing to sponsor such an activity, whether it be during or after regular office hours, must submit a request for approval to the Dean=s Office which also reserves the needed space. It should be noted that regular academic and clinical teaching always has priority over other activities, and any conflicts which develop after a function has been approved will be handled on a case by case basis. Student activities which take place in secured areas must have an appropriate faculty or administrative sponsor who assumes responsibility for security of the building and equipment ([See Note Above](#)). Members of any group holding an activity within the facility are responsible for cleaning up all trash, disposing of left over food items, and reporting any spills to the Administrative Staff. **They are also responsible for turning off equipment and lights, and locking doors. Violations of these expectations will result in loss of access to areas.**

- **Waiting For Patients**

1. Clinicians are asked to help minimize hallway congestion by waiting for their patients and charts in the designated consultation areas of each clinic.
2. When a patient's chart is ready at the Pheiffer clinic office window, the clinician scheduled to examine the patient should retrieve the chart and prepare to call their patient for the exam. At the NSU Campus clinic the clinician will be notified their patient is ready over the intercom system. The REP clinics have a variety of mechanisms of preparing charts and students will receive a brief orientation about these procedures at each new clinic they visit.
3. Regardless of clinic site, patient records should be retrieved by the assigned clinician, quickly scrutinized for essential data, and the patient brought in for the examination. Faculty may require, or students may elect, to discuss the case prior to calling the patient.
4. Clinicians should escort patients to the assigned examination room.
5. Students who are between patients, have a "no-show", or who are waiting for some reason should not loiter in or around the reception and/or clinic office area. Students loitering in those areas will be asked to return to the consultation area by the clinical staff person responsible for that area.

- **Sign-in by Patient**

1. Each patient seen in the Optometry Clinic must enter his or her name on the appropriate sign-in form maintained at the reception window. Similarly, a registration page with chart number only is kept in the Dispensary for patients seen within that service.
2. Patients with urgent and emergent ocular conditions will be seen as priority in all clinics and may be examined prior to patients with appointments.

- **Patient Tardiness**

1. Any patient who has not arrived within 15 minutes of the start of a scheduled appointment may be classified as "too late to be seen,". Depending on availability of other patients to fill the exam slot of the late patient, it should be the policy of all clinics to complete at least part of the examination of any patient who presents late. This should be the policy unless a staff doctor specifically directs that the patient has arrived too late for any productive exam to be performed and should be rescheduled.
2. If a late arriving patient's slot was filled with another patient, the late arriving patient should be told that another patient was called to take their appointment when they failed to arrive. The patient should be politely offered an opportunity to reschedule their appointment. If the patient offers a plausible and unavoidable reason for being late, then the Clinic Office Manager, or the person acting as Receptionist, may offer the patient an opportunity to remain in clinic on stand-by status--an examination should not be guaranteed, however. The office staff member will then consult the supervisory faculty and determine whether a clinician is available for the patient.

3. A late patient given stand-by status should not be given higher priority, and all standby patients should be called in the order that the charts were presented to receive an examination.
- **Patient Cancellations**
 1. When a patient voluntarily cancels an appointment, the Appointments Staff Assistant should immediately fill the slot with the next available patient from the appropriate waiting list.
 2. If a canceled appointment cannot be replaced from the waiting list due to time constraints, then a stand-by patient or patient available from the in-clinic "Quick Call List" (if available) may be appointed.
 - **Stand-by Patient Status**
 1. During those times when Primary Care Services are being offered, the Clinic Office Manager may maintain a total "pool" of not more than 5 stand-by patients who desire to remain in the clinic in hopes of being called in the event of a no-show by a scheduled patient.
 2. Stand-by patients (at the Pheiffer Clinic) must provide his/her chart number and will be called (should the opportunity arise) in the order that the patients requested being put on the stand-by list.
 3. Stand-by patients should not be guaranteed any form of examination. In addition, they should be informed there is a very good chance they will not be seen that day.
 4. "Stand-by" status should not be offered to a patient as being preferable to an appointment.
 5. In order to remain eligible for call as a stand-by patient, individuals must remain in or near the Optometry Clinic reception area and be readily available to answer a call to receive an examination.
 6. If a student has a patient no show, it is expected they will see a stand-by patient.
 7. Stand-by patients should be dismissed from clinic just as soon as it becomes apparent that no further patients will be seen through the stand-by route on that day.
 8. Stand-by priority is to be strictly a "first come, first served" protocol
 - **Overloads in Clinic**

Multiple student absences may result in excessive overloading of available student clinicians.

Attending faculty may elect to:

1. Assign patients to student clinicians who are available in other service units with approval of attending faculty in those service units.
2. Render patient care themselves.

3. Have patients re-appointed as necessary. This should be a last resort and the patient should be offered the option to reschedule early on if it is evident that the clinic is running extremely behind schedule.
4. Under circumstances where it becomes apparent that student and/or supervisory faculty absences will produce an excessive clinic overload, the Associate Dean may move to modify the day's clinic schedule in an appropriate manner:

- **Hours of Clinic Operation**

Clinical services are usually made available between the hours of 8:00 a.m. and 5:00 p.m. every Monday through Friday throughout the year. The University and Pheiffer Clinics will follow the published holiday schedule of the University. REP clinics will follow a holiday schedule which is modified to coincide with the Cherokee Nation Rural Health Clinic Schedule. Student doctors, faculty and staff will be given published clinical schedules at the beginning of each semester.

Patient visits are typically scheduled between 8:00 a.m. and 11:30 a.m., as well as between 1:00 p.m. and 4:30 p.m. Due to contractual agreements with other entities, NSUOCO personnel are responsible for keeping the clinics open and available to provide clinical care until 5:00 p.m. each day, except for published holidays. Therefore closing time for all clinic locations will be 5:00 p.m. and a staff person will remain in that location until closing, or until such time as determined by the Associate Dean.

Patients presenting with potentially severe emergency-type complaints may be examined at other times, as deemed appropriate by the supervisory staff encountering the patient.

- **Documentation of Phone Consultations with Patients**

Any and all specific telephone discussions held relevant to a patient should have appropriate documentation in the patient's record. An exam form should be used with appropriate signatures and patient demographics, and filed in the record. Students and staff should immediately discuss any phone calls pertaining to diagnosis and/treatment of a patient with a supervisory staff doctor to ensure appropriate documentation and disposition of the phone call.

- **In-Hospital Referrals**

1. Requests for medical consultation/referral (including ophthalmology) should be made by using the current published referral policies forms.
2. Emergency requests for medical evaluation should also involve a telephone call from optometry to the medical unit involved. The written referral should still be prepared and sent with the patient's chart. Students, residents or faculty may need to escort the patient to the clinic in which the patient will be seen.

- **In-House Referrals**

Optometry Clinic professional personnel should maintain open communication and free exchange of insight, experience, and information relative to patient care, therefore, all staff should remain willing and open to sharing in the rendering of patient care and in the education of students. Referrals to such as in-house clinics as contact lens or vision therapy for example should be sent with the appropriate fully completed referral form and supporting documentation. Even when in the same physical building as the service that will receive the referral, a complete referral form must be completed to ensure the patient is not lost within the system. Attending faculty should feel free to call upon one another for consultation throughout the Clinic. Requests for ophthalmological consultation should include appointment into the Disease Consult clinic. If ophthalmological care that cannot be provided either at NSUOCO or Hastings is needed, the patient must be referred to an ophthalmology specialist outside of the Cherokee Nation health care system through Contract Health.

- **Outside Referrals - Cherokee Nation Contract Health**

All referrals for patients who are eligible for Cherokee Nation Contract Health funding must follow Cherokee Nation Contract Health policy. Cherokee Nation Contract Health is a utilization management system of providing advanced care to eligible patients based upon an approved, published list of medical priorities. To be eligible for Contract Health the patient must be a Cherokee Nation or IHS eligible patient who lives within the fourteen county catchment area of the Cherokee Nation. As an overwhelming number of patients who receive care from NSUOCO services are Cherokee Nation or IHS eligible patients, NSU is required to conform with this utilization management system. In a further effort to ensure that Cherokee Nation Contract Health money for eyecare is spent efficiently and effectively, all contract health referrals from NSU and Pfeiffer must have at a minimum verbal approval from the Associate Dean, the NSU Staff Ophthalmologist, or the Chief of Pfeiffer Optometry Clinic. All contract health referrals with a medical priority of one must have verbal approval of one of the aforementioned individuals. The contract health form must be completed by the student and the supervising doctor with a notation of the source from whom verbal approval was obtained. The patient is then directed to the optometry reception area so that processing of the referral can be completed. Simply having a referral form does not indicate the commitment of Cherokee Nation to pay for the services requested and patients should be educated on this process. The referral must be approved and authorized through the Contract Health Department.

- **Return Visits to Clinic**

All patients should have some direction for Return To Clinic documented in their chart. The RTC may vary from "self appoint – 2 years", "No Recall" (used especially with no show patients of low risk) to "RTC to WI clinic 3 days". The return to clinic can be documented in various ways, but should include at a minimum the timeline for recall, the clinic the patient is returning to, and if appointment will be made by the clinic or if it is the responsibility of the patient. For the "walking healthy" patients it is highly desirable due to our lengthy waiting lists and number of patients needing eye care that the return to clinic be either 1 or 2 years and the patient will be responsible for setting up that

appointment close to that time. For those patients requiring closer follow up such as glaucoma patients or diabetic patients, RTC should be specified by clinic and time frame desired (3 months, 6 weeks, etc). These patients will then be put on the clinic recall list which will help keep the patient from being lost to followup. For patients needing to be reexamined in less than 1 month the patient should be taken to the clinic appointment clerk before being released to receive a specific appointment time within a specific clinical service unit. Those patients who are being released from a specific service should be advised of the need for their next routine eye exam and documentation on the exam form should reflect this advice (i.e., 1 yr self appt. general exam).

- **No Show Policy**

If a patient "no shows", the clinician assigned to that patient is responsible for following up. The clinician will obtain patient's phone number and call them to try to reschedule the patient over the phone. Once the clinician reaches the patient by phone, they should explain they will transfer the call to the Scheduling Clerk to reschedule an appointment. The clinician should check with Scheduling Clerk to obtain the new date and time, and clinician should document the new appointment on the PCC. If the clinician is unable to reach the patient, they should document that the call was attempted and the result of the call (i.e. phone is now disconnected, no answer/unable to investigate). The clinician is to send a "no show" letter to the patient asking them to call and reschedule. This letter should be documented. Also, the clinician is to write in the RTC the date they would like this patient to be rescheduled in case the patient doesn't call. No show patients who the student and supervisory faculty feel have little to no risk of ocular/visual harm should be released from the clinic and "No Recall" should be documented.

- **Patient Accident/Patient Illness While in Clinic**

In the event that a patient becomes ill or suffers an accident while in the optometry clinics, the student clinician should give primary priority to insuring patient comfort and safety from further harm, and should then move quickly to alert the attending faculty of the problem.

If the person cannot safely be left unattended, the student clinician should send word to the attending faculty through whatever means necessary to achieve the objective. Actions should be taken in quick and efficient ways, consistent with the health, well-being, and best interests of the ill or injured person. In cases of suspected respiratory arrest or cardiac arrest, a hospital wide code blue should be initiated by following the published hospital procedures. Emergency policies of the Cherokee Nation clinics will be followed when in those clinical facilities. It is advisable that most injuries and illnesses receive medical attention as quickly as possible.

Any and all significant injuries or illnesses should result in a quick referral of the patient to the hospital emergency room or the clinic medical department for attention. All such referrals should be initiated by means of a telephone call to the Emergency Room or medical department. This will enable them to prepare for the patient's arrival, and is also

a mechanism to obtain a wheel chair, stretcher, cart, etc. In the event that a physician is needed to deal with a critically ill patient, the nursing staff in the Emergency Room can call the appropriate code.

Following an incident of patient illness or injury in the Clinic, each student and supervisory staff involved should communicate the details of the event in writing via individual reports to the Associate Dean. The Associate Dean should receive a full, written account of the circumstances surrounding the illness or accident; and these should be completed and submitted as quickly as possible. Also, each facility has incident forms and policies that must be completed and followed in the case of any incident.

- **Intoxicated, Belligerent, Harassing Patients**

In the event that a patient is verbally, physically, or sexually abusive toward any student clinician, attending faculty, or member of the clinical support staff, that patient should be politely dismissed from clinic. No guarantee of further service needs to be made, unless the attending faculty specifically directs that this be done. Under such circumstances, the student clinician should request to be excused from the examination room and should immediately inform the attending faculty of the situation. The attending faculty should move to dismiss the patient in a polite, but firm manner. In the event the patient refuses to leave readily and willingly, the attending faculty should immediately place a phone call to hospital, campus, or local security. Should such events develop, the involved students, staff, and faculty are requested to supply a detailed report to the Associate Dean immediately.

- **Insufficient Pharmaceuticals**

Replacement pharmaceuticals should be obtained from the Optometry Equipment Engineer. In the event that this individual is unavailable, the student clinician should request the attending faculty to obtain the agent for them. The Optometry Equipment Engineer should store a modest but sufficient inventory of frequently utilized pharmaceuticals in a designated location within the clinic. Should attending faculty determine that the pharmaceutical inventory is insufficient, they should contact the Optometry Equipment Engineer and request the needed agent. The Optometry Equipment Engineer will process or request the items through the appropriate channels.

- **Dispensing of Pharmaceuticals**

It is against Hastings hospital policy to dispense prescription medications to patients without processing the prescription through the Pharmacy. Pharmaceuticals found in the clinical area of Pheiffer clinic are for in office use only and are not to be dispensed to patients. Any medication dispensed to a patient seen in the emergency room must be dispensed out of the Emergency Room eye tray which is maintained by the pharmacy. Complete prescription information is required within the patient's chart every time the Pharmacy fills a prescription. A legible signature from an appropriately credentialed physician is needed before a prescription can be filled. A written prescription can be

given to a patient for filling at a pharmacy outside the hospital. Prescription pads are maintained at the front desk and can be obtained from the Clinical Staff Assistant.

Any prescription provided directly to a patient in any of the University Optometry Clinics must contain a full and complete labeling of all prescriptive information including the drug, dosage, duration of therapy, refill information, and name of the Optometrist prescribing the drug.

- **Fire Alarm While in Clinic**

- Each clinic will have explicit policies on safety and emergency procedures. Students should be aware of all policies and be prepared to act accordingly. Upon their first visit to an REP clinic the student should request a brief safety orientation, as each clinic has slightly different policies and procedures in this area.

Optometry Clinic, Pheiffer Clinic/W.W. Hastings Indian Hospital

2. Guide patients to one of the outside exits, located on either side of the Clinic's business office, and beyond the waiting room area.
3. Close all examination room doors as you leave, in order to create a fire block effect.
4. Attending faculty and staff should ascertain that all patients and students have exited the building and then move quickly to leave the building themselves.

University Clinics, College of Optometry Building/Campus

5. Guide patients to the nearest outside exit.
6. Close examination room doors as you leave.
7. Attending faculty and staff should ascertain that all patients and students have exited the Clinic and then move quickly to leave the building themselves.

- **Take-Cover Alarm While in Clinic**

Optometry Clinic, Pheiffer Clinic/W.W. Hastings Indian Hospital

1. The rear hallway of the Optometry Clinic (room #14 through #23) represents a "safe" area within the hospital.
2. In the event that a take-cover alarm is sounded, all patients should be guided into this area of the Clinic.
3. Faculty and staff should ascertain that all students and patients are in the back hallway "safe" area, and then seek cover there themselves.

Optometry Clinics, College of Optometry Building/Campus

4. The basement hallway of the Optometry Building is a designated a "safe" area within the building.

5. In the event that a take-cover alarm is sounded, all patients should be guided into this area of the building.
6. Faculty and staff should ascertain that all students and patients are in the area at the base of the stairwell and then seek cover there themselves.

- **Complaints and Directives from Hospital Staff And Administrators**

NSUOCO is under obligation to perform within the rules, guidelines and policies of the Cherokee Nation Health Division when providing care in Cherokee Nation facilities including those rules that are specific to Hastings Hospital when providing care in that facility.

Any complaint or directive lodged by hospital staff or administrators should be reported to the appropriate Service or Clinic Chief, and the Associate Dean. Questions or concerns should be directed to the following for clarification and action:

1. Clinic or Service Chief
2. Associate Dean
3. Dean, College of Optometry

Clinical Faculty Responsibilities ↓

- **Role of Clinical Instructors**

The primary purpose of clinical course work is to provide students with an opportunity to apply and relate the science and theory of optometry to real patients with real problems and concerns. The students must be taught the art of applying scientific knowledge and technique in order to provide patients with full-scope optometric care and primary health care services. **It is the role of the clinical instructor to assist and encourage the students in understanding and applying the knowledge, science, skills, and techniques appropriate to the diagnosis, analysis, and management of the patient's problems and concerns.** The clinical instructor should seek to guide, counsel, motivate, and encourage each student. The role of clinical instructor is not the role of adversary. While guidance must be firm and directed, the clinical instructors are encouraged to emphasize the positive in assisting students through the process of professional maturation. Clinical faculty are encouraged to provide opportunities, instruction, and guidance to students, and to insist on the pursuit of excellence in the delivery of full-scope optometric services. The instructors should facilitate and encourage the development of competency, self-confidence, interest, motivation, and maturity by the student. They should teach and motivate students to gain from experiences, to learn from mistakes, and to advance through intra/inter-professional relationships. They should show students mechanisms and resources which relate to the actual patient encounters. **They should attempt to encourage the student to teach themselves.** Successful clinical instruction can produce a clinician with a personal dedication and commitment to lifelong professional growth and advancement.

- **Faculty Assignments to Clinics**

An instructor's ability to teach effectively and to provide appropriate guidance to students involves the establishment of effective communication between faculty, student, and patient. An effective interpersonal relationship should be facilitated by the clinical instructor. It is desirable for the instructor to seek to improve the student's self-confidence, while nurturing a feeling of trust in that student on the part of the patient.

An instructor should also be competent in the clinical area to which they are assigned. The instructor must be able to guide the collection of data, analyze the findings, arrive at an appropriate diagnosis, and provide students and patients with management options consistent with that diagnosis.

Faculty are assigned to clinics by the Associate Dean, upon the recommendation of the Clinic Chief in charge of the particular service. Faculty should request specific clinic assignments by applying for the duty through the appropriate Clinic Chief. Preference, interest, experience, competency, and ability will be considered in the assigning of faculty to cover specific clinics. A conscious effort will be made to avoid assignment of faculty into areas where they lack experience, motivation, or confidence.

- **Teaching**

The instructor should be willing and able to explain and/or demonstrate those processes, tests, and techniques relevant to the case. The instructor should continuously assess the student's skills and clinical proficiency. The instructor should allow for more independence and responsibility on the part of the student as clinical maturation develops.

Instructors may delegate responsibilities to their assigned clinicians, but ultimately the care of the patient is the responsibility of that clinical instructor. Clinical instructors have the responsibility of confirming the nature of the patient's Chief Complaint or Reason for Presentation. They must also confirm all diagnoses and concur with any management options, treatments, or therapies prescribed or recommended. They must actively pursue appropriate consultation and/or referral, when indicated, for the best care of the patient. Clinical instructors are responsible for detection of significant ocular pathology.

Clinical instructors are expected to monitor students closely throughout the examination. This may require frequent consultation and interruption of an exam. It may also necessitate in-room monitoring of an exam. It may require that the instructor actively participate in examination of the patient. Interaction between instructor, student, and patient should permit instructors to anticipate problem cases and allow them to be readily available to provide guidance and assistance to students in difficult situations. Close observation will also give instructors the opportunity to assess the current competency and capabilities of the student. Instructors are encouraged to grant more freedom and greater responsibility to those students demonstrating reliability, clinical growth, and

maturation. As the student progresses, the instructor should permit greater independence and allow for less rigid direction of the exam.

- **Intercession Into Exam by Faculty**

In an attempt to minimize patient inconvenience and to ensure clinical space and equipment for other scheduled patients and clinicians, the daily Clinic Schedule must be adhered to.

The Clinical Instructors are responsible for enforcement of the scheduled time limits. When the instructor deems necessary, he or she may intercede to complete the examination, or may interrupt the exam to arrange for rescheduling of the patient. Such return visits should make use of an appropriate "follow-up" slot within the same clinical service, and with the same student whenever possible. Referral may also be made into a specialty service clinic when the instructor deems it necessary. Students who repeatedly fail to complete routine procedures and examinations within appropriate time limits cannot be passed to the next clinical level. Goals, expectations, and requirements, including references to appropriate time limits, are included elsewhere in this document. (See section titled "Maturation of Clinical Proficiency".)

- **Patient Records and Charts**

The patient's clinical record and/or Cherokee Nation medical chart are legal documents. They serve as the mechanism to collect all data regarding the patient, the services provided to the patient, the advice and recommendations made to the patient, materials ordered and dispensed, and fees charged and collected. When the patients are receiving services as a beneficiary of Cherokee Nation, the records are the property of Cherokee Nation. All other records are the property of NSUOCO. As such they may not be given to anyone, nor may any copies of or any part of the records be given to anyone without proper legal process. Clinical instructors should evaluate exam forms and chart entries to assure legibility and accuracy. Entries made directly into the hospital chart should comply with the basic problem-oriented exam--Subjective-Objective-Assessment-Patient Education (SOAPE) format. It is essential that the assessment and management plan be written clearly, completely, and concisely. Any and all prescriptions should be fully and properly described. While the student clinician is responsible for filling out any examination form (paper or electronic) utilized and for dating and entering an appropriate synopsis into the patient's chart, the instructor should review and sign these records. The student should also sign all examination forms and chart entries. Instructors should initial all spectacle prescriptions before the student and patient proceed to the dispensary for frame selection and styling. Instructors and students should sign all exam forms and chart entries generated during the course of an examination.

- **Confidentiality of Patient Records**

Patient files contain confidential information about the patient. Confidentiality must be maintained to assure an ethical and legal patient care system. No one shall have access to

a patient file who does not have legitimate reason to see the file. Information in the file is not to be shown or discussed with anyone not involved in the care of the patient. Students who fail to maintain the confidentiality of the patient files are subject to failing or to suspension or dismissal from the professional optometry program, in accordance with NSU College of Optometry HIPAA policies.

- **Medical Records Release**

Medical records release at any Cherokee Nation facility must be completed according to Cherokee Nation Policy. Patients should be directed to the appropriate office within the medical center to request release of their records. At the NSU campus clinic, NSU HIPAA policies will be adhered to. Information outside the area of referrals and daily care should be directed to the Privacy Information Officer prior to release of any information. At a minimum, for records to be released directly to the patient:

- Written authorization for release of medical records must be signed by the patient or the responsible person (if a minor) or state-appointed guardian. The signature must be authenticated by comparing with an actual signature on the patient's record.
- The authorization should be addressed to NSUOCO.
- The authorization should contain the name of the person or company to whom the information is to be given.
- The authorization should be signed and dated by the person whose record is being sent. His or her request must be specific as to what information is being released.
- A faxed copy of a release of information will be accepted by a medical facility when followed by the original copy for the patient's record.
- When records are released to an individual, an original authorization form must be on file before the records can be released.

Administrative Protocols ↓

The clinical education program of the College of Optometry is comprised of numerous clinic sites. Among these are the NSU University Clinics, Pfeiffer (W. W. Hastings) Optometry Clinic, and the Rural Eye Program Clinics. A portion of the students' clinical education is also provided through external sites designated as part of the Externship Program. The Director of Clinical Care Services oversees the administration of all clinics.

At each of the clinics which comprise the primary clinical education program of the College (University Clinics and Pfeiffer Clinic), policies for third party billing, staffing issues, scheduling of staff, and personnel policies are the direct responsibility of the Coordinator of Clinical Management who reports directly to the Associate Dean and the Assistant Dean for Administration. The Coordinator of Clinical Management may assign a portion of those responsibilities, particularly on routine daily issues, to the administrative staff or faculty supervisor at each site; however, all non-routine questions or matters about billing, staff scheduling or issues dealing with staff or personnel policies should be directed to the Coordinator of Clinical Management for guidance and/or interpretation.

Staff who provide clinical support in the Eye Clinics of the Cherokee Nation Rural Health Clinics are employees of the Cherokee Nation and are under the direct supervision of the NSUOCO faculty doctor assigned to that clinic. Administrative supervision is provided by the Clinic Chief of the Rural Eye Clinics. However, responsibility and authority for ensuring correct and appropriate billing processes for each of the clinics is under the designated responsibilities of the Coordinator of Clinical Management, working in conjunction with the site's faculty doctor or the Clinic Chief of the REP. The Coordinator of Clinical Management may also be asked to provide counseling and guidance for any staffing/ personnel issues brought to his/her attention by the REP Clinic Chief or the faculty person who is the on-site director of that specific clinic. Administrative supervision of the clinics is the responsibility of the REP Clinic Chief under the direction of the Associate Dean. The Associate Dean reports directly to the Dean. Providing input and guidance for policy and procedure definition are Clinic Chiefs and/or Service Chiefs who are faculty members with administrative responsibility for the policy and procedures of the specific sub clinics. Clinical education issues are discussed and determined at regular faculty meetings or at annual Faculty Retreats. A representative of the student body is invited to attend the regular faculty meetings and is excused only for discussions related to grades or personal issues.

- **Associate Dean**

The Associate Dean is responsible for overseeing overall function of the clinics and maintaining and processing all information related to student and faculty activities in the clinics. This person provides oversight for interpretation of the rules and policies applicable to Optometry Clinics. When significant problems, issues, or questions arise, and when they relate to clinical functions in general, or to areas clearly beyond the function of a specific clinical service unit or the Director of that unit, the Associate Dean should be contacted immediately. This person is responsible for pursuing any and all necessary avenues and options in attempting to best answer the question, or solve the problem. The Associate Dean should be informed and directly involved whenever complaints are lodged against Optometry, its staff, its students, its faculty, or its representatives. These complaints could arise from patients, could arise internally, or could originate from other sources within the hospital or external clinic sites.

- **Listing of Principal Clinics and Service Units**

Listed below are the clinic sites within the NSU College of Optometry clinical program, the services provided in various clinics at each site and the abbreviation for the services used when scheduling faculty and students into clinics.

Pheiffer Clinic

- Primary Care Clinics (Adult "1G" and pediatric "2G")
- Glaucoma Clinic (GLA)
- Acute Care Clinic (WI)
- Disease Consult Clinic (DC)

- Diabetes Retinal Exam (DM)
- Optical Services (DS)

NSU Campus Clinic

- Primary Care clinic (PC)
- Contact Lenses (CL)
- Vision Therapy (VT)
- Specialty Care (SP)
- Surgery Clinic (SX)
- Optical Services (DSN)
- Spectacle Fabrication Lab (SF)
- Vision Rehabilitation (Low Vision) (LV)
- Parkview School for the Blind (PV)
- Acute Care/Walk-In (OD)
- Cataract Evaluation/Pre-OP (CE)
- School Screening
- Traumatic Brain Injury (TBI)
- Electrodiagnosis (ED)
- Imaging (IMG)
- Practice Plan (faculty only)

Rural Eye Program (REP)

- Amo Salina Health Center
- Sam Hider Jay Health Center
- Redbird Smith Health Center (Sallisaw)
- Wilma P. Mankiller Health Center (Stilwell)
- Three Rivers Health Center (Muskogee)
- Will Rogers Health Center (Nowata)

- **Clinic Chiefs**

The Clinic Chief for the Pheiffer Clinic is responsible for overall function of the student education and delivery of patient care within that clinic. The Chief reports directly to the Associate Dean. The Clinic Chief/Pheiffer Clinic is responsible for implementing and enforcing policies and procedures as they relate to the function of the clinic, and Cherokee Nation protocol. When significant problems, issues, or questions arise, the Clinic Chief/Pheiffer Clinic should be contacted immediately. This person is responsible for pursuing any and all necessary avenues and options in attempting to provide answers or solutions to problems. The Clinic Chief/Pheiffer Clinic is responsible for reporting all problems and outcomes to the Director of Clinical Care Services. The Clinic Chief/Pheiffer Clinic should be informed and directly involved whenever complaints are lodged against any NSUOCO student, faculty, or staff at the Pheiffer Clinic.

The Clinic Chief of the Rural Eye Clinics is responsible for overall function of the

student education and delivery of patient care within those clinics. Optometry clinics are located within Cherokee Nation Tribal Health Centers in Sallisaw, Stilwell, Salina, and Jay, Muskogee and Nowata. The Clinic Chief/Rural Eye Clinics reports directly to the Associate Dean and works with that person to determine faculty coverage at the clinics, as well as ensure that students are rotated through the various clinics when assigned to the REP by the Associate Dean. Faculty members at each REP clinic are the supervisor for the daily clinic functions and responsible for the management of that clinic. The Clinic Chief/Rural Eye Clinics will act as the liaison between REP faculty, the College, designated staff of the Cherokee Nation and providers, staff, and administrators at the Cherokee Nation Tribal Health Centers. The Clinic Chief/Rural Eye Clinics will be responsible for implementing and enforcing policies and procedures applicable to the function of the REP clinics. When significant problems, issues, or questions arise, and when they relate to the REP clinics, the Clinic Chief/Rural Eye Clinics should be contacted immediately. This person is responsible for pursuing any and all necessary avenues and options in attempting to best answer the question or solve the problem and reporting those to the Associate Dean. The Clinic Chief/Rural Eye Clinics should be informed and directly involved whenever complaints are lodged against Optometry clinics in the REP, its students, its faculty, or its representatives. These complaints could arise from patients, could arise internally, or could originate from other sources within the health centers.

The Vision Therapy Clinic, Contact Lens Clinic, Specialty Care Clinic, Surgery Clinic, and Dispensaries each have a faculty member designated as Clinic Chief to provide the Associate Dean with guidelines, recommendations, and directions for operation of these clinics. This provides a forum for communication between separate services units and formulates the protocols and procedures used in controlling patient flow between various service units. Anyone with a question or proposal related to major aspects of clinic policy should direct their communications to the appropriate Clinic Chief and/or to the Associate Dean.

- **Service Unit Chiefs**

Due to the existence of several "specialty" services within the clinical program, and based upon the large patient load processed through these specialty service areas, several other faculty have been granted the authority to help establish policies which affect those service areas. Questions, concerns, suggestions should be directed to these individuals when they clearly apply only to the protocol for that particular specialty service unit:

Listing of duties and responsibilities of Clinic Chiefs and Service Chiefs:

1. Helps determine protocols for scheduling patients to receive services designated under the specific clinic
2. Provides input into selection and performance evaluation of staff assigned to clinic
3. Provides recommendations for faculty assignment into clinic and helps evaluate faculty performance in clinic

4. Makes recommendations to the Associate Dean and faculty in establishing protocol for education and delivery of service in clinic
5. Responsible for decisions related to daily implementation of policies within the clinic
6. Works with Clinic Office Manager to assure smooth flowing, efficient operations in clinic
7. Clinic Chiefs have the additional responsibility of overseeing the equipment, staff, and physical plant assigned to that clinic. Service Chiefs may have specialized equipment they are responsible for, but do not have a designated physical plant responsibility.

- **Function of Principal Clinic Units**

Primary Care Clinic

Primary care clinics are located at Pheiffer and NSU clinics. "1G" clinic is adult general clinic located at the Pheiffer clinic. "2G" clinic is children's general clinic (ages 6-18) and is located at the Pheiffer clinic. "PC" clinic is a general clinic located at NSU to provide care to indigent patients who would not otherwise be able to afford eye care. Patient source for this clinic includes referral from the NSU Campus Health Center, Lion's Club and Job Corps. These clinics provide full-scope, comprehensive optometric examination and associated care, including therapy, treatment, counseling, and appropriate management for a vast array of ocular and visual anomalies. Students from years II, III, and IV of the clinical curriculum are eligible for assignment into the various Primary Care clinics.

Acute Care/Walk-In Service

Provides immediate assessment, screening, evaluation, and optometric management of patients who present to clinic with acute ocular and/or visual problems and concerns. Examples: acute diplopia, acute vision loss, acute red eye, ocular foreign body, broken high-power Rx., sudden change in vision, acute ocular pain, etc. Patients are triaged upon presentation to the Optometry Clinic and will be seen based on urgency of condition, and then in order of presentation. Cases of ocular emergency will receive highest priority. Students from years III, and IV of the clinical curriculum are eligible for assignment into the acute care service. All follow-up and progress evaluations should be by appointment, either into Acute Care/Walk-in Service, or into Primary Care Service:

1. RTC to Acute Care/Walk-in Service, when it is determined that continuity and quality of patient care is best achieved through re-assessment/follow-up.
2. RTC to Primary Care Services, when continuity and quality of patient care and student educational experience can both be well achieved through reassessment/follow-up by the student clinician who initially encountered the patient during an assignment within the Acute Care Service.
3. Consultation/Referrals: Ophthalmology; Disease Consultation Clinic; Contact Lens Clinic; Adult Medicine; Pediatric Medicine; Emergency Room. Appropriate referral form must be completed

Contact Lens Clinic

Provides contact lens examination, fitting, evaluation, dispensing, and related patient instruction, etc., for patients desiring contact lenses for cosmesis and/or enhancement of visual function. The contact lens service provides for the primary vision care needs of its patients. Students from years III and IV of the clinical curriculum are eligible for assignment into the contact lens clinic.

Vision Therapy Clinic

Provides in-depth evaluation, analysis, and remediation of visual disorders, and/or learning/perceptual/developmental disorders. All patients seen within this service should have previously received a comprehensive optometric examination elsewhere within an NSU clinic. Vision Therapy Service is most properly considered a "secondary level" service. When possible to do so, VT clinics are conducted in the afternoon in order that patients' time away from school may be minimized. However, the requirement to have accessible clinical space may dictate the need to have morning clinics as well. Each four-hour block of clinician's time is divided to allow for one 90-minute examination, followed by two 45-minute sessions of therapy. The final 15 minutes of each patient visit is used to complete all appropriate re-appointing, documentation, and letters of information relevant to the patient encounters of the day. Commonly, at the conclusion of each clinic session, a grand rounds is held to review the patient encounters for that day. Students from years III and IV of the clinical curriculum are eligible for assignment into the vision therapy clinic.

Traumatic Brain Injury/Stroke Clinic

The Traumatic Brain Injury (TBI) Clinic is a specialized rehabilitative clinic whose emphasis is in the area of stroke rehabilitation, closed head injuries, and developmental disabilities, including multisensory therapy. Patient referrals are accepted from any health, psychological, educational, or developmental resources or agencies. Students from year IV of the clinical curriculum are eligible for assignment into the TBI clinic.

Specialty Care Clinic

Provides specialized eye care for patients by referral, who have already received primary eye care elsewhere and been identified as a candidate for surgical intervention. Includes pre-operative, surgical, and postoperative care for laser surgical procedures and minor surgical procedures. Cataract pre-operative and postoperative evaluations are also performed in Specialty Care Clinic. Punctal plug evaluation, insertion, and follow-up are performed in Specialty Care Clinic. The Specialty Care Clinic provides for the secondary eye care needs of the patients referred from other doctors or clinics. Following conclusion of the secondary care, the patients are returned to the referring doctor or clinic for continued eye care. Students from year IV of the clinical curriculum are eligible for assignment into specialty care clinic.

Surgery Clinic

Provides exposure to advanced surgical procedures for students and residents. Includes pre-operative and postoperative care. Students and Residents assist in and observe advanced surgical procedures performed by the NSU staff ophthalmologist. Commonly

this clinic runs concurrently with specialty care clinic. Students from year IV of the clinical curriculum are eligible for assignment into surgery clinic.

Optical Services

- ***Dispensaries***
Provides complete services for ordering, verifying, dispensing, adjusting, and repairing spectacles. Students from Years II, III, and IV of the clinical curriculum are eligible for assignment into Dispensary at either NSU or the Pfeiffer clinic.
- ***Spectacle Fabrication Laboratory***
Provides services of manufacturing and ordering spectacles for the various clinics within the NSU clinical system. Includes student participation in repairing spectacles, tinting lenses, edging lenses and ordering from other laboratories or distributors. Is intended to expose the student to the process of an in house spectacle laboratory. Students from Years III and IV are eligible for assignment into this service.

Rural Eye Program Clinics

Provides full-scope, comprehensive optometric examination and associated care, including therapy, treatment, counseling, and appropriate management or referral for all patients at the health center site with eye and/or visual problems and concerns. Located within multi-disciplinary ambulatory care centers of the Cherokee Nation. During interim periods, students may request assignment into the REP clinics for clinic make-up and/or additional (elective) clinic assignments. Students from year III and IV of the clinical curriculum are eligible for assignment into the REP clinics.

Vision Rehabilitation/Low-Vision Service

Provides in-depth assessment of sub-normal visual function, and evaluation of magnifiers, lenses, and other optical aids potentially useful in the maximization of visual potential; provides aids techniques, and counseling directed toward visual rehabilitation and enhancement. This is a second tier clinical service, and sees patients primarily upon referral from other services. The Low-Vision Service, however, provides for the primary level needs of its patients, including ocular health checks at appropriate intervals. This clinic also has a sub clinic which is provided at the Parkview School for the Blind in Muskogee. Students from year IV of the clinical curriculum are eligible for assignment into these clinics.

Infant Vision Service

Provides full-scope, comprehensive optometric examination and associated care, including therapy, treatment, counseling, and appropriate management for pediatric patients (ages 1 day to approximately age 6) with eye and/ or visual system problems and concerns. Students from year IV of the clinical curriculum are eligible for assignment into the infant vision clinic.

Disease Consultation Service

Provides ocular or neuro-ocular disease consultation and management for patients

referred for further evaluation and management. This clinic is staffed by the NSU staff ophthalmologist and/or a faculty member with a disease emphasis. This service received referrals from all clinics within the NSU clinical system as well as other IHS and tribal clinics within the region. Each clinician is assigned to work in this service in four-hour blocks. Patients are schedule in either one-hour slots. Student clinicians are engaged in the initial phases of work-up and assessment and are to familiarize themselves with the patient's problems in order to make an appropriate presentation of the case to the consulting ophthalmologist and/or optometric staff. Students in year IV of their clinical education are available for assignment into this clinic.

Glaucoma Service

Provides management to patients with glaucoma or to patients with unusually high risk of developing glaucoma. Patients who have glaucoma or who are at great risk of developing it are referred to the glaucoma service for continued management. Normally all glaucoma patients cared for at the Pheiffer Optometry Clinic will be managed by the glaucoma service. The Glaucoma Service has developed written procedures and policies which help to ensure proper patient care. These policies include: keeping a summary sheet on each patient, thrice yearly exams of each patient with glaucoma, annual visual field testing and gonioscopy. Those procedures of course may be done more frequently when and if indicated. Students from year IV of the clinical curriculum are eligible for assignment into the glaucoma clinic.

School Screening Service

Public and private schools may request that their students be screened by the College of Optometry. This request may be processed through the School Screening Service Chief or through the College Administration Office which will forward the call or message to the School Screening Service Chief. Students do not need to be IHS eligible to be seen as part of a school screening. These external school screenings are conducted in the Fall and Spring semester, and are staffed by First Year (I) students in the spring and Second Year (II) students in the fall under the direct supervision of the School Screening Service Chief. In the event that a child "Fails" a school screening evaluation, the teacher is advised and the parent is sent a copy of the "Parental Report Form," which describes the areas of difficulty. It is left to the parent to decide upon the course of action to be taken, and no attempt is made to steer the family to individual practitioners or toward the College of Optometry or its affiliated programs. Student clinicians conduct the tests and record the results during screening clinics, but do not attempt to make diagnostic decisions or discuss the implications of findings with either the patient, the parents or guardians, or teachers. It is the responsibility of the supervising staff doctor to evaluate the screening form and to make recommendations based on the student clinicians' data.

Electrodiagnostics Service

Patients evaluated in this service are referred from other clinics including Pheiffer, Rural Eye, and private practices. Special tests performed include VER, VEP, and ERG. Once evaluated a thorough written report of findings is sent by the attending faculty back to the referring doctor for continued care. Students from year IV of the clinical curriculum are eligible for assignment into the TBI clinic.

Imaging Service

The primary emphasis of this specialized service is the use of state-of-the-art imaging equipment to aid in the diagnosis and management of all types of glaucoma, diabetic retinopathy and other diseases. Students from year IV of the clinical curriculum are eligible for assignment into the TBI clinic.

Practice Plan Service

The faculty of the College of Optometry is composed of professionals in a wide variety of specialties in ocular health care. The Professional Practice Plan policy applies to those faculty who hold fulltime appointments in the College. Full-time members of the College of Optometry accept all rights, privileges and obligations of other University faculty as set forth in University policies. Accordingly, the primary goal of full-time faculty members of the College is the education of students as professionals. Faculty are encouraged to engage, within the limits of the time available to them, in such income-producing activities as consulting work, sponsored research, professional optometric practice and other activities which are closely related to their University work. A reasonable degree of active involvement by the faculty in direct eye health care delivery is vital to the maintenance of their professional skills. Active participation in professional activities requires of the faculty a significant commitment in terms of energy, emotional dedication, time and the assumption of personal liabilities in addition to those assumed in carrying out academic programs. The decision to engage in such professional activities by faculty members will be made with the knowledge and understanding that it must be done in accordance with the provisions of the Professional Practice Plan policy.

- **Infection Control Policy**

The following policy was adopted by the College of Optometry in October, 1987, in response to the heightened awareness of the prevalence of HIV-II virus, and other serious infectious diseases, in the general population. This statement has been accepted by the W. W. Hastings Hospital. The policy should be adhered to conscientiously by all students and staff doctors in all clinics.

Outline of Procedures for the Handling of Optometric Patients

- Gloves should be worn for touching body fluids and mucous membranes, as well as any nonintact skin.
- Clinicians may use surgical gloves any time desired for a slit lamp examination as well as for additional procedures involving contact with the mucous membranes of the face or eyes.
- The AIDS virus and other serious infectious diseases are thought to be spread primarily through contact with blood or semen. Therefore, a clinician must wear gloves if contact is expected with any such body fluids. Also, gloves must be worn if the clinician has any cuts, lesions, or open abrasions on his or her hands.
- Clinicians must dispose of used or contaminated gloves in appropriate bio-hazard receptacles.

- Hands should be washed immediately before and following every patient exposure, especially when contact has been made with mucous membranes of the eyes.
- If gloves were worn, hands should be washed immediately after these are removed. Available evidence suggests that this practice probably is the single most important measure that can be adopted for protection against any communicable infection, not just AIDS.
- Latex, rather than plastic, gloves are preferred, as plastic materials are porous to the AIDS virus. If a Clinician or patient has an allergy to latex, other types of safe gloves can be obtained through the clinic office.
- Any equipment that comes into contact with mucous membranes should be washed with soap and water then rinsed with an appropriate anti-viral agent after each patient exposure.
- Before examining each patient, clinicians should assure themselves of the sterility of the tonometer tip for their Goldmann instrument.
- Sterilization should be obtained by brushing the tonometer prism tip only across the surface of an alcohol swab following the use of the instrument upon a patient's eye.
- The tonometer prism should be allowed to air dry for at least two (2) minutes following alcohol disinfection.
- Should a question arise regarding the sterility of a tonometer prism left in place on the biomicroscope, clinicians should assume contamination occurred and should disinfect the tip with an alcohol swab allowing it to air dry two (2) minutes prior to use.
- A folded kleenex should be used under an eyepatch during occlusion, such as when conducting visual fields or color vision tests or other monocular testing procedures, such as during VER's in electrodiagnostic procedures, etc.
- Phoropters, slit lamp and keratometer chin rests, forehead rests, and similar areas which come into contact with different patients should be wiped down with an alcohol pad before calling a new patient into an examination room. Visual Field equipment should be cleaned before each new patient is examined.
- Patient care hand-held instruments used in the walk-in room for foreign body removal, puncta dilation, etc., will be autoclaved. Sterilized instruments are available in the Walk In exam room, as needed. These instruments after use should be returned to the Walk In exam room and deposited in the "To be autoclaved" receptacle.
- Disposable trial contact lenses will be immediately thrown away after patient use. Non-Disposable trial contact lenses will be disinfected appropriately. The contact lens receptionist/technician will be responsible for this function; no fitting lenses will be given to students for clinical use which have not been sterilized once the bottle has been opened previously.

- **Ancillary Tests by Optometry**

Primary care optometry is regularly confronted by ocular signs and symptoms with actual or potential systemic implications. In addition, certain radiologic and laboratory tests,

studies, and procedures can contribute directly to the process of differential diagnosis and the formulation of an appropriate management plan, including the generation of well-guided referrals. In still other cases, the impact and affectivity (as well as side-effects and complications) of therapies and prescriptions can be assessed through hematologic, serologic, and chemical indices. Northeastern State University College of Optometry recognizes its responsibility to provide optimum primary eye care services to patients, to provide excellent educational experiences for students, and to make a conscious, concerted effort to control costs and expenses incurred. The College further assumes the responsibility for keeping patients informed of test results, for arranging appropriate recalls into the Optometry Clinic, and for pursuing appropriate medical consultation/referral services when warranted by test findings. Credentialed members of the clinical teaching staff are authorized to order radiologic and laboratory studies when deemed necessary in the differential diagnosis process, in the formation of a specific management plan for their patients, and for generating well-guided referrals. They are not to order redundant, superfluous, or otherwise unnecessary tests. They are required to evaluate test results, inform patients of significant findings, and pursue consultation/referral to medical service units when further evaluation, assessment, and/or medical treatment is indicated. Students, non-credentialed post-doctoral fellows and residents, and non-credentialed faculty members may order ancillary radiologic and laboratory tests by obtaining consultation and signatures from a credentialed member of the clinical teaching staff.

Systemic Conditions With Ocular Manifestations

Many systemic conditions have implications for the eye and vision. A provider of full-scope primary eye care services may find it advisable to order laboratory studies for conditions such as: endocrine and metabolic disease (glucose studies, thyroid profiles, etc.), cardiovascular disorders (erythrocyte sedimentation rate, lipid panels, etc.), hematologic disorders (hematocrit, white cell differential, etc.), pulmonary disorders (chest X-ray, tuberculin skin test, etc.), connective tissue disorders (rheumatoid factor, anti-nuclear antibody, etc.), skin and mucous membrane disorders (microbial cultures, HLA typing, etc.), skeletal muscle and neuromuscular disorders (anti-acetylcholine receptor antibody levels, cranial X-rays, etc.), infections and inflammatory diseases (FTA-ABS, ELLISA-toxocara, etc.), and others.

Primary Ocular Disorders

Many primary ocular disorders may warrant investigative studies including radiologic and/or laboratory testing. These include, but are not limited to, corneal ulcers, congenital and juvenile cataracts, chronic or hyperacute blepharoconjunctivitis, chronic or hyperacute anterior uveitis, recurrent anterior uveitis, pediatric uveitis, granulomatous uveitis, recurrent episcleritis, scleritis, orbital trauma, ocular trauma, ischemic optic neuropathy, acquired ptosis, acquired diplopia, hemorrhagic retinopathy, occlusive retinal vasculopathy, etc.

Protocol For Ordering Radiologic/laboratory Testing:

1. Credentialed clinical faculty member reviews documentation of patient's care

2. Faculty and clinician assess the actual contribution of the diagnostic test being considered
3. Credentialed faculty orders and signs for the test
4. Patient is directed and/or assisted to the lab service unit
5. Faculty signing for test and evaluate test results
6. Obtains consult/reference if in doubt as to significance
7. Requesting doctor assesses need for evaluation of test and/or patient by medical service unit
8. Requesting doctor informs patient of significant findings and recommendations
9. Requesting doctor makes any and all appropriate referral

Notice of Privacy Practices ↓

Effective Date 04/14/2003

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Public Information Officer: Ms. Jennifer Jones, Coordinator of Clinical Management **This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.** We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

- **Treatment, Payment, and Health Care Operations**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any

special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

- **Uses and Disclosures for Other Reasons Without Permission**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all.

Such uses or disclosures are:

- When state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosures for health related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation programs.
- Disclosures of a "limited data set" for research, public health, or health care operations.
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;
- Uses and disclosures to be utilized in our facility directory. Our facility directory is used to let someone that came with you to your appointment know the status of

your care within our facility that day. For example if your friend or family member asks how much longer you will be with your appointment.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

- **Appointment Reminders**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

- **Other Uses and Disclosures**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

- **Your Rights Regarding Your Health Information**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address or fax shown at the beginning of this notice.

- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons whom we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address or fax shown at the beginning of this notice.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address or fax shown at the beginning of this notice.

- **Our Notice of Privacy Practices**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we

change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

- **Complaints**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address or fax shown at the beginning of this Notice. If you prefer, you can initiate your complaint in person or by phone, to be followed by a written statement.

- **For More Information**

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

- **Acknowledgment of Receipt**

I acknowledge that I received a copy of NSU College of Optometry's Notice of Privacy Practices.

Patient Name

Signature

Date