

OPTOMETRY RESIDENCY

2025-26 Manual

Memphis VA

Contents

Introduction

3 Welcome

Objectives

4 Resident Objectives

4 Supervisor Objectives

4 Resident Supervision

Requirements

5 Didactic

5 Logs

5 Resident Paper

5 Poster Presentation

6 Quality Assurance

6 Resident's Weekend

Clinic

7 Resident Hours

7 Fluorescein Angiography

7 Externs

7 "Cutting and Pasting"

7 Signing Charts

8 Deleting Chart Info

8 Eye Care Consults

8 MRx and Tint

8 Visual Field

9 Legal Blindness

9 RTC Orders

9 Diabetic Eye Exams

9 End of Day

9 Reusable Medical Equipment

9 Suicide Screen

10 Bedbugs

General

12 Computer Codes

12 PIV Card

12 License

12 Malpractice

12 NPI Number

12 Dress Code

13 Food/Drinks/Fire/Safety

Contents

General – continued

- 13 Lunch
- 13 Leave
- 14 Joint Commission
- 14 Cell Phones
- 14 Fill-in Work
- 14 Resident Salary
- 15 Backup Residency Supervisor

CPRS

- 15 Overview
- 15 Cover Sheet
- 16 Problems
- Medications
- Orders
- Notes
- Consults
- Labs
- Reports

Starting a Note

- Scheduled Patients
- Inpatients and Employees
- Signing a Note
- RTC Orders
- Making an Addendum
- Allergies
- Visual Acuity Template

Introduction

Congratulations to each of you on your decision to dedicate yourself to a year of advanced optometric training. From the very first optometry residency to the now available 255 positions, the VA remains at the forefront of residency education. Many, if not all of us, who have completed residency training would undoubtedly repeat the experience. It is our strong desire that you, too, will be left with the same feeling.

Completing a residency, however, is not an easy task. At times you will feel overwhelmed with patient load, project due dates, and log sheets. It is imperative that you maintain a positive attitude and stay focused on the reasons you became a resident. Dedicating yourself to a year of learning demands time, effort, initiative, and perseverance. The ultimate person responsible for your learning is you. The Association of Schools and Colleges of Optometry aptly states that:

“Inherent in this [residency] program is the need to understand that [residency] rewards are best gained by being self-motivated, enthusiastic, and hard-working.”

Our goal is to create an environment of open discussion where resident questions are welcomed – while having fun at the same time! As the months pass, so will the amount of questions, which is a marker for growth. The Accreditation Council on Optometric Education (ACOE) calls this “graduated autonomy” and is a goal for any residency program. We look forward to learning with you this year.

Objectives

The ACOE requires certain goals to be met by the residency. These objectives are tracked via resident logs and quarterly evaluations. One of ACOE's missions is to "advance the optometric graduate's preparation for patient care services beyond entry-level practice."

Resident Objectives

Certain goals must be met to obtain your certificate (i.e., patient encounters). **Timely and accurate logging will assist in tracking these items.** Your supervisor will alert you with any issues.

Supervisor Objectives

Along with assuring the resident achieves his or her objectives, the resident supervisor has goals that must also be met. More specifically:

- ☞ The supervisor is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment.
- ☞ The supervisor must ensure that nothing interferes with the ability of the resident to achieve the goals and objectives of the educational program.
- ☞ Additionally, the supervisor should direct the resident in obtaining independence, confidence, curiosity, professionalism, efficiency and correct critical thinking.

Resident Supervision

As a resident, you will be under the supervision of optometry attendees. The VA provides guidelines for the interaction of residents and supervisors. Several important aspects are listed:

- ☞ "As resident trainees acquire the knowledge and judgment that accrue with experience, they will be allowed the privilege of increased authority for patient care."
- ☞ "The process of progressive responsibility is the underlying educational principle for all graduate medical and professional education."
- ☞ "Supervision is exercised through observation, consultation, directing the learning of the resident, and via role modeling."
- ☞ "All new patients should be seen with an attendee."

Requirements

Didactic

To foster in the resident a desire to pursue lifelong learning, the program holds weekly didactic on Friday morning from 7:30 – 10:00 am. These meetings may include, but are not limited to: Journal club, case presentations, lecture (in-house and guests) or web-based learning. Residents are required to give one presentation per quarter.

***The weekly didactic event, along with any learning activities attended throughout the year (continuing education, webinars, dinner events, etc.) are to be recorded in your log sheets.**

Logs

As an optometry resident, you are required by ACOE to keep track of patient encounters. There are certain criteria that each residency must meet, and logs are a way of tracking these requirements. Incomplete or inaccurate logs can damage residency accreditation.

You will be given specific instructions on filling these out. It is very important that you stay up-to-date on them. Even if you put them off for a day or two, the patients will pile up and you'll find yourself swamped getting caught up. DO NOT LET THIS HAPPEN!

Resident Paper

You will be required to complete a paper of publishable quality which is due on June 30, 2025. Failing to complete this will prevent you from receiving your residency certificate. You are welcome to format this task according to the American Academy of Optometry (AAO) guidelines for submitting fellowship case reports.

*Topics are due by April 30.

Poster Presentations

We strongly encourage poster presentations at the annual AAO Meeting. Other opportunities include SECO and Heart of America, among others. Two items regarding Academy attendance:

1. If you receive a travel grant from the TN Chapter of the Academy, you MUST present your poster to one of their local meetings.

2. A minimum of 10 hours of continuing education is expected during ANY meeting attendance.

Quality Assurance

Part of the residency requirement is performing quality assurance chart reviews. Your supervisor will provide more details.

Resident's Weekend

During one weekend in June, each of SCO's residents will give a 30-minute continuing education lecture on a topic of choice. Examples include a case study with discussion, results of a research project, or a literature review of an optometry-related subject. Drs. Mengelt and Sanderson will provide more details during the year.

***The final PowerPoint draft is due for review by Memphis VA attendees two weeks PRIOR to SCO's deadline for submission.**

Clinic

Resident Hours

The clinic hours are Monday through Thursday from 7:15 am to 6:00 pm. Residents must have their rooms READY to exam patients at 7:15 am. This cannot be stressed enough. You will find that your learning experience will be enhanced by arriving to clinic early and preparing for patient care. VA patients often arrive early for their appointments. Maximizing your efficiency will in turn maximize your learning opportunities. Getting a jump-start on your day can mean taking extra time doing scleral indentation or other clinical procedures instead of feeling rushed through the exam.

Fluorescein Angiography

Optometry performs fluorescein/indocyanine green angiograms on an as-needed basis during clinical hours or by scheduled appointment.

Externs

Most of the time you will be working alongside the externs seeing patients. It must be remembered that students will often perform examinations at a different pace due to their limited experience and the need to repeatedly consult with staff. Do not let your learning experience be affected by what others in the clinic are doing.

"Cutting and Pasting"

Hospitals frown upon "cutting and pasting," and some prohibit the practice. An audited chart would not stand up to a word-for-word copy of a previous visit. Therefore, please adhere to the following:

- ☞ Do NOT copy and paste the chief complaint or the assessment and plan.
- ☞ If the review of systems is carried over, make sure to update it appropriately and completely.

Should you pull forward any information from a previous visit, do not assume that information to be correct. ALWAYS confirm data and trust your exam findings.

Signing Charts

Hospital policy mandates that all charts be signed within a 24-hour period. All resident charts must be signed the same day to avoid any potential problems. Laptops will be provided for at-home access.

Deleting Chart Information or Wrong Patient Pictures/Notes

If you need to delete something from a record (i.e. wrong patient) that has been signed, do the following:

1. Contact an attendee.
2. Follow these instructions for note/image retractions:

[https://leaf.va.gov/VISN9/614/Memphis CPRS requests/?a=newform](https://leaf.va.gov/VISN9/614/Memphis_CPRS_requests/?a=newform)

* If you made a mistake on the chart, left something out, or signed it prior to completion, just enter an addendum to the signed note with the correct data.

"Eye Care" Consults

To perform ancillary testing with the Spectralis or visual field, an "Eye Care" consult must be entered into CPRS (see section 7.6). This will be completed by an ophthalmic technician, but at times may be submitted by a resident.

MRx and Tint

Anytime you refract a patient and determine a valid spectacle Rx, please record that Rx in the assessment and plan, and indicate its expiration date. This should be done even if you do not prescribe the spectacles at that time.

1. Myopia/Presbyopia:

OD -1.50-0.50x85

OS -2.25-0.75x105

Add: +2.50

Rx expires July 1, 2047

The VA has specific eligibility criteria for prescribing tint or photochromic lenses. When filling out an Rx through CPRS, the system prompts as to whether the Veteran meets these criteria.

Visual Field

If you determine a patient needs a visual field or other procedure prior to being seen, please communicate this to the patient so they don't sit in the waiting room assuming they have been forgotten.

Legal Blindness

For legally blind veterans:

1. Add the legally blind diagnosis to the patient problem list in CPRS (if it has not already been added).
2. Check if a catastrophically disabled consult has been entered.

* Remember the criteria for legal blindness. If based on visual fields, kinetic perimetry **MUST** be performed and given to Keith to scan into the patient's record.

**If seeing a low vision patient, message Keith Tackett to see if he would like to meet with the patient after your exam to satisfy his required annual contact with all low vision patients

RTC Orders

EVERY patient needs a **SIGNED** RTC order in CPRS before they leave your exam room and check out at the front desk.

Diabetic Eye Exams

The VA requires a yearly retinal exam for all diabetics. This may include a dilated fundus exam, an ultrawidefield image, or participation in the teleretinal program which consists of a three-picture, non-mydratic series of photographs.

For diabetic patients without retinopathy or concurrent ophthalmic disease that requires monitoring, consider having the patient screened through the teleretinal program the following year after a face-to-face eye examination.

End of Day

All exam rooms should be straightened, trial lenses put away, and equipment wiped down and covered at the end of **EVERY** day.

Reusable Medical Equipment

Gonio lenses, forceps, dilators, lacrimal probes and cannulas, chalazia clamps, tonometer tips, etc. are all **SINGLE USE** and **DISPOSABLE**. They should not be cleaned and used on another patient.

Suicide Screen

The VA requires an annual (or when clinically indicated) Columbia-Suicide Severity Rating Scale (C-SSRS) completed through CPRS. This is the responsibility of ANY provider within the facility (i.e., not just mental health). The majority will be negative, but a positive result will trigger the following actions:

1. Do not leave the patient unattended/alone!
2. Contact an attendee.
3. Contact any of the following mental health providers:
 - a. Nonconnah Clinic

Jennifer Hudson
LCSW x1668
(7:30 am to 4 pm)

Elizabeth Dillon
PhD x1137
(7:00 am to 3:30 pm)

Dr. Novi x6226

4. If the situation is deemed an emergency, dial 33.
5. For a domestic violence issue, contact Michelle Decremer x5658.

The purpose of contacting any of the above mental health providers is to conduct a secondary Comprehensive Suicide Risk Evaluation (CSRE) screener and facilitate urgent assistance as needed.

Bedbugs

Yes, you read that correctly. Unfortunately, the clinic experienced more episodes of bedbugs this year than in any prior year. Because of this, the bedbugs made their way into an optometry residency manual.



Human bed bugs change shape and color as they feed. Photos courtesy Whitney Cranshaw, Colorado State University.

If noted during your examination, please adhere to the following:

- ☞ Discuss if the patient has knowledge of active infestation.
- ☞ Immediately discontinue appointment and assist patient in directly leaving the clinic once their ride is available. If there is a delay, keep them in your exam room and do not move them to a secondary location.
- ☞ If patient is utilizing VA transportation, the transportation office needs to be advised (Karen J. Adams, ext. 5666). I would ask for now that you do so after the patient has left the clinic.
- ☞ Advise your attending and techs. Sign needs to be placed on door that room is not to be entered.
- ☞ Contact EMS Pest control Jerry C. Taylor (ext. 6024) and provide the room location to request spraying. He will indicate when room can be re-occupied.
- ☞ Attach PACT team as additional signers to assist patient in addressing infestation in the home.
- ☞ Additional steps need to be taken if you are entering a RTC. Several of these instances include patients that returned a second time and the bed bugs were still present.

General

Computer Codes

To access the VA computer network, you will be issued an ID badge with a self-selected six-digit number. This will be inserted into the keyboard card reader and upon entering this code, you will gain access to the VA network and the computerized patient record system. Access codes are not to be shared with anyone under any circumstances.

PIV Card

Identification badges will be made on your first day here (hopefully!). VA identification should be worn waist-up and facing forward. Please don't leave your PIV card unattended in the computer keyboard.

License

The VA requires that you be licensed to practice optometry in ANY state. Therefore, it is NOT necessary to obtain an TN license.

Malpractice

The VA covers your clinical activities specifically related to your patient care at the hospital through the Tort Act which states that a plaintiff may only sue the government and not a specific person. It does NOT cover you for any optometric care performed outside the hospital (i.e., fill-in work).

NPI Number

The HIPAA legislation includes the National Provider Identifier (NPI) Final Rule, which applies to VHA health care practitioners. This Final Rule went into effect on May 23, 2008, and among other things, requires the use of NPIs for all electronic bills submitted. VHA then established the policy that all VHA health care practitioners who provide billable services must obtain an NPI and provide it to VHA.

*You may apply for an NPI number at any time (a license is not required).

Dress Code

Per hospital policy, ties are not required for clinic attire. Open-toed shoes are prohibited. Tennis shoes are allowed if they are clean and without significant wear. Business casual would be considered appropriate. The VA will provide one lab jacket.

Food/Drinks/Fire/Safety

- ☞ Food and drinks are not to be in any patient care areas.
- ☞ Please remember to keep all your personal belongings secured.
- ☞ Please know the fire route to direct patients when exiting the building (discussed at orientation).
- ☞ Also, the facility's safety manual (and others such as the MSDS) can be found online at the Memphis VA home page.

Lunch

The eye clinic sees many patients per day with many examination lanes always running. Because of this, it is impossible to have a set lunch schedule. Please remain flexible regarding this nutritional activity. **Also, if you finish lunch early, start seeing the afternoon patients early versus taking an extended break.** This is not only good customer service but will also allow you to have a few extra minutes with patients.

Leave

Your focus as a resident should be seeing patients and improving clinically. Leave is available, if needed, and accrues every pay period. Because leave is accrued, residents must first earn the leave before taking it (i.e., you begin with 0 hours of leave, and no leave balance = leave without pay). Leave accrues at 4-hours per pay period which equates to 104 hours. Given 10-hour days, this results in 10.4 days of annual leave.

Leave is granted on a first-come basis and can be denied by the supervisor. Because appointments are made as far out as three months, it is strongly suggested that you request leave as early as possible to increase the chance for approval. Only one resident may be out on annual leave on any given day, except for Christmas, Thanksgiving and educational meetings in which attendance is known three months in advance.

Requesting leave is a two-step process:

1. Approach the supervisor with the date(s) of your request.
2. Once approved by the supervisor, you must enter your request into the VA computer system (VATAS). Sick leave is to be entered on the day that you return to work.

Joint Commission

The Joint Commission has many regulations which a hospital clinic MUST follow, some of which may seem excessive. The VA hospital also has mandates which must be followed. Among them are the following:

- ☞ Lock or logoff computers when leaving the room – don't leave them unattended.
- ☞ Lock medications – this includes dilation drops, fluorescein, alcohol swabs – EVERYTHING.
- ☞ Keep all doors locked that have public access.
- ☞ Don't review patient information in a public setting.
- ☞ Check for expired medications.
- ☞ Use alcohol pad for phoropter, keratometer, slit lamp.
- ☞ Wash hands before and after seeing a patient.
- ☞ Use the disposable tonometer tips.
- ☞ Don't carry any eye drops or medications in your pocket.

Cell Phones

Per VHA directive 2009-040, the use of personally owned cell phones must not interfere with individual performance of duties, the duties of other staff, customer service and/or disrupt medical center operations. That said, an occasional text or personal phone call (in your closed exam room, in the office, or outside the facility) is fine, provided the above. Talking on the phone in the hallway where patients walk or receiving text messages with audible alerts during your exam would be examples of what not to do.

Fill-in Work

Your first responsibility is to the Residency program to which you committed. Fill-in work should not interfere with didactic preparation, patient logging, or your residency energy. It is the resident's responsibility to secure malpractice insurance for this activity.

Resident Salary

Your salary for the resident year 2025-26 is \$45,046.

***Please confirm this upon receipt of your first pay stub.**

Backup Residency Supervisor

Should for any reason the residency supervisor, Dr. Catherine Hogan, be on extended leave, Dr. Jim Williamson, will temporarily assume the position and oversee the activities of the resident, including, but not limited to:

- a. Providing patient care.
- b. Administrative duties such as resident leave requests, quarterly evaluations, and weekly didactic. These tasks are known by Dr. Williamson having served previously as the residency supervisor.
- c. Assist with didactic activities such as preparation for the AAO poster, quarterly case presentations, Resident's Day presentation, and the final residency paper.
- d. Be available for any resident concerns.

Pertinent contacts related to this contingency plan:

Cheryl Mengelt, OD
Director for Externships and Residency Programs
Southern College of Optometry
1245 Madison Ave.
Memphis, TN 38104
901-722-3201
cmengelt@sco.edu

Accreditation Council on Optometric Education
Stephanie A. Puljak, M.S., M.B.A.
Director, Accreditation Council on Optometric Education
243 N. Lindbergh Blvd., Suite 301
St. Louis, MO 63141
spuljak@theacoe.org

7.1

CPRS

Overview

The VA was the first hospital to move to a computerized record system. A comprehensive tutorial of CPRS is beyond the scope of this Handbook. Thus, only the basics will be discussed. CPRS has 10 “folders”:

- 🔗 Cover Sheet
- 🔗 Problems
- 🔗 Meds
- 🔗 Orders
- 🔗 Notes
- 🔗 Consults
- 🔗 Surgery (not covered)
- 🔗 D/C Summary (not covered)
- 🔗 Labs
- 🔗 Reports

7.15

Cover Sheet

Click on patient name for detailed information

Quick view of active problems, meds, allergies

Graphs vitals by clicking on desired reading

Displays reminders, i.e. “Diabetic Eye Exam”

If “No Allergy Assessment”, see Help Desk on Allergy Assessment

Displays exam note by clicking on appointment

Vista CPRS in use by: Williamson, James A (vista.memphis.med...)

File Edit View Tools Help

ZZXMAN PHIL,PHIL Visit Not Selected Primary Care Team Unassigned Flag

000-00-0002 Sep 01,1890 (115) Provider: WILLIAMSON,JAMES A

Active Problems	Allergies / Adverse Reactions	Postings
Psychosis	Dust	Allergies
Diabetes Mellitus Type II Or Unspe	Pollen Extracts Freeze - Dried	Narcotic Contract
Htn	Cool Mint Listerine Antiseptic	Non-VA Or Otc Mec
Dermatitis	Pollen	
Angioneurotic Edema	Gentamicin Oph Solution	
* Human Immunodeficiency Virus (HI	Aspirin	
Old Myocardial Infarction		

Active Medications	Clinical Reminders
No Active Medications Found	Diabetic Eye Exam

Recent Lab Results	Vitals	Appointments/Visits/Admissions
I-Stat Eg7+ Green Top/W	T 98.6 F Jun 14,2006 08:40(3	Jun 23,2006 14:20 Optometry - Dm Phc
I-Stat Eg7+ Green Top/W	P 80 Jun 14,2006 08:40	Jun 12,2006 13:02 Urology - Clinic
I-Stat Eg7+ Green Top/W	R 24 Jun 14,2006 08:40	May 10,2006 13:00 South - DagogoJac
	BP 140/74 Jun 14,2006 08:40	Apr 27,2006 09:30 Metabolic Group Cli
	HT 72 in Jun 14,2006 08:40(1	Feb 24,2006 13:00 Optometry - F/U Clir
	WT 200 lb Jun 14,2006 08:40(9	Feb 24,2006 07:30 Optometry - F/U Clir
	PN 2 Jun 14,2006 08:40	Feb 23,2006 13:30 Optometry - F/U Clir
		Feb 23,2006 07:30 Optometry - F/U Clir

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

7.2 Problems

Lists active problems including onset date and who entered

Enter new problem by clicking on

You can also enter a new problem via the encounter form

VistA CPRS in use by: Williamson, James A (vista.memphis.med...)

File Edit View Action Tools Help

ZZXMAN PHIL,PHIL Visit Not Selected Primary Care Team Unassigned
000-00-0002 Sep 01,1890 (115) Provider: WILLIAMSON,JAMES A

View options Active Problems (21 of 21)

Stat...	Description	Onset Date
A	Psychosis pt d/ced medication	Jan 15 2006
A	Diabetes Mellitus Type II or unspecified with Renal Manifestations	
A	HTN	
A	Dermatitis	May 13 2006
A *	Human Immunodeficiency Virus (HIV) Disease just because	May 01 2006
A	Angioneurotic Edema	
A	Old Myocardial Infarction	
A	Chronic Obstructive Pulmonary Disease	
A	Hypertension	
A *	Diabetes Mellitus Type II or unspecified	

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

7.25 Medications

Lists outpatient, non-VA, and inpatient meds

Lists by active, expired, discontinued, or pending

Allows tracking of patient refills for compliance

To order a med, right click anywhere here and select **"New Medication"**

Add refills, change dosing, or renew meds by right clicking on the desired medication

Double click on the med to view detailed information

Always discontinue meds the patient is no longer using by right clicking on the med and selecting **"Discontinue"**

File	Edit	View	Action	Tools	Help
		ZZXMAN PHIL,PHIL (OUTPATIENT)		Visit Not Selected	
		669-06-0615P	Jun 06,1915 (98)	Provider: WILLIAMSON,JAMES A	
Sort by Drug (alphabetically), status active, status recent expired (1/7/14-6/6/14)					
Action	Outpatient Medications	Expires	Status	Last Filled	Refills
	*BENZOYL PEROXIDE LOTION 5% 30ML Qty: 30 for 30 days Sig: APPLY THIN LAYER TO AFFECTED AREA TWICE A DAY PROTECT YOURSELF FROM THE SUN WHEN USING AND AVOID PUTTING ON ECZEMA	03/26/14	Expired	Feb 25,14	0
	*BISACODYL 5MG EC TAB Qty: 8 for 2 days Sig: TAKE FOUR TABLETS BY MOUTH AS DIRECTED (2 DAYS BEFORE YOUR PROCEDURE, TAKE FOUR TABLETS AT 6PM WITH A LARGE GLASS OF WATER; THEN 1 DAY BEFORE YOUR PROCEDURE, TAKE 4 TABLETS AT 8AM WITH A LARGE GLASS OF WATER)	03/12/14	Expired	Feb 10,14	0
	*COLON ELECTROLYTE LAVAGE PWD FOR SOLN Qty: 1 for 1 days Sig: TAKE 1 BOTTLE MOUTH AS DIRECTED (8AM THE DAY BEFORE YOUR TEST, FILL THE JUG WITH WATER TO THE LINE. SHAKE AND PUT IN THE FRIDGE. 6PM START DRINKING THE GOLYTELY. DRINK ONE GLASS EVERY 15 MINUTES UNTIL YOU HAVE DRANK HALF.PLACE BACK IN THE FRIDGE. AT 4AM THE DAY OF THE TEST DRINK GOLYTELY	03/12/14	Expired	Feb 10,14	0
Action	Non-VA Medications				
	Non-VA NON-VA MED NOT LISTED MISCELLANEOUS BLACK COHASH MISCELLANEOUS AS DIRECTED				
	Non-VA PREGABALIN 25MG CAP,ORAL 25MG MOUTH TWICE A DAY Medication prescribed by Non-VA provider				
Action	Inpatient Medications				
Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Rep					

7.3 Orders

Use this tab to:

- 🌀 Enter allergies
- 🌀 Consult to another specialty, i.e. vascular lab for carotid study, ophthalmology, prosthetics for low vision devices or contacts, etc.
- 🌀 Order CT, MRI, X-ray (use “Imaging Order Menu”)
- 🌀 Order blood work (use “Routine Labs”)
- 🌀 Order meds (use this same tab to enter “Non-formularly request”)
- 🌀 Enter consult for VISTA imaging to take Spectralis images or run a visual field (use “Order Sets”)

Vista CPRS in use by: Williamson, James A (vista.memph...

File Edit View Action Options Tools Help

ZZXMAN, PHIL Visit Not Selected Primary C...
000-00-0009 Apr 04, 1949 (57) Provider: WILLIAMSON, JAMES A

View Orders Active Orders (includes Pending & Recent Activity)

Service	Order	Start
	>> Take AM Dose of: Heart and blood pressure with sips of water the morning of surgery.	Start: 12/11 13:28
	>> Hold AM Dose of Diabetic, ASA, or blood thinner	Start: 12/11 13:28
A/D/T	>> Diagnosis Colostomy	Start: 07/28 13:30
Diet	>> Order: NPO after MN Order: Night Prior to procedure	Start: 12/11 13:28
Non-VA	Non-VA ASPIRIN EC TAB, EC 81MG TAKE ONE TABLET BY MOUTH EVERY MORNING Jul 01, 2005	Start: 07/01
	Non-VA METOPROLOL TAB 100MG TAKE ONE TABLET BY MOUTH TWICE A DAY Jul 01, 2005	Start: 07/01
Lab	>> DATE OBTAINED: Feb 06, 2006 PROVIDER: DICKSON, ALLAN D PATIENT LOCATION: JONESBORO - MH COMBAT VETS GBP	Start: 02/06

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C S

7.35 Notes

Starting point for new notes

View notes from other visits

Access your templates

Change or enter encounter information

Vista CPRS in use by: Williamson, James A (vista.memphis.med.va.gov)

File Edit View Action Options Tools Help

ZZXMAN, PHIL Visit Not Selected Primary Care Team Unassigned Flag

000-00-0009 Apr 04, 1949 (57) Provider: WILLIAMSON, JAMES A

Visit: 06/30/05 OPTOMETRY, ZZEYE - BROUGH 3 (F/U), STEPHANIE D. HO

Date	Title	Author
Jun 30, 05	OPTOMETRY	Holloway, Stephanie D.
Jun 04, 04	OPTOMETRY CONSULT	Williamson, James A.
Jan 05, 04	Addendum to OPTOMETRY	White, Michael
Jan 05, 04	OPTOMETRY	White, Michael

Diabetic Eye Exam:
Patient had a dilated fundus examination by an eye (Optometrist/Ophthalmologist) previously.
Month/Year: March 2, 2005

/es/ STEPHANIE D. HOLLOWAY
CERTIFIED OPHTHALMIC ASSISTANT
Signed: 06/30/2005 13:41

Templates
Encounter
New Note

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

7.4

Consults

View all pending, active, scheduled, and cancelled consults

Consult to another specialty (i.e. ophthalmology) or to order low vision devices and contact lenses

Select "New Consult" to get started

The screenshot shows the 'Consults' window for patient ZZXMAN, PHIL. The top menu includes File, Edit, View, Action, Options, Tools, and Help. The patient information at the top shows 'Visit Not Selected', 'Primary Care Team Unas', and 'Provider: WILLIAMSON, JAMES A'. The main area is divided into two panes. The left pane, titled 'All Consults', shows a list of consults with dates and descriptions, such as 'Jun 26,06 (p) CAC **Do NOT Use** C...' and 'Jun 23,06 (c) DIABETIC TELERETIN...'. The right pane shows details for the selected consult on 'Jun 26,06 (p) CAC **Do NOT Use** C...'. It includes fields for 'Current Pat. Status: Outpatient', 'Primary Eligibility: SC', 'Order Information', 'To Service: CAC **Do NOT Use** C...', 'From Service: OPTOMETRY -', 'Requesting Provider: COOPER, ELIS', 'Service is to be rendered on an OU', 'Place: Consultant', 'Urgency: Routine', 'Orderable Item: CAC **Do NOT Use** C...', 'Consult: Consult Req', 'Provisional Diagnosis: Diabetes (2)', and 'Reason For Request: ZZXMAN, PHIL 000-'. At the bottom, there are tabs for 'Cover Sheet', 'Problems', 'Meds', 'Orders', 'Notes', 'Consults', 'Surgery', 'D/C Summ', 'Labs', and 'Reports'. An orange arrow points to the 'New Consult' button in the bottom left of the window.

7.45

Labs

View lab results

Select a test and search for result

The screenshot shows the 'Labs' window for patient ZZXMAN, PHIL. The top menu includes File, Edit, View, Tools, and Help. The patient information at the top shows 'Visit Not Selected', 'Primary Care Team Unas', and 'Provider: WILLIAMSON, JAMES A'. The main area is titled 'Laboratory Results - Most Recent'. It includes a navigation bar with 'Oldest', 'Previous Collected', 'Next', and 'Newest' buttons, and a date/time filter set to 'Jul 07, 2005 15:05'. Below this is a table of laboratory results:

Test	Result	Flag	Units	Ref Range
I-STAT NA	146		meq/L	136 - 146
I-STAT K	>9.0	H*	meq/L	3.8 - 5.0
I-STAT HCT	44		%	42 - 52
I-STAT HGB	15		G/DL	12.0 - 17
I-STAT iCa	canc			1.17 - 1.32
I-STAT PH	7.549	H		7.35 - 7.45
I-STAT PCO2	36.2			35 - 45
I-STAT PO2	85		mmHg	80 - 100
I-STAT BASE EXCESS	9	H	mmol/L	-3 - 3
I-STAT O2HB% (SAT)	98		%	95 - 98
I-STAT TCO2	33	H		23 - 31
I-STAT HCO3	32	H	mmol/L	20 - 26

Below the table, it says 'iStat instrument # 307214: Operator Doris Bush' and 'Performing Lab: MEMPHIS, TN VAMC 1030 JEFFERSON AVENUE ME'. At the bottom, there is a key: 'KEY: "L" = Abnormal Low, "H" = Abnormal High, "*" = Critical Value'. The bottom of the window has tabs for 'Cover Sheet', 'Problems', 'Meds', 'Orders', 'Notes', 'Consults', 'Surgery', 'D/C Summ', 'Labs', and 'Reports'.

7.5 Reports

Look up past or future clinic visits

Read imaging results (CT, MRI, X-ray, echo, etc.)

Can be sorted by date range

Available Reports

- Clinical Reports
 - Allergies
 - Patient Information
 - Visits / Admissions
 - Adm./Discharge
 - Expanded ADT
 - Discharge Diagnosis
 - Discharges
 - Future Clinic Visits
 - Past Clinic Visits
 - ICD Procedures
 - ICD Surgeries
 - Transfers
 - Treating Specialty
 - Comp & Pen Exams
 - Dietetics
 - Discharge Summary
 - Laboratory
 - Medicine/CP
 - Orders
 - Outpatient Encounters / GAF Scores
 - Pharmacy
 - Problem List
 - Progress Notes
 - Radiology
 - Report
 - Status
 - Imaging (local only)
 - Imaging**
 - Surgery Reports
 - Vital Signs
 - Anticoagulation Flowsheet
 - Health Summary
 - Dept. of Defense Reports
 - Imaging (local only)
 - Lab Status
 - Anatomic Pathology

Radiology Imaging [From: May 07,2013 to May 07,2014]

Procedure Date/Time	Procedure Name
04/24/2014 10:37	MRI BRAIN/HEAD
10/24/2013 09:13	MRI BRAIN/HEAD
09/24/2013 10:15	DXA BONE DENSIT
09/24/2013 07:46	CT ABDOMEN WIT
05/10/2013 07:25	CHEST PA & LAT [

Date Range

Date Range...

- Today
- One Week
- One Month
- Six Months
- One Year
- Two Year
- All Results
- T-365 to T**

[Cover Sheet](#) |
 [Problems](#) |
 [Meds](#) |
 [Orders](#) |
 [Notes](#) |
 [Consults](#) |
 [Surgery](#) |
 [D/C Summ](#) |
 [Labs](#) |
 [Reports](#)

Starting a Note

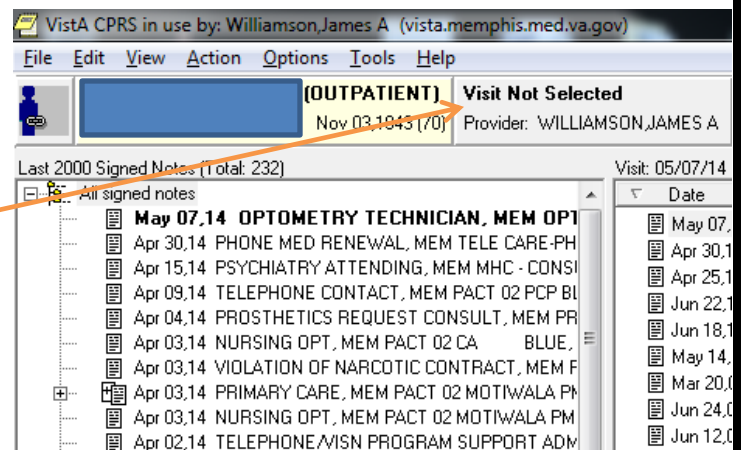
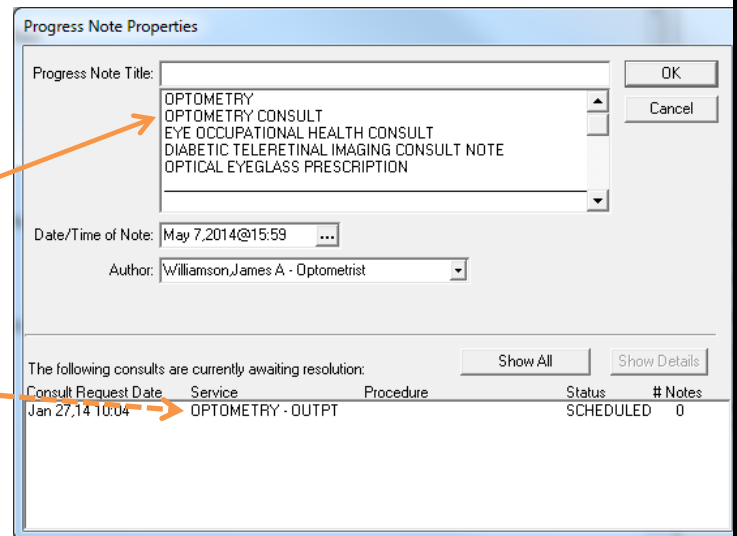
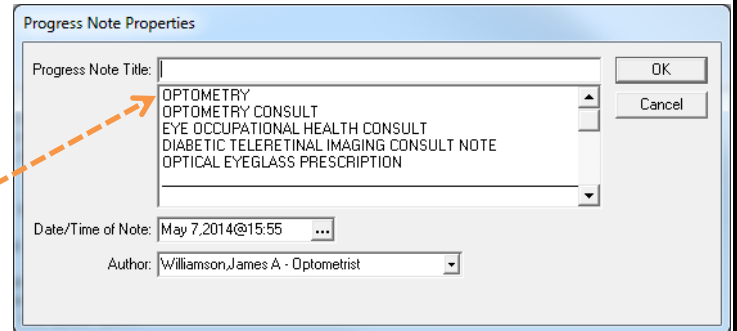
Scheduled Patients

8.1

1. To start a note, go to the "Notes" tab and click on "New Note"
2. The computer should automatically select the correct appointment and you should see this screen
3. Select "Optometry" and click OK.
4. If there is a pending consult, you should see this screen
5. Select "Optometry Consult" under the Progress Note Title
6. Then select the corresponding consult awaiting resolution
7. Click OK

NOTE: Any "Active", "Pending", or "Scheduled" consult must be resolved

8. Sometimes a visit is not automatically selected



Optometry Residency 2025-26

9. If so you will see this screen
10. Either double-click the correct appointment, or highlight it and select "OK"
11. **Please Note:** Be careful when selecting the appointment as there may be multiple optometry appointments listed, i.e. visual field or a cancelled appointment. Should you select a cancelled or future optometry appointment you will not be able to enter encounter info

12. Also, if there is no optometry appointment listed, click "New Visit and type "NBC Optometry" under "Visit Location."
13. Highlight or scroll down to the desired optometry clinic, the select "OK"
14. This will bring you to one of the two screens on the previous page depending on whether there is a consult to resolve

TIP: If you want to enter a note into a patient's chart without generating an encounter, check the "Historical Visit" box

This allows you to document a phone call or medication refill request without the need to code for the note

Alternatively, you could make an addendum to a previous note

Location for Current Activities

Select the appointment or visit that should be associated with the note or orders .

Encounter Location
< Select a location from the tabs below... >

Clinic Appointments | Hospital Admissions | New Visit

Clinic Appointments / Visits (T-200 thru T+30)

Mem Mod C (lab)	Jun 02,2014 08:30	
Mem Vascular Lab 2	May 08,2014 09:30	
Mem Optometry - Foll - Up	May 07,2014 15:00	Action Re
Mem Opto-Technician	May 07,2014 14:58	Checked I
Mem Mod C (lab)	May 02,2014 09:30	Non-Coun
Mem Tele Care-Pharmacy Tech	Apr 30,2014 10:13	Checked I
Mem Mhc - Consult Screening	Apr 15,2014 14:32	Checked I
Mem Pact 02 Pcp Blue Phone-X	Apr 09,2014 08:00	Checked I
Mem Pact 02 Ca Blue	Apr 03,2014 15:00	Checked I
Mem Pact 02 Motiwala Pm Blue	Apr 03,2014 13:15	Checked I
Mem Prosthetic - Orthotic Lab	Apr 03,2014 10:34	Checked I
Mem Mhc - N	Mar 25,2014 13:30	No-Show
Mem Tele Care-Pharmacy Tech	Mar 06,2014 09:43	Checked I
Mem Mhc - N	Feb 13,2014 13:00	Cancelled

Location for Current Activities

Select the appointment or visit that should be associated with the note or orders .

Encounter Location
MEM OPTOMETRY - ACUTE CARE May 07,14 16:4

Clinic Appointments | Hospital Admissions | New Visit

Visit Location
MEM OPTOMETRY - ACUTE CARE

Date/Time of Visit
NOW

Historical Visit: a visit that occurred at some time in the past or at some other location (possibly non-VA) but is not used for workload credit.

Residents must also identify a cosigner for their note

Select an attendee who is in clinic that day, it doesn't matter which one – you can change it later as long as you haven't signed the note (see below)

Once you select "OK", you will see a blank note that will accept "text only" entries

At this point, either start typing, or go to your "Templates" to insert an "exam form" by double-clicking the selected item, which will be placed at your cursor's position within the progress note

To select a different attendee, you must use the **Change** feature located in the upper right hand corner:

1. You must be in "edit" mode on your note (i.e. able to type, white screen vs. light tan)
2. Click "Change"
3. The Progress Note Properties box will appear with the Expected Cosigner
4. Select the attendee with whom you checked out

Progress Note Properties

Progress Note Title: OPTOMETRY

OPTOMETRY
OPTOMETRY CONSULT

10-10M
10M <10-10M>
1ST <BLOOD CULTURE/NURSING ANTIBIOTIC 1ST DOSE>

Date/Time of Note: Jun 26, 2006@13:05

Author: Sanderson, Jennifer A - RESIDENT/OPTOME

Expected Cosigner: Williamson, James A - Optometrist

Templates

My Templates

- CONTACT LENS
- LOW VISION
- ICG
- GLAUCOMA
- FA
- NEW EXAM
- DIABETES TEMPLATE

Shared Templates

Reminders

Encounter

New Note

Cover Sheet | Problems | Meds | Orders | Notes

Pt Insur Flag VistaWeb Remote Data Postings A

Williamson, James A

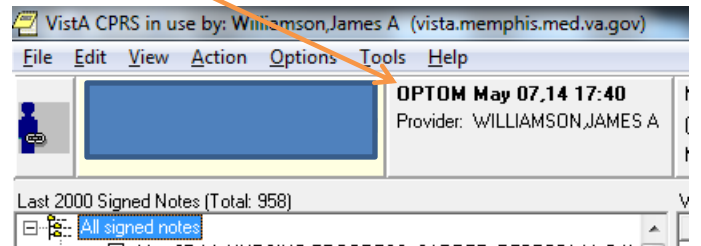
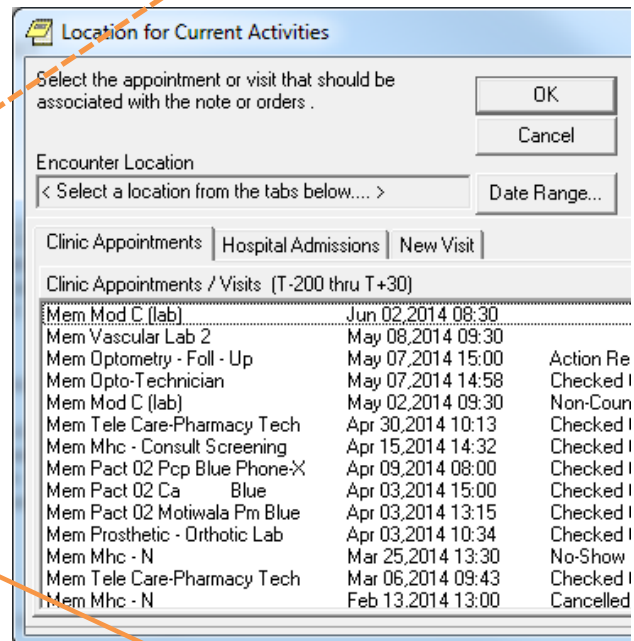
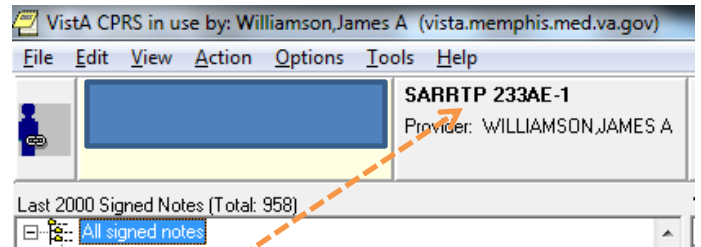
Change...

8.2

Inpatients and Employees

When seeing inpatients and employees, there are certain procedures that differ from the “ordinary” VA outpatient:

- ☞ Inpatients have their “location” defaulted to their hospital room because it is assumed that all provider visits occur at that “location.” When an inpatient presents to the eye clinic, you must tell the computer that the patient’s location has changed.
- ☞ To do this, click here
- ☞ In this case, the location is “SARRTP 233AE-1”
- ☞ This will bring you to the screen on the right
- ☞ Select “New Visit” and type in NBC Optometry as discussed before
- ☞ Once changed, the location will look like this
- ☞ If the location is not changed, encounter information cannot be entered and the exam note will not link to the appointment
- ☞ Employees will have an “Eye Occupational Health” consult that only attendees can resolve
- ☞ Once an employee note is properly linked with the consult, it becomes non-viewable to protect employee privacy
- ☞ Failure to do this results in the note being viewable to all CPRS users
- ☞ **Please consult with your attendee before starting a note on EMPLOYEES**







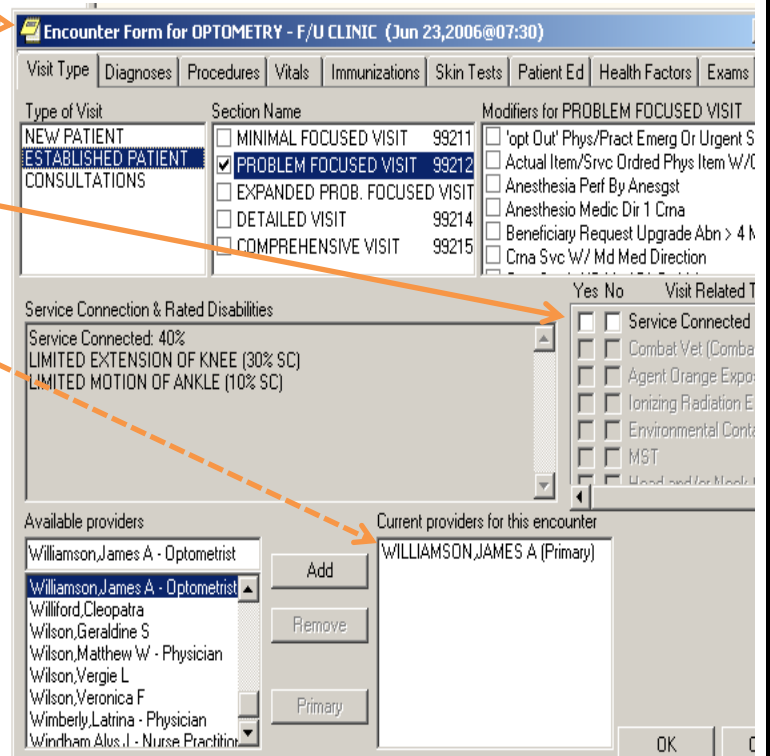
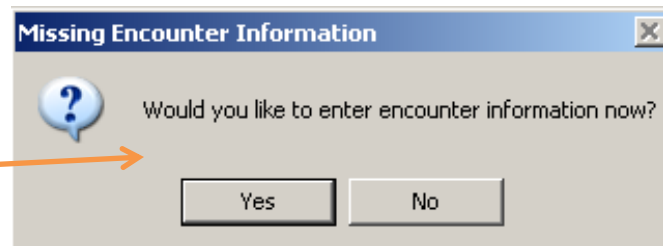
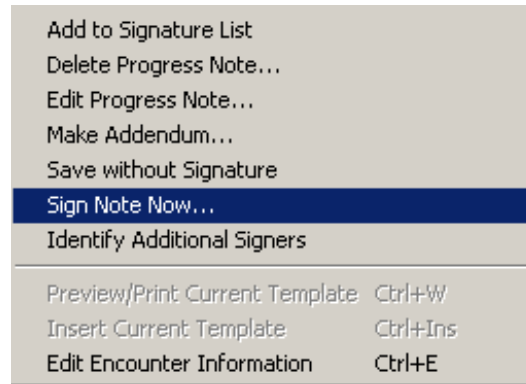
8.3 Signing a Note

When your note is ready for completion, you must enter encounter information and ultimately sign the note

Before starting this process, make sure you selected the cosigner with which you have been working

To sign the note, do the following:

1. Right click on the note and select "Sign Note Now..."
2. If you are asked for "Primary Provider" information, always enter the attendee as the Primary and you as the Secondary
3. You should then see this 
4. Click "Yes"
5. You should then see the encounter form 
6. New patients are those not seen for >2 years
7. Bill for the level of exam performed
8. If there are "white" boxes in the "Visit Related To" section, click yes or no 
9. Make sure the attendee is primary and you are secondary (you can click "Add" if not listed) 
10. One diagnosis must be marked as "Primary"
11. Add diagnosis to problem list by checking "Add Problem to List"
12. Use modifiers for procedures when appropriate
13. When all encounter information is complete, click OK and enter your electronic signature

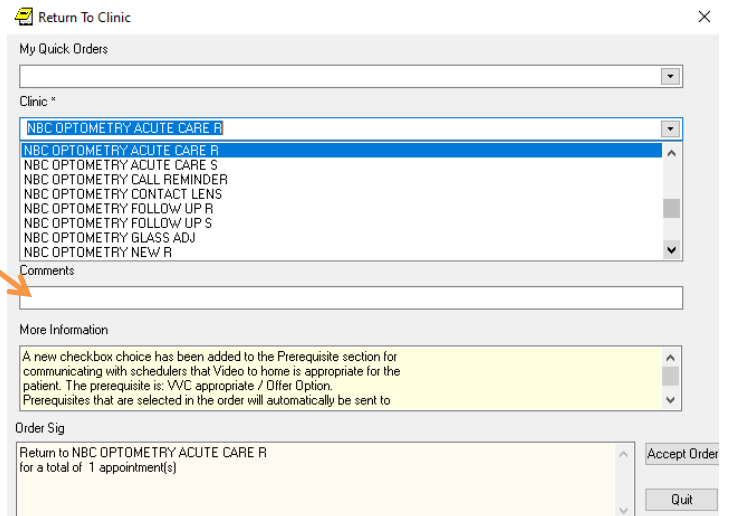
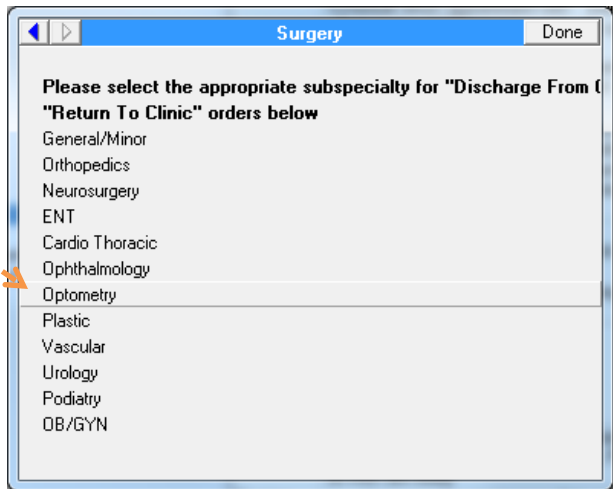
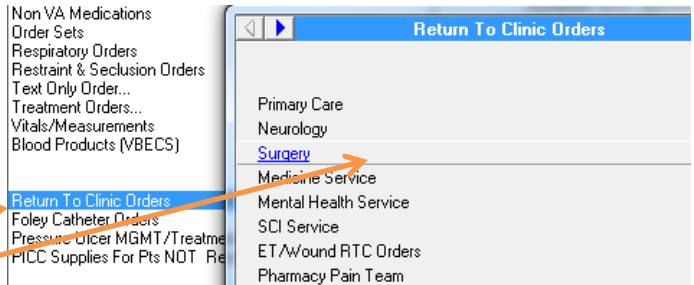


8.4 RTC Orders

EVERY patient needs a SIGNED return to clinic BEFORE the patient leaves your exam room

To enter:

1. Go to the "Orders" tab
2. Select
3. Then select "Surgery"
4. On the next screen, select "Optometry"
5. Alternate your selection of R or S clinics
 - a. ≤ 2 months – Acute
 - b. ≥ 2 months – FU
6. Never put anything here unless you are needing a visual field scheduled then add: "Please schedule visual field prior to appointment."



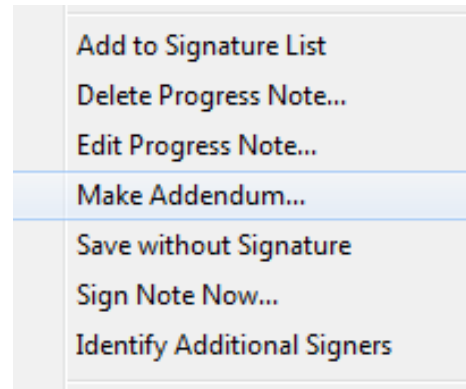
8.5

Making an Addendum

If you need to add text to a **signed** note, simply right-click on the note and choose **Make Addendum**

Examples include:

- ↳ Entering pertinent results from ordered tests
- ↳ Correcting chart errors or omissions
- ↳ Documenting a phone call to a patient where exam results were discussed

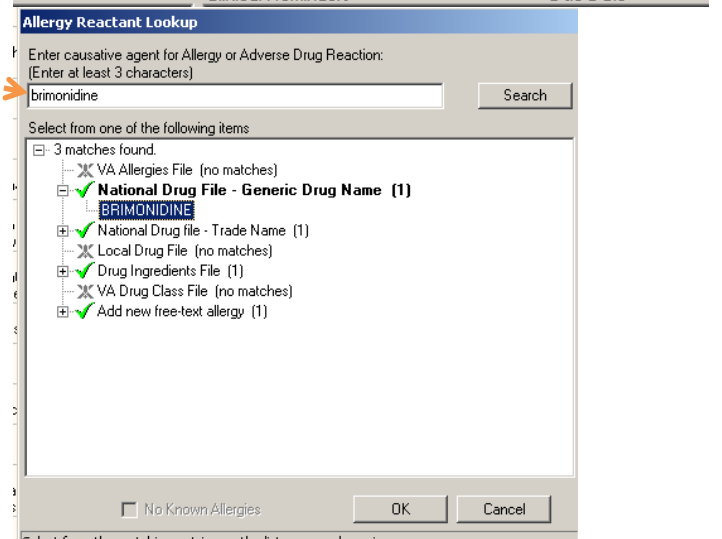
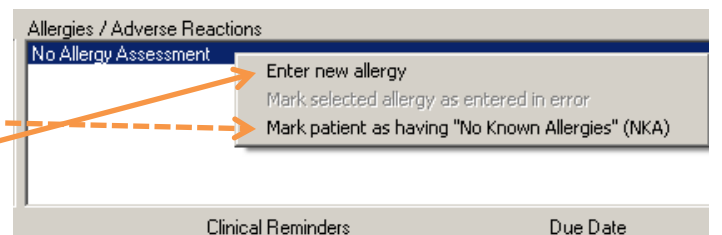
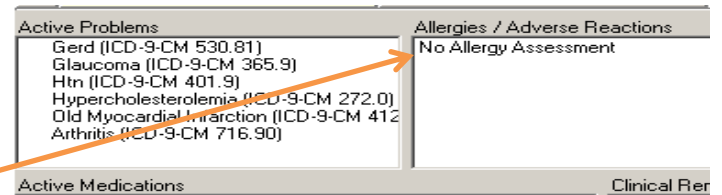


8.6

Allergies

Should the patient not have an allergy assessment or if you want to enter a new allergy:

1. Right click on "No Allergy Assessment"
2. If no allergy exists, select "Mark patient as having NKA"
3. If an allergy exists, select "Enter new allergy"
4. If a drug allergy, type in the generic or trade name and click "Search"
5. Remember that patients have non-drug allergies as well
6. Select the proper match and click OK



You will need to fill out the:

1. Nature of reaction
2. Signs and/or symptoms
3. Whether observed by you or historical per patient
4. Other pertinent comments

8.7 Ancillary Testing

If your patient needs a visual field, make sure this is completed

Remember that the template will be inserted into the note at the location of your cursor

If you order any ancillary testing to be performed at the NEXT visit, you will need to complete the template to the right and put it at the END of your note.

Reminder Dialog Template: ANCILLARY TESTING (WHITE)

ANCILLARY TESTING

SPECTRALIS

Glaucoma

- ONH-RC
- RNFL
- ONH
- Post Pole
- EDI

Macular

- Dense
- Star
- Line
- EDI

Anterior

- Angle
- Sclera
- Cornea
- Iris
- OCT-A

Comment

AVANTI

AngioVue

- Retina
- Disc

Contact Lens Fitting

- Crossline
- Line
- 3D Cornea

Pachymetry

Comment

OPTOS

- Multimode
- Color
- RedFree
- OCT
- Comment

ORA

Comment:

KERATOGRAPH

- Topography
- Tear Meniscus Height
- Nikbut
- Meibography
- Comment

SLIT LAMP PHOTOGRAPHY

Comment:

Comment (Indicate for all testing; the eye(s))

Comment: