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## Externship Manual
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I. Overview of the MCO Externship Program

The fourth year of the professional program at the Michigan College of Optometry (MCO) is devoted entirely to the clinical education track and consists of a three clinical rotation system that requires student optometrists to participate in external clinical site training as well as an option to choose a clinical rotation within the University Eye Center (UEC). Clinical affiliations include Veteran’s Administration Medical Centers, Diagnostic and Treatment Centers, multi-disciplinary practices, as well as secondary and tertiary care rotations in a variety of clinics within and outside of the UEC.

This experience provides students with a wide range of patient care opportunities. Each student is required to complete three externship rotations. Each rotation lasts for a third of the academic year (approximately 16 weeks). One rotation will be in a Veteran’s Administration Medical Facility to expose the student to ocular and systemic disease. Between the other two rotations, experiences in Low Vision, Contact Lenses, and Pediatrics will be obtained. Each rotation will contain a primary care component.

The coordination and educational experience of the external clinical education program is managed by the Assistant Dean for Clinical Education, the Associate Dean of Student and Academic Affairs, in addition to the external site supervisors at each location.

II. Mission, Goals, and Objectives

Mission
To prepare graduating optometrists for lifetime service in the delivery of the highest quality of eye and vision care to their patients.

Goals and Objectives
The Goals and Objectives of the Externship Program are a continuation of the primary learning achieved as a clinician at UEC. To create a continuity of care and learning, the following additional Goals and Objectives will be emphasized:
1. To educate students to a level from which they can successfully undertake careers in optometric practice. This goal will be achieved through the following objectives:

- Train students within a diverse patient base which includes experience in each of the clinical services over the 4th year of the program.
- Provide each student with the opportunity to learn and become proficient in entry level optometric knowledge and skills.
- Encourage students to engage in active clinical decision making using evidence based knowledge. Exposure to clinical decision making support tools should be promoted.
- Stimulate the student by the presence and use of scientific knowledge to foster a sense of critical inquiry and understanding of the importance of research and the ability to discern the hierarchy of various research methods.
- Expose students to practice management activities within various health care settings.

2. To foster in our students those desirable ethical qualities and professional attitudes essential for the practice of optometry. This goal will be achieved through the following objectives:

- Foster the personal and professional development of the student, and consider the student as a maturing colleague with appropriate responsibilities.
- Help the student to appreciate and understand the central importance of the doctor-patient relationship and effective communication skills in all relationships.
- Educate the student regarding the responsibilities and privileges of the optometric profession and the individual practitioner, as well as the rights of individual patients.
- Help the student to appreciate and understand the ethical, social, regulatory, and economic factors affecting patients and the profession.
- Instill in the student the importance of teamwork and effective communication among those committed to the improvement of ocular, systemic, and public health.
Educate the student concerning optometry’s role in the health care arena in ameliorating ocular and systemic disease in their community.

3. To assist the student to acquire the skills and dedication for lifelong learning in order to maintain professional excellence. This goal will be achieved through the following objective:

   ➢ Develop student skills in critical thinking and problem solving through increased use of independent and interactive learning experiences with an emphasis on evidenced-based sources of information.

4. To provide innovative and engaging educational programs that meet the evolving needs of our students and the public.

   ➢ Each student will participate in a variety of health care settings where the student is exposed to a diverse population of entry level patients.

   ➢ Each student will participate in sites that provide experience in secondary/tertiary care.

III. OPT 854-6 Course Syllabus and Objectives

The following Learning Objectives are desirable of all clinic rotations for a well-rounded clinical education.

Contact Lens Clinical Learning Objectives
Optometry 854, 855, and 856

Josh Lotoczky, O.D.
Chief, Contact Lens Services

Each extern will be able to accomplish the following, where appropriate, on a contact lens patient:

• Obtain and record pertinent information regarding the patient’s past and current CL wear regimen. (Materials, solutions, wearing time, replacement schedule, visual performance)

• Obtain and record CL related social history in order to understand the patient’s occupational and/or recreational visual demands, the patient’s desire for visual
• Review medical and ocular history to ascertain if there are any limitations or risks associated with CL wear.

• Be able to verify CL parameters of unknown lenses
  - Soft – approximate power, OAD, material condition, manufacturer’s marking (know how to interpret markings)
  - RGP – precise power, OAD, BC, OZD, color, CT, edge quality, surface quality.

• Efficiently conduct appropriate assessment of habitual CL visual performance
  - VA with over-refraction at distance and near (when appropriate)
  - BV when appropriate

• Be able to assess the physiologic fit of CLs on the patient’s eye
  - Soft – centration, movement, surface, rotation (torics)
  - RGP – Lid attachment or intrapalpebral, Fluorescein pooling, edge lift, movement, surface quality

• Assess the ocular health for all CL patients especially considering common CL induced complications and ocular conditions that decrease CL performance. (Assumes students will know the common complications of different classes of CL designs.)
  i.e., Blepharitis, GPC, tear production / quality, conjunctival inflammation, epithelial integrity, stromal edema, endothelial integrity.

• Know how to use CL fitting resources to determine availability and appropriateness of materials and solutions for the individual patient, (such as Tyler’s quarterly, CL Spectrum Solutions Guide, Company written and internet materials).

• Be able to evaluate the patient’s needs and CL options and logically determine a limited number of viable CL options to be used for trial fitting for the correction of myopia, hyperopia, astigmatism (including mild irregularity), and presbyopia.
  - Includes fitting of soft and RGP sphere, soft and RGP torics, soft and RGP bifocal
  - Will accurately assess and record trial fits

• Determine and record a clear plan regarding trial wear period and final CL R regimen. Considering adaptation and wear schedule, replacement schedule, solutions, and reappointment schedule.
• Be knowledgeable about the MCO fee, CL dispensing, and CL Rx release policies.

• Be able to accurately complete billing forms, and CL prescription forms.

• Be able to explain and defend MCO policies to patients and part-time attending doctors.

• Be able to insert and remove soft and RGP CLs for a patient.

• Be able to instruct the patient on insertion and removal and lens care procedures.

• Be aware of procedures for insertion, removal and care of scleral and prosthetic ocular devices.

• Be aware of:
  - Use of topographer for RGP design
  - Specialty CL fitting
    ▪ Prosthetics (artificial pupils, cosmetic designs)
    ▪ Keratoconus fitting
    ▪ Post-surgical fitting
    ▪ Ortho-K techniques
  - Discount and mail-order CL dispensing issues

Vision Rehabilitation Clinical Learning Objectives
Optometry 854, 855 and 856

Sarah Hinkley, O.D., FCOVD
Chief, Vision Rehabilitation Services

Each extern will be able to accomplish the following, where appropriate, on a patient with visual impairment:

• Demonstrate clinical knowledge of entry-level vision rehabilitation services

• Describe exposure to secondary care vision rehabilitation services

• Discuss vision rehabilitation devices available
• Demonstrate responsibilities of care and communication when a patient is referred
• Communicate exam results with other healthcare providers and organizations
• Describe the patient’s functional visual concerns
• Perform tests to evaluate the patient’s functional vision
• Discuss magnification principles
• Demonstrating and explain magnifying devices to patients
• Describe when to refer a patient for additional rehabilitation services
• Describe electro-optical devices available
• Describe computer modifications, software and accessories available to patients with visual impairment

Medical and Surgical Service Clinical Learning Objectives
Optometry 854, 855 and 856

Philip E. Walling, O.D., FAAO
Chief, Medical and Surgical Services

Each extern will be able to accomplish the following, where appropriate, on a medical/surgical patient:

• Correctly interpret the WPS(Wisconsin Physician Service) Michigan medical policies regarding eligibility for surgical services found on the WPS Medicare B website (http://www.wpsmedicare.com/j8macparta/policy/index.shtml) for the following:
  - Optometrist Services
  - Ophthalmic Biometry
  - Computerized Corneal Topography
  - Optical Coherence Tomography (OCT)
  - Blepharoplasty, Blepharoptosis and Brow Lift
- Glaucoma Screening***NCP

- Cataract Extraction Preoperative Evaluation

- Properly evaluate pre-surgical cataract patients utilizing specific tests and procedures to determine surgical eligibility.

- Properly evaluate post-surgical cataract patients utilizing specific tests and procedures to determine surgical eligibility for anterior capsular lysis and posterior capsulotomy.

- Properly evaluate pre-surgical blepharoplasty patients utilizing specific tests and procedures to determine surgical eligibility.

- Properly evaluate pre-surgical trichiasis and chalazion patients utilizing specific tests and procedures to determine surgical eligibility.

- Properly evaluate pre-surgical refractive surgery patients utilizing specific tests and procedures to determine surgical eligibility.

- Properly evaluate and identify external neoplasms of the eye and adnexa for removal.

- Properly evaluate glaucoma patients utilizing specific tests and procedures to determine the appropriate management of each patient.

- Properly evaluate all patients taking topical and/or oral medication and determining any deleterious health effects.

- Correctly recognize and evaluate anterior segment disease and utilize proper treatment and/or referral protocol.

- Correctly recognize and evaluate posterior segment disease and utilize proper treatment and/or referral protocol.

- Correctly recognize and evaluate ocular manifestations of systemic disease and utilize proper treatment and/or referral protocol.
Each extern will be able to accomplish the following, where appropriate, on a pediatric patient:

- Acquire developmentally appropriate patient interactive skills.
- Obtain and record pertinent medical, ocular, and educational history from the parent and/or child.
- Obtain and record visual acuities using age appropriate tests.
- Determine refractive status using age appropriate methods.
- Evaluate the binocular, oculomotor, accommodative, and sensory system using age appropriate methods.
- Evaluate the internal and external health using age appropriate tests.
- Develop skills in assessing special needs patients, infants, and children with learning problems.
- Diagnose and manage pediatric conditions such as:
  - Refractive conditions
  - Strabismus
  - Amblyopia
  - Suppression
  - Anomalous correspondence/eccentric fixation
  - Nonstrabismic binocular anomalies
  - Accommodative dysfunctions
  - Oculomotor deficiencies
  - Common pediatric ocular health anomalies
  - Visual information processing dysfunction

*Manage is used in this context to include the actual treatment or the appropriate referral of the case.
Each extern will be able to accomplish the following, where appropriate, on complex level patients:

- Demonstrate all the skills and knowledge required for the diagnosis, triage, management and/or treatment of common visual conditions and ocular diseases, including or resulting from:
  - Refractive anomalies
  - Abnormalities of accommodation
  - Abnormalities of monocular or binocular vision skills
  - Oculo-motor and sensory/perceptual dysfunctions
  - Ocular disease and trauma
  - Prior ocular surgery and/or laser intervention
  - Systemic disease
  - Environmental or occupational conditions

- Obtain a detailed and accurate ocular, medical and pharmaceutical history. Includes an evaluation of occupational, avocational, recreational, sport vision and eye-health needs.

- Efficiently perform an evaluation and measurement of visual acuity utilizing such tests Snellen, Broken wheel, pinhole, Bailie Lovie and contrast sensitivity.

- Accurately perform and evaluate color vision dysfunction with TMC/Ishihara plates and regular and desaturated D-15 color vision tests.

- Accurately perform refractive procedures (refer to NBEO criteria) and analyze refractive status (i.e., accurately select refractive ICD code).

- Accurately perform, interpret and determine a prescription for refractive status (i.e., auto, binocular, cycloplegic and trial frame refractions).

- Accurately perform and interpret tests of corneal curvature and/or topography.

- Accurately perform binocular vision/accommodation procedures (for procedures, refer to primary care exam proficiency forms and MCO Clinical Practice Guidelines) and analyze binocular vision/accommodation status (i.e. accurately select binocular vision/accommodation ICD codes).

- Accurately perform procedures for the diagnosis of accommodative dysfunction by measuring lag, facility, amplitude, and fatigability with Nott, Bell or MEM retinoscopy, push up amplitude, lens or near/far facility of accommodation.
Determine appropriate tentative add for presbyopia by utilizing age, cross cylinder or plus lens to blur tests.

- Accurately perform procedures for the diagnosis of non-strabismic and strabismic oculomotor alignment (i.e., cover test, Hirschberg, Bruckner).
- Accurately perform procedures for assessment of comitant and non-concomitant eye alignment (i.e., cover test, Maddox rod, Hess Lancaster, Parks, AV pattern assessment, Fielding out procedures). Understand and perform cranial nerve screening when appropriate.
- Perform an evaluation and analysis of nystagmus as to type, magnitude, frequency, direction and null point.
- Accurately evaluate and assess duction/version/vergence functions; saccades (i.e., DEM), fixation (Grid ophthalmoscope and Haidinger Brush), pursuits, fusional vergence with Risley and bar prisms, vergence facility.
- Accurately evaluate and assess sensory fusion status and diagnosis of suppression. Determine frequency, area, intensity and laterality of suppression. Determine correspondence (i.e., Cover test, von Graphe or maddox rod, Herring Bielchowsky) and level of stereopsis (i.e., Titmus fly, Random dot E).
- Accurately perform health assessment procedures (for procedures, refer to primary care exam proficiency forms and MCO Clinical Practice Guidelines) and identify health abnormalities (i.e. accurately select ICD codes).
- Efficiently perform anterior segment biomicroscopy within limits of patient comfort to determine normal state from abnormal state of the human ocular anatomy.
- Perform eyelid procedures for the diagnosis and treatment of eyelid disorders including but not limited to entropion, ectropion, blepharitis, trichiasis, distichiasis, ptosis and foreign bodies.
- Manage emergent and urgent ocular conditions with ordering and interpreting smears and cultures when indicated.
- Accurately perform anterior segment procedures for the diagnosis and treatment of ocular surface disease including but not limited to vital dye evaluation, secretory and excretory lacrimal system evaluation, and punctual occlusion.
- Demonstrate proper collagen implant insertion and removal procedures. Anesthetize each punctum. Efficiently manipulate the implant prior to insertion without contaminating the implant. Instruct the patient regarding eye fixation. Properly insert the implant while viewing with appropriate magnification into the lower punctum without contaminating the implant. Appropriately move collagen implant into canaliculus.
- Perform and utilize various illumination techniques of biomicroscopy for the diagnosis of disorders of the cornea, iris, and anterior chamber, including but not limited to corneal infiltrates, iris atrophy, and corneal scars.
- Appropriately utilize diagnostic pharmaceutical agents for the examination of the eye and adnexa and therapeutic pharmaceutical agents for treatment of ocular conditions.

- Accurately perform a crystalline lens evaluation for the diagnosis of lenticular abnormalities, including but not limited to cataract and glaucoma.

- Accurately perform a vitreous evaluation for the diagnosis of vitreous disorders, including but not limited to posterior and anterior vitreous detachment, vitreous collapse, syneresis and liquefaction.

- Efficiently perform a fundus evaluation utilizing a binocular indirect ophthalmoscope within limits of patient comfort. Obtain a clear image of the retinal periphery filling the condensing lens. Perform a systemic and complete examination of the fundus periphery. Obtain a clear retinal image of the posterior pole, filling the condensing lens. Accurately represent disorders on fundus drawings.

- Perform a posterior pole, vitreous, and optic nerve head evaluation within limits of patient comfort, including but not limited to optic nerve evaluation, macular evaluation and equatorial retinal evaluation with a non-contact fundus lens. Position lens properly (alignment, centration, and distance). Accurately describe the vitreous, macular, optic nerve head topography and color, C/D ratio and blood vessels.

- Accurately perform a gonioscopy procedure. Prepare, clean, position and insert gonio lens in a safe and efficient manner. Obtain and sustain a clear view. Perform a systematic examination of all 4 quadrants and identify the most posterior visible angle structure in all quadrants. Remove the gonio lens in a safe and efficient manner.

- Perform and utilize direct ophthalmoscopy where appropriate.

- Accurately evaluate systemic vascular status, including but not limited to: sphygmomanometry, pulse measurement, auscultation, or ophthalmoscopy.

- Accurately perform measurement of intraocular pressure and diurnal IOP (i.e., Goldmann and Tonopen).

- Accurately perform and interpret the field of vision (Screening and threshold fields).

- Arrive at tentative assessment by relating patient history and examination data.

- Arrive at tentative plan for the patient based upon the history and examination data.

- Determine a design, prescription and management advice for spectacles for the correction of refractive error, presbyopia and binocular vision anomalies. Determine and follow ANSI Standard tolerances on spectacle lenses.

- Properly evaluate pre-surgical cataract, refractive, lid, and retinal disorders following appropriate referral or co-management protocol. Properly evaluate and
diagnose common disorders of accommodation and binocular vision utilizing refractive and or prismatic spectacle corrections and follow referral or co-management protocol for vision therapy.

- Understand ethical clinical and legal dilemmas of co-management.
- Understand when it is appropriate to order or recommend the following procedures: chest-X rays, CT, MRI, ocular fluorescein angiography, blood chemistry and hematologic laboratory tests. Recognize and initiate the coordination of care for patients requiring advanced medical or specialty care.
- Demonstrate an improving ability to communicate with faculty, staff, and patient. Includes providing patient education and health advice concerning management of the patient's vision and eye health conditions. Demonstrate effective and professional letter writing skills so as to assure successful patient outcomes.
- Understand expected normal and abnormal values of all tests and procedures.
- Demonstrate the ability to access knowledge, including the use of information technology, and apply that information in making decisions about patient care and health care delivery.
- Accurately record data and observations. Assure records meet MCO Quality Assurance standards, dated, reviewed and signed by intern and supervising faculty.
- Complete examination, including dilated fundus examination, within 60 minutes. Maintain performance outcome levels of Clinic Entrance Proficiency Examination, Ocular Disease Proficiencies and Strabismus/Vision Therapy Proficiencies.
- Provide care under the supervision of a faculty optometrist for a total of 175 primary care examinations.

**Inter-professional Wellness Clinic Learning Objectives**

OPTM 854, 855, and 856

Dean L. Luplow, O.D.
Chief, Inter-professional Service

**Introduction:** The objective of the Inter-professional Wellness Clinic is to function as an interdisciplinary collaborative clinic utilizing optometry, nursing, and pharmacy students and faculty to facilitate the understanding and appreciation of the contributions of each profession to the total management of diabetes and other systemic conditions. Additionally, each patient receives discipline-specific education and management from each profession, resulting in a much improved understanding of their disease state, medications, modifying factors, and personal support from multiple disciplines. Finally, the clinic reports the pertinent findings of each discipline to the patient’s PCP and any
other healthcare providers that may benefit from our assessments for more comprehensive patient care.

**Specific learning objectives for the Inter-professional Wellness Clinic**

- All learning objectives of the Primary Care Service.
- Understand the basic operation of the blood testing instrumentation in the clinic.
- Understand and recognize normal and abnormal values for blood glucose, HbA1c, blood lipids, blood pressure, and BMI.
- Conduct an efficient and accurate ocular evaluation of the diabetic patient.
- Provide a concise and comprehensive review of patient history and examination findings with accurate diagnoses and treatment plans to the attending.
- Properly educate each diabetic patient regarding the ocular status and potential systemic implications of the ocular findings in the context of present and historical blood testing.
- Educate nursing and pharmacy students regarding the potential of diabetic retinopathy based on present patient blood testing as well as historical values.
- Educate nursing and pharmacy students regarding the stages of diabetic retinopathy as well as the ocular and systemic implications of these stages in the context of present and historical blood testing.
- Educate nursing and pharmacy students regarding the potential of hypertension, hypercholesterolemia, and other systemic conditions on ocular health based on present patient testing as well as historical values.
- Educate nursing and pharmacy students regarding the stages of hypertensive retinopathy, ocular hypercholesterolemia states, and other systemic conditions as they relate to ocular health.
- Develop an appreciation and understanding of the contributions and scope of practice of nursing, pharmacy, and other allied health professionals by direct interaction with the other disciplines in the clinic.
• Recognize and discuss areas of overlap between optometry, nursing, and pharmacy by direct interaction with the other disciplines in the clinic.

• Participate in an inter-professional discussion of each patient seen in the clinic at the conclusion of the clinic.

• Complete all EMR records in an accurate and timely manner, including the information necessary to generate a complete interdisciplinary diabetic report.

IV. Extern Responsibilities and Policies

Contacting the Externship Site

➤ Each extern is responsible for contacting the site, at least 6 weeks in advance of rotation, to determine clinic times, dress, equipment needs, and any other requirements of the site (e.g. Physical exam, background, fingerprinting, etc.). Check the MCO/Extern website for any paperwork that may be needed, as well as the site’s Externship Supervisor.

➤ The extern is responsible for obtaining and financing housing during the site rotation.

➤ The extern is responsible for commuting (and any expenses) to and from the site.

➤ The extern is responsible for fulfilling requirements of the externship sites such as physical examinations, health coverage (including foreign assignments), and immunizations as required (e.g. in cases of foreign assignments).

➤ Required texts and/or equipment

➤ Externs should check with the Externship Supervisor to determine if any specific equipment or reading assignments are necessary.

Decorum

The extern is expected to present a professional appearance while at the Externship site. This includes meeting the Site’s dress requirements, (ie, clinic jacket, scrubs) as well as blending in with the site’s style of practice. Failure to dress in a professional manner, as judged by the Clinical Adjunct Faculty, may result in the extern being excused from their clinical responsibilities for that day, resulting in the need to make-up the missed session.
The student is expected to practice under the instruction and guidance of the Adjunct Faculty to the highest levels of clinical, moral and ethical conduct. The extern is considered a guest at the site. A courteous and professional conduct is expected to the site personnel, faculty and patients.

**Housing and Transportation**

Students are responsible for transportation and housing while attending externship rotations. It is the responsibility of the extern to procure the necessary housing at the off-campus sites, as well as make the necessary arrangements for transportation and any individual needs that might be present during the rotations. All travel and housing costs are at the extern’s expense.

At some sites, housing may be provided. The extern is expected to follow all rules set forth by the provider. Refusal to obey guidelines or properly care for the space provided by the externship facility is grounds for immediate dismissal from the externship rotation. This behavior may result in a grade of Incomplete or No Credit. If housing availability changes, it is the extern’s responsibility to procure alternate housing.

**Extern Absence Policy**

Attendance at all clinical externship activities are mandatory. The extern is expected to follow the schedule of the Externship Site. Externship Supervisors determine the extern’s hours. Externs are expected to be at the externship site on the first day of the semester until the last day of the semester. Holidays listed on the FSU academic calendar are not to be considered holidays unless they are also observed at the externship site. Vacation time is not allowed. (Absence request forms are found on the MCO/Extern website and see also attached Off-Campus Absence Request Form.)

**Scheduled Absences**

Scheduled absences include educational, religious, and medical absences. Such absences must be approved at least four weeks in advance by the Externship Supervisor and the 4th Year Educational Facilitator, in writing. (Individual sites may require more advanced notice)

- Interns are allowed a total of twelve (12) excused absences during their fourth professional year.
- The absences may be taken in allotments of one-half day to five days. (A maximum of five days is allowed during a rotation)
- There will be no absences the first two weeks of each rotation, and no more than one day in the last week of the rotation.
At the discretion of the Externship Supervisor, externs may not be allowed to take absences at the same time as another extern.

Written verification (e.g. a physician’s note) may be required.

Make-up sessions are determined by the Externship Supervisor, with approval from the 4th Year Educational Facilitator.

Scheduled absences (over the 5 maxium absences) are made up on a one to one basis (i.e. one day make-up for one day missed).

Extended absences may require a leave of absence.

The purpose of the excused absence is to allow the extern to conduct business or attend functions that they are unable to conduct during rotation breaks or other unassigned times. Excused absences will be used for attendance at educational conferences, survey of residencies or employment opportunities, illness, appointments, family matters, on site-employment or residency interviews, Alcon trip, Vistakon trip, NBEO test days (Part II & III), etc.

**Unscheduled Absences**
Unscheduled absences include medical or family emergencies where it is not possible to provide four weeks’ notice. The above procedure for Scheduled Absences is followed. Notification does not necessarily imply approval of the absence.

**Unapproved Absences**
Absences without prior approval will be made up on a three to one basis (e.g. 3 sessions for 1 session missed). An unapproved absence may result in a reduction of the extern’s grade, including a failure for the time missed.

**Educational Absences**
Externs may be excused from clinical assignments to attend pre-approved educational functions, with the approval of the site supervisor and the 4th Year Educational Facilitator. The extern must follow local site policy for attendance and educational leave. The nature of the make-up sessions required for these absences will be determined by the site supervisor and Director.

**Tardiness**
Externs must arrive to the site at the designated start time. Tardiness may result in a reduction of the extern’s grade, including a failure for that session. Persistent tardiness may result in a No Credit grade for that particular rotation.

**Miscellaneous Expenses**
Cost for physical, blood work-up that are required to participate in patient care activities are at the expense of the extern.

**Malpractice or other Liability Claims**
As students, externs are always working under the professional license of their instructor, and under the auspices, rules, and policies of the Extern Rotation site, MCO,
and Ferris State University. This allows the extern to perform all the normal functions afforded to that particular instructor and their assigned clinic rotation site. However, this does not make the extern, personally, immune from legal actions which may be filed on behalf of the patients seeking awards for injury or any other legal claim. If the extern is named as a party in any lawsuit, the extern is instructed to contact the legal department at Ferris State University immediately without delay, at 231-591-3894, before the extern responds or otherwise acts on the pending lawsuit. The extern will also notify the Dean and the Assistant Dean for Clinical Education at MCO to alert them of these activities. Remember that litigation can occur for many years even after the extern graduates. If the damages allegedly occurred while the extern was a student, then the extern needs to contact the FSU legal department at the number above.

**HIPAA and Confidentiality**
The student shall be charged with complying with all State, Federal (HIPAA), and clinic policies about patient information. This would include any use of a patient’s Protected Health Information (PHI) or Electronic Protected Health Information (ePHI) in methods not approved by law, including copying, scanning, unencrypted emailing or disseminating names, birthdates, social security numbers, etc. Proper use of patient information for clinical educational uses requires that the extern make any Personally Identifiable patient information unusable, as defined by HIPAA regulation.

Further information on HIPAA Privacy and Security can be found in **Appendix A: Protected Health Information and Data Security** in this policy manual.

Likewise the extern should protect their identity if they believe they are working in a clinical situation they deem to be detrimental to their well-being after working in a particular clinic. By revealing their full name, consider the consequences of being contacted by former patients by such practices as having unrestricted access to their information on social networking internet sites or similar vehicles. Prudent access to an extern’s information is their responsibility, not the clinic’s, MCO’s, nor the University’s responsibility.

**Loss of Material or Time**
The extern is solely responsible for any loss of extern’s personal materials and time incurred while assigned to a particular rotation site. It is the extern’s responsibility to recover any losses, if desired, incurred through actions such as theft, neglect, accident, etc. MCO, Ferris State University, and the Extern Rotation site, or any person assigned to provide services at such institutions, will not be responsible for recovering an extern’s loss.

**Program Changes**
The College reserves the right to make changes to the Program at any time and for any reason, with or without notice, make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. It is the student’s responsibility for all expenses, including housing, if participation in the program is terminated for any reason. The College is not liable for any loss whatsoever to Program participants as a result of such changes.
V. Clinic Grading

Clinic grading is Credit / No Credit based on the following:

- Mid-term evaluation and final evaluation from each clinical instructor according to the current rubric for 4th year externs.

At the midterm and conclusion of the semester (rotation) instructors at each site will evaluate each extern. For externs that may require remediation, the site instructors will meet and confer to discuss the remediation plan. A final grade of CREDIT or NO CREDIT will be determined for each extern per MCO’s standard academic policy.

The Director of Externships or the external site director may require the extern to make up absences (excluding annual personal leave days).

Patient Logs must be up to date and accurate as of one week prior to the last day of clinic. Electronic Patient Log Forms (Meditrek) are due by 5:00 p.m. on the last day of clinic. A grade of “No Credit” will be recorded until this requirement is satisfied (see attached Policy on Patient Encounter Logs). In addition, if this requirement is not fulfilled, at the discretion of the Assistant Dean for Clinical Education, you may be required to complete an extra two weeks of clinic during the following summer semester, possibly interfering with graduation date timeline.

A 40 HOUR CLINIC WEEK IS REQUIRED FOR THIS COURSE. HOWEVER, THESE HOURS MAY NOT NECESSARILY BE 8:00-5:00, BUT MAY BE SCHEDULED AT THE DISCRETION OF YOUR SITE DIRECTOR.

This syllabus supersedes information provided in the MCO Clinic Manual. These policies will not supersede Board of Trustee policy on student conduct and University disciplinary procedures.

Course Objectives:

To the instructor’s satisfaction, accomplish the following on complex level patients:

1. Demonstrate knowledge and accurately perform the skills required for the diagnosis, triage, management and/or treatment of common visual conditions and ocular diseases, including or resulting from:
   - Refractive anomalies
   - Abnormalities of accommodation
   - Abnormalities of monocular or binocular vision skills
- Oculomotor and visual sensory/perceptual dysfunctions
- Ocular disease and trauma
- Prior ocular surgery and/or laser intervention
- Systemic disease
- Environmental or occupational conditions

2. Demonstrate critical thinking skills by relating patient history and examination data to arrive at an appropriate assessment.

3. Determine an appropriate and effective management plan for the patient based upon the assessment.

4. Demonstrate the ability to prescribe and/or use ophthalmic materials, contact lenses, vision therapy, low vision systems, pharmaceuticals and non-invasive procedures to treat and manage common vision disorders and disease.

5. Recognize the need for and initiate the coordination of care, including referral, for patients requiring specialty care.

6. Demonstrate effective communication skills, both written and oral, with faculty, staff, and patients.

7. Actively participate in grand rounds, record review, case presentations and asynchronous learning network (Web CT).

8. Demonstrate ability to realistically self assess competencies and limitations.

9. Demonstrate the ability to access resources, including the use of information technology, and apply that information in making decisions about individual patient care and health care delivery.

10. Demonstrate a professional ethic of honesty and integrity in all interactions with patients, colleagues and others.

11. Exhibit awareness of ocular and systemic issues that can be influenced by proper screening and education for particular at risk patient populations.
VI. Externship Program Supervisor Responsibilities and Policies

Clinical curriculum development.

- Advise the extern of expectations and requirements of the site, as well as the expectations for their clinical performance.
- Supervision and monitoring extern
- The supervisor and/or faculty must be present at all times for supervision and consultation during patient care activities.

Evaluation of the extern

- Submission of mid and final extern evaluations via Meditrek. (See Below)
- Provide direct feedback to the extern as to technical, clinical and professional performance.
- Notify the Director of Externships within the first 3-5 weeks (or as appropriate) if the extern is failing or not meeting the expected standards of performance. Written and verbal feedback to the extern is important, as well as written and verbal notification to the Director of Externships. The Director will work in conjunction with the supervisor on an appropriate course of action. The extern will be advised of such determination.
- Being familiar with and adhering to established externship policies and procedures.
- Implementing appropriate requirements

Attendance, professional behavior, clinical responsibilities.

- Reporting any significant deviations from expected standards by the extern which includes disciplinary action, deficiencies in performance, etc.
- Notify Office of Externship Programs if the extern is absent for an extended or significant amount of time. (Greater than 3 days). Extern must report absences with the Absence Form on the MCO/Extern site.
- Notify the Directory of Externships of a change in supervisors, submitting the new supervisor’s curriculum vitae for review and approval of adjunct status.
Notify the Director of Externships if any Clinical Instructor will be absent for a 2 week or more period of time. MCO retains the authority to temporarily relocate the extern or accept the Extern Site's plan for continued education.

VII. Academic Rotation Calendar Policy

Optometry IV Clinical Externs are expected to follow the rotation schedule as given to each rotation site at the beginning of each academic year. Clinical Externs do not follow the same schedule as the University. The schedule may be modified at the discretion of the site supervisor and Director of Externships in order to meet the minimum number of instructional days required for each rotation site. The clinic supervisor at your assigned rotation site may deny a personal day request if it interferes with the operation of the clinic or with the clinical education provided at the site.

The externs located at VA, state, and military rotation sites have the following "Federal and State observed" holidays excused from clinical care: New Year's, Martin Luther King, President's, Memorial, Independence, Labor, Columbus, Veterans, Thanksgiving and Christmas Days.
APPENDIX

A. PROTECTED HEALTH INFORMATION AND DATA SECURITY

Every extern, preceptor, and staff person must take prudent steps to protect a patient’s Protected Health Information (PHI), and Electronic Protected Health Information (e-PHI). Every clinic is governed by federal and state law, through the HIPAA Privacy and Security rules, to preserve a patient’s identity and related health information. All clinics must also assure the protection of e-PHI when sharing data through secure Health Information Exchanges (HIE) by monitoring the software at each clinic, as well as the secure and encrypted communication with the HIE. It is the responsibility of each independent extern clinical rotation site to comply with these regulations. Ferris State University and the Michigan College of Optometry will not be responsible for each independent extern site’s ability to comply with all Federal and State regulations.

According to Federal guidelines, the definition and compliance with the rule is stated (from: http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html):

**Protected Health Information.** The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI).”

“Individually identifiable health information” is information, including demographic data, that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

**De-Identified Health Information.** There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either:

1. a formal determination by a qualified statistician; or
2. the removal of specified identifiers of the individual and of the individual’s relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

**Permitted Uses and Disclosures.** A covered entity is permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following
purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations. Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities. A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship. See additional guidance on Treatment, Payment, & Health Care Operations.

_Treatment_ is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

_Payment_ encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

_Health care operations_ are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and
disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

**Facility Directories.** It is a common practice in many health care facilities, such as hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on an individual’s informal permission to list in its facility directory the individual’s name, general condition, religious affiliation, and location in the provider’s facility. The provider may then disclose the individual’s condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to clergy. Members of the clergy are not required to ask for the individual by name when inquiring about patient religious affiliation.

**For Notification and Other Purposes.** A covered entity also may rely on an individual’s informal permission to disclose to the individual’s family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person’s involvement in the individual’s care or payment for care. This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual’s informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual’s care of the individual’s location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

(4) **Incidental Use and Disclosure.** The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy Rule. See additional guidance on **Incidental Uses and Disclosures.**

**Research.** “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge. The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought. A covered entity also may use or disclose, without an individuals’ authorization, a limited data set of
protected health information for research purposes (see discussion below). See additional guidance on [Research](#) and [NIH's publication of "Protecting Personal Health Information in Research: Understanding the HIPAA Privacy Rule."]

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for 12 national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

**Required by Law.** Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).

**Public Health Activities.** Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law. See additional guidance on [Public Health Activities](#) and [CDC's web pages on Public Health and HIPAA Guidance](#).

**Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

**Health Oversight Activities.** Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

**Judicial and Administrative Proceedings.** Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

**Law Enforcement Purposes.** Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official’s request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person’s death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider...
in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime. Decedents. Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law. Cadaveric Organ, Eye, or Tissue Donation. Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

(6) Limited Data Set. A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed. A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

To this end, MCO and the UEC will adopt at least the following practices in compliance with the rules:

- No spoken conversations about or to a patient within hearing distance of anyone not involved in that patient’s care or billing. Discretion will be used at the front desk check-in and check-out counter. All discussions about identifiable patient health care shall only occur in the examination room or the attending room. All billing information shall only be discussed at the front desk or billing area.
- All clinicians must Log-Off their Eyecare software when leaving any room.
- All patient correspondence, such as referral letters and similar reports, must be done in the confines of MCO. No data will be copied and taken from the building for letter writing purposes.
- PHI that will be used for class reports or research, must be removed from the dataset, as defined by “Limited Data Set” above. This can include printing the exam elements, then removing the PHI.
- When generating reports from any software for class reports or research, all PHI and e-PHI must be removed.
- The use of portable memory devices is prohibited, unless specifically approved by the preceptor or the Assistant Dean. This reduces the chance of e-PHI loss and also protects our system from malicious software.
- All users of the EHR are assigned unique passwords only known to the user. This password is not to be shared with anyone. Only a designated system administrator has rights to reset any given password.

These are only a few on the many provisions that are required under HIPAA Privacy and Security Rules. A full accounting of all the provisions, known as 45 C.F.R. Part 160, Part 162, and Part 164 can be found at:


A full accounting of MCO’s HIPAA compliance materials can be found in the MCO HIPAA Privacy and MCO Security Policy Manuals.
B. Meditrek User’s Guide for Extern Supervisors

Introduction

This guide serves as a general reference to new users. The best way to gain familiarity with our system is by using it. HSoft Meditrek for Residencies is a complete web-based medical residency/fellowship program management system. As an Attending, you will be using it to evaluate residents, and to sign off on procedures. Meditrek can be used via any modern web browser, although we recommend Microsoft Internet Explorer 9.0 or higher.

Before using Meditrek for the first time, please read the Terms of Use.

Logging In

To log in to Meditrek, you will need your Meditrek username and password. Go to the Meditrek home page: https://www.meditrek.com . (For easier future access, you are encouraged to bookmark this site.) You will see a login link on the top right side; click the one labeled “User Login”.

Enter your username and password in the window that comes up, then click OK (or press Enter). Note that your password is case-sensitive. If you cannot remember your username or password, please contact the Assistant Dean for Clinical Education’s office for an email from Meditrek.

Logging Out

To log out of Meditrek, simply close all the browser windows or tabs that were opened by the program, including the Meditrek home page.
Welcome Page

Welcome back, Dr. DURKEE!

To display pending evaluations, please select the Academic Year, then click Display Pending Evaluations. Each record shown in the table below represents a rotation with pending evaluations. Please click the View or Start label of your choice.

Click here to
- View Your Master Schedule
- Access Non-scheduled form
- Your Summary of Evaluations by Students

Due Evaluation Table

This table lists your pending evaluations. If you have no evaluations pending, the table will be empty.
If you wish to see your pending evaluations for a different academic year, select the year in the dropdown list above the table, and press the button labeled "Display Pending Evaluations".

Pending Procedures

This section lists the procedures which you supervised and need to sign. (See Procedures below.)

Links

This list will vary by institution. The two most common links are:

- **View Your Master Schedule** – A list of all of your scheduled evaluations, completed or not, for the current academic year.
- **Access Non-Scheduled Forms** – forms that are not used according to a schedule will be listed here. Your residency office should be able to tell you whether you need to use these forms, and if so, when.

**Evaluations**

To open an evaluation, click the 'due' link. Fill out the form, making sure to answer every question. Comments may be required or optional; read the text above the comment field(s) for guidance. If the form asks for a password, enter your Meditrek password. You can use the Spell Check button to check your spelling in comment fields and text fields, if applicable.

If you need to stop working on an evaluation before it is finished, you may save it as a draft by pressing the 'Save Draft' button at the bottom. All of your answers except for your password will be saved. You can then continue working on the evaluation by clicking the 'draft' link on your Welcome page.

When you're finished with an evaluation, click the 'Save Final' button at the bottom. **Important:** only press one button, and only press it once. (If you accidentally pressed 'Save Draft' when you meant to finalize the evaluation, simply wait for your Welcome page to come back, click the 'Draft' link, enter your password, and press 'Save Final'. If you accidentally pressed 'Save Final' when you meant to save a draft, please notify your residency office and/or Meditrek support.)

If there were any problems with the form (a question not answered, required comments not entered, or incorrect password), then the evaluation will be displayed again with the errors marked (*). Otherwise, you will see an Evaluation Confirmation page.
In a few seconds, your Welcome page will appear again. (If you don't want to wait, you can click the link.) You will notice that the evaluation you just finalized will either be gone from your list, or it will be marked "done" (i.e. if there's another evaluation that's still due in that row).

**Procedures**

Meditrek allows residents to track their progress towards becoming credentialed in procedures. As a supervisor, you can sign off on a completed procedure three ways: individually, by clicking the procedure name on your Welcome page; in bulk, by clicking the "all at once" link on your Welcome page; or "at the scene," i.e. when the resident first enters the procedure into Meditrek.

**Individual Procedure Sign-off**

To process procedure records one at a time, click the name of the procedure on your Welcome page. Complete the form, enter your password, and press the Submit button at the bottom of the page. *Important:* only press the Submit button once. You will see a confirmation page, which should shortly redirect you to your Welcome page. (If it does not, simply close that page and refresh your Welcome page to update the list.) If you do not recall supervising the procedure in question, do not fill out the form. Instead, mark the checkbox on the top half of the page ("I did not supervise this procedure") and click the Submit button next to it. Close the confirmation page, then refresh your Welcome page to update the list.

**Bulk Procedure Sign-off**

To process all of your pending procedure records on one screen, click the "Process all Procedures at once" link. The bulk form contains one row for each pending procedure. Follow the instructions on the form to process the records. If you did not supervise a procedure, mark the "did not supervise" checkbox on the right of the row. When you are finished, enter your password and press the Submit button. *Important:* only press the Submit button once.

After submitting the procedure records, you will see a confirmation message, which will shortly redirect you to your Welcome page.
**Signing via Resident's Procedure Entry Form**

If you are present when the resident enters the procedure, you can sign off on it immediately. Simply complete the section marked "Supervisor only" and enter your password.

**B. Meditrek Template for Evaluation of Extern Performance**

Faculty can log onto Meditrek ([http://www.meditrek.com](http://www.meditrek.com)) and provide the assigned User Name and Password to complete all your evaluations. Faculty may also review their evaluations as given by students.

Ferris State University  
Michigan College of Optometry

**Instructor Evaluation of 3rd and 4th Year Student**

*Student: ... name place holder... Class: Evaluator: ... name place holder...  
**Academic Year: 2012/2013 Period: 0 From: To: Rotation: ...place holder**

<table>
<thead>
<tr>
<th>Response Scale</th>
<th>Point Value</th>
<th>Total Possible Points= 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Below Expected</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Expected</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Above Expected</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Exceptional</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

1. Technical Skills: obtain data, perform tests, use instrumentation, record results
<table>
<thead>
<tr>
<th>2. Knowledge Base: values and ranges of ocular function; normal and abnormal clinical characteristics</th>
<th>(\text{NA})</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Includes proper technique, accuracy, advanced / less common procedures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Analytical Skills: correlate data, integrate knowledge, pursue examination strategies</th>
<th>(\text{NA})</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Includes basic science and clinical concepts, can recall basic knowledge without prompting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Diagnostic Skills: process of differential and final diagnostic decision-making</th>
<th>(\text{NA})</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Includes tailoring exam to chief complaint, effectiveness to simple and complex problems, pursues problem specific testing independently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Management and Treatment: formulate, implement, prescribe, educate, prognosticate</th>
<th>(\text{NA})</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Includes appropriate follow up and treatment, counsels effectively.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Communication Skills: asking questions, conveying and obtaining information, establishing relationships, verbal and non-verbal skills</th>
<th>(\text{NA})</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Includes communication with patients, preceptors,</td>
</tr>
</tbody>
</table>
Demonstration of respect, empathy, and knowledge in communication, both written and verbal.

### 7. Efficiency: sequencing, flow, speed of procedures and exam

<table>
<thead>
<tr>
<th>NA</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
</table>

Includes good use of time, completing records and correspondence for all complexities.

### 8. Attitude: actions, behaviors, attitudes toward educational aspects of teaching and learning

<table>
<thead>
<tr>
<th>NA</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
</table>

Includes constructive criticism, applies suggestions, initiates questions, seeks additional assignments.

### 9. Professionalism: actions, behaviors, attitudes toward the provision of patient care

<table>
<thead>
<tr>
<th>NA</th>
<th>Failure</th>
<th>Below Exp.</th>
<th>Expected</th>
<th>Above Exp.</th>
<th>Exceptional</th>
</tr>
</thead>
</table>

Includes punctuality, appropriate dress, respectfulness, and preparedness.

### 10. Educator's Comments on Student:
C. Meditrek Patient Log Protocol- Instructions for Externs

Meditrek is a web-based system to collect, store, summarize and report all of your patient logs and evaluations. It is supplied by HSoft Corporation, a leading service provider for Academic Medicine. To Access your individualized Meditrek Welcome page, please follow the steps below:

Direct your browser to https://www.meditrek.com HSoft recommends Microsoft IE, version 9.0 or higher, but other browsers such as Firefox, Chrome, and Safari should work.

- Open and read the TERMS OF USE, since use of the site means that you accept these terms.
- Click on the USER LOGIN label, and then enter your login credentials.

Please note that the password is case sensitive. Also please memorize your password, and/or write it down and keep it in a safe place.

Click OK.

Your welcome page will be displayed. Click on the Internet Portal (upper right), which gives you access to the User’s Guide for Meditrek. Please open it and read it.

Return to your Welcome page, read the instructions, and then you may start processing your pending evaluations.

To access your Patient Log form, please click the Access Non-Scheduled Forms label at the bottom of your welcome page.

On the next screen click the form label to open your WEEKLY PATIENT LOG. Next to this label on the same list, there is a RECORDS icon, through which you may view records entered in the past.

To enter patient logs, first fill out the top section and click the SUBMIT QUERY button. Make sure you choose the correct clinic site! Next enter your data properly in the table,
and click SUBMIT DATA to store your record. The last column of the table will show you the totals for each category.

Remember at the end of the quarter to submit evaluations for site and supervisor in Meditrek.

**Patient Logs**

In order to facilitate collection of clinical experience data, each intern is REQUIRED to keep a log of patients seen in the clinic. The Michigan College of Optometry uses the Meditrek logbook to record the date, the site, supervisor’s name, patient’s gender, patient’s age, type of examination, time with patient, diagnoses, and procedures. Even though gender, ethnicity and time with patient are not required fields, the students are expected to fill these areas in when the information is available. The extern may wish to keep a personal record or copy of their summary statistics logs for future reference.

Students are required to keep the information up to date throughout the semester. The information must be up to date by the Monday of the last week of clinic, and completed for each semester by 5:00 p.m. on the last day of clinic.

**Failure to comply with the requirement listed above will result in appropriate disciplinary action.** Students will be required to make up any missed time in the clinic. A grade of “In-Progress” will be assigned to any intern who fails to comply with this requirement.

**Students who are given an “In-Progress” grade will:**
- enter into patient care activities once the requirement is met, and
- will be required during the summer semester/rotation to repeat two weeks of clinic at the Michigan College of Optometry University Eye Center for each incidence of being late.

Any student who fails to complete the patient logs within two weeks of the beginning of the next semester/rotation will receive “No Credit” for the previous semester/rotation. The Assistant Dean for Clinical Education will forward a recommendation to the Academic Review Committee of the college that the student repeat the clinical course during the summer semester/rotation. The Academic Review Committee will give due consideration to the recommendation of the Assistant Dean for Clinical Education, meet with the student and submit a recommendation to the Dean. The decision of the Dean will be final, subject only to direct appeal by the student to the Dean.
D. Use of Student Work for Medicare Billing

Medicare has specific requirements for billing purposes that are different for a physician, resident, and a student. Under Medicare guidelines, all optometry student externs are classified as “Students” for billing purposes. According to the guidelines cited and referenced below, a “Student” cannot perform any billable elements by themselves or perform any decision making in the care of the Medicare patient. For billing Medicare services, the “Student” can contribute to the Review of Systems (ROS) and Past / Family / Social History (PFSH) only. The physician must “perform and re-document” any billable element for Medicare patients other than the ROS and PFSH. This would include the HPI, exam elements, and clinical decision making.

Each clinical rotation site must determine its own policies and procedures to comply with Federal guidelines. The Michigan College of Optometry and Ferris State University assume no liability for an extern site’s use of “Students” in their workflow and billing practices in the event of a Medicare audit or any other legal or government initiated action concerning the use of “Students” for Medicare purposes.

The following is an excerpt of the uses and definitions of a “Student” from the CMS document, page 3, found at:


“Evaluation and Management Documentation Provided by Students”

Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements (other than the review of systems [ROS] and/or past, family, and/ or social history [PFSH], which are taken as part of an E/M service and are not separately billable). You, the student, may document services in the medical record; however, the teaching physician may only refer to your documentation of an E/M service that is related to the ROS and/or PFSH. The teaching physician may not refer to your documentation of physical examination findings or medical decision making in his or her personal note. If you document E/M services, the teaching physician must verify and redocument the history of present illness and perform and redocument the physical examination and medical decision making activities of the service.
E. Student Selection Process of 4TH Year Rotations

Rules for External Clinic Site Selection

The third year class assumes responsibility for completing the selection process in accordance with the minimum criteria as follows:

- All externs must fulfill all clinical experiences at least once during the year, i.e. PC/Health/CL/PEDS/LV
- All externs must select only one VA site or an Indian Health Service site.
- Site Selections will be considered FINAL at the end of the selection process, and declared as FINAL by an official notice by the Director of Externships. If a student later decides to voluntarily withdraw from a selected site at any time, then the extern will be subjected to the same academic policies for any non-completed courses. The extern will then appear before the Academic Review Committee to determine the proper course for remediation, which may include receiving a grade of No Credit or Incomplete for that rotation in addition to other requirements.

- **Alternate Sites** are approved for inclusion solely at the discretion of the Director of Externships upon consultation with the Clinical Advisory Committee on an “as-needed” and / or qualifying basis each year. Prospective alternate site externs may submit an application, which includes the application form, cover letter, and all supporting documents required by the application form. Alternate Site applications will not be accepted after October 1st.

List of intern assignments for all rotations will be completed and turned into the Director of Externships by the Class Representative(s) upon completion of the selection process.

Information about the sites, rules, and other forms is available at [http://www.ferris.edu/mco/extern](http://www.ferris.edu/mco/extern). Here you will find information about each site, variety of encounters, volume, location, housing, etc.

**PLEASE HAVE SEVERAL SITE CHOICES IN MIND WHERE YOU WOULD BE HAPPY TO SPEND A ROTATION AT, IN ADDITION TO YOUR TOP 3 CHOICES, SO THAT CONFLICTS CAN BE SETTLED MORE EASILY (BY COMPROMISE RATHER THAN ROLL-OFF).**

1. General Rules:
   
   A. **First Method:**
      
      a. A virtual shared document with all available rotation sites and required number of externs for each site will be available to all students by mid-October.
b. The link to the virtual shared document will be supplied by the Director of Externships or the Class Representative(s) to all 3rd year students.

c. Students will place a marker in their desired locations, also indicating the order of their choice (1st, 2nd, or 3rd).

d. Students will be mindful of the required experiences as they select their sites, making sure that all experiences are fulfilled by their selections, as well as one VA/IHS requirement.

e. The VA/IHS requirement should be fulfilled by the student’s 2nd choice.

f. In the beginning, it is permissible to place more markers in a site’s place than the site will eventually allow. This allows students to see potential conflicts.

g. As more places become filled, any conflicts are highly encouraged to be resolved by mutual agreement among the affected students.

h. If students cannot mutually agree to resolve any conflicts among themselves, the order of site choice (1st, 2nd, or 3rd) will take precedence, and the lower choice should be moved voluntarily (ie, a 2nd choice will bump a 3rd choice).

i. If there are still remaining conflicts and the conflicts cannot be resolved through mutual agreement, then the Director of Externships shall work with the affected students to resolve the conflict. The method of resolution may involve negotiation at first, or eventually die roll-offs if needed.

j. Die roll-offs are considered the last method of choice and the results are binding and final.

k. After all students have placed their markers with all the requirements met for each student, and if there are no further conflicts needing resolution, the selection process is declared solved. The Director of Externships will verify with the class representatives the accuracy of the proposed solution, and declare the solution official.

l. This entire process will be complete by the second week of November.

B. Second Method

The following method will be used ONLY if the First Method does not result in a solution. The Director of Externships reserves the right to use the Second Method in whole or in part if there is no final solution using the First Method within the required timeframe.

**Time:**

1) Monday, second week of November - 1:00 pm. The physical pin Board will open, all tags must be placed, and you may move your tags around until Tuesday at 5:30 pm.

2) Tuesday, second week of November, - 5:30pm: The board freezes.

3) Tuesday, second week of November, - 6:00pm: First Round is conducted. Students meet to settle conflicts by compromise or (as a last resort) by roll-off.

4) Wednesday, second week of November - 1:00 pm- Board will open for second and third choices.
5) Wednesday, second week of November – 6:00 pm - Second and third rounds will be conducted. The selection process should be finished Wednesday evening; however, should additional time be necessary, we will meet Thursday, second week of November.

- Each student will be given three tags (a first choice, a second choice, and a third choice). Anyone who gets an alternate site approved must use their 1st choice tag for that site. Alternate site tags cannot be bumped.

- Everyone must meet the minimum requirements as listed on the web site. Everyone will attend a VA site. You must select a VA site in either the first or second round.

- There will be no deviation from the rules during the process. Students are encouraged to develop a plan for selection in case their first, second, and third choices are taken. If you come unprepared, it is not the other student’s fault. All students are responsible for their own actions and the lack thereof.

- The selection process will occur in three rounds.

- Roll-offs:

  1) Dice will be used for roll-offs, with the highest number on the dice winning.
  2) When roll-offs are required, both individuals will roll the dice at the same time.
  3) In the event that more than one site is in conflict, one member from each site will roll the dice. Highest number goes first followed by the next highest, etc. If a tie occurs, then the dice will be rolled again.

2. Round 1:

- All 1st choice tags will be decided first. All 2nd and 3rd choice tags will be removed from the board while 1st choice tags are being decided.

- People with alternate sites must use their 1st choice tag. Only the people who have been approved for the alternate site can place their 1st choice tag on an alternate site.

- The class representatives will determine if there are any conflicts. In the event of a 1st choice conflict that cannot be settled by compromise, a roll-off with dice will occur, with the highest number on the dice winning. The loser(s) in a roll-off must move to an open spot and may not bump another 1st tag. If you must move, you may not move to a site that will cause another roll-off with a different 1st tag. Each person is allowed only one roll-off per round.

- During each round, if you chose to compromise and move your tag from a site that is in conflict, rather than participate in a roll-off, you must move to an open site. By moving, you may not cause another conflict at a new site.
Remember that lots of spots will be open at this time because all 2nd and 3rd choice tags have been removed and these choices are not yet final. So, everyone should be able to get a 1st choice that they are happy with.

2nd and 3rd choice spots are not guaranteed until the second or third round respectively.

Once your 1st tag is on the site selection board, you must place pins associated with your selection on the Mode of Practice/Specialty Board
(1) All interns must fulfill (specialty clinics), i.e. PC/Health/CL/ PEDS/LV
(2) All interns must select one VA site
(3) Interns may not repeat the same type of site (OD private practice, OD/MD private practice, Clinical Center sites, Military sites, VA sites)

3. Round 2:

Once all 1st choices have been finalized, the board will be frozen until Wednesday, second week of November, -12:00pm (noon). At noon, students can place their 2nd choice tags on the board. The board will be open until Wednesday, second week of November, at 5:30pm. At that time, the board will be frozen. Students are encouraged to develop a plan for selection in case their second and third choices are taken.

Remember when placing your 2nd choice tags that you need to select sites that fulfill your specialty clinic requirements.

Please remember when replacing 2nd choice tags that we are trying to completely finalize rotation sites Wednesday evening so we don’t have to come in on Thursday evening. Have your optional sites already in mind in case you have to move from the site you originally chose because it has been taken by someone else.

When replacing 2nd choice tags, if you have to choose another site because the one you had chosen originally has been taken, you are allowed to move to an open spot or to move to a spot that will cause a conflict with another 2nd choice tag. Remember that causing a conflict will result in a roll-off and that the loser(s) of any roll-off must move to an open spot. Please try to compromise!!

Once all 2nd choice tags have been placed, the class representatives will again determine if any conflicts are present and 2nd choices will be determined in the same manner as the 1st choices.

Remember that if a compromise cannot be reached and you lose a roll-off, you must move to an open site. If you lose a roll-off, you cannot move to a site that will cause another roll-off with a different 2nd choice tag and remember, you still cannot create a conflict with a 1st choice tag.
4. Round 3:

- Once all the 2nd choices have been determined, you will be given a half hour to place 3rd choice tags onto the board. When placing 3rd choice tags onto the board, please choose an open spot. You may also choose a site where another 3rd choice tag has been placed, but again remember that doing so will cause a conflict, if a compromise cannot be reached, and a roll-off must occur. Loser(s) of a roll-off must move to an open spot.

  1) If the class decides to leave all the tags/pins on the board and not remove them between rounds, then the following special rules apply:

  2) In round 2, if a 2nd choice bumps a 3rd choice, then in round 3, the bumped third choice has an option to move to an open spot or cause a conflict with another 3rd choice.

  3) If a conflict is created, a roll-off must occur and the loser(s) of the roll-off must move to an open spot.

- Once all 3rd choice tags have been placed on the board, the class representatives will determine if there are any conflicts that need to be resolved. 3rd choices will be determined in the same manner as 1st and 2nd choices.

- In the case of a conflict in the 3rd round where the remaining open spots are in the same rotation and the spot will not fulfill an intern's specific requirements, that intern will get the site in question over someone else who wants that same spot but has all their requirements met with their 1st and 2nd choices. The person with the fulfilled requirements must move their tag to an open spot (unless 4D applies).

- Losers of third round roll-offs must move to open spot unless the open spot will not fulfill their specialty requirements. In this situation, the person can bump another 3rd choice spot, but must find a spot that will fulfill their requirements and the person currently on that spot must be able to move to the open slot without causing a problem with their specialty requirements.

  If the person can bump multiple spots, then two options can occur:

  **Option 1** - the person decides which spot they want to bump and the bumped person takes the open spot or

  **Option 2** - a roll-off will occur between those multiple spots. The loser of the roll-off will take the open spot.

- In the case of a conflict in the 3rd round where the intern must fulfill a specific requirement, but the only open spot which would fulfill this requirement is in a different rotation (i.e. need a Peds in the fall, but the only one available is in the
spring), then the intern must move their tag in that rotation to the open slot which fulfills their requirements. This means moving your first or second tag to the spot which fulfills their requirements. Their third tag is placed amongst the others without causing a conflict.

**Dates for Selection Process**

*The dates are approximate and subject to change.

October 1\textsuperscript{st} – Submission of Alternate Sites due if needed.
Second week of October – Virtual shared document is opened.
Second week of November- Students finish selection of rotation sites
Third week of November - Final notification to students of site assignments
Fourth Week of November - Sites notified of student selections

\textbf{4\textsuperscript{th} Year Externship Orientation}

An orientation for 4\textsuperscript{th} year externships will be held at the end of the 3\textsuperscript{rd} year, prior to 4\textsuperscript{th} year rotations. The Director of Externships will review the policy, procedures, and requirements for the fourth year clinical programs.
### F. OFF-CAMPUS ABSENCE REQUEST FORM

The procedure for requesting a personal day is to complete the “Off-Campus Absence Request Form”, have the site Director approve it (sign the form), and have the Clinic Staff appointment schedule cleared or put on hold. The form should then be submitted to the MCO Director of Externships Office for final approval. Copies will be sent to the Site Director and Intern. At least one-month advance notice is requested for pre-planned absences to prevent scheduling problems. Ideally, it is best to review any requested excused absences with your site preceptor at the beginning of the rotation. Approval may be given on shorter notice if clinic schedules allow.

1. Enter day, date, times, and clinic site you are requesting off (see below).
2. Have office staff put your schedule on hold and initial form.
3. Obtain Site Director’s approval and signature where indicated.
4. Submit ENTIRE FORM to: Director of Externships, Michigan College of Optometry, Attn: Elizabeth Spedoske, 1124 South State Street, 137C MCO, Big Rapids, MI 49307 (spedoske@ferris.edu)
5. Or Fax # 231-591-3551

Intern Name: ___________________________ Date: ____________________

Off-Campus Location: ___________________________

Please provide date and time of absence, name of clinical site absent from and signatures as indicated below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (ie.8-5 pm)</th>
<th>Name of Clinic Site Excused From (if more than one site)</th>
<th>Clinic Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
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<tr>
<td>FRIDAY</td>
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</table>

Reason for Request: __________________________________________

Make Up Date(s): __________________________________________

Site Director Signature: ______________________ Date: ____________

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**DIRECTOR OF EXTERNSHIP OFFICE USE**

<table>
<thead>
<tr>
<th>Leave Days Available:</th>
<th>_____ Approved</th>
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</thead>
<tbody>
<tr>
<td>Number of Days Requested:</td>
<td>_____</td>
</tr>
<tr>
<td>Leave Days Remaining:</td>
<td>_____ Disapproved</td>
</tr>
</tbody>
</table>

Comments: __________________________________________

Director of Externship Office Signature: ______________________ Date: ____________

Original – Director of Externship Office (campus)
Copy to External Site Director
Copy to Intern