

PAUL VISION INSTITUTE RESIDENCY PROGRAM SUPERVISION POLICY

Supervision of residents at Paul Vision Institute (PVI) is divided into separate phases that reflect increasing levels of responsibility for the resident based on demonstrated clinical competency. To move from one level to the next, the expected levels of technical and cognitive clinical proficiency and professionalism must be demonstrated by the resident in the prior phase. The residency supervisor will determine when the resident advances to the next level, based solely on demonstrated performance, not on the amount of time spent in the residency program. However, the resident is expected to progress at an acceptable rate. Irrespective of the current level of supervision, the residency supervisor will remain available to the resident for the complete duration of the program for consultation and additional training, as needed/requested. The phases are described below:

Initial Phase: This phase is intended as an acclimation period for the resident into the PVI clinical program and may be very short in duration for residents who have been previous externs at PVI. The resident will focus on becoming oriented to PVI's layout, policies, procedures, clinic forms, and electronic health records, in addition to understanding coding & billing and proper chart documentation. The resident will also become acquainted with the administrative and professional staff at PVI, its referring and referral physicians, and learn its referral networks. The resident will begin direct patient care and will discuss each case, including case management, with the residency supervisor (or a designated PVI clinician). The residency supervisor or another designated clinician must be physically accessible to the resident at any clinical location in which patient care is provided. Additionally, the resident will be expected to learn to independently operate all relevant ophthalmic instruments. In addition to providing direct patient care, the resident will begin to serve in PVI's on-call rotation. At no time during Phase I will a resident examine an on-call patient or take part in patient care outside of PVI without the physical presence of the residency supervisor or the supervisor's designee. To advance to the next Phase the resident must complete the initial orientation to PVI and demonstrate to the supervisor's satisfaction that he/she is functioning at professional entry-level competence and is becoming familiar with PVI operations.

In addition, the resident will begin training in advanced procedures pertinent to the residency program emphasis (e.g. injections, punctal plugs, foreign body removal). The residency supervisor or another designated faculty member must be physically accessible to the resident at the clinical location. It is anticipated that this Initial Phase will last approximately 3 months for most residents, but as noted the length of time in any phase is solely dependent on demonstrated competence. To advance to the next Phase the resident must demonstrate acceptable progress in the supervisor's judgment toward mastering procedures and cognitive tasks that will enable the resident to attain advanced clinical competency. Should the resident's progression through the Initial Phase be slower than anticipated, remediation will be considered at or around the fourth month.

Intermediate Phase: The resident will be given increased autonomy in patient care. With regards to the on-call service, the resident may perform initial triage and examine patients as necessary but must consult the residency supervisor (or their designee) within 48 hours regarding each case to ensure standard of care has been met. The residency supervisor (or their designee) must be physically or remotely available to the resident for consultation. Feedback will be provided to the resident as necessary. The residency supervisor (or their designee) will be physically or remotely accessible at all of the resident's clinical assignments during this phase. The accessibility level will be determined by the Residency Supervisor and based upon the clinical competency of the Resident. Competence will be expected in advanced procedures learned in the prior Phase. To advance to the next Phase the resident must demonstrate to the supervisor's satisfaction the ability to successfully manage advanced clinical cases. Residents are expected to complete this phase by or before the midpoint of the program. Should the resident not be ready to transition to the Final Phase by the midpoint of the program, remediation (see below) will be considered.

Final Phase: This phase will typically be instituted midway into each program. The resident will be given full autonomy with regards to patient care. When appropriate, the resident will also be given opportunities to precept student interns and assist in laboratory student instruction. The resident will be fully autonomous with respect to the on-call service and patient care outside of PVI but will have remote accessibility to the residency supervisor as needed or requested. With regards to student intern precepting in PVI, the resident will work alongside the residency supervisor (or their

designee) until which time they are deemed competent to independently oversee and educate students. Competency includes the ability to oversee multiple students and their patients simultaneously and possess the ability to make clinical decisions based upon student data collection. Once deemed fully competent by the residency supervisor and exposed to this opportunity, the resident can begin to precept students independently to the degree they are comfortable. The goal of PVI's Residency Programs is that all residents will successfully complete this Final Phase, being fully independent and autonomous in all aspects of patient care, by the completion of the Residency Program.

Remediation

In the event that the Resident is unable to progress through the Initial Phase or the Intermediate Phase in the expected time period, or if the resident is unable to perform at the level expected when reaching the Final Phase, remediation, as described in the Residency Handbook, will be implemented.