MEMORANDUM

DATE: January 15, 2021

SUBJECT: Addition of Examples of Evidence of 2.1 and 2.4 of 2017 Optometric Residency Standards

TO: Deans and Presidents of Schools and Colleges of Optometry; Directors of Optometric Residencies; Supervisors of Optometric Residencies; Directors of Optometric Technician Programs, ACOE Consultants, AOA O, T, ED, AED, GC; Executive Committees and Directors of ARBO, AAO, NBEO, and AOSA; AOSA Trustees; ASCO Executive Director; President and EDs of State Optometric Associations; State Board Secretaries; Director of the VA Optometry Service; Military and Public Health Optometric Service Chiefs; ASPA Members, Board and Executive Director; CHEA Board and Executive Director; Regional Accreditors; USDE staff; Chronicle of Higher Education; any interested party

FROM: Stephanie S. Messner, O.D., ACOE Chair

DIST: ACOE, Ms. Puljak, Ms. Wirth, Ms. Mohr, Ms. Wynn, Ms. Mittler

The purpose of this memorandum is to invite interested parties to submit comments regarding proposed additions to Examples of Evidence associated with Optometric Residency Standards 2.1 and 2.4.

At its October 23-25, 2020 Fall Meeting, the Accreditation Council on Optometric Education (ACOE) reviewed a request submitted by the Association of Schools and Colleges of Optometry (ASCO) for residency programs to inform residents of the specific competencies that the resident is expected to learn and demonstrate prior to completion of the residency program. ACOE Residency Standards 2.1 and 2.4 address the expectation of residents’ attainment of advanced competencies upon completion of the program. The ACOE proposes to add to the examples of evidence for these standards a “list of advanced competencies” which the programs may use to demonstrate compliance with the standards. The ACOE distributes the following proposal in a call for comments to the communities of interest:

Addition of Proposed Examples of Evidence of Standards 2.1 and 2.4 of the 2017 Optometric Residency Standards (Proposed wording to be added to the examples of evidence is underlined)

2.1 The residency must have a written curriculum that includes structured clinical experiences, didactic components and scholarly activities, designed to achieve the mission, goals, and objectives including training in advanced competencies.

Examples of evidence:
- Written curriculum description
- Typical weekly schedule of the resident
- Description of clinical, didactic and scholarly activities
- List of advanced competencies

2.4 The curriculum must specify the knowledge, skills and behaviors required for the resident to attain the advanced competencies indicated in the program’s mission, goals and objectives. At a

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minimum, the resident must attain the core competencies specified in standards 2.4.1 through 2.4.6 below.

INTENT: The intent of Standard 2.4 is to ensure the residency provides clinical, didactic and scholarly activities that will develop advanced clinical competence, effective communication skills, and lifelong learning skills.

Examples of evidence:
- Written curriculum made available to the resident
- List of advanced competencies

The proposed addition of “List of advanced competencies” to the examples of evidence would provide programs with additional guidance on documentation they may wish to provide to demonstrate compliance with the standards in the program’s self-study. Examples of evidence are meant to be examples of possible relevant documentation rather than an exhaustive list. A program may choose to provide some, all, or none of these examples as long as it provides evidence to demonstrate compliance.

The ACOE will consider comments received at its Winter Meeting on February 26-28, 2021. Please submit any comments on the addition of “List of advanced competencies” as an example of evidence for residency standards 2.1 and 2.4 by February 15, 2021 to accredit@aoa.org.

The standards and other useful information may be found on the ACOE web site at www.theacoe.org.