



**Eye Surgeons
of Indiana**

Optometric Residency Handbook



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1. Mission Statements

Company Mission Statement

To exceed our patients' expectations by providing compassionate personalized eyecare while creating an exceptional patient experience. We will provide an environment that motivates and inspires our employees and rewards our providers while ensuring financial stability for all shareholders.

- The patient is the most important person to our companies. They should be treated like guests and family visiting our home.
- Each team member is empowered to strive to exceed the patients' expectations and enhance their experience with us.
- Each patient should experience our undivided attention and utmost respect. All attention should focus on their care and providing comfort.
- Each and every healthcare employee (you!) has to take ownership of every patient encounter!
- Every patient encounter is an opportunity and privilege to have a positive impact on their life.

Optometric Residency Mission Statement

This is an annual optometric residency program focused on ocular disease/refractive surgery with accreditation under the guidelines of the Accreditation Council on Optometric Education (ACOE). We have partnered with Indiana University School of Optometry. Our program will help develop exceptional clinical skills and an extensive ocular disease knowledge base for an optometrist under the guidance of the doctors at Eye Surgeons of Indiana.

2. Primary Faculty Doctors and Support Team

Primary Faculty Doctors

Nathan Morrow, OD, FAAO - Director

Lauren Davis, OD

Damon Dierker, OD, FAAO

Branden Shaffer, OD

Support Team

Tina Allen, CEO

Shannon Milam, CFO

Rylee Engle, Director of Billing and Coding

Amber Kelsey, Clinic Director

Nicole Townsend, Clinic Schedule Coordinator

Delora Rust, Technician Lead

Lynn Zollner, Professional Development/OD Liaison

Matt Kiemeyer, Professional Development/OD Liaison

Cristina Brown, Human Resources

Stacy Ress, Human Resources

3. Program Dates

The resident will train at our practice from July 1st to July 31st of the following year. This is thirteen months. During the program's first month, there will be an overlap between the incoming and outgoing resident.

4. Program Description

Eye Surgeons of Indiana Optometry Residency is a thirteen-month post-graduate ocular disease and per-operative care program. Our program will help develop exceptional clinical skills and an extensive ocular disease knowledge base for one optometrist under the guidance of the doctors at Eye Surgeons of Indiana. The optometry graduate will be secured through the ORMatch process. The resident doctor will train at our practice from July 1st to July 31st of the following year. During the first month of the program there will be an overlap between the incoming resident and outgoing resident. The outgoing resident will assist the Eye Surgeons of Indiana faculty and staff in helping the new resident become acclimated with the practice schedule, clinical flow, and electronic health records. The resident will work closely with all the doctors at Eye Surgeons of Indiana, as well as assist in precepting 4th-year optometry externs. During the program, learning will be promoted through instruction during the clinic day and assigned didactic work. Some administrative time will be allotted for the resident as seen fit, but some study time will be required outside of clinic hours. At the conclusion of the program, the resident doctor will be expected to have mastered clinical skills, a broad ocular disease knowledge base, confidence in evaluating anterior segment surgical cases and assisting in developing surgical plans, performing various ocular procedures, managing ocular emergencies, and being a confident public speaker.

5. Orientation

Eye Surgeons of Indiana Optometric Residency orientation will take place during the residents first week with the practice. The goal of orientation is to highlight the Eye Surgeons of Indiana culture and practice ways. The resident will meet with and be exposed to several departments in the company that will help provide the resident with a positive learning experience during their thirteen-month program. The following items will be reviewed and provided to the patient in writing during the first week:

- Clinical Practice Protocols
- Supervision Policy
- Standard Precautions for Infection Control
- Facility Safety Policies
- Privacy and Confidentiality Policies
- Counseling, remediation, and dismissal of resident
- Receiving, adjudicating, and resolving resident complaints or grievances

- Due process provided to residents on adverse decisions
- Residency's academic calendar including start date, end date, and significant deadlines
- Criteria used to assess resident performance

The resident will meet with the following departments during the first week of the program:

- Residency Director: The resident will be welcomed to the practice on the first day by the residency director. Adequate time will be spent this day between the resident and program director to discuss goals, expectations, schedule, and the residency handbook.
- Clinic Director/Technician Lead: Our clinic director will provide a broad overview of our day-to-day clinic flow and operations, EHR, and company portal on the first day of the program.
- Human-Resource Department: HR will meet with the resident on the first day of the program to review the ESI handbook, company policies, and employee benefits.
- Professional Development/OD Relations: Our OD liaison team plays an integral role in our practice by communicating between our referring optometry network and our practice providers. This relationship is imperative to offer the best and most convenient care for the mutual patients of our practice and the referring doctor.
- Outgoing Resident: The graduating resident will be a key point of contact for the incoming resident. The outgoing resident will help the incoming resident understand the clinic flow better, navigate the EHR efficiently, and serve as a clinical preceptor during the first month of the program.

6. Clinical Education

A) Educational Curriculum

Conditions/Skills/Cases to be Mastered

Standard and Refractive Cataract Surgery Peri-operative Care

- Master the clinical skills needed to complete a thorough cataract evaluation.
- Understand how to interpret the diagnostic tools used for a cataract evaluation. This will include biometry, topography, b-scan, and optical coherence tomography.
- Become knowledgeable on the different intraocular lenses (IOLs) used with cataract surgery. Know how the optics of each work, and the pros and cons of each IOL.
- Develop the confidence to routinely make an IOL recommendation to patients, as well as a refractive target.
- Become proficient in discussing refractive goals and patient visual demands to develop a refractive target and final surgical plan.
- Master a post-operative exam and understand how to manage and treat post-operative complications.
- Be trained to perform YAG capsulotomies.

- Develop communication skills to assist with the co-management process with our practice's 400+ referring optometrist.

Advanced ocular surface disease diagnosis and treatment

- Master the clinical skills needed to complete a thorough ocular surface disease evaluation, including using a meibomian gland expresser, an applicator assessing corneal innervation status, and corneal stain.
- Understand how to interpret the diagnostic tools used for an ocular surface disease evaluation. This will include dry eye questionnaire, topography, and meibography.
- Become proficient in discussing and developing a plan to rehabilitate a patient's ocular surface.
- Become proficient in completing thermal lid procedures including LipiFlow, iLux, TearCare, and Intense Pulsed Light (IPL).
- Learn the benefits of using amniotic membranes to promote corneal healing and become proficient in inserting and removing.
- Learn how to diagnosis, manage, and treat neurotrophic keratitis with advanced therapeutics including autologous serum tears and neurotrophic growth factor.

Cornea Clinic – Therapeutic and Surgical Management

- Master the clinical skills needed to complete a thorough cornea evaluation.
- Understand how to interpret the diagnostic tools used for a cornea evaluation. This will include topography, anterior segment optical coherence tomography, and endothelial cell count.
- Be trained to evaluate and educate patients on what to expect when signing up for surgical cornea cases. Such surgical cases will include foreign body removal, superficial keratectomy, lamellar keratectomy, pterygiectomy, corneal collagen cross-linking, endothelial keratoplasty, and penetrating keratoplasty.
- Understand the risks/benefits/alternatives of such surgical cases and how to manage them post-operatively.
- The resident doctor will be trained to perform procedures that fall within the scope of optometry practice, including foreign body removal, superficial keratectomy, suture removal, and assisting with corneal collagen cross-linking.
- Learn the benefits of using amniotic membranes to promote corneal healing and become proficient in inserting and removing.
- Develop the confidence to routinely manage infectious keratitis with advanced therapeutics. Learn how to culture infectious ulcers and use interpretation to guide treatment.
- Learn how to diagnosis, manage, and treat neurotrophic keratitis with advanced therapeutics including autologous serum tears and neurotrophic growth factor.

Glaucoma evaluation and treatment

- Master the clinical skills needed to complete a thorough glaucoma evaluation.
- Understand how to interpret the diagnostic tools used for a glaucoma evaluation. This will include pachymetry, corneal hysteresis, optical coherence tomography, optical coherence tomography – angiography, and fundus photography.
- Become proficient in making diagnosis and recommended treatment options.
- Emphasis will be made on the benefits of interventional glaucoma, including selective laser trabeculoplasty and micro-invasive glaucoma surgery (MIGS).

Retina evaluation/triage

- Master the clinical skills needed to complete a thorough retinal evaluation.
- Understand how to interpret the diagnostic tools used for a retinal evaluation. This will include optical coherence tomography, optical coherence tomography – angiography, and fundus photography.
- Review of the key studies that guide recommendations for nutritional supplements for optimal retinal health.
- Review of the key studies that guide treatment patterns for retinal specialists with intravitreal injected therapeutics.
- Become proficient in describing retinal pathology to a retinal specialist and understand retinal urgencies and emergencies.

Refractive surgery peri-operative care

- Master the clinical skills needed to complete a thorough refractive surgery evaluation for LASIK, PRK, phakic IOL, and refractive lens exchange.
- Understand how to interpret the diagnostic tools used for a refractive surgery evaluation. This will include topography/tomography, anterior segment optical coherence tomography, and posterior segment optical coherence tomography.
- Become proficient in discussing refractive goals and patient visual demands to develop a refractive target and final surgical plan.
- Master a post-operative exam and understand how to manage and treat post-operative complications.

Collaborative Health Care

- Develop clinical skills to assess ocular pathology that has correlation to systemic complications.
- Learn how to order lab panels and diagnostic imaging that will help guide clinical diagnosis and management.
- Develop skills to communicate concisely with health care providers to manage systemic complications suggestive from ocular findings.

Emergency Eye Care

- Develop the clinical skills to evaluate, manage, and treat ocular emergencies that will include acute infectious pathology, acute ocular disease progression, trauma, and ocular manifestations from systemic disease.
- Develop communication skills to coordinate care with ocular specialists and health care providers promptly.
- Develop triage skills while covering call for the practice approximately six weekends a year.

B) Didactic Goals and Objectives

Goal 1: To identify a highly motivated graduate of optometry school looking to further develop their clinical skills and broaden their ocular disease knowledge base

Objective 1: We have partnered with Indiana University School of Optometry and participate in the Optometry Residency Match (ORMatch). All program applicants must supply all required materials as requested by the ORMatch.

Objective 2: Applicants invited to interview with Eye Surgeons of Indiana must interact with the residency director and all primary faculty members. Candidates will then be ranked on clinical skills, academic success, teachability, and integrity. Careful deliberations will be had between the residency director and the primary faculty to assure the best candidates are ranked highest and to avoid bias.

Objective 3: The program will be promoted and advertised online and at in-personal promotional events.

Goal 2: To expose the resident doctor to a broad spectrum of ocular diseases and anterior segment surgery cases.

Objective 1: The resident doctor will follow treatment and management protocols set by clinical trials and supported by the American Optometric Association, American Academy of Optometry, and the American Academy of Ophthalmology under the guidance of ESI providers.

Objective 2: The resident doctor will be trained to evaluate and educate patients on what to expect for routine and complex cataract surgery cases.

Objective 3: The resident will be required to observe several cataract surgery cases in our surgery centers.

Objective 4: The resident doctor will be trained to evaluate and educate patients for surgical cornea cases including superficial keratectomy, lamellar keratectomy, pterygiectomy, corneal collagen cross-linking, endothelial keratoplasty, and penetrating keratoplasty. The resident doctor will become proficient in understanding the risks/benefits/alternatives of such surgical cases and how to manage them post-operatively.

Goal 3: To help the resident doctor develop the skills and confidence to discuss the various intraocular lens (IOL) implants used with cataract surgery.

Objective 1: The resident doctor will master the science, understand the optics, and the pros and cons of several types of intraocular lens (IOL) implants used with cataract surgery. The doctor will become proficient in making IOL recommendations to patients and identifying good candidates for refractive cataract surgery.

Objective 2: The resident doctor will be encouraged to stay abreast of clinical trials of new IOLs with the potential to make it to market.

Goal 4: To provide a curriculum that challenges the resident doctor through didactic work, case presentations, and journal discussions.

Objective 1: The resident doctor and an Eye Surgeons of Indiana faculty member will meet weekly for a period of 30-60 minutes. This didactic period will include educational presentations, ground rounds, and journal discussions. The discussions will include the resident doctor, faculty members, and 4th-year optometry student externs.

Objective 2: To develop the resident's public speaking skills.

Objective 3: The resident will be required to develop one educational course or grand rounds case and present it at IUSO, Eye Surgeons of Indiana-sponsored event, or outside professional meeting/seminar/conference approved by the residency director.

Objective 4: The resident doctor will be expected to develop at least one publishable quality paper, case report, or poster during the year.

Goal 5: To develop the resident's teaching skills by providing the opportunity to preceptor 4th-year optometry students

Objective 1: The resident will be trained to preceptor 4th year optometry externs by the end of their residency.

Objective 2: The resident doctor will develop confidence to instruct, guide, and promote learning in the clinic to 4th year optometry externs.

Goal 6: To promote the interaction between resident doctor and eye care leaders by attending local, state, and national seminars and conferences.

Objective 1: The resident doctor will be encouraged to join and engage in local, state and/or national optometric organizations.

Objective 2: Eye Surgeons of Indiana will provide a stipend for the resident doctor to cover professional membership fees, registration expenses, and travels costs.

C) Resident Clinical Supervision Policy and Autonomy Stages

Phase 1: This phase is expected to last for one month. The resident will become acclimated to the practice by learning the clinic flow, electronic health records (EHR), and become proficient in all diagnostic testing with the guidance of the residency director. During this phase, the incoming resident and outgoing resident will overlap. The outgoing resident will help the incoming resident become acquainted with our practice. The incoming resident will be working patient's up from start to finish and consulting with the residency director, faculty doctors, and outgoing resident. The incoming resident will master the skills of a post-operative exam. Regular chart reviews will be completed by the residency director to assure quality of care, proper charting, billing, and coding. The resident will be expected to complete cataract surgery post-operative exams independently by the end of phase 1.

Phase 2: This phase is expected to last for three months. During this phase, the resident will be working closely with our staff doctors. The resident will be expected to work surgical consult patients up from start to finish, develop an assessment and plan, document accurately in the EHR, and consult with the staff doctor concisely. The resident will be expected to independently see and check out post-operative patients and some medical eye-examination follow-ups. Training will begin under close observation for the resident to perform advanced procedures, including foreign body removals, use of amniotic membranes, and dry eye thermal lid procedures. The resident will begin being placed in the on-call rotation with other staff doctors. Regular chart reviews will be completed by the residency director to ensure proper billing and coding.

Phase 3: This phase is expected to last for nine months. This phase will include all initiatives from phase 2, but autonomy will expand. The resident will have the opportunity to independently fill-in and cover a staff doctor's schedule when a doctor is out. This clinic schedule may include a broad patient variety including surgical consults, medical eye exams, post-operative visits, and emergency eye care. Advanced-procedure training will expand and include superficial keratectomies and YAG capsulotomies. The residency director will be available for consultation and chart review when requested.

D) Clinical Practice Protocols

The Eye Surgeons of Indiana Optometric Resident will be expected to follow the accepted clinical practice guidelines published by the American Optometric Association and the American Academy of Ophthalmology. These guidelines are readily available online and are the standard of care for the practice.

E) Remediation of Adverse Decisions

The following would be defined as a serious adverse decision: patient endangerment, falsification of records, inappropriate interaction with a patient. If such adverse event were to occur, it would be

documented with ESI HR in writing, and the residency director would have grounds to dismiss the resident immediately from the program. The resident would have the right to appeal this decision by submitting a letter to the residency director, ESI HR, and ESI Director of Optometric Services (Dr. Damon Dierker) within two weeks. A final decision would be made within one week thereafter whether to maintain or reverse the decision to remove the resident from the program.

7. Schedule

A) Clinic Operation Hours

Clinic hours typically range from 7am to 5pm EST Monday through Friday. The practice is closed on Saturday and Sunday, except for the on-call providers' weekend duties. The clinic times are subject to change depending on the provider's requested schedule. The schedules can be monitored via Nextech and AdvancedMD platforms.

B) Resident Clinic Schedule

Our resident doctor will be expected to work approximately 50 hours per week. Below is a sample resident schedule. This is subject to change based on the resident's performance, doctors schedule, educational opportunities, shadowing in the Surgical Care Center, and clinic availability.

Monday

AM: BMS (LAF)

PM: BMS (LAF)

Tuesday

AM: DSD (INDY)

PM: NMM (INDY)

Wednesday

AM: LAD (INDY)

PM: LAD (INDY)

Thursday

AM: NMM (AND)

PM: NMM (AND)

Friday

AM: BMS (INDY)

PM: BMS (INDY)

C) Residency Coordinator Schedule

Monday

AM: INDY

PM: INDY

Tuesday

AM: INDY

PM: INDY

Wednesday

AM: GW

PM: GW

Thursday

AM: AND

PM: AND

Friday

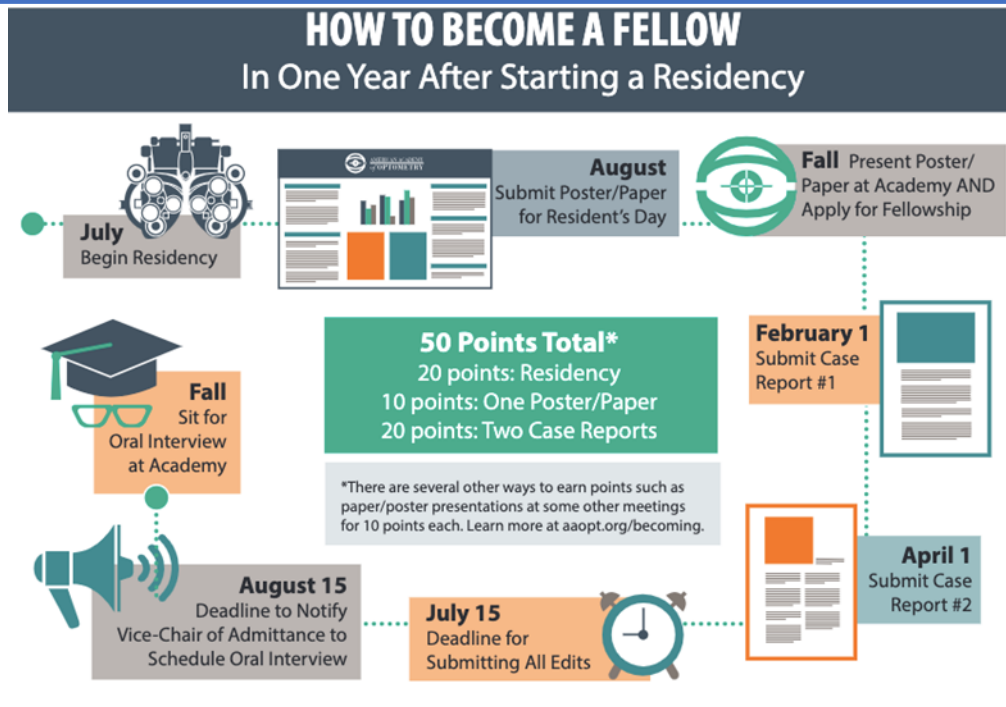
AM: AND

PM: Residency Duties

D) Academic Calendar

Program Dates: July 1st through July 31st of the following calendar year

1. Quarter 1: July 1st through September 30th
 - August 19th – Residents Program Poster or Paper Abstract due to for AAO 2024
2. Quarter 2: October 1st through December 31st
 - November 8th-9th – Residents Program AAO 2024
3. Quarter 3: January 1st through March 31st
 - February 1st – Deadline to apply for AAO Fellowship and submit Case Report #1
4. Quarter 4: April 1st through June 30th
 - April 1st – Deadline to submit AAO Case Report #2
5. Final Month: The last month of the program serves as an overlap between the outgoing resident and the incoming resident. It will be expected for the outgoing resident to play a key role with the new resident's onboarding.
 - July 15th – Deadline to submit all request revisions on your AAO Fellowship Case Reports
 - August 15th – Deadline to schedule your oral examination with the National Vice Chair of Admittance for AAO 2025



E) Other Scheduling Notes

While in the clinic, the resident will be required to see all emergency add-ons at the location they are assigned that day. The faculty doctor will be available for consultation during these visits.

The resident will be required to spend two half days during the first month of the program in our primary Surgical Care Center and observe at least one of each of the following cases:

- Basic cataract surgery
- Femtosecond-Laser-Assisted Cataract Surgery (FLACS)
- Microinvasive Glaucoma Surgery (MIGS)
- Lamellar Keratectomy
- Pterygiectomy
- Endothelial Keratoplasty
- Penetrating Keratoplasty

The resident will spend one day during the first month of the program in the Eye Surgeons LASIK center. More clinic and surgical days in the Eye Surgeons LASIK center can be coordinated upon request from the resident.

Upon request, the resident can coordinate to shadow a glaucoma surgeon and retina surgery in the Indianapolis area at an outside practice. The residency coordinator will assist with contacting the surgeon.

8. On-Call Duties

The resident will be placed in a rotating on-call schedule with other Eye Surgeons of Indiana staff doctors. When on-call, the resident is expected to be available to cover emergency calls from Friday at 5pm until Monday at 8am. Eye Surgeons of Indiana will have another staff doctor on back-up call for support if needed. The resident doctor should expect to cover call approximately six weekends out of the year.

9. Consults, Referral, and Interprofessional Communication

Consultation notes from referring providers can be found under the documents tab in Nextech. It will be imperative to review these notes prior to consultation, discuss with the patient, and electronically fax a note back to the referring provider to have an open line of communication. Interprofessional communication is often necessary as well. This could include communicating with primary physicians and specialty physicians, including rheumatology, cardiology, and infectious disease.

In case of needing to make a direct referral to outside providers, ESI staff will assist with scheduling upon request. It will be the resident's responsibility to directly call providers when more personal care/communication is necessary.

10. Dress Code

It is important for the resident to project a professional image while at work by being appropriately attired. The resident is expected to be neat, clean, and well-groomed while on the job. The resident will be required to wear professional attire or company provided uniform embroidered with our logo and name. Uniforms must match the current uniform schedule as provided by Human Resources. Any deviation from the uniform will not be acceptable. This includes wearing any other tops or bottoms, scarves, or hats, boots, etc. Odors that are disruptive or offensive to others or may exacerbate allergies are unacceptable in the workplace. The following are specifically prohibited:

- Body jewelry – pierced jewelry worn other than on the ear
- Unnatural hair coloring
- Visible Tattoos
- All headbands must be white/black/neutral and ½ inch thick.

The resident is required to wear surgical masks in applicable areas.

The residency director is confident that the resident will use their best judgment regarding attire and appearance. The residency director reserves the right to determine appropriateness. If the resident is improperly dressed or groomed, he/she will be counseled or in severe cases may be sent home to change clothes.

11. Documentation

A) Medical Record Documentation

EHR training will begin during the first week of the program and continue through the first month. The resident is expected to be efficient with the EHR system and accurately bill and code encounters independently by the end of the program's second month. The residency director, outgoing resident, and ESI administration are available to answer questions about EHR programming when needed.

B) Billing and Coding

The resident is expected to bill and code patient encounters accurately by the end of the program's second month. The residency director, faculty doctors, and director of billing and coding will assist with billing and coding orientation during the program's first weeks.

C) Logging Activities

i. Patient Encounters and Diagnosis

The resident must keep a running log of all patient encounters during the entire program.

The log should include the following information:

- Patient age and gender
- Up to three icd10 codes

This log will help evaluate the resident and the resident evaluating the program at the end of the year.

ii. Academic Activities

The resident must keep a running log of all didactic activities completed throughout the year. This includes all one-on-one meetings with ESI optometrists and ophthalmologists, grand rounds, journal clubs, CE attended, internal educational meetings, external educational meetings, and papers and posters produced. The activities documented should include the date, speaker, and location. This log will help evaluate the resident and the resident evaluating the program at the end of the year.

12. Program Benefits Package

A) Salary

The resident will have a salary of \$65,000 for the thirteen-month program. The resident will be paid with a direct deposit to the established account in \$2,500 increments bi-weekly. ESI HR department will establish direct deposit with the resident during the first week of the program.

B) PTO

The resident will have ten days of PTO to be used in case of illness, personal matters, vacation, and attendance at professional meetings. The resident is to make the best effort to request days out of the office ninety days in advance.

C) Benefits

As an employee of Eye Surgeons of Indiana, the resident is eligible for benefits which include:

- Health insurance
- Dental and vision insurance
- Disability coverage
- Life insurance

D) Liability Insurance

Eye Surgeons of Indiana will cover the resident's liability insurance and include tail coverage.

E) Professional Stipend

ESI will provide reimbursement for up to \$2,500 for the resident's i) continuing professional education expenses (including travel, lodging, and other costs associated therewith; ii) and professional journals, books, dues, and fees. The resident will not be paid for unused stipends at the program's end.

13. Office Policies

A) Complaints/Grievances

The resident should direct all complaints or grievances to the residency director. This can be done in-person, by telephone call, or email. If of significant concern, there will be a sit-down conversation between the resident and the residency coordinator. This meeting will be documented, dated, and signed by the resident and residency coordinator. This will then be passed along to our HR department and company policy will be followed. All company policies can be found in the Eye Surgeons of Indiana Employee Handbook.

If the resident is uncomfortable addressing the matter with the residency director, the resident should contact our HR department directly by reporting to their office on the second floor of Eye Surgeons of Indiana's main campus or emailing (Cristina Brown – cristina.brown@esi-in.com or Stacy Ress – stacy.ress@esi-in.com). The resident should also contact the director of residencies at IUSO, Dr. Anna Bedwell (abedwell@iu.edu).

B) Counseling and Dismissal

- If the resident fails to meet clinic and program expectations, a sit-down meeting will be scheduled between the resident and residency director. The discussion will be summarized in writing and signed and dated by the resident and residency director.
- If the poor performance patterns continue, a sit-down meeting will be scheduled between the resident, the residency director, and one other faculty doctor. A written course of action plan over a reasonable time will be put into place for the resident to show signs of improvement of the practices and behaviors at question. Director of IUSO Residencies, Dr. Anna Bedwell, will be notified of the course of action plan. Feedback from Dr. Anna Bedwell will be put into the action plan. The action plan will be signed by the resident, residency director, faculty doctor involved, and dated.
- Director of IUSO Residencies, Dr. Anna Bedwell, will be kept informed of how the resident is doing during the remediation period.
- If the resident fails to follow the remediation course of action plan outlined, the resident will be dismissed from the program.

C) Infection Control

- **Subject:** Employee Health Infection Control
- **Purpose:** To protect all persons against potential health hazards in the facility.
- **Policy:** A pre-employment health examination will be the foundation for the employee health program.
- **Procedure:**
 - A. A complete and confidential health record will be kept in each employee's file. All records are available on request for use by the employee's private physician.
 - B. Medical and Surgical Care
 - Occupational Disability - Provision of services for occupationally induced injury or illness should be in accord with worker's compensation laws and directed toward optimum rehabilitation of the employee.
 - Non-occupational Disability - The treatment of injuries or diseases not occupationally induced will be the responsibility of the employee and his personal physician.
 - Other Services to be offered - Influenza vaccine availability will be announced to employees in accordance with local health department recommendations and practices.
 - Hepatitis B vaccine is offered to all employees. Employees may receive the vaccine through occupational health if they consent to the vaccine series.
 - Baseline 2 step TST is required for all new hires in a healthcare facility. Employee can also have a T-Spot or QuantiFERON Gold instead of the TST, which would be done occupational health. Each employee will complete an annual TB Questionnaire.
 - Immunization status, communicable disease history. Screening for vaccine preventable diseases, (Hepatitis B, Measles, Mumps, etc.)

D) Facility Safety

SUBSTANCE ABUSE

This policy is designed to reinforce the value that the companies place on safety and to maintain a workplace free from the influence of alcohol and illegal drugs. The companies prohibit the possession, sale, purchase, delivery, use or transfer of illegal substances on company premises or at company functions. Employees in violation of this policy are subject to disciplinary action, up to and including immediate termination.

The companies reserve the right to drug screen employees. Refusal to submit to a drug test is violation of this policy.

WORKPLACE BULLYING

The companies define bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment.” Such behavior violates this handbook, which clearly states that all individuals will be treated with dignity and respect. The purpose of this policy is to communicate to all employees, including managers and executives, that the company will not tolerate bullying behavior. Employees found in violation of this policy will be disciplined up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant and will not be given consideration. As in sexual harassment, it is the effect of the behavior upon the individual that is important. The companies consider the following examples behaviors of bullying:

- Verbal bullying: Including but not limited to slandering, ridiculing, or maligning a person or his/her family; persistent name calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.
- Physical bullying: Including but not limited to pushing, shoving, kicking, poking, tripping, assault, or threat of physical assault; damage to a person’s work area or property.
- Gesture bullying: Including but not limited to nonverbal threatening gestures or glances that convey threatening messages.
- Exclusion: Including but not limited to socially or physically excluding or disregarding a person in work-related activities.

VIOLENCE IN THE WORKPLACE

All employees, patients, vendors, and business associates must be treated with courtesy and respect at all times. Employees are expected to refrain from conduct that may be dangerous to others. Conduct that threatens, intimidates, or coerces another employee, patient, vendor or business associate will not be tolerated. The company’s resources may not be used to threaten, stalk, or harass anyone at the workplace or outside the workplace.

Indirect or direct threats of violence, incidents of actual violence and suspicious individuals or activities should be reported as soon as possible to a manager, Human Resources, or any

member of management. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

Employees should promptly inform the Human Resource department of any protective or restraining order that they have obtained that lists the workplace as a protected area.

Employees are encouraged to report safety concerns regarding intimate partner violence. The companies will not retaliate against employees making good-faith reports.

The companies will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. The companies will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. To maintain workplace safety and the integrity of its investigation, the companies may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

The companies encourage employees to bring their disputes to the attention of their managers or Human Resources before the situation escalates. The companies will not discipline employees for raising such concerns.

SAFETY

It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state, and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a patient or customer. Although most safety regulations are consistent throughout the companies, each employee has the responsibility to identify and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have posted an emergency plan detailing procedure in handling emergencies such as fire, weather-related events and medical crises.

It is the responsibility of the employee to complete an Accident and Incident Report for each safety and health infraction that occurs by an employee or that the employee witnesses. Please report any safety and health infraction to your manager immediately. Management will assist you with the completion of an Accident and Incident Report. Failure to report such an infraction may result in employee disciplinary action, including termination. Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow company safety and health guidelines or engaging in conduct that places the employee, patient, customer, or company property at risk can lead to employee disciplinary action and/or termination.

GUN AND WEAPON POLICY

Weapons are banned on Company property (including Company-provided vehicles and transportation); this includes a ban on guns, knives, and/or other similar devices. To the extent permitted by law, lawful firearms and ammunition may be stored in an employee's locked personal vehicle on Company property. Such firearms and ammunition may not be stored in plain sight. Employees shall have no right to carry that firearm and/or ammunition outside of such locked personal vehicle, regardless of whether the employee has a concealed carry or similar permit. The Company will not otherwise discriminate against employees based upon lawful firearm ownership or licensing. Any violation of this policy will result in discipline, up to and including termination of employment.

SMOKE/TOBACCO FREE WORKPLACE

It is the policy of the companies to prohibit use of tobacco products of any kind on all company premises, including inside/outside the building or in your vehicle, to provide and maintain a safe and healthy work environment for all employees. Smoking is defined as the "the act of inhaling and exhaling the smoke of tobacco or tobacco product such as e-cigarettes & vapors, lighting, smoking or carrying a lighted or smoldering cigar, cigarette, and pipe of any kind". Tobacco products, including chewing tobacco, are also prohibited. Employees who violate the smoking policy will be subject to disciplinary action up to and including immediate discharge.

INCLEMENT WEATHER

The companies will make every effort to maintain normal work hours even during inclement weather. All employees should anticipate working their normal shift. The Operations Manager, Director of Nursing and the Chief Executive Officer are responsible for assessing the local weather conditions. If they determine that conditions are not safe, the companies will notify the local radio/television stations to determine which location/s will be opened or closed.

If the county in which the facility is located issues a snow emergency that facility will be closed because the county has determined that the roads are unsafe for normal driving and only emergency personnel should be on the streets. If the county does not issue a snow emergency the Operations Manager, Director of Nursing and Chief Executive Officer will determine if the location will be open.

If the employee lives in a county where a snow emergency has been issued, they are NOT to report to work even if their scheduled location is open. In this case the employee has the choice to utilize or not to utilize PTO for the day according to their scheduled hours.

If the employee lives in a county and their county does NOT issue a snow emergency AND their scheduled location is open, they are expected to report to work. If the employee does not report to their scheduled location, they must notify their manager at least one hour before the start of their shift. If the employee does not report to their scheduled location, they MUST utilize PTO for the day according to their scheduled hours.

It is the responsibility of management to be aware of the weather conditions at each location. In consultation with the operations manager, Director of Nursing or Chief Executive Officer a location may be closed early due to inclement weather. When management decides to close a location due to impending or immediate weather conditions employees will be instructed to cease work and clock out.

E) Patient and Employee Privacy and Confidentiality

HIPAA

The Health Insurance Portability and Accountability Act of 1996, as supplemented by the HITECH Act of 2009 (collectively, HIPAA) are federal laws that apply to health plans, health care providers and health care clearinghouses. The HIPAA legislation is complex and has many components. The three areas of legislation that are the major focus for the companies include:

- Privacy – provides rules regarding how an individual's health information may be used and disclosed.
- Transaction and Code Sets – requires the use of standard transaction formats and code sets when an individual's financial health information is transmitted electronically.
- Security – requires specific security measures to be in place to protect an individual's health information that is sent or stored electronically. The companies provide all new employees with a HIPAA overview during new employee orientation and throughout their employment. Violations of HIPAA are extremely serious and may result in disciplinary action up to and including termination.

14. Didactic Pursuits

The resident will have dedicated time weekly to meet with Eye Surgeons of Indiana faculty doctors for presentations, case review, and discussion. In some cases, this may coincide with meetings with fourth year students.

Sample of monthly didactic schedule:

Week 1 – Eye Surgeons of Indiana OD presentation

Week 2 – Resident Case Report

Week 3 – Eye Surgeons of Indiana MD presentation

Week 4 – Journal Club

Publishable Quality Work Requirements

- The Resident will be expected to develop at least one publishable quality paper, case report, or poster.
- The resident will be required to develop one educational course or grand rounds case and present it at IUSO, Eye Surgeons of Indiana-sponsored event, or outside professional meeting/seminar/conference approved by the residency director.
- It is strongly encouraged for the resident to pursue fellowship in AAO during their residency year. By following the pathway to fellowship as outlined in the resident calendar, the resident will be on track to satisfy these requirements for residency program completion.

15. Program Assessments

Self-Assessment: Per ACOE guidelines, the resident will complete a self-assessment at orientation, midterm, and completion of the residency program. The residency director will provide the resident with the assessment.

Residency director and faculty doctors' assessment of the resident: Per ACOE guidelines, the resident will be evaluated by the residency director and all faculty doctors three times per year (Q1, midterm, year-end). The residency director will provide the faculty doctors with the assessment.

Resident assessment of residency director, faculty doctors, and program: Per ACOE guidelines, the resident will complete an assessment of the residency director, all faculty doctors, and the residency program twice per year (midterm and year-end). The residency director will provide the resident with the assessments.

16. Educational Resources

The resident will have access to all Eye Surgeons of Indiana continuing education material upon request, journal club library, Indiana University School of Optometry Library, and a generous company stipend to cover fees of professional subscriptions and journals upon request.

17. External Meetings

No external meetings are required for program completion, but it will be strongly encouraged for the resident to attend local, state, and national optometric meetings to be exposed to various continuing education, professional collegiality, and governance of our profession. The residency director will keep the resident informed of upcoming meetings. A generous travel and registration fee stipend is outlined in residency benefits.

18. Program Completion Requirements

- The resident must complete all clinical care and didactic work as requested by the residency director.
- The resident will be expected to develop at least one publishable quality paper, case report, or poster.
- The resident will be required to develop one educational course or grand rounds case and present it at IUSO, Eye Surgeons of Indiana-sponsored event, or outside professional meeting/seminar/conference approved by the residency director.
- The resident must complete a self-assessment at orientation, midterm, and conclusion of the program.
- The resident must complete a program assessment, residency director assessment, and faculty doctor assessments at the midterm and conclusion of the program.
- If all above requirements are completed, the resident will obtain a completion certificate from Eye Surgeons of Indiana. This certificate will indicate its affiliation with Indiana University School of Optometry.