



Patient Care Services

Educational Procedures and Policies Manual

rev. April 5, 2016

Table of Contents

College of Optometry Vision Statement, Mission Statement and Core Values	4
Introduction.....	5
Contact List.....	5
Rights and Responsibilities of Students.....	7
Rights and Responsibilities of Clinical Preceptors.....	8
Conflict Resolution: Attempting to resolve conflicts within the clinical setting.....	9
Attendance Policies.....	10
Attendance at Orientation Sessions	10
Attendance at Patient Care Service Assignments	10
Excused Absences.....	11
Unexcused Absences	12
Make-up Assignments	13
Tardiness.....	13
Attendance at Professional Meetings.....	14
Preceptor's Absence.....	15
Volunteer Assignments.....	15
Policy on Contacting Students at Clinical Sites.....	15
Dress Code and Personal Hygiene Applicable to all Patient Care Services Assignments	16
Dress Code / Personal Hygiene Standards.....	16
Required Equipment	16
Universal Precautions and Infection Control Protocol	16
Patient Care Services Privileging Policy	18
TB Testing	19
CPR Certification.....	19
HIPAA and Patient Confidentiality	19
Grading Policy for Patient Care Services Courses	20
Student Requirements for a Grade in Patient Care Services Courses.....	20
Evaluation of Student Performance	20
Clinical Grading.....	22
Student Grade Appeals Procedure	23
Student Remediation.....	23
Early Identification of a Remedial Student.....	23
The Remedial Student.....	23

Clinical Learning and Teaching Plan.....	23
Academic Probation.....	24
Poor Clinical Performance.....	25
Policy on Unprofessional Behavior & Professional Misconduct	25
Unprofessional Behavior	25
Professional Misconduct.....	26
Clinic Assignment Changes.....	26
Student Requests to be moved from a Site	27
Clinic Preceptor Requests Student to be moved from a Site	27
College of Optometry Changes a Student's Assignment.....	27
Background Checks	28
Sexual Harassment.....	28
Clinical Education Quality Assurance Programs.....	29
Student Evaluations of Clinical Sites.....	29
Student Evaluations of Clinical Preceptors.....	30
Patient Encounter Logs	30
Why Student Patient Encounter Logs?	31
Purposes for the Patient Encounter Logs	31
Instructions for Completion of Patient Encounter Logs	31
Vision Screening Logs.....	31
Clerkship & Clinic Logs	32
Patient Encounter Logs.....	32
Common Mistakes to Avoid in Completing Patient Encounter Logs.....	33
How to Keep Up with the Patient Encounter Logs.....	34
Conclusion	34
APPENDIX A.....	38
APPENDIX B	39
APPENDIX C	40
APPENDIX D.....	41
APPENDIX E	42



Vision Statement

Our vision is to be a progressive leader in optometric education and to improve the way health care is delivered world-wide.

Mission Statement

The mission of Western University of Health Sciences College of Optometry is to graduate caring, comprehensive health care professionals who will serve the needs of a diverse global society. The College emphasizes rehabilitation of the visual system, neuro-optometry, and interprofessional education. We advance the profession of optometry through innovation in health care education, research, and patient care.

Core Values

We value a rich humanistic tradition and are committed to professional collaboration, community involvement, accountability, integrity, and respect.

Introduction

We are pleased to welcome you to an exciting and intensive clinical experience. During your education at Western University of Health Sciences College of Optometry, you will have an opportunity to be a part of the care for thousands of people in a variety of settings. You will be introduced to health care by attending vision screenings at local schools and community centers and by observing optometrists and other health care providers examining patients. As your clinical skills develop, you will be able to use them during your clerkship experience both within the Western University Eye Care Center, and at affiliated practices. You will then be ready to provide full primary care optometric services and specialty care services during your third year. During your fourth year of clinical training, you will be assigned to four external sites, each one offering an intensive clinical experience. For policies and procedures involving the fourth year clinical program, please refer to the Patient Care Services Externship Manual. For purposes of this Manual, the terms “Patient Care Services” and “Clinic” or “Clinical” are interchangeable.

This guide has been designed to outline the policies and procedures that you will be expected to follow during the first three years of clinical training. You are responsible for all of the information in this manual, as well as information presented as part of your formal educational curriculum. There are many people at Western University College of Optometry who can help you during your clinical assignments as listed below.

Contact List

Associate Dean of Clinical Affairs

Dr. Robert Gordon

rgordon@westernu.edu

(909) 706-3817

Assistant Dean of Clinical Education

Dr. Raymond Maeda

rmaeda@westernu.edu

(909) 706-3851

Associate Dean of Academic Affairs

Dr. Daniel Kurtz

dkurtz@westernu.edu

(909) 706-3506

Assistant Dean of Learning

Dr. Ida Chung

ichung@westernu.edu

(909) 469-8687

Director of Patient Care Services

Ms. Joanne Davis

jsdavis@westernu.edu

(909) 706-3794

Manager of Academic Programs

Ms. Kelly Russo

krusso@westernu.edu

(909) 706-3863

Coordinator of Externship Clinical Education

Dr. David Cale

dcale@westernu.edu

(909) 706-3769

Coordinator of Third Year Clinical Education

Dr. Efrain Castellanos

ecastellanos@westernu.edu

(909) 469-8254

Coordinator of Clerkship Clinical Education

Dr. Ida Chung

ichung@westernu.edu

(909)469-8687

Coordinator of First Year Screening Clinical Education

Dr. Ida Chung

ichung@westernu.edu

(909)469-8687

Manager of Clinical Education Programs

Mrs. Kelee P. Visconti

kpvisconti@westernu.edu

(909) 469-8228

Rights and Responsibilities of Students

Students have the right to:

Orientation

- Be appropriately oriented to a new clinical assignment and facility.
- Be appropriately trained to perform all specific duties.

Education

- Receive reasonable access to educational tools.
- Participate in goal setting for clinical progress as appropriate.
- Receive support from the College in achieving these goals.
- Receive appropriate supervision during all patient care services.

Assessment

- Be advised of clinical performance and behavioral expectations on a timely basis at each clinical site.
- Receive written and verbal feedback from your preceptor on your clinical performance on a regular basis.
- Receive a copy of any evaluations completed by your preceptor in Meditrek.

Respect

- Be treated with respect by faculty, preceptors, staff, and colleagues at all times.
- Receive fair treatment relative to your colleagues.
- Be protected from discrimination, harassment and unsafe working environments.

Conflict Resolution

- Address issues with your immediate supervisors and participate in conflict resolution.
- Receive support from the College regarding resolution.

Students are responsible for:

Professional Behavior

- Demonstrating professional behavior at all times.
- Selecting a site that does not have a potential or perceived conflict of interest. The student must ensure that the Clerkship site s/he selected will not challenge the goodwill of the site selected
- Arriving at Patient Care Services (PCS) assignments on time, with proper equipment, appropriately attired and fully prepared to render patient care.
- Adhering to the protocols of the Eye Care Center (ECC) and external sites.
- Following College policies concerning time off for any reason, including time off for religious holidays. Granting time off from clinical training is determined by the Associate Dean of Academic Affairs and coordinated through the Manager of Clinical Education Programs.

- Placing patient care above your own personal goals and agenda.
- Performing Clerkship duties without remuneration or pay of any form whatsoever
- Ensuring the preceptor responsible for the student grade is not related to, or have a prior personal relationship with the student

Education

- Understanding the expectations of the clinical program.
- Understanding the College's grading system.
- Notifying the College if there are problems that may impact your clinical education and that are not being appropriately managed at your rotation.
- Taking responsibility for your own clinical achievement.
- Accepting critical feedback and modifying clinical and professional behavior accordingly.
- Engaging in critical self-assessment of your own performance and areas in need of improvement.
- Undertaking measures to improve clinical performance and knowledge base when indicated by performance evaluation.

Rights and Responsibilities of Clinical Preceptors

The Clinical Preceptor has the right to:

Patient Care

- Receive students who are at the appropriate level of clinical ability to function in your clinical setting.
- Be advised of students who are performing at remedial levels and to participate in the coordination of the remedial program.
- Undertake any measures or initiate remedial strategies necessary to ensure patient care.
- Suspend or terminate a student's participation at the clinical site if the student violates clinical protocol or poses a threat to patient, peer or staff safety.

Policy

- Refuse requests for personal time off for students if patient care will be compromised or if the student fails to give adequate notice.
- Expect students to follow stated clinical protocols.

Support from the College

- Receive copies of the students' clinical evaluations from previous rotation(s) upon request.
- Receive support from the College regarding resolution of student issues.
- Receive support from the College in the development and implementation of a site-specific remediation program.

The Clinical Preceptor has the responsibility for:

Professional Behavior

- Treating all students with fairness and objectivity.
- Treating all students with respect particularly in front of patients and peers.
- Serving as a role model by providing ethical, humanistic, and proficient patient care.

Education

- Assessing students' skills and knowledge fairly for any given term.
- Providing students with educational and clinical support appropriate to the level of expected student achievement and independence.
- Providing timely and constructive feedback of student performance using the College's Meditrek evaluation system.
- Understanding and implementing the standards and methods of evaluation used by the College in assessing student performance.
- Helping students set realistic clinical goals and guiding them in their quest for achievement.
- Notifying students in writing when performance is below expected.
- Notifying the Instructor of Record by telephone or email no later than week four of the Clerkship program if the student's performance is below average so that remediation can be scheduled, or by the end of the first week of the Clerkship Summer Immersion program.
- Providing students with copies of all Meditrek evaluations.
- Referring students for academic support services when appropriate, using the appropriate protocol after consulting with the Course Instructor of Record.

Conflict Resolution: Attempting to resolve conflicts within the clinical setting

Policy on Conflict Resolution for Students

When a conflict arises in clinic between yourself and a peer, you should follow these resolution guidelines:

- Personally approach your peer for discussion of the problem.
- Carefully consider the nature of the conflict; is it due to your behavior or your peer's?
- Determine a course of action for resolving the issue and set a time frame for improvement.
- If no resolution can be reached, consider bringing the matter to the appropriate authority. If the issue in any way affects the clinic, seek assistance from your preceptor or clinic director. If the issue does not involve the clinic, seek assistance from the Associate Dean of Student Services.

When a conflict arises in clinic between you and your instructor or clinic director:

- Personally approach the instructor or director for discussion of the problem.
- Identify the nature of the conflict.
- Determine a course of action for resolving the issue and set a time frame for improvement.
- If no resolution can be reached, consider bringing the matter to the instructor of record for your Patient Care Services clinical course and the Manager of Clinical Education Programs.
- If satisfaction is not achieved, further assistance can be sought from the Associate Dean of Academic Affairs

Attendance Policies

Attendance at Orientation Sessions

Specific programs will decide whether and when orientation sessions are necessary. Orientations will only be scheduled when students are available and during normal academic weekdays. If orientation cannot be coordinated during weekday hours, the alternative time will be announced in advance with adequate notice given. Orientation sessions may be scheduled in addition to clinical hours. Once scheduled, orientation attendance will be mandatory and governed by the attendance rules that apply to Patient Care Services, as outlined below.

Attendance at Patient Care Service Assignments

Attendance is mandatory at all Patient Care Service assignments, including vision screenings, clerkships, Eye Care Center rotations, grand rounds and inter-professional educational rotations.

A student needing time off from any clinical assignment must request the time off from the Associate Dean of Academic Affairs. The Associate Dean of Academic Affairs will determine if the student's request to miss a clinic assignment is excused or unexcused.

If the Associate Dean of Academic Affairs determines that the student's absence will be EXCUSED, the instructor of record for the specific Patient Care Service course will be notified, and any clinical time missed will be made up through coordination with the course coordinator and the Manager of Clinical Education. The make-up requirements are at the discretion of the Coordinator of the Clinical Education program and can be found in the syllabus of each individual course.

If the Associate Dean of Academic Affairs determines that the student's absence is UNEXCUSED, the student will be expected to attend the assigned clinical assignment. Should the student miss a clinic assignment for an unexcused absence, the student will be referred to the Associate Dean of Academic Affairs for appropriate action, and will include referral of the student to the Student Performance Committee for unprofessional behavior.

Excused Absences

Emergency Absence: absences including serious illness or other unforeseeable personal or family emergency (i.e. trauma requiring medical care, childbirth (by student or spouse only), death or funeral of a primary relative, serious illness of a primary relative when the student is a caregiver, court appearance that cannot be rescheduled). If you have an emergency, or are sick and unable to attend a Patient Care Services activity, you must contact the Associate Dean of Academic Affairs (Dr. Kurtz) at dkurtz@westernu.edu or (909) 706 3507. In the event that he is off-campus or otherwise unreachable, then it can get referred to Dean Ellis or to Dr. Hoppe.

In addition, you should also notify the following individuals:

Table 1

Type of Clerkship or Clinical Activity	Person to Contact
Vision Screening	Dr. Drescher (909) 706-3775 or rdrescher@westernu.edu
External Clerkship Assignment	Your Clerkship Preceptor AND Manager of Clinical Education (909) 469-8228
Eye Care Center Clerkship	Manager of Clinical Education (909) 469-8228 AND ECC Front Desk (909) 706-3899
Eye Care Center Clinical Assignment (3 rd Year Clinical Program)	Manager of Clinical Education (909) 469-8228 AND ECC Front Desk (909) 706-3899

Explain the reason for your emergency absence. Leave a voice message if the person you are trying to contact does not answer. **Failure to comply with this policy will result in the absence being classified as an unexcused absence** (see below). If the emergency absence is deemed as excused by the Associate Dean of Academic Affairs, the make-up for an emergency absence is at the discretion of the Patient Care Services course instructor of record/ coordinator. Make up sessions are administered through the Manager of Clinical Education.

Authorized Absence: absences from clinical assignment that are anticipated may be requested from the Associate Dean of Academic Affairs in writing as far in advance as possible, but no later than 30 days in advance using the appropriate form available from the office of the Manager of Clinical Education. Examples of these types of planned absences include, but are not limited to, religious observances; professional meetings *when students are*: liaisons to the organization, doing a presentation, poster or paper, receiving an award or recognition, or earned a travel fellowship. Requests for absence from clinical assignment will rarely be considered authorized absences as they interfere with the student's clinical education and subsequent completion of requirements for the applicable Patient Care Services course.

Any absence determined by the Associate Dean of Academic Affairs as an approved absence will be forwarded to the Manager of Clinical Education Programs and the applicable Patient Care

Services course instructor of record. The Manager of Clinical Education Programs will notify the Director of Patient Care Services if the student will be missing an assignment in the Eye Care Center so that the clinic schedule may be modified. The Manager of Clinical Education Programs will notify external clerkship preceptors whenever a student has an excused absence so the preceptor knows that the absence has been excused. A decision by the Associate Dean of Academic Affairs that the absence is an unexcused absence will also be forwarded to the Manager of Clinical Education Programs and the applicable Patient Care Services course Instructor of Record.

Instead of requesting an authorized absence from the Associate Dean of Academic Affairs to miss a clinical assignment, a student may arrange a **swap**, if allowed, under certain circumstances, when the swap is at the same site and substantially similar. If swapping an assignment with another student, complete the “Swap Clinical Assignment” form (Appendix A).

Possibilities for swapping an assignment are summarized in Table 2 below.

Table 2

Patient Care Service Activity	Swapping Assignment Allowed
Vision Screening	YES
Off-campus Clerkship, Grand Rounds	NO
Eye Care Center Clerkship& Clinic, Inter-professional Educational Assignment	YES

Unexcused Absences

An absence is considered unexcused if the student, even in the event of an emergency, does not contact the Associate Dean of Academic Affairs and the designated contact person (Table 1). It is also considered an unexcused absence if a student leaves a clinic assignment without the preceptor’s permission. Students may not leave their assignment until they have been dismissed for the day by their preceptor.

Unexcused absences are considered unprofessional behavior. Any student missing a clinical assignment due to an unexcused absence will be referred to the Associate Dean of Academic Affairs for proper disposition, and will include referral of the student to the Student Performance Committee. The terms to make-up an unexcused absence are at the discretion of the Patient Care Services Course Leader where the requirements may be more stringent, more rigorous, and/or may include a punitive component if the Course Leader deems appropriate. Students may be required to make up additional time above and beyond the time that was missed, for example a ratio of 2:1.

Make-up Assignments

All absences, both excuse and unexcused must be reported to the Associate Dean of Academic Affairs. Even though the consequences are at the discretion of the Course Leader, the administration still needs to know about the absence. All student absences are tracked to identify potential patterns of abuse, underlying issues that may impede learning, or unprofessional conduct when absences occur on a repeated basis.

Clinical make-up assignments for excused absences may only be arranged through the Manager of Clinical Education Programs during non-scheduled student time in the Eye Care Center (i.e. Holiday break, Monday through Wednesday of Thanksgiving week, week of American Academy of Optometry meeting, etc.) or at an event that has been approved by the corresponding Patient Care Services Course Leader (Dr. Drescher for first year screening, Dr. Neiberg for first and second year clerkships, Dr. Castellanos for third year). These make-up assignments should be a comparable learning opportunity of approximately the same depth, breadth, and difficulty.

Students must make arrangements for making up any absence before the end of the course or a grade of Incomplete will be given. If arrangements are not made within five days of the completion of the course, the grade of Incomplete will be entered and will change per catalog, to a grade of "No Pass".

Tardiness

Tardiness for Vision Screening and Off-Campus Clerkship Assignments

Punctuality is expected at all clinical assignments. A student should notify the appropriate preceptor and staff (Table 1) if they are not going to be at their clinical assignment on time. Failure to do so is considered unprofessional behavior as it implies a lack of consideration for patients, preceptors, peers and staff. It is up to the course Instructor of Record to determine how the student will make up the missed time. Repetitive incidents of tardiness may result in the student being referred to the Associate Dean of Academic Affairs and Student Performance Committee for appropriate action.

Tardiness for Eye Care Center Clerkship and Clinical Assignments, Grand Rounds and Inter-professional Educational Assignments

Students are expected to be ready to see patients or begin educational activities at the assigned time. Failure to be at your clinical assignment on time and ready to work with patients is considered unprofessional behavior, as it implies a lack of consideration for patients, preceptors, peers and staff.

The first occurrence of a student being late to their clinical assignment will be documented by the clinical preceptor in Meditrek. A "Preceptor Evaluation of Student – 3rd Year: DAILY" form will be completed for the ½ day clinical rotation. If the student served as the doctor during that clinical rotation, the student will receive the usual student evaluation with the tardiness documented by a score of "3" or below under Item #7 "Professionalism." The preceptor will

enter comments as to how late the student arrived in clinic, if patients were kept waiting, if there were any mitigating factors, etc.

If the student did NOT serve as a doctor during that ½ day clinical rotation, they will still receive a “Preceptor Evaluation of Student – 3rd Year: DAILY” form and the Instructor of Record notified. The preceptor will enter “N/A” for Items #1 through #5, a score for Item #6 will be entered if needed, and a score between “1” and “3” will be recorded for Item #7 “Professionalism.” Comments must be entered by the preceptor as to how late the student arrived in clinic, if patients were kept waiting, if there were any mitigating factors, etc.

The second occurrence of the student being late during the same semester will also be documented with the “Preceptor Evaluation of Student – 3rd Year: DAILY” form and the Instructor of Record will be notified.

The third occurrence of the student being late during the same semester will be documented with the “Preceptor Evaluation of Student – 3rd Year: DAILY” form, the Instructor of Record will be notified AND the student will automatically be placed on disciplinary probation and referred to the Student Performance Committee for a probation hearing.

If the student is tardy to a clerkship, grand rounds or inter-professional educational assignment, the preceptor will document the tardiness in Meditrek by completing the “Patient Care Service Incident Report.”

Attendance at Professional Meetings

A 2nd or 3rd Year student requesting an authorized absence at least 14 days in advance to attend a professional association sponsored event or meeting maybe allowed to miss up to two days of Clerkship or clinical assignment per semester during the fall and spring semesters. The make-up and requirements for this privilege is up to the individual Instructor of Record and is described in the course syllabus.

A student wishing to attend a professional association sponsored event or meeting and will miss a clerkship or clinical assignment must email their request to the Associate Dean of Academic Affairs and complete the appropriate form available at the office of the Manager of Clinical Education. The Associate Dean of Academic Affairs will determine if the absence will be an excused absence and notify the appropriate course Instructor of Record for the Patient Care Services course and the Manager of Clinical Education. The Manager of Clinical Education will notify the Director of Patient Care Services for possible modification of the Eye Care Center schedule. Any student requesting an authorized absence from clinical assignment to attend a professional association sponsored event or meeting must also coordinate their absence through the appropriate lecture and lab instructors prior to the student’s departure.

Students must provide the course Instructor of Record with proof of meeting attendance upon returning to the College (i.e. registration materials, proof of continuing education attendance, etc.) as required by the Instructor of Record of the course and described in the course syllabus.

Preceptor's Absence

In the event that a clinical assignment is cancelled due to a preceptor's absence, students may either be required to make up the missed clinic time or an alternate learning activity will be assigned. An example of an alternate learning activity would be four hours spent on a weekend community vision screening. Preceptors are responsible for communicating absences ahead of time directly to the students affected and to the Manager of Clinical Education Programs. Should more than three clerkship sessions be cancelled due to a preceptor's absence, the College reserves the right to change a student's clinic assignment either temporarily or permanently and the Instructor of Record will determine how and when the sessions be made up. A grade of incomplete will remain until the sessions are made up.

Under no circumstances should a student provide direct patient care without the supervision of a licensed doctor of optometry or physician. If a student arrives at their assignment and is ready to commence patient care and no preceptor is available, immediately contact the Manager of Clinical Education Programs or the course Instructor of Record to receive an alternate assignment.

Jury Duty

Students who are called for jury duty should contact Student Services to complete the appropriate paperwork exempting them from jury duty. If the student is unable to be excused from jury duty, the student will request an excused absence for the time of jury duty service from the Associate Dean of Academic Affairs. Assignments missed due to jury duty will be made up either by swapping times with another student or scheduling make-up assignments. The Associate Dean of Academic Affairs will notify the Manager of Clinical Education, who will make the necessary arrangements to change the patient care schedule. The student must make sure that the site preceptor and the course Instructor of Record are informed of the absence prior to the occurrence.

Volunteer Assignments

Students have the option of volunteering for additional Patient Care Services assignments when their schedule permits. Students may take an additional assignment to gain extra clinical experience, to provide coverage during a break, etc. In all situations after a student signs up to volunteer for a clinical assignment, he/she has made a commitment to patient care. Any nonattendance from a voluntary assignment will follow the same guidelines as any assigned clinical absence, to include referral to the Associate Dean of Academic Affairs and possible referral to the Student Performance Committee.

Policy on Contacting Students at Clinical Sites

In an emergency situation when the College receives a telephone call from family, significant others, friends or others trying to get in touch with a student at a clinical site, the policy will be as follows:

A message will be taken and given to the Manager of Clinical Education Programs, who will deliver the message to the student. It will be the student's decision to contact the party as needed. Students may not receive personal calls on clinical affiliates' telephone lines.

Dress Code and Personal Hygiene Applicable to all Patient Care Services Assignments

Dress Code / Personal Hygiene Standards

- Students, faculty and staff of the College of Optometry are expected to present a highly professional and competent image at all times.
- Members of the College community are expected to use their good judgment in regards to personal hygiene, grooming and dress.
- Clothing is expected to be clean and in good repair.
- Visible facial or body piercings and visible tattoos are not acceptable (exception: ear lobe piercing)
- Capri or cropped pants are not appropriate wear for clinic or patient care settings.
- Garments should not overly accentuate, or expose parts of the body, in ways that may be considered offensive or disrespectful.
- If a preceptor (in the case of students) observes that an individual's dress is inappropriate, action may be taken at his or her discretion.
- Students, faculty and staff are required to adhere to OSHA standards by wearing closed-toe shoes in all patient care areas.
- The students are to wear their white coats and name tags at all times while engaging in patient care (unless specifically asked not to do so by their preceptor). The white coat should be clean, wrinkle free and worn in the way it was intended.

Should standards at a particular patient care site vary from the College's standards; the standards which are stricter will take precedence.

Required Equipment

Students are expected to purchase equipment as required by the College. Students are expected to bring ALL of their equipment to all clinical assignments unless otherwise specified by the individual clinic.

Universal Precautions and Infection Control Protocol

Students are expected to follow the guidelines for Universal Precautions in all clinical assignments. These guidelines include:

1. Hand washing should be performed routinely before and after the examination of each patient. If needed, hand washing during the examination is also recommended. Hand washing with an alcohol-based hand sanitizer or with disinfecting soap and water, and then dried with a disposable paper towel is usually sufficient, but when necessary and indicated, disposable latex gloves should be used. Fingernails should be of reasonable length and must be kept clean.
2. Latex gloves should be worn if the patient has an open or weeping lesion that you may, in the course of your examination, possibly come in contact with. They should also be used for any type of infectious eye condition, such as viral or bacterial conjunctivitis or keratitis. Gloves should be worn if you have a break in the skin on your hands or fingers, any cuts or abrasions. This can be determined by soaking your hand with isopropyl alcohol. Any stinging would be indicative of some compromise to the skin. Disposable gloves should be readily available at each clinical site. Gloves are for single use only and should be discarded after each patient. Gloves are not a substitute for hand washing and hands must be washed after removing the gloves.
3. Contact lenses should be applied or removed only after proper hand washing. Trial soft contact lenses should be cleaned after any insertion and removal. Use a daily cleaner then disinfect using a heating system (78 to 80 degrees C for 30 minutes) or hydrogen peroxide system for 10 minutes, whichever is more compatible with the individual lens material. RGP or hard contact lenses may be disinfected with commercial solutions containing hydrogen peroxide.
4. Masks and protective eyewear are not indicated unless you are performing a procedure that involves the potential for a splash or spill of body fluid. Either goggles or a face shield may be used for protection.
5. If the patient or examiner has a cough or upper respiratory tract infection, a disposable surgical mask may be worn by both examiner and patient. Masks should be discarded in an appropriate biohazard waste container. The student must be free of fever for 24 hours before engaging in patient care.
6. Needles, syringes, or other sharp instruments require precautions. To prevent needle-stick injuries, used sharps should not be bent, broken, or recapped by hand. All sharp instruments must be placed in appropriate infectious waste containers for disposal. Non-disposable sharps should be placed in puncture resistant containers for sterilization.
7. Immediately after use, all instruments that come in contact with the patient's eye or adnexa should be rinsed under running water to remove any organic matter, then disinfected by one of the following methods in accordance with manufacturer's instructions:
 - a. Wipe the ocular surface of the instrument carefully with an isopropyl alcohol wipe.
 - b. Soak the ocular surface of the instrument in a 1:10 dilution (0.5%) solution of household bleach for 10 minutes.
 - c. Soak the ocular surface of the instrument in a 3% hydrogen peroxide solution for 10 minutes.
8. Following disinfection, the instrument should be irrigated with sterile saline and allowed

to dry before reusing.

9. At the beginning and end of each clinical session use alcohol wipes to clean the chin and headrest of the slit lamp, ALL adjustment knobs, face plate and forehead rests of the phoropter, keratometer, trial frames, and any cameras, occluder, ophthalmoscope and retinoscope handles, near point cards, and other materials handled by patients or clinicians.
10. All infectious waste must be placed in appropriate containers as per the protocol of the site. Infectious waste may include (but is not limited to):
 - a. all used contaminated disposable gloves
 - b. all sharps used in patient care
 - c. all disposable items (e.g., tissues, gauze, etc.) contaminated with blood or other infectious materials

Patient Care Services Privileging Policy

The opportunity for a student to participate in patient care is a privilege, not a right. Like all privileges, this one must be earned by the possession of certain “credentials.” A credential is a specific documentation or certification that a student acquires to contribute toward obtaining privileges. Examples of credentials include successful completion of certain courses, examinations, and activities, and by the unqualified and absolute demonstration of humanistic and professional behavior at all times.

To be granted the privilege of participating in **Vision Screenings**, the student must:

- Pass all aspects of Principles and Practice of Optometry I
- Be in good academic standing
- Have no outstanding or unresolved charges of professional misconduct.
- Possess
 - Evidence of fingerprinting on file
 - HIPAA certification
 - A negative Mantoux test for tuberculosis (TB) performed within the last 12 months; if the skin test is positive, a chest x-ray and results are also required. If the chest x-ray is positive, a letter stating the course of action must be provided by the student’s physician.

To be granted the privilege of participating in the **Clerkship Program** the student must:

- Pass all aspects of the Vision Screening program
- Pass all aspects of Principles and Practice of Optometry I and II
- Be in good academic standing
- Have no outstanding or unresolved charges of professional misconduct

- Possess a negative Mantoux test for tuberculosis (TB) performed within the last 12 months; if the skin test is positive, a chest x-ray and results are also required. If the chest x-ray is positive, a letter stating the course of action must be provided by the student's physician.
- Comply with the requirements of the individual sites for credentialing. This may include additional training such as HIPPA training, background check and required vaccinations.

To be granted the privilege of participating in **Patient Care Services within the Eye Care Center**, the student must:

- Pass all aspects of Patient Care Services I through V
- Pass all aspects of Principles and Practice of Optometry I through V
- Be in good academic standing
- Have no outstanding or unresolved charges of professional misconduct
- Possess a negative Mantoux test for tuberculosis (TB) performed within the last 12 months; if the skin test is positive, a chest x-ray and results are also required. If the chest x-ray is positive, a letter stating the course of action must be provided by the student's physician.

TB Testing

TB testing must be done on an annual basis. Students are required to present evidence of negative tuberculosis testing prior to matriculation and annually thereafter. If the skin test is positive, a chest x-ray and results are also required. The chest x-ray is good for four years as long as the symptoms check list is completed annually. If the chest x-ray is positive, a letter stating the course of action must be provided. Documentation must be completed by August 15th of each year after the first year. Students cannot continue in patient care assignments if documentation is not received by the Manager of Clinical Education Programs by the August 15th deadline.

CPR Certification

CPR certification is completed within the curriculum during the 2nd Year of Optometric training in the spring semester.

HIPAA and Patient Confidentiality

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements must be followed to insure confidentiality of patient information. As a provider of health care you must follow these guidelines. On a day-to-day basis, use common sense to make sure that you are not breaching confidentiality. You will receive HIPAA training during your Practice Management 1 course. After attending this lecture, students will receive a certificate of completion for HIPAA and patient confidentiality training. Since HIPAA certification is a prerequisite for all Patient Care Service activities, attendance at this lecture is mandatory.

The following guidelines are examples of correct behaviors required under HIPAA:

- Discuss patient information only with your attending doctor and other colleagues directly involved in the patient's care.
- Discuss patient information only in a controlled area – e.g., conference room or the patient's exam room. Do not discuss patient information in public areas, such as reception area or hallways.
- Do not leave patient charts unattended in uncontrolled areas. Only you and your attending doctor should have access to your patients' medical information.
- If a patient asks questions concerning their care in the reception area or other public area, walk the patient to a private area before you answer their questions.

Additional information can be obtained via the website of the Health and Human Services branch of the United States Government.

Grading Policy for Patient Care Services Courses

Student Requirements for a Grade in Patient Care Services Courses

- **Attendance is mandatory at all clinical assignments.** Arrangements to make up any absence must be finalized with the Manager of Clinical Education prior to the end of the course in which the absence occurred. Make-up assignments may be scheduled over vacation breaks or during the next term, but arrangements must be finalized by the end of the course to avoid the student receiving a *No Pass* grade.
- **All evaluation forms are due by the date stated by the Instructor of Record in the respective course syllabus or at the latest within 5 days of the end of the course.** Using the Meditrek system, students must complete:
 - An evaluation of the clinical preceptor (clinic and clerkships)
 - An evaluation of the clinical site or experience (clinic and clerkships)
- **Patient logs are to be completed every week in Meditrek. Incomplete or below expected logs will be tracked and flagged.**

If any required evaluation or log form is not completed by the date stated in the course syllabus, a grade of **Incomplete** will be recorded. If the grade of incomplete is not resolved within **5 days** following the end of the term, the grade will automatically become a grade of No Pass. A clinical grade of No Pass is handled in accordance with academic policies. An extension of the deadline for submission of the required documents may occasionally be granted by the Instructor of Record under extenuating circumstances.

Evaluation of Student Performance

Each level within the clinical education curriculum, including vision screenings, clerkships and ECC rotation, will be graded according to the student expectations for the corresponding year of

training. Students should review the syllabus in each Patient Care Services course early in the term to identify both the areas to be evaluated and the levels of performance so they are knowledgeable on what will be graded.

In each of the Patient Care Services courses, students will be evaluated in Meditrek in some or all of the following areas:

1. Technical Skills, including Efficiency
2. Knowledge Base
3. Analytical Skills
4. Management and Treatment
5. Communication Skills
6. Attitude Toward Learning
7. Professionalism
8. Humanism
9. Inter-professionalism

The clinical grading system is based on observable behaviors. It is designed to clearly identify the level at which the student is currently performing, and assist them in getting to the next performance level. Meditrek grading rubrics display the descriptions corresponding to observable behaviors for each area and performance level. Preceptors are instructed to select the description that best matches their observation of the student's behavior during the clinical assignment.

Clerkships: The rating of 5 is given to reflect observed competency in any one of the six grading criteria. A score of 2-3 indicates a need for improvement, while a grade of 1 means no pass. If a student receives a rating of "1" through "3", the preceptor will use the comment option to clarify where the student needs improvement or where they might benefit from additional study and/or clinical practice. Throughout the year, some ratings of "3" or less may occur in some categories, with the exception of the categories of Attitude and Professionalism. In the areas of Attitude and Professionalism a rating of "5" or greater is always expected. A grade of 6-9 exceeds expectations and should only rarely be given. If the student is deserving of this grade, the comment option should be used to describe the exemplary behavior described.

Preceptors will evaluate the student as designated in the applicable Patient Care Services course syllabus:

- Vision Screenings Daily
- Clerkships At the completion of each 8-week clerkship rotation.
Preceptors will notify the Patient Care Services Instructor of Record by telephone or email by no later than week 4 if the student's performance is below expected.
- Eye Care Center Evaluation of patient encounters for each ½ day clinical activity and at the end of each 8-week clinic rotation.
Preceptors will notify the Patient Care Services Instructor of Record by telephone or email by week 4 if the student's performance is below expected.

Supplemental evaluations will be used at any point if additional assessment is required. The midterm clerkship or clinic grade and the final grade will be reviewed for adequate student performance and progress and factor into the weighted final grade determination. The final grade submitted at the end of the term will be used in determining the final course grade of Honors, Pass, Remedial, or No Pass. Final grade determination will be tabulated by the Instructor of Record based upon the evaluations submitted by the clinical preceptors.

Clinical Grading

Preceptors are expected to review the student's clinical progress throughout the term. This includes a verbal discussion of the student's progress with the student four weeks into the clinical assignment for clerkships and Eye Care Center rotations. Should the performance be below expected at the four week mark, the clinical preceptor will not only talk with the student but also with the course Instructor of Record. The Instructor of Record and the preceptor will develop a learning plan in conjunction with the student. Written midterm evaluations and final evaluations will be completed for all clerkship and Eye Care Center rotations. A student cannot graduate with an outstanding grade of No Pass, Remedial or Incomplete in any course or curricular element, including Patient Care Services courses. Additionally, a student cannot proceed into a 4th Year externship rotation until all second and third year clinical requirements have been successfully completed.

Pass: A student who receives a grade of pass is considered to be performing at satisfactory and expected levels for the clinical program.

Honors: A student considered to be exceeding the expected levels for the clinical program.

No Pass: A student considered to be performing significantly below expected levels for the clinical program. The student will be required to meet with the Student Performance Committee and will be considered eligible for up to and including dismissal from the College.

Remedial: A student considered to be performing slightly below expected levels for the clinical program. A student who receives a final grade of Remedial will be referred to the Student Performance Committee. A student who receives a Remedial grade in Patient Care Services must receive a Pass or Honors grade at the end of the term **immediately following** the term in which the Remedial was received.

- If a Pass or Honors grade is received at the end of the next clinical term, the Remedial grade will be changed to a Pass.
- If grade of Pass or Honors is not obtained, the Remedial grade will be changed to a grade of No Pass and the student will meet with the Student Performance Committee. If a student receives a total of **three** Remedial grades in Patient Care Services courses, the student will be referred to the Student Performance Committee for further action to include dismissal from the College.

A student who receives a final grade of Remedial during the spring term of the third year will be referred to the Student Performance Committee before beginning any externship rotation. The

Committee will decide whether the student needs additional work before starting the 4th Year externship rotations.

A student who receives a final grade of Remedial must have a clinical learning and teaching plan developed and must work with a tutor. At the next Patient Care Services course, a 2-week special evaluation may be required.

Student Grade Appeals Procedure

Students have the right to appeal their grades in Patient Care Services courses. If a student feels that he or she has been incorrectly evaluated or the grade was biased in any way, the student may appeal in writing to the Associate Dean of Academic Affairs.

Student Remediation

Early Identification of a Remedial Student

Within four weeks of the start of each Patient Care Services course (except Patient Care Services 1: Vision Screening), clinical preceptors should identify students that are not performing at expected levels. Preceptors should meet with the student to review their deficiencies and identify a plan for resolving them. The preceptor will also inform the Patient Care Services course Instructor of Record of the student's poor performance so that the remediation plan can be reviewed and modified as needed.

The Remedial Student

If the final course grade for a Patient Care Services course is Remedial, the student must elect a plan of remediation. The preceptor, in conjunction with the Instructor of Record, will complete a **Clinical Learning and Teaching Plan**. The plan will define the student's performance goals and specify activities that can be expected to help the student meet required performance levels by the end of the succeeding term. Regardless of whether the student accepts the terms of the learning plan set forth by the preceptor, he/she is responsible for meeting the specified performance goals.

Clinical Learning and Teaching Plan

A Clinical Learning and Teaching Plan specifies the individualized educational support that will be provided to a student to help them meet expected performance levels for the succeeding term. The Plan will list the goals for the student and the activities the student should undertake to meet those goals for the current or following term.

The Clinical Learning and Teaching Plan form must be completed and filed with the Office of Academic Affairs and consists of the following:

- Student learning performance goals addressed by the Plan
- Specific teaching activities designed to address the goals
- Minimum hours required to be engaged in the specific teaching activities
- Brief description of the support provided to the student to enable him/her to achieve the goals described above (assignment of a tutor, additional faculty instruction, etc.)
- Signature of both the student and the tutor.

When the Clinical Learning and Teaching Plan form has been received by the Office of Academic Affairs, it will be logged in and returned to the preceptor and to the Patient Care Services course Instructor of Record. Upon completion of the specific teaching activities, the preceptor will sign the Clinical Learning and Teaching Plan form and return it to the Office of Academic Affairs, where it will remain on file. Successful remediation will be reflected in the succeeding term's clinical grade.

Clinical Learning and Teaching Plans may also be assigned to students receiving the grade of Pass to recommend additional activities to students with specific, identified weaknesses.

Academic Probation

A student will be placed on academic probation based on grades earned in a Patient Care Services course for one or more of the following:

- Student has earned a final grade of Remedial in a Patient Care Services course
- Student has earned a final grade of No Pass in a Patient Care Services course

The student will receive a written notice each time s/he is placed on academic probation. Any student placed on academic probation will be required to meet with the Student Performance Committee for a Probation Hearing.

Probation will be resolved if a student receives a grade of Pass or higher in his/her next Patient Care Services clinical course, has completed all required activities delineated in the Clinical Learning and Teaching Plan, and has met any requirements set by the Student Performance Committee and/or the Associate Dean of Academic Affairs.

Academic Dismissal

A student may be subject to dismissal:

- Following the grade of No Pass earned in a clinical course that involves patient care.
- Following two consecutive Remedial grades earned in clinical courses that involve patient care.
- When three nonconsecutive Remedial grades are accumulated in clinical courses that involve patient care.
- Following two consecutive terms on probation in clinical courses that involve patient care.
- When additional modified status/remediation requirements have not been met.

- When a student has been deemed guilty by the Student Performance Committee of two or more instances of professional misconduct.

The student will be required to meet with the Student Performance Committee for review and determination of his/her status prior to formal dismissal. The Committee possesses the authority to recommend dismissal for any student at any time for professional misconduct, even for a first offence, if the Committee finds the offence sufficiently egregious.

Poor Clinical Performance

Students who demonstrate below expected levels of performance in Patient Care Services courses may either be recommended or required to attend supplemental clinical assignments to enhance their clinical skills. Supplemental assignments may occur during the regularly scheduled term, or may occur during spring, winter, or summer break. These additional assignments are designed to provide the student an opportunity for clinical growth and are not punitive in nature.

Policy on Unprofessional Behavior & Professional Misconduct

Unprofessional Behavior

Unprofessional behavior is described as a situation when a student has behaved at an unacceptable professional level. Unprofessional behavior may occur when there is a pattern of repeated minor incidents, or one or more significant breaches in professionalism. Examples of unprofessional behavior include (but are not limited to):

- poor hygiene
- tardiness without notifying the proper individuals (see Tardiness, page 13)
- chronic tardiness with or without proper notification
- unexcused absence from a Patient Care Services assignment
- leaving a clinical assignment without the preceptor's permission
- repeated or significant disregard for accepted clinical protocols
- disrespect, rudeness or lack of consideration for patients, preceptors, peers or staff
- lack of follow through with patient care
- poor attitude towards patient care
- poor attitude towards clinical education through words or actions

The course Instructor of Record will investigate any reported occurrence of unprofessional behavior and refer the student to the Student Performance Committee for appropriate action when indicated.

Professional Misconduct

An act of professional misconduct is defined differently than unprofessional behavior. Professional misconduct represents a serious action or lapse of judgment on the part of a student. In the clinical setting, such incidents breach the professional relationship between the student and the clinic at large, and compromise the quality of patient care delivery. Examples include (but are not limited to):

- Compromising patient care through negligence
- Sexual or other harassment or violent behavior
- Attending clinic under the influence of alcohol or illegal drugs
- Theft of clinic or personal property
- Record tampering

Due to the serious nature of these acts, charges of professional misconduct will be handled at the institutional level through consultation with WesternU, and ultimate referral to the Student Performance Committee for immediate action. Upon referral to the Student Performance Committee the student will follow the policies and procedures outlined in the Student Handbook.

In areas of professional misconduct, preceptors should immediately notify the course Instructor of Record who should refer the student to the Associate Dean for Academic Affairs. If warranted, the Associate Dean of Academic Affairs will suspend the student from all clinic duties pending further investigation. The Associate Dean of Academic Affairs will forward the case to the Student Performance Committee for review and possible disciplinary action, including (but not limited to):

- Suspension from clinic requiring make up sessions
- Termination from clinic assignment requiring a reassignment and/or repeat of the assignment
- Referral for counseling
- Community service
- Delay in graduation
- Dismissal from the College
- Legal and/or criminal charges

Clinic Assignment Changes

Prior to beginning any clinical assignment, students have the opportunity to switch assignments with another classmate. Deadlines and dates for switches will be published for each of the Patient Care Services courses, along with the appropriate means for making the switch (e.g., forms and/or documentation). Once a clinical assignment begins, situations may arise when a clinical assignment needs to be changed. Clinical assignments may be changed at any time by following the guidelines listed below.

Student Requests to be moved from a Site

A student may make a request to the Patient Care Services course Instructor of Record to be moved from a site when:

- A serious physical or mental health problem needs to be treated (as documented by a qualified health professional).
- The student feels that he/she has been discriminated against on the basis of gender, race, color, national origin, religion, age, mental or physical disability, sexual identity or veteran status.
- The student is not receiving proper preceptor supervision. The student is in physical danger from an unsafe working environment.

Clinic Preceptor Requests Student to be moved from a Site

A clinical preceptor may ask the course Instructor of Record to move a student from their clinic or clerkship site when:

- The student's clinical performance is detrimental to patient care and/or the operations of the clinic.
- A student is abusive or disrespectful to patients, staff, or other students.
- A student is suspected of professional misconduct.

The clinical preceptor must provide written documentation of the circumstances involved in the decision to remove the student from the site. The course Instructor of Record will review the written documentation and remove the student from the clinical assignment immediately. The student will meet with the Student Performance Committee and a final determination will be made by the Committee on the student's status. Performance and/or behavioral issues will also be reflected in the earned grade as appropriate.

College of Optometry Changes a Student's Assignment

The College of Optometry may change a student's clinical assignment when:

- The class size or composition changes.
- The student's overall clinical education plan is not balanced.
- There is a change in preceptor staffing or personnel.
- The student is not receiving proper supervision.
- The productivity level at a site is not sufficient to support the educational experience.
- The equipment and resources at a site change and are no longer sufficient to support the educational experience.
- Other extenuating circumstances arise.

Background Checks

Some clinical sites may require a criminal background check as part of your in-processing paperwork. In particular, the Department of Veterans Affairs will conduct a background check prior to the start of your externship rotation. Students may be denied placement at a site based on the results of the background check. In such situations, the College will review the results and make subsequent clinical placement decisions on a case-by-case basis. Possible actions from negative information uncovered during a criminal background check include reassignment to another clinical site and possible referral to the Student Performance Committee for review. A clear background check at an earlier date during your training does not preclude the possibility of being required to receive a more recent background check before the start of a different rotation.

Sexual Harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made explicitly or implicitly a term or condition of an individual's academic standing or employment, or
- submission to or rejection of the conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or
- the conduct has the purpose or effect of unreasonably interfering with an individual's academic or clinical performance or creating an intimidating, hostile, or offensive working environment.

Students should not be subjected to sexual harassment either directly or via a hostile work environment in any clinical or academic setting. Behaviors that have contributed to a hostile work environment have included (but are not limited to):

- sexual flirtations, advances, propositions, or physical contact
- verbal or written comments, innuendos, gestures, glances, pictures, voice-mail, e-mail, or jokes of a sexual nature or of a nature commonly considered offensive by individuals of a specific gender or sexual orientation
- references about an individual's body, sexual interests, or habits
- displays of sexually suggestive objects, posters, or pictures, etc.
- commenting on physical attributes
- using demeaning or inappropriate terms, such as "Babe"
- granting academic or clinical favors to those who participate in consensual sexual activity
- using crude or offensive language

Sexual harassment also encompasses harassment of an individual that is based on the gender or sexual orientation of the individual. Conduct can be considered harassment regardless of the gender of the perpetrator or the person being harassed. It can also be considered harassment when it occurs without the intent to offend, or if it negatively impacts an observer of the conduct.

Sexual harassment does not refer to academic curriculum content that is germane to the subject matter of the course and presented in a serious instructional manner.

Members of the College community who hold positions of authority are expected to maintain strictly professional relationships with their subordinates at all times. Positions of authority include, but are not limited to: administrators in relation to students, faculty in relation to students, and students in relation to patients. Relationships of an intimate personal nature, or of a sexual nature, should not occur between administrators and students, faculty and students, or students and patients.

If you are in a situation where you feel uncomfortable, whether it is with a classmate, a faculty member, a clinical preceptor, a staff employee, a patient, a visitor, or anyone with whom you come in contact as part of your clinical assignment, the first step is to communicate directly with that individual. If you can, ask that person to stop. If you cannot request the individual to stop, or you feel uncomfortable doing so, you should contact the course Instructor of Record, the Associate Dean of Student Services or any human resource person at the College. For additional information on policies related to sexual harassment, refer to the Student Handbook.

Clinical Education Quality Assurance Programs

To ensure that the highest standards for clinical education are maintained, ongoing assessments of the quality of the educational experience are conducted. A variety of means for assessment are incorporated, including (but not limited to) site visits by College faculty and administrators, student evaluations of clinical sites, student evaluations of clinical preceptors, patient encounter logs, and preceptor evaluations of students.

Student Evaluations of Clinical Sites

At the end of each clerkship or clinic session students will be required to complete an evaluation of the clinical site to which he/she has been assigned using Meditrek. Completion of the clinical site evaluation is a mandatory course requirement. Student evaluations of clinical sites will be periodically reviewed throughout the year. Any evaluations that indicate problems of a serious or substantive nature with the clinical site will be addressed throughout the year on an as-needed basis.

Composite site evaluations and site evaluation comparisons will be generated by the Manager of Clinical Education Programs and shared with the Patient Care Services course Instructors of Record, clinical preceptors, and College of Optometry administration at the end of the Academic Year. Survey data will be used in the internal review process. **All student identifiers will be removed to assure anonymity.** Survey comments will be shared only with the respective individual sites and will not be included in composite reports. After a sufficient number of student rotations and evaluations, composite reports may also be included in posted site descriptions and shared reports available for students to review prior to clerkship site selection.

Student Evaluations of Clinical Preceptors

At the end of each clerkship or clinic session, students will be required to complete an evaluation of each clinical preceptor to which he/she has been assigned using Meditrek. Completion of the evaluation is a mandatory course requirement. Student evaluations of clinical preceptors will be reviewed after each term throughout the year. Any evaluations that indicate problems of a serious or substantive nature will be addressed throughout the year on an as-needed basis. Such issues will be brought to the attention of the Associate Dean of Academic Affairs who will determine the most appropriate course of action.

Composite clinical preceptor evaluations and preceptor evaluation comparisons will be generated by the Manager of Clinical Education Programs and shared with the course Instructor of Record, clinical preceptors, and College of Optometry administration at the end of the Academic Year. Survey data will be used in the internal review process. At the end of the Academic Year, a personalized report will be generated for each clinical preceptor including a summary of the numerical evaluation and transcribed comments. **All student identifiers will be removed to assure anonymity.** Student comments will be transcribed as submitted, and will not be edited. Individual clinical preceptor comments will be shared only with the individual preceptors and will not be included in composite reports.

Patient Encounter Logs

Throughout the term students are required to keep up-to-date patient encounter logs using Meditrek. Patient encounter logs reflect any type of service provided by a student to a patient. Patient encounter logs should be completed on a daily basis to ensure accuracy. At the end of each clerkship or clinical assignment, students will have all patient encounters entered into Meditrek by the date specified in the course syllabus.

For every Patient Care Services course (except Patient Care Services 1: Vision Screening; see below) the Patient Encounter Log must be signed off by the clinical preceptor in Meditrek. Student performance will be monitored with Meditrek throughout all Patient Care Services courses by the Manager of Clinical Education Programs and the course Instructor of Record. Students with consistently low numbers of patient encounters will be counseled by the course Instructor of Record.

The Manager of Clinical Education Programs will gather composite patient log data by site at the end of each Academic Year. Composite patient encounter data will be provided to each Patient Care Services course Instructor of Record, clinical preceptors, and College of Optometry administration as part of the annual review process for each site.

For Patient Care Services I: Vision Screening and PCS II, III and IV: Clerkships, patient logs will be completed at each vision screening on paper (see Appendix B) during the screening and then entered into Meditrek (see Appendix C) at the end of the screening/day. At the end of each week of the Patient Care Services courses, students will have submitted all patient encounters within Meditrek.

Why Student Patient Encounter Logs?

The over-riding goal for Patient Care Services courses is to provide each student with the best possible clinical learning experience. Clinical learning depends on three things:

- Volume (quantity or number of patients seen)
- Variety (quality in the types of patients seen)
- Quality instruction (value added to the clinical experience by the preceptor)

The Patient Encounter Logs enable us to monitor the volume and variety of the patient encounters.

Purposes for the Patient Encounter Logs

1. To monitor the volume of patient encounters by clinical site and by individual student.
2. To monitor the variety of patient encounters by clinical site and by individual student in order to balance student learning experiences.
3. To insure the didactic curriculum is aligned with the clinical experience students are encountering in the clinical setting.
4. To look at student numbers to identify students with unusually low numbers in order to find and remediate problems in a timely manner.
5. To monitor attainment of clinical entry level competencies.
6. To monitor the performance of clerkship sites as part of the overall evaluation of the clinical experience and to work with clinical sites when students are not having good experiences, or to drop sites that do not meet educational objectives.
7. In support of legislative initiatives, e.g. glaucoma legislation.
8. For documentation for self-study materials and accreditation.
9. To support clinical and epidemiological research.

Clearly, we can only satisfy our purposes by collecting GOOD, ACCURATE DATA.

Instructions for Completion of Patient Encounter Logs

Vision Screening Logs

Students are required to complete a paper version of the Vision Screening Log (Appendix B) during the actual screening. After the screening has ended, students will transfer the data to the 1st Year Student Patient Encounter Log for Vision Screening (Appendix C) located in Meditrek as soon as possible once the screening has ended. Students will not wait until the end of the course to complete patient encounter log in Meditrek. At the end of PCS I, all patient encounters must be submitted into Meditrek by the date indicated in the course syllabus. Failure to submit all patient encounter data by the dates indicated in the course syllabus will result in a grade of Incomplete or No Pass being given for the course

Clerkship & Clinic Logs

Students are required to complete a patient log in Meditrek as part of the grade in all PCS courses. Do not wait until the end of each course; enter the data into Meditrek on a week-by-week basis. At the end of each PCS course, all patient encounter data must be entered into Meditrek. A reminder will be auto-generated if the student does not complete their weekly log. Low patient log numbers will be flagged and will inform the Instructor of Record each week. Appropriate action will be taken when logs are unsatisfactory. This may include investigation and counseling by the Instructor of Record. Continued incomplete logs will result in referral to Student Performance Committee for unprofessional behavior and the student will receive an incomplete grade, which will turn into no pass, per catalog.

The clerkship logs (see Appendix D) are divided into two sections: patient encounters and level of involvement. Patient data should be entered into Meditrek when involved in providing direct care to an individual patient. The patient encounter section should be filled out using one Meditrek entry for each individual patient encounter. In a rehabilitation setting, enter patient data if you either do hands-on training or observe the therapist do the training. If you observed the therapy, make a note in the “other” section.

Your clerkship preceptor should sign off your patient log in Meditrek at the end of the rotation.

Patient Encounter Logs

Enter each patient’s data into Meditrek showing what was done on that patient (Appendix D).

Patient’s Age: Check the appropriate age category box for each patient you work with during each clerkship visit. This information will be used to calculate the total number of patient encounters you provided during the clerkship.

Pretest and Rehabilitation Diagnostic and Treatment Procedures: Check any procedures that you actually performed on a patient. Do not mark off procedures that you merely observed being performed. Some rows on the forms list several procedures. If you perform any one of these procedures, check that line. In many cases you will check off more than one line in a particular patient encounter. If you perform a procedure not on the list, add it to your log by creating a new row in the “other (describe)” row of the log.

Rehabilitation Patient Type: Indicate the category of the patient. If it is not clear to you, ask your preceptor which category best fits the patient:

- “Neuro-optometric” includes patients that have experienced some form of brain trauma such as stroke, injury, or blast concussion. This category also includes patients suffering from anomalies in their field of vision due to neuropathology.
- “Vision therapy” includes patients who do not have a history of neurological disease or trauma but present with symptoms or findings consistent with a binocular or accommodative problem.
- “Low vision” includes patients that have reduced best-corrected visual acuity and need specialized devices in order to function visually.

- “Special population” patients include those with significant learning disabilities, developmental delays, and autism or autism-spectrum disorders.

Ophthalmic Materials: Check any activities or procedures completed related to ophthalmic materials. For lines that list several activities (i.e. ordering spectacles, frame and/or material selection) if you do any one of these activities check off that line.

Level of Involvement in Patient Encounter: Indicate how involved you were in the overall care for each patient encounter.

Observation only. You observed the preceptor or another staff member do therapy on a patient. You did not participate directly in the patient’s care.

Work up only/collect data only. You performed pretesting procedures or rehabilitative procedures but did not discuss the case or the patient’s problems with the preceptor.

Involved in identifying/stating patient problems. You may or may not have performed pretesting procedures; however, you discussed the patient’s case history and pretesting results with the preceptor.

Involved in patient diagnosis/differential diagnosis. You discussed the list of possible diagnosis with the preceptor based upon the patient’s case history and exam findings. This does not mean you listened to the preceptor tell you the possible diagnoses, but rather you took the examination data and used your clinical thinking to arrive at some possible diagnoses.

Dispensing ophthalmic materials. You adjusted, repaired or dispensed a patient’s spectacle frame either with or without staff supervision. You did the work, not the staff.

Involved in decision for management options. You discussed the list of possible diagnoses with the preceptor and then formulated a treatment plan on your own.

Other (describe). Should be used VERY sparingly when another category does not apply.

NOTE: this does not imply or endorse the idea that you should be telling a patient his/her diagnosis or management plan. This indicates the level of involvement in discussion with your preceptor, not the patient. **Only the preceptor will discuss the diagnosis and treatment plan with the patient.**

Common Mistakes to Avoid in Completing Patient Encounter Logs

When entering procedures, the category “other” should rarely be used. Most procedures that you perform will fall into one of the listed categories. For instance, retinoscopy may not be listed separately but would be checked off with subjective refraction; slit lamp examination would be included with anterior segment health assessment; ophthalmoscopy would be included under posterior segment health assessment; and tonopen would fall under tonometry. Follow these

general rules for entering data:

- Instead of recording screening for a clerkship assignment, check the specific tests you actually performed.
- Try to fit all the procedures you performed into the listed choices. If you perform a test but you cannot find a category that is close, only then record it under “other.” For every procedure you record under “other” you will need to add a footnote and describe what it was that you actually did. If you have the number “6” in the “other” column, you should have six footnotes explaining each test.

How to Keep Up with the Patient Encounter Logs

Start a new patient log form at the beginning of each clerkship rotation. Record your patient encounters on paper as you do them in the clinical setting and then transfer the data to Meditrek at the end of your clerkship day. Use a small ring bound note book that fits in your white coat pocket. Do not record any identifiable patient data in your note book. If more than one student sees the same patient at a given visit both students should log the encounter. If you see the same patient on more than one day, log each encounter separately. Include all the information at each visit, even if it is the same patient over and over again.

All patient data for that day should be entered into Meditrek before the student leaves that clerkship assignment.

Conclusion

Your clinical educational experience will set the foundation for your future optometric practice. Make the most of it! The patients you see now will help you develop the clinical skills, diagnostic ability, and clinical thinking processes that will stay with you for years to come in practice. You owe your patients a debt of gratitude for allowing you to gain this invaluable experience. Never forget that you are responsible for providing the highest quality humanistic and compassionate care to the best of your abilities throughout your clinical training and on into professional practice.

Patients' Bill of Rights

Western University of Health Sciences' Eye Care Center (The Center) uses the State of California's Patients' Bill of Rights to describe what rights its patients have in obtaining and receiving treatment.

Patients have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your personal values and beliefs.
2. Have a family member (or other representative of your choosing) and your own health care provider notified promptly of your admission to the hospital.
3. Know the name of the health care provider who has primary responsibility for coordinating your care and the names and professional relationships of other health care providers who will see you.
4. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the Center even against the advice of healthcare providers, to the extent permitted by law.
7. Be advised if the Center/personal health care provider proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer

from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are health care providers who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Healthcare workers who provide care whether in a hospital setting or in our Center shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed.
12. Confidential treatment of all communications and records pertaining to your care. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from verbal or physical abuse or harassment. You have the right to access protective services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the health care provider, or their delegate, of continuing health care requirements. Upon your request, a friend or family member may be provided this information also.
17. Know which rules and policies of the Center apply to your conduct while a patient.
18. Designate visitor of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - No visitors are allowed.
 - The Center reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the Center staff or other visitor to the Center, or would significantly disrupt the operations of the Center.
 - You have told the Center staff that you no longer want a particular person to visit.

However, the Center may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

19. Examine and receive an explanation of the Center's bill regardless of the source of payment.

20. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status or the source of payment for care.

21. File a complaint. If you want to file a complaint with the Center, you may do so by writing the Eye Care Center at 795 East Second Street Suite 2, Pomona, CA 91766 or by calling the Director of Patient Services at (909) 706-3899.

If the response to your complaint is unsatisfactory, you have the right to file a grievance with the Center's grievance committee. Each grievance will be reviewed and responded to within 30 days. The written response will contain the name of a person to contact at the Center, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care will also be referred to the Center's Quality Assurance Department.

22. To file a complaint with the State Department of Health Services regardless of whether you use the health centers' complaint process, contact:

Department of Health Services
850 Marina Bay Parkway, Building P
Richmond, CA 94804-6403
510-620-5800

This Patient Rights document incorporates the requirements of the Joint Commission on Accreditation of Healthcare Organizations; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

APPENDIX A

Students requesting an excused absence from a **Vision Screening, Eye Care Center Clerkship, or Off-Campus Clerkship** assignment must make up the missed assignment with their regularly assigned Preceptor *OR* arrange for an alternate clinical activity that has been approved by the Manager of Clinical Education Programs.

Student requesting Excused Absence: _____ Class: _____

Absence Excused by Dr. Kurtz (Date / **Email Attached**): _____

ABSENCE

Name of Site (Printed): _____

Name of Preceptor (Printed): _____

Date(s) of Absence: _____ Hours Missed: _____

Reason for Absence: _____

MAKE-UP

If a student is unable to arrange a make-up for the missed assignment with their regularly assigned Preceptor, the student must contact the Manager of Clinical Education Programs to arrange an alternate clinical activity.

Make-Up Site / Assignment / Alternate Clinical Activity:

Date(s) of Make-Up: _____ Make-up Hours Completed: _____

Name of Preceptor (Printed): _____

Signature of Preceptor: _____ Date: _____

Once the make-up is scheduled and approved by the Preceptor, the student must bring the completed form to Kelee Visconti, Manager of Clinical Education Programs, HEC Room 1308.

Signature of Manager
of Clinical Education Programs: _____ Date: _____

APPENDIX B

Patient Care Services Excused Absence Request Form Western University College of Optometry

SWAP Clinical Assignment

Students requesting an excused absence from a **Vision Screening** assignment or an **Eye Care Center Clerkship** assignment may swap assignments with another student using this form.

SECTION A (SWAP)

Student requesting Excused Absence (A): _____ Class: _____

Reason for Absence: _____

Name of Site (Printed): _____

Name of Preceptor (Printed): _____

Date(s) of Absence: _____ Hours Missed: _____

The following student will cover the above listed assignment:

Student covering above Assignment: _____ Class: _____

Covering Student's Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

SECTION B (SWAP BACK)

In turn, I will cover the following assignment for the named student above:

Name of Site (Printed): _____

Name of Preceptor (Printed): _____

Date(s) to be Swapped: _____ Hours Swapped: _____

Student Signature (A): _____ Date: _____

Preceptor Signature: _____ Date: _____

Once the make-up is scheduled and approved by both Preceptors, the student must bring the completed form to Christina Garcia, Manager of Clinical Education Programs, HEC Room 1308.

Signature of Manager
of Clinical Education Programs: _____ Date: _____

Patient Encounter Log for Patient Care Service I: Vision Screening

APPENDIX C

WUCO Student Name: JOE SMITH		House: BORISH		Group: (A) B (circle)							
<p>INSTRUCTIONS: At the start of each screening, enter the date and the name of the school. Place a tally mark in the cell for "children seen" for EACH CHILD on whom you perform the battery of vision screening procedures as the doctor. For EACH PROCEDURE, place a tally mark in the cell every time you think a child should be referred based on your screening findings and your clinical judgment. At the end of the screening session, enter the number of tallies in each cell into the Excel version of the log which you have been provided. After your last vision screening, the Excel spread sheet should be complete. Save the Excel file in the following format: log-vision-screening.your last name.your first name.semester and year. For student Joe Smith it would look like: log-vision-screening.Smith Joe Fall 2010. E-mail the Excel file to kbattcheller@westernu.edu, AND drop off your hard copy with Kristina Batcheller, Manager of Clinical Education, office HEC #1117</p>											
Date	Name of School	# of Children Seen	Symptom Survey referrals	Color Vision (males only) referrals	Distance Visual Acuity referrals	Plus Lens Test OU referrals	Cover Test referrals	EDM referrals	NPC referrals	Stereopsis referrals	Preceptor Initials
9/7	Diamond Ranch High School				1			1			(KBP)
9/14	Lincoln Elem. School	1	1								BEY
9/21	Marshall Middle School							1		1	FS
9/28	Marshall Middle School			1							(KBP)
10/5	Lexington Elem. School										BEY
10/12	Diamond Ranch High School		1					1			BEY
10/19	Diamond Ranch High School	1									(KBP)
		0	0	0	0	0	0	0	0	0	

APPENDIX D

Vision Screening Patient Encounter Log	Page 1 of 1
 Western University of Health Sciences College of Optometry 1st Year Student Patient Encounter Log for Vision Screening <hr/>	
Academic Year: 2011/2012 Change AY & Reset Form	
Instructions: First select the date of the screening, the school, and the preceptor, then enter your tallies for each category: - For "Children seen", count each child on whom you performed the battery of vision screening procedures as the doctor . - For <i>each procedure</i> , count a child if you think he or she should be referred based on your screening findings and your clinical judgment.	
Student: Date: Quarter: School/House/Group: Preceptor:	... name place holder... Mar 14 2012 Fall (9/7/2011-12/9/2011) Select please... Select please...
# of Children Seen	
Number of Referrals	
Symptom Survey	<input type="text"/>
Color Vision	<input type="text"/>
Distance Visual Acuity	<input type="text"/>
Plus Lens Test OU	<input type="text"/>
Cover Test	<input type="text"/>
EOM	<input type="text"/>
NPC	<input type="text"/>
Stereopsis	<input type="text"/>
Submit	
<small>Meditrek® — HSoft Corporation © 2000 – 2012</small>	
<small>https://www.meditrek.com/HS_MEDITREK/FORMS/FormDefs/189_WU_OPT/Log_VS.... 3/14/2012</small>	

APPENDIX E

1st & 2nd Year Patient Log - Clerkship

Page 1 of 3

Western University of Health Sciences

College of Optometry

1st & 2nd Year Student Patient Encounter Log for Clerkship

Academic Year: 2011/2012

[Change AY & Reset Form](#)

Student: ... name place holder...

Date: Mar 14 2012 Period: Sp2 (3/12/2012-5/11/2012)

Service Site: Select please...

Preceptor (optional):

Patient number: 2

Category	Item	Tally
Patient's Age	<input type="radio"/> < 3 <input type="radio"/> 3 to 5 <input type="radio"/> 6 to 21 <input type="radio"/> 22 to 44 <input type="radio"/> 45 to 66 <input type="radio"/> 67 to 80 <input type="radio"/> > 80	
Pretest Procedures Performed	<input type="checkbox"/> case history <input type="checkbox"/> visual acuity <input type="checkbox"/> cover test, NPA, NPC, stereo <input type="checkbox"/> EOM <input type="checkbox"/> Hirschberg or Bruckner <input type="checkbox"/> pupils, confrontation visual fields <input type="checkbox"/> autorefractor/autokeratometry <input type="checkbox"/> manual keratometry <input type="checkbox"/> retinoscopy <input type="checkbox"/> subjective refraction <input type="checkbox"/> non-contact tonometry (nct) <input type="checkbox"/> automated visual field / FDT testing <input type="checkbox"/> Amsler grid <input type="checkbox"/> direct ophthalmoscopy <input type="checkbox"/> blood pressure measurement <input type="checkbox"/> pupillary distance (PD) <input type="checkbox"/> instillation of eye drops <input type="checkbox"/> color vision <input type="checkbox"/> contact lens insertion/removal	

Category	Item	Tally
	<input type="checkbox"/> biomicroscopy (slit lamp) <input type="checkbox"/> other (describe in comments)	
Rehab Procedures Performed	<input type="checkbox"/> eye-hand dominance <input type="checkbox"/> Brock string <input type="checkbox"/> Hart charts <input type="checkbox"/> Keystone telebinocular <input type="checkbox"/> suppression testing/Worth 4-dot <input type="checkbox"/> stereopsis testing <input type="checkbox"/> +/- flippers, modified Thorington <input type="checkbox"/> low-vision visual acuity <input type="checkbox"/> other diagnostic test (describe in comments) <input type="checkbox"/> Rx prism <input type="checkbox"/> conduct vision therapy <input type="checkbox"/> Rx magnification device(s) <input type="checkbox"/> sight-guided techniques	
Rehabilitation Patient Type	<input type="checkbox"/> neuro-optometric <input type="checkbox"/> vision therapy on non-neuro patient <input type="checkbox"/> low vision <input type="checkbox"/> special population patient	
Ophthalmic Materials	<input type="checkbox"/> lensometry (as part of patient encounter) <input type="checkbox"/> ordering contact lenses and care system selection <input type="checkbox"/> ordering spectacles, frame and/or material selection <input type="checkbox"/> repairing spectacles, frames <input type="checkbox"/> ordering low vision devices and material selection <input type="checkbox"/> other (describe in comments)	
Highest Level of Involvement	<input type="radio"/> observation only <input type="radio"/> work up only/collect data only <input type="radio"/> involved in identifying/stating patient problems <input type="radio"/> involved in patient diagnosis/differential diagnosis <input type="radio"/> dispensing ophthalmic materials <input type="radio"/> involved in decision for management options <input type="radio"/> other (describe in comments)	
Other Activities Comments	<input type="checkbox"/> Case discussion with preceptor <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	