

ACCREDITATION  
MANUAL:

Optometric  
Residency  
Programs

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# CHAPTER I | Introduction to the Accreditation Council on Optometric Education and its Role in Residency Accreditation

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## THE PURPOSE OF ACCREDITATION

Accreditation is a system for recognizing that educational institutions and programs affiliated with those institutions have attained a level of educational effectiveness, integrity, and quality which entitles them to the confidence of the educational community and public they serve. In many countries, the establishment and maintenance of educational standards is the responsibility of a central government bureau. However, the American system of voluntary non-governmental evaluation, called accreditation, has evolved to promote both regional and national approaches to the determination of educational quality.

Although accreditation is basically a private, voluntary process, accrediting decisions are used as consideration in many formal actions -- by governmental funding agencies, state licensing boards, scholarship commissions, foundations, and potential students. Accreditation at the postsecondary and professional level performs a number of important functions, including the encouragement of efforts to increase educational effectiveness. The accrediting process requires educational institutions and programs to conduct a self-study to determine if their mission and goals are being achieved; to consider the expert recommendations and suggestions of an impartial site visit team comprised of members with appropriate expertise which evaluates the entity based on its ability to meet established standards; and to plan and execute internal actions to address the recommendations of the accrediting body. Those programs meeting the criteria are publicly designated. Since accreditation status is reviewed on a periodic basis, accredited institutions and professional programs are required to continuously monitor their program and conduct an assessment of outcomes.

## ACCREDITATION IN OPTOMETRIC EDUCATION

The primary purpose of accreditation in optometry is to assure the continuing quality of those educational programs that are subject to the accrediting process. The primary method of accomplishing this purpose is to determine the degree to which specific programs comply with pertinent Accreditation Council on Optometric Education (ACOE) standards. It is the responsibility of site visit teams to make these determinations and of ACOE to determine accreditation status based on the findings and recommendations of its teams.

However, there are other elements of the accrediting process that are critical to the success of the accreditation mission. It is important that the process be open, honest, respectful, and constructive. The team chair is responsible for assuring that these elements are understood by the team and appreciated by those in the program being accredited. The team chair should

foster this atmosphere during the team orientation and in the way in which the site visit is conducted by:

1. **Creating a sense of mutual trust between the team and those in the program being evaluated.**

This implies that trust and respect should permeate the site visit process. The team should understand and appreciate that by virtue of requesting an accreditation visit, the program has voluntarily opened itself to scrutiny. The self-study is an intense process that indicates the program's desire to undergo self-evaluation.

The team must demonstrate that it is taking its role seriously by reading and understanding fully the program's self-study and knowing of past ACOE actions concerning the program. Moreover, the team should conduct itself in a way that demonstrates a desire to listen and understand.

2. **Making it clear that the team's function is to provide a valuable service to the program.**

The team must evaluate programs, make judgments, and reach conclusions in a manner that is fair and without prejudice. Criticisms should be constructive. The team should behave as a body of experts in accreditation that seeks to enhance the program on the basis of its stated mission and goals and ACOE's standards.

3. **Demonstrating a regard for the program's uniqueness and autonomy.**

The standards are at once specific and wide ranging regarding the elements that constitute a sound educational program. However, they should not be interpreted as a vehicle to squelch innovation. The team should be made aware that the standards provide a framework for excellence into which different means for educational planning and implementation can be utilized, and the program should be viewed in this light.

The team members should also appreciate that the accreditation visit is not for the purpose of prescribing a particular program structure or specific means for enhancement. The program must be respected in terms of its autonomy, and given credit for its ability to determine the means to respond effectively to the team's recommendations and suggestions.

## THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

### HISTORY AND COMPOSITION OF THE COUNCIL

The Accreditation Council on Optometric Education, formerly known as the Council on Optometric Education, was established in 1934 by the House of Delegates of the American Optometric Association. Currently, the Council is composed of eleven members, nine of whom are members of the American Optometric Association, and two public members. With respect to members of the Council who are members of the American Optometric Association:

- \* Three are optometrists of outstanding professional experience, who are not affiliated with any school or college of optometry and who are not members of any state board of optometric examiners;
- \* Two are members of the Association of Regulatory Boards in Optometry at the time of their initial appointment;
- \* Three are optometrists associated with optometric educational institutions accredited by the Accreditation Council on Optometric Education, with one of the three having expertise in optometric residency education;
- \* One is an optometric technician and/or a person involved in optometric technician education.

The two public members of the Council are individuals who are not educators in or members of the profession of optometry. A public member of the Council also is not:

- (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is either accredited or preaccredited by the Council or has applied for accreditation or preaccreditation;
- (2) A member of any trade association or membership organization related to, affiliated with, or associated with the Council; or
- (3) A spouse, parent, child or sibling of an individual identified in paragraph (1) or (2) of this definition.

The statement of mission, goals and objectives of the Council may be found in Appendix A.

## RECOGNITION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

The Accreditation Council on Optometric Education is recognized by the United States Department of Education (USDE) as the accrediting body for professional optometric degree, optometric residency, and associate degree optometric technician programs.

In connection with its statutory duty to determine institutional eligibility for federal aid funds, the United States Department of Education conducts a program of evaluation, review and recognition of accrediting bodies to ensure that their actions are valid and reliable indicators of the quality of the educational programs offered by the accredited institutions. Educational institutions that are accredited by USDE recognized accrediting agencies are eligible for federal funds, provided certain other requirements are met.

The ACOE has also been recognized by the Council on Higher Education Accreditation (CHEA), a private, nonprofit national organization that coordinates accreditation activity in the United States. CHEA recognition signifies that the ACOE and other recognized accrediting agencies have met CHEA's standards for recognition.

The activities and policies of the Accreditation Council on Optometric Education are regularly reviewed by the USDE and CHEA to ascertain whether the ACOE conducts a valid, responsive and reliable accreditation process. These external reviews help to ensure that the Accreditation Council on Optometric Education is conducting its accreditation activities in a reliable manner that is responsive to public concerns.

#### POLICY CONCERNING PROVISION OF INFORMATION TO THE SECRETARY OF THE U.S. DEPARTMENT OF EDUCATION

The Accreditation Council on Optometric Education will submit the following information to the Secretary of the U.S. Department of Education, either as a matter of course or on request:

1. Notice of final accrediting action taken by ACOE with the respect to the programs it accredits.
2. A copy of the ACOE annual report.
3. A copy, updated annually, of the directory of accredited programs.
4. A summary of the ACOE's major accrediting activities during the previous year (an annual data summary), if so requested by the Secretary to carry out the Secretary's responsibilities in specific federal legislation and regulation.
5. The name of any program it accredits that ACOE has reason to believe is failing to meet its Title IV Higher Education Act (HEA) program responsibility or is engaged in fraud or abuse, including the reason for the concern.
6. Any proposed change in the ACOE's policies, procedures or accreditation standards that might alter the ACOE's scope of recognition by the Secretary of Education or compliance with applicable federal legislation and regulations.
7. If the Secretary requests, the ACOE will provide information that may bear upon an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs. The Secretary may ask for this information to assist the Department in resolving problems with the institution's participation in the Title IV, HEA programs.

#### STATEMENT OF POLICY ON NON-DISCRIMINATION

The Accreditation Council on Optometric Education does not practice, condone or perpetuate discrimination on the basis of age, sex, religion, race, creed, national origin, or disability.

#### STATEMENT OF POLICY ON DISTANCE EDUCATION

As defined by the United States Department of Education, distance education is education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies include: (1) the internet;

- (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (3) audio conferencing; or
- (4) video cassettes, DVDs or CD-ROMs, if these are used in a course in conjunction with any of the technologies listed in 1-3 above.

The Accreditation Council on Optometric Education's accreditation standards have been stated in terms which allow flexibility and innovation. Regardless of the method(s) used to provide instruction, the Council expects that each accredited program will comply with the accreditation standards.

## STATEMENT OF POLICY ON CONFLICT OF INTEREST AND GUIDELINES

The Accreditation Council on Optometric Education believes that in order to carry out its responsibilities of accreditation, maintain credibility in the accreditation process, and confidence in its decisions, each member of the Council must be free to make decisions regarding accreditation without any actual or perceived pressure or alliance to any institution that the Council recognizes or to any political entity or organization within the optometric profession.

Evaluation policies and procedures of the Accreditation Council on Optometric Education shall provide a system to ensure fairness and impartiality in all aspects of the evaluation process. Procedures for selection of representatives of the Council who participate in site visits to programs shall reinforce this impartiality. Representatives of the Council should avoid even the appearance of impropriety or conflict of interest. Representatives of the Council include Council members, consultants, administrative staff, and other agency representatives.

No member of the Accreditation Council on Optometric Education should participate in any way in accrediting decisions in which the member has a pecuniary or personal interest or with respect to which, because of present institutional or program association, the member has divided loyalties or conflicts on the outcome of the decision.

If there is reason to believe that a person representing the Council might not objectively evaluate the program, the Council Director should be notified. If there is uncertainty as to a possible conflict of interest, the Director should be consulted immediately, and the Chair of the Council is empowered to make the final determination to resolve any questions regarding real or perceived conflicts. The following are examples indicating the probability of a conflict of interest, but are not all-inclusive:

- 1) the representative is known to be a graduate, a current or former resident, a consultant, candidate for or a current or former faculty member or administrator of the institution;
- 2) the representative has a family member employed by or affiliated with the institution;
- 3) the representative has served as a consultant or in some other official capacity at the institution.

No ACOE member shall act as a paid or unpaid external consultant on ACOE accreditation matters to any program accredited by or seeking accreditation from the ACOE. This prohibition of serving as a paid or unpaid external consultant will extend for a period of two years after completing service on ACOE.

## STATEMENT OF POLICY ON CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

The Council shall enter into the ACOE form of Business Associate Agreement (“BAA”) with each accredited program that is a HIPAA Covered Entity, permitting the Council to receive Protected Health Information (“PHI”) from the program in the course of evaluating the program for accreditation. The ACOE adopts the following rules and guidelines related to PHI:

1. It is the policy of the Council that PHI, which includes any information that could identify an individual as a patient of the facility seeking accreditation, may not be used by the Council for any purpose other than for evaluation of the program for accreditation.
2. **Applicants and accredited programs may not include any PHI in any correspondence or materials submitted to the ACOE, including but not limited to self-study materials.** PHI that is included in any materials submitted to the Council will be destroyed. Programs may be required to resubmit materials if the originally submitted materials are destroyed because they contain PHI. The program is responsible for any resulting missed deadlines.
3. Site visitors may be exposed to PHI during site visits to accredited programs, for example during a visit to a clinic where patients are receiving care. Site visitors may not take copies of any PHI with them from the site visit and must maintain the confidentiality of all PHI to which they are exposed during the site visit. PHI shall not be shared with any individuals other than Council members, site visitors and staff that have a need to know the information in order to fulfill their official duties in connection with evaluating the program for accreditation.
4. All Council members, site visitors, and staff are required to sign a form certifying adherence to the Council’s policies on confidentiality of PHI, which is included in the “Certification of Adherence to Conflict of Interest and Confidentiality Policies By Members or Consultants of the Accreditation Council on Optometric Education.”
5. All Council staff and volunteers must participate in ACOE HIPAA compliance training on an annual basis.

It is the policy of the Council that individual site visitors will not sign separate confidentiality forms on site during a site visit. Confidentiality obligations exist between the Council – of which site visitors act as an agent for the limited purpose of conducting the site visit – and the program. These obligations are covered by these policies and the terms of the BAA or other confidentiality agreement entered into between the Council and the program, if any.

## CHAPTER II | Standards of Accreditation

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This chapter includes a statement of standards for accreditation of optometric residency programs. These standards can be best understood with a prefatory definition of a residency.

### DEFINITIONS OF OPTOMETRIC RESIDENCY, SPONSOR AND AFFILIATE

An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision, and health care. Specific to the area of training, the residency expands and builds on the entry-level competencies attained through completion of the doctor of optometry degree program.

The wording throughout these standards will refer to "sponsor" and "affiliated school or college of optometry ("affiliate")." In the case of a program sponsored by a school or college of optometry, that school or college will fill the responsibilities of both the sponsor and affiliate.

The reader of these standards is also referred to the appended glossary of terms to further aid in the understanding of the terminology used in these standards.

The Accreditation Council on Optometric Education has adopted the following standards of accreditation by which all optometric residency programs seeking accreditation are measured. The programs will be evaluated during Accreditation Council on Optometric Education site visits to determine their compliance with these standards. The standards define expectations of the Accreditation Council on Optometric Education with regard to an accredited optometric residency program and provide a framework for a program's self-study process. Depending on the stage of development of the program being evaluated, some of the components of the following standards may be considered to have greater or lesser priority.

### FORMAT OF THE STANDARDS

The accreditation standards are divided into six major areas with sub-standards further defining each of these areas. Following each sub-standard are examples of evidence to provide programs with guidance on documentation they may wish to provide to demonstrate compliance with standards in the program's self-study. The self-study process will be discussed in more detail in Chapter 3 of this manual.

## OPTOMETRIC RESIDENCY STANDARDS EFFECTIVE JULY 1, 2017

Adopted by the ACOE at its Winter Meeting, February 19-21, 2016

*Use of these standards is mandatory for all programs being evaluated on or after July 1, 2017.*

### DEFINITION

*An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision, and health care. Specific to the area of training, the residency expands and builds on the competencies attained through completion of the doctor of optometry degree program.*

### **Standard I: Mission, Goals, Objectives, Outcomes, and Program Improvement**

1.1 The residency must have a published mission statement that describes the overall purpose(s) of the program.

***Examples of Evidence:***

- *Program's mission statement*
- *Catalog, web site or brochure*

1.1.1 The residency must be centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision, and health care.

INTENT: The resident should spend a significant percentage of time engaged in patient care activities that prepare the resident to practice independently with advanced competency.

1.2 Specific goals must define the accomplishments necessary to achieve the mission.

***Examples of evidence:***

- *Program goals*

1.3 One or more assessable objectives for each goal must specify how that goal is to be met.

***Examples of evidence:***

- *Program objective(s) for each goal*

1.4 The residency must annually review the fulfillment of its objectives to determine the degree to which it has attained its mission and goals.

INTENT: The objectives must be assessed using quantitative and/or qualitative measures.

***Examples of evidence:***

- *Description of review process*
- *Outcome measures used to assess fulfillment of objectives*
- *Copy of most recent annual review (except for programs seeking initial accreditation)*

1.5 The following evaluations must be completed in writing or electronically:

1.5.1 The resident must evaluate the residency at least semi-annually.

INTENT: The intent is to provide the program with periodic feedback regarding the resident's perception of program quality.

**Examples of evidence:**

- *Completed program evaluations*

1.5.2 The resident must evaluate the coordinator at least semi-annually.

**Examples of evidence:**

- *Completed evaluations of coordinator*

1.5.3 At least semi-annually, the resident must evaluate the core faculty members responsible for the resident's training.

INTENT: The resident must evaluate those faculty members considered to provide mentoring and oversight as related to accomplishment of the mission, goals, and objectives of the residency.

**Examples of evidence:**

- *Completed faculty evaluations*

1.5.4 The resident must receive at least two interim and one final performance evaluations.

**Examples of evidence:**

- *Completed resident evaluations*

1.6 The residency must modify its program if indicated by the annual review or its analysis of the evaluations.

**Examples of evidence:**

- *Analysis of program, faculty and resident evaluations*
- *Analysis of outcome measures*
- *Program improvement plans*

1.7 The residency must achieve at least a 70% completion rate within the last eight years, or the ACOE will initiate an appropriate review of the residency.

INTENT: While the Council recognizes that residents may occasionally leave the program for personal reasons, the intent of this standard is to ensure the appropriate quality of the program and selection of qualified residents.

**Examples of evidence:**

- *Analysis of completion rate*

1.8 Within the last eight years, 70% of those who have completed the residency must have worked in a clinical, education, research or administrative setting within two years of completion of the residency, or the ACOE will initiate an appropriate review of the residency.

INTENT: The program must demonstrate that it appropriately prepares the resident to successfully enter into a career utilizing the skills attained from the residency.

**Examples of evidence:**

- *Tabulation of career placement rates in related fields of residents within two years of completion*
- *Listing of known reasons for non-placement of any residents who did not work within two years of program completion (i.e., personal choice, unable to find work in desired area, health issues, etc.)*

**Standard II: Curriculum**

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*

2.1.1 The term of the residency must be equivalent to a minimum of 12 months of full-time training.

2.2 The resident's involvement in patient care must fulfill the residency's mission, goals and objectives and develop an advanced level of clinical competence.

2.2.1 The residency must maintain an accurate record of the resident's patient encounters that includes diagnoses, and whether each patient encounter was direct, precepting or observational.

**Examples of evidence:**

- *A record of the resident's patient encounters that includes diagnoses, and the level of the resident's involvement (direct, precepting, or observational)*

- *Summary or analysis of ICD and/or CPT codes*

2.3 The residency must follow a written supervision policy that affords the resident progressively increasing responsibility based upon demonstrated clinical competence.

INTENT: The intent of the supervision policy is to ensure appropriate educational oversight of the resident throughout the program's duration. The policy serves as a guide to the faculty to assess the resident's level of attainment of advanced clinical competencies, and as a guide to the residents regarding their current level of clinical responsibility.

***Examples of evidence:***

- VHA National Handbook Resident Supervision Policy
- Program Affiliate or Program Sponsor Supervision Policy
- Records of assessment of resident for determining levels of supervision

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 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*

2.4.1 The resident must be able to diagnose and manage complex, subtle or infrequently seen visual disorders and clinical presentations by using standard of care diagnostic and treatment modalities.

***Examples of evidence:***

- *Record of resident's patient encounters*
- *Summary or analysis of ICD and/or CPT codes to discern the complexity of patient care provided by the resident*
- *Patient records*

2.4.2 The resident must provide patient-centered care for those with complex conditions through culturally competent patient education, communication, and shared decision making with the patient.

***Examples of evidence:***

- *Evaluations of the resident*

- *Patient records*
- *Surveys completed by patients*

2.4.3 The resident must demonstrate an understanding of the role of interprofessional healthcare and must communicate and collaborate with other professionals to assure that appropriate resources are utilized for well coordinated patient care.

***Examples of evidence:***

- *Evaluations of resident*
- *Interdisciplinary rotations*
- *Consult and referral requests*
- *Consult and referral responses*
- *Record of multidisciplinary activities*
- *Record of interprofessional education activities*
- *Evaluation and treatment reports to other professionals*

2.4.4 The resident must be able to improve patient care through self-assessment and documented quality assurance activities.

***Examples of evidence:***

- *Quality assurance activities involving residents*
- *Evaluations of resident*
- *Feedback from review of resident's charts*
- *Chart reviews*

2.4.5 The resident must research and analyze current scientific information and integrate this knowledge into patient care through evidence-based clinical decision making.

***Examples of evidence:***

- *Journal club schedule*
- *Reading list*
- *Evaluations of resident*

2.4.6 The resident must promote and disseminate knowledge through scholarly activities, such as lectures, presentations, publications, posters, or research.

***Examples of evidence:***

- *Record of scholarly activities undertaken by individual resident(s)*

2.5 The curriculum must include didactic activities, such as attending lectures, case conferences, continuing education courses, and/or grand rounds.

***Examples of evidence:***

- *Record of didactic activities undertaken by individual resident(s)*

### Standard III: Administration

3.1 A school or college of optometry accredited by the Accreditation Council on Optometric Education must be the program sponsor or the affiliate (by written agreement) to provide educational direction to the residency.

**Examples of evidence:**

- *Written agreement between sponsor and affiliate (if applicable)*
- *Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes*

3.2 The administration of the affiliate and the sponsor must enable professional autonomy in the delivery of optometric services and resident education commensurate with the evolving scope of optometric practice and in accordance with the mission, goals, and objectives of the residency.

**Examples of evidence:**

- *Clinical privileging documents*
- *Clinical practice protocols of sponsor*
- *The affiliate's organizational chart as it relates to the resident (if applicable)*
- *The sponsor's organizational chart as it relates to the residency*

3.3 The school or college of optometry must have a director of residency programs who provides effective educational and administrative guidance to the program, who is qualified to provide this guidance, and who is allocated adequate time to perform this duty.

3.3.1 The director of residency programs must have at a minimum the following qualifications: O. D. degree from an accredited school or college of optometry or its foreign equivalent and experience in residency education.

INTENT: The intent of this standard is to ensure that the director of residency programs has thorough administrative and educational knowledge to provide guidance and oversight to the residency.

**Examples of evidence:**

- *Curriculum vitae of the director of residency programs*
- *Weekly schedule of the director of residency programs*
- *Records of communication between sponsor and affiliate such as emails, meeting agenda or minutes*

3.4 The residency must have a coordinator/supervisor who is responsible for program administration and whose dedicated time is adequate to perform this duty.

**Examples of evidence:**

- *Curriculum vitae of the program coordinator/supervisor*
- *Weekly schedule of the program coordinator/supervisor*

- 3.4.1 The coordinator/supervisor must be available to the resident for administrative issues.
- 3.4.2 The coordinator/supervisor must hold a faculty appointment at the affiliated school or college of optometry.

***Examples of evidence:***

- *Documentation of faculty appointment*

- 3.4.3 The coordinator/supervisor must hold a doctoral degree in a clinical discipline, and either have completed an accredited residency plus one year of clinical experience or have obtained a minimum of five years of clinical experience.

INTENT: The intent of this standard is to ensure that the coordinator/supervisor has clinical, scholarly and educational experience to administer appropriate residency education.

***Examples of evidence:***

- *Curriculum vitae for program coordinator/supervisor*

- 3.5 The sponsor must participate in a clinical quality assurance process involving the residency.

INTENT: The intent of this standard is to ensure appropriate quality of care provided by both the resident and residency faculty.

***Examples of evidence:***

- *Internal/external ongoing peer review*
- *Chart review*

- 3.6 The residency must establish and adhere to its requirements for program completion.

***Examples of evidence:***

- *Listing of program completion requirements*
- *Program completion statistics*
- *Annual review*

- 3.7 The residency must provide the resident's professional liability protection at all educational sites.

***Examples of evidence:***

- *Certificate of malpractice insurance*
- *Statement of coverage through the Federal Tort Claims Act*
- *MOU or other evidence specifying resident liability coverage for any external rotations*

## Standard IV: Faculty

4.1 The residency faculty must have the qualifications to educate and train the resident in accordance with the mission, goals, and objectives of the residency.

4.1.1 Each faculty member of the residency must hold a doctoral level degree in a clinical discipline or hold the appropriate terminal degree for the subject area taught.

***Examples of evidence:***

- *Curriculum vitae or abbreviated biographical sketch for each faculty member responsible for the resident's training*

4.2 The faculty must have the professional autonomy and the authority to provide clinical care to train the resident in accordance with the mission, goals, and objectives of the residency.

***Examples of evidence:***

- *Clinical privileges document*

4.3 The faculty must have sufficient time to educate and train the resident.

INTENT: Faculty must be available for consultation, supervision, and teaching during patient care activities as well as involved in the didactic and scholarly components of the program.

***Examples of evidence:***

- *Each faculty's weekly schedule as is applicable to the residency program*

## Standard V: Residents

5.1 The residency must publish its selection procedure including admission eligibility criteria which must be provided to applicants when requested.

5.1.1 Admissions eligibility criteria must include the requirement that prior to matriculation applicants must have attained the Doctor of Optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council on Optometric Education.

5.1.2 Non-discrimination policies must be followed in selecting residents.

5.1.3 The residency's publications, advertising and resident recruitment materials and activities must present an accurate representation of the residency.

INTENT: All programmatic materials should be in agreement with other publicly available documents, whether available electronically or in print.

**Examples of evidence:**

- *Selection procedure*
- *Admissions eligibility criteria*
- *Application*
- *Recruitment advertisements/brochures*

5.2 The residency must publish its policies regarding the following:

- 5.2.1 Duration of the training program,
- 5.2.2 Expected weekly hours of resident's attendance including on-call duties (if any),
- 5.2.3 Resident's compensation, which cannot be contingent upon productivity of the resident,
- 5.2.4 Resident's health, professional and leave benefits,
- 5.2.5 Resident's professional liability protection for both internal and external clinical settings,
- 5.2.6 Requirements for residency completion and awarding of certificate.

**Examples of evidence:**

- *Documents and/or policies addressing the above items provided to applicants*

5.3 The resident's orientation must include written information on:

INTENT: The intent of this standard is to ensure that the resident receives and has available for future reference the print or electronic orientation materials.

- 5.3.1 Clinical practice protocols consistent with ophthalmic professional standards,
- 5.3.2 Supervision policy,
- 5.3.3 Standard precautions for infection control,

INTENT: The intent of this standard is that the resident understands standard precautions to prevent the transmission of infection.

- 5.3.4 Facility safety policies,
- 5.3.5 Privacy and confidentiality policies,
- 5.3.6 Counseling, remediation, and dismissal of the resident,
- 5.3.7 Receiving, adjudicating, and resolving resident complaints or grievances,
- 5.3.8 Due process provided to the resident on adverse decisions,
- 5.3.9 The residency's academic calendar, including the program's start date, end date and significant deadlines for program requirements,
- 5.3.10 Criteria used to assess resident performance.

**Examples of evidence:**

- *Orientation plan*
- *Documents and/or policies addressing the above provided to resident*

5.4 The residency must maintain records of receiving, adjudicating and resolving resident complaints.

***Examples of evidence:***

- *Written policy and, if applicable, records of receiving, adjudicating and resolving resident complaints.*

**Standard VI: Resources and Facilities**

6.1 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals, and objectives of the residency to be fulfilled.

***Examples of evidence:***

- *Description of facilities, equipment, and ancillary staff*

6.2 The residency must provide the resident access to current educational and scientific information resources.

***Examples of evidence:***

- *Description of current educational and informational resources*

## REVISION OF OPTOMETRIC RESIDENCY STANDARDS

The Accreditation Council on Optometric Education is committed to conducting a valid and reliable accrediting process. Review and revision of the optometric residency program standards is a regular part of the Council's activities. Programs or individuals who wish to suggest changes of the standards are invited to submit their suggestions in writing. The procedure for revision of standards is as follows:

1. The Council will review the standards at least every five years.
2. As part of the standard review process, the Council will circulate contemplated changes to accredited programs, schools and colleges of optometry, state boards of optometry, the U.S. Department of Education, and other interested parties. The comment period will be a minimum of 30 days.
3. Following review of comments on the standards, the Council may elect to recirculate a revised draft for additional comments. The comment period will be a minimum of 30 days.
4. When the comment solicitation and review process is complete, the Council will take action to adopt the appropriate changes to the standards.

The Council may review, revise, delete or add individual standards at any time it deems appropriate in accordance with the following process. If, through its system of review, the Council determines that it needs to change any individual standard, or the standards as a whole, the ACOE shall initiate the revision process within 12 months of determining that a change is necessary. The ACOE will complete the revision process in a reasonable period of time. Before finalizing any changes to the standards, the ACOE will provide notice to its constituency and other interested parties and provide a response time of a minimum of 30 days to comment on the proposed changes. The ACOE will consider comments received from interested parties in the revision process.

## CHAPTER III | Self-Study Process

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The self-study is a key component in the ACOE accreditation process as it is in most accrediting processes for institutions of higher learning in the United States.

The primary purpose of the self-study is to involve the entire community of the residency program (sponsor and affiliate) in "looking at itself" for the purpose of self-improvement and long-term planning. It engages members of the community in a critical review of the residency's mission, goals and programs; in considering the impact of societal and economic changes affecting the residency; and in identifying the program's strengths and weaknesses in the achievement of intended outcomes.

Moreover, the self-study report orients the evaluation team to the program. The self-study describes the entity that is being evaluated as to its resources, the constituencies whom it serves and who serve it, its mission, goals, objectives and the degree to which they are being met, its physical plant, and other factors. The self-study should also directly address each of the ACOE accreditation standards and provide narrative describing how the program complies with the standards, as well as supporting documentation. Essentially, a well-done self-study enables the evaluation team member to obtain more than a superficial sense of the essence of the program.

### GUIDELINES FOR THE SELF-STUDY PROCESS

The following recommendations will help foster the constructive attitudes and participation essential for a productive self-study.

1. The program supervisor and the director of residencies at the school or college of optometry should work together to plan and guide the self-study to completion. It is essential to get an early start.
2. Program administrators, administrators from the program sponsor, faculty members, residents and administrators of the affiliated educational institution should be involved in conducting a self-study.
3. The quality of the self-study process will be improved by focusing on the inter-relationships of various activities of the program to its stated goals and objectives.
4. The self-study must include a critical appraisal of the program's weaknesses and problems, as well as its strength

5. The self-study should include a clear enunciation of plans for remedying the program's deficiencies and weaknesses.

## FOCUS ON OUTCOMES

As noted above, the essential purpose of the self-study is to assess the results -- the outcomes -- of the program's efforts in pursuit of its mission and goals. Whereas mission and goals statements indicate the desired outcomes, statements of objectives should serve as specific means to accomplish these outcomes as well as criteria by which to determine the degree to which the mission has been accomplished.

The following definitions may be useful:

1. **Mission** -- The mission statement should express the overall purposes, intent and uniqueness of the program or institution. It is a statement of the fundamental reasons for a residency's existence.
2. **Goals** -- Goals specify the end results necessary to achieve the mission; they should elaborate each of the major components of the mission. They provide clarification and specificity for components of the mission statement.

For example, if one element of the mission is to "train the resident to function in a leadership role within a large managed care medical center" a goal derived from this could be "to provide the resident with an understanding of the inner workings of a managed care system."

3. **Objectives** -- As the goals were derived from components of the mission, specific objectives should flow from the goals. Objectives are the specifications on how the particular goal is to be reached. They are statements which define outcomes attributable to the mission and goals of a residency. To continue with the example, some objectives could be:
  - a. The resident will attend and report on at least three presentations covering the basics of managed care.
  - b. The resident will read and present his/her interpretation to the staff of at least 3 articles in the library folder entitled "Managed Care."
  - c. The resident will attend at least 5 of the Medical Center's long range planning committee meetings.
  - d. The resident will present at least two hours of lecture on the role of optometry in a managed care setting to medical and optometric interns.

These objectives at once inform the resident of his/her responsibilities in terms of the stated goal and provide a method for the residency supervisor to determine if these responsibilities have been met.

For an example of a statement of mission, goals and objectives refer to appendix A which contains the ACOE's statement of mission, goals and objectives.

## THE SELF-STUDY PROCESS AND DOCUMENT STRUCTURE

Programs should initiate the self-study process at least 12 months before the scheduled site visit. ***The self-study will be due two months before the site visit.*** Prior to this, the program should adopt a timetable for the self-study that starts with the appointment of the self-study committee, includes each step in the process, and ends with the date the self-study is to be sent to the Accreditation Council on Optometric Education (***at least two months prior to the site visit***).

The Accreditation Council on Optometric Education standards of accreditation for optometric residency programs state the conditions, resources, and other factors that the Council requires in the residency program. As such, they should be addressed point by point.

The Council has created both a draft and a final template which provides programs a format for the self-study. The “draft” template is a working document that allows for collaboration of participants involved in preparing the narrative to share comments via “track changes” in Word and use other features not available in protected documents. When the narrative of the self-study is complete, programs are ***required*** to cut/paste the final narrative into the “final” protected word template which should be submitted with appendices. Programs are advised to follow the written guidance within the templates, which presents the program’s narrative and documentation on a standard-by-standard basis. During the self-study process, programs can identify areas of non-compliance. When the self-study is conducted in a timely manner, programs should be able to take steps or develop plans to remedy any self-identified deficiencies prior to the site visit. Further, the self-study templates format provides a concise basis for discussion between the program representatives and the site visit team. Following the site visit, the team will be charged with writing a narrative report regarding the program’s compliance with each of the standards.

In addition to providing narrative pertaining to each standard, the program must submit evidence to demonstrate compliance with the standards either within the body of the self-study or as appendices. Examples of evidence are listed within the standards in Chapter 2. They 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.***

## CHAPTER IV | Application and Evaluation Procedures

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### INITIAL APPLICATION

Inquiries about accreditation of a proposed optometric residency program should be directed to the Director or Manager, Accreditation Council on Optometric Education, American Optometric Association, 243 North Lindbergh Blvd., St. Louis, MO 63141. In response to an inquiry, the Accreditation Manual: Optometric Residency Programs will be sent to the inquiring institution. In addition, the Accreditation Council on Optometric Education is available to interested institutions for consultation and advice regarding the accreditation procedures and standards of the Accreditation Council on Optometric Education.

In order for an optometric residency program to be eligible for review for initial accreditation by the Accreditation Council on Optometric Education, a program must:

1. Be sponsored by or affiliated with an accredited school or college of optometry.
2. Have appointed a program supervisor;
3. Have completed and submitted a self-study report according to the requirements outlined in Chapter III; and
4. Submit a formal letter of application from the chief executive officer of the affiliated school or college of optometry.

The program must submit the formal letter of application with the accreditation application fee. The current accreditation fees are listed on the ACOE web site or may be obtained by contacting the ACOE Director or Manager.

The self-study report must be submitted two months prior to the scheduled site visit and will be reviewed by the team chair, team member, ACOE liaison and ACOE manager. If the self-study report is deemed unacceptable or indicates deficiencies or weaknesses in the program to make it clearly unaccreditable, the Council may postpone an on-site visit until the problems have been corrected. After a site visit team conducts a formal on-site visit, the team's evaluation report is submitted to the Council for its review. If the program is found to meet the Council's standards, the Council will grant an appropriate accreditation status. (Further details on this evaluation process may be found in this chapter.)

## WITHOUT COMPENSATION RESIDENTS POLICY

Programs with multiple residents, either with or without compensation, must require in their criteria for awarding a certificate of completion:

- equivalent educational experiences;
- equal minimum patient encounters; and
- equal hours of attendance.

## EVALUATION OF "ON THE CAMPUS" RESIDENCIES

When more than one residency is on-site at a school or college of optometry, the school or college can structure the residencies as individual programs, or where appropriate, (see below), under an “umbrella” arrangement. In the first instance, each individual program will be evaluated by ACOE as an independent entity. The dean or president may request that the individual programs be visited as a group, with some economy of effort resulting from providing one set of materials that applies to all programs.

An “umbrella” residency is an entity which the school or college identifies as a single residency program, with more than one area of emphasis. Each of these emphasis areas must provide for at least one residency position. An umbrella residency program must meet all of the following conditions:

- a) Education and training for all residents must occur on the school’s or college’s campus for a majority of the time.
- b) There will be a core didactic and clinical curriculum common to all emphasis areas.
- c) Additionally, there will be an identifiable portion of the didactic and clinical curriculum tailored to each area of emphasis.
- d) A resident’s curriculum will have no more than two emphasis areas.
- e) The self-study will have individualized sections as appropriate for each emphasis area.

In the umbrella program’s annual report, the program should provide information on which of the emphasis areas are filled and which are unfilled.

If a school or college desires to alter the composition of existing areas of emphasis or plans to add one or more areas of emphasis, a letter addressing the proposed change or addition must be submitted to the ACOE for its consideration. The terms of accreditation of an umbrella residency will be determined by the least favorable status of any of its areas of emphasis/components, as determined by ACOE. All ACOE’s policies and procedures relating to non-umbrella programs will apply to umbrella programs.

## RENEWAL OF ACCREDITATION

Programs which hold an accreditation status will be re-evaluated on a regular basis. Normally, the month and year of the next evaluation is scheduled by the Council at the time it grants accreditation. The Accreditation Council on Optometric Education may elect to request a new

self-study and re-evaluate a program at any time with due notice to assess the effects of programmatic changes in the program or to monitor developing situations. Programs will routinely be revisited at intervals no longer than eight years.

Evaluation visits will not be conducted during vacations and breaks since resident and faculty input are valuable components of the accreditation process.

The Accreditation Council on Optometric Education will not normally grant delays in the submission of the self-study and discourages an accredited program from requesting delays in its regularly scheduled accreditation visit. In extenuating circumstances, the program must submit a written request in a reasonable amount of time prior to the scheduled visit. This request must include documentation of the following:

1. The reason for the requested delay;
2. A report of the program's progress to date on the recommendations of the last evaluation report of the Council;
3. Other supporting documentation.

## EVALUATION VISIT PROCEDURES

### THIRD PARTY COMMENTS

The Accreditation Council on Optometric Education periodically evaluates accredited programs for compliance with ACOE standards. This process includes the consideration of third-party comments. The Council will publish the dates of upcoming site visits on its website. **Third party comments must address substantive matters relating to the quality of the program and the ACOE standards** and should be addressed to the Director of the Council at ACOE, 243 N. Lindbergh Blvd., St. Louis, MO 63141. Comments must be received 30 days prior to the program's scheduled site visit date. (In cases where the exact date is not yet determined when the listing is published, the month and year of the visit will be listed, and the comments must be received by no later than the first day of the month preceding the site visit. All third-party comments must be signed.)

Comments will be forwarded to the evaluation team and to the appropriate program director for response during the evaluation visit process.

### SELECTION, TRAINING, AND COMPOSITION OF THE EVALUATION TEAM

An on-site evaluation team which visits an optometric residency program normally comprises two members. Each evaluation team shall include one educator and one practitioner.

Evaluation teams are appointed by the chair of the Accreditation Council on Optometric Education. The staff of the Council will consult with the residency director and supervisor to obtain advice concerning perceived needs. When the members of the evaluation team are selected, the names of the proposed members of the team will be provided to the residency director and supervisor to determine whether there are any conflicts of interest perceived with any of the proposed members. If the program finds a real or potential conflict of interest with respect to a proposed team member, or any other problem which might interfere with the objectivity of the proposed team member, the Council chair will take action when deemed appropriate.

The chair of the evaluation team has undergone a formal training program on the Council's process and standards and has previously served as a member of an evaluation team. The team chair may be either a Council member or a trained consultant. Nominations for the pool of trained consultants who are eligible to serve as chairs of residency evaluation teams are solicited from a broad representation of the profession, including, but not limited to, Council members, deans and presidents of the schools and colleges of optometry, educators, state boards, and professional organizations/societies. Following receipt of nominations for the consultant pool, the Council reviews the credentials of the nominated individuals, and send invitations to those it deems appropriate based on their previous experience, education and training, and other appropriate criteria.

The Council also maintains a pool of consultants who have completed the ACOE training process. These individuals have identified credentials and accompany the team chair on a visit.

## THE EVALUATION TEAM'S SCHEDULE

The length of an evaluation visit may vary depending on the complexity of the program, but on-site visits to optometric residency programs are usually scheduled for one day. The chair of the evaluation team will consult with the residency director and/or supervisor to develop the visit schedule. Although there is no rigid schedule for site visits, the Council expects each of the following elements to be included at some point in the visit.

1. An executive session of the team to be held prior to the initiation of the visit. The agenda, the schedule of the visitation, review of protocol for evaluation team members, identification of areas needing clarification with the representatives of the residency program, and discussion of the materials provided as they relate to the standards of the Accreditation Council on Optometric Education are some of the topics discussed at this meeting. The team chair will also discuss the team member's assignments and review the expectations concerning preparation of the team report. At this session, the team will focus on the standards and discuss any questions they may have regarding the application or interpretation of the standards.
2. An entrance interview with the residency supervisor and others whom he or she may designate on the first day of the visit to discuss the following topics: the residency

supervisor's perceptions of the strengths, weaknesses and areas of concern of the program; the team's perceptions of areas which will require exploration and clarification during the site visit; discussion of the relationship of the optometric residency program to the affiliated educational institution; and other subjects selected by the residency supervisor and the evaluation team chair. The entrance interview will orient the team to particular areas of concern and the residency supervisor to the methods and procedures of the team.

3. A tour of the physical plant of the optometric residency program including clinical sites, offices, library and external clinical sites when feasible.
4. Conferences with the residency supervisor and residency director from the affiliated school or college to discuss the program's compliance with each of the ACOE standards.
5. A conference with the resident(s) (no faculty or administrators present) will be scheduled to provide the team with input on resident perceptions regarding the effectiveness of the program.
6. Conferences with faculty members.
7. Meetings with appropriate administrators from the sponsor and/or affiliate at the discretion of the chair.
8. A team meeting will be held near the end of the visit to allow the team to formulate its impressions and prepare a presentation of its findings for the exit briefing.
8. An exit briefing will be held as the final session of the on-site visit which will provide the supervisor and others they may designate with insight into the findings of the team.

## PROTOCOL FOR ON-SITE VISITATIONS

### PROTOCOL FOR THE PROGRAM

Program supervisors are expected to cooperate with the team during the evaluation visit by providing them with information and additional background materials when requested.

Program supervisors are requested to provide the Council staff with suggestions for lodging of the team as well as for necessary ground transportation. Neither programs nor individuals affiliated with the program should schedule social activities for the team or any member of the team.

The program should provide the team with a dedicated conference room with reasonable privacy for team meetings and individual assignments. The program is asked to have the additional documents requested in Chapter 2 available for the team's inspection in the conference room.

During the course of the visit, the program will be expected to provide the team with access to all facilities.

### PROTOCOL FOR EVALUATION TEAM MEMBERS

The Accreditation Council on Optometric Education has developed the following guidelines for evaluation team members.

1. The primary function of an evaluation team is program analysis. Social engagements may interfere with this function. Individual team members should not accept social invitations from host administrators or faculty.
2. Team members will be provided the program's self-study report, previous evaluation report, previous annual reports of the program, and a record of any complaints received by the ACOE in accordance with the ACOE complaint procedure since the most recent evaluation visit, along with the resolution of the complaint(s). Team members are expected to familiarize themselves with these materials prior to the visit and should request any additional needed materials as soon as the need is identified.
3. Team members must participate throughout the duration of the visit. Late arrival or early departure is a significant breach of etiquette that adversely affects the rapport and competence of the team and reduces its efficiency and effectiveness.
4. Although team members may discuss general findings and recommendations with program administrators during the exit briefing, team members must not express personal or team opinions regarding the accreditation status of the program under evaluation. Decisions relative to the accreditation status of educational programs are made exclusively by the Accreditation Council on Optometric Education at regularly scheduled meetings, and only after thorough discussion and in-depth review of the evaluation reports.
5. Team members are expected to participate actively in conference discussions during the site visit, but they are cautioned to refrain from expressing their own personal opinions regarding teaching methodology or practice technique. Comparisons to the team member's individual program or practice setting should be avoided.
6. The consultant is expected to prepare a report on the areas of the program assigned by the evaluation team chair **within two weeks** of the site visit.
7. The team chair will send a draft of the evaluation report to the team when it is compiled. Prompt response by team members to the draft of the evaluation report is essential to the timely preparation of the final report for the Council.
8. When evaluation reports are presented to the Council for review and action during regularly scheduled meetings, evaluation team chairs and consultants may be asked to be

available to participate via telephone conference in the discussion of the programs being evaluated, and, if necessary, to explain and elaborate on the reports.

9. Team members must treat all information and data obtained from whatever source regarding the program under evaluation as confidential. In addition, the disclosure of personal or team opinions with respect to the accreditation status of the program being evaluated is unauthorized at any time before, during or after the on-site visitation.
10. Three months following the Council's notification of approval of the formal report, evaluation team members will receive a formal email from the ACOE Residency Manager instructing teams to destroy their written materials relating to the visit.

### COMPILATION OF EVALUATION TEAM REPORTS

The evaluation team report must serve not only the Council as an accurate basis for accreditation decisions, but also must provide officials and administrators of the clinical and educational institutions as an impartial guide to the qualitative aspects of their residency programs. Evaluation team reports, therefore, should reflect the Council's sensitivity to the multi-faceted problems which confront institutions, and should also demonstrate the professionalism of the Council in its efforts to provide constructive analysis and recommendations for the improvement of the optometric residency program. Following the evaluation visit, each consultant is expected to prepare a report on the areas assigned within two weeks of the site visit.

The evaluation team chair will assemble all sections of the report and edit, with help from the team member, ACOE liaison and ACOE staff, the document to ensure consistency and accuracy. The ACOE staff will assist the evaluation team chair in preparing the report and in distributing it to the residency director and supervisor for factual accuracy review.

Report writing guidelines are covered extensively in the ACOE's consultant training materials. Comments on each of the major standards listed in Chapter 2 of this manual should be included in the report. The comments should indicate not only areas which are not in compliance, but also areas which are weak or areas of strength. Following discussion of the standards, the team should prepare a draft summary which highlights the strengths and weaknesses of the program, and draft recommendations and suggestions for program enhancement. The final summary, which is called the Council Summary of Strengths and Concerns, will be finalized by the Council when the report is considered.

### REVIEW OF FACTUAL ACCURACY

When accepted by the evaluation team, the draft report will be transmitted by the ACOE manager on behalf of the evaluation team chair to the residency supervisor with a copy to the residency director of the affiliated school or college of optometry for review of the report for

factual accuracy. The draft report submitted to the program will not include the draft summary, or any team recommendations, suggestions or statements regarding accreditation status. In reviewing the draft report, the program should concentrate on issues of fact. The program may challenge the factual accuracy of any aspects of the evaluation team report by submitting additional written information to the evaluation team chair. The evaluation team chair may modify the draft based on factual information or comments submitted by the institution.

The draft report reflects conditions at the time of the site visit. Consequently, changes the institution has made since that time will not be identified in the site visit report. They may be reported to the Council in the program's next annual report or, if appropriate, in a petition for reconsideration of accreditation as described in Chapter 5.

## FINANCING THE ACCREDITATION PROCESS

The American Optometric Association bears a portion of the expense for the activities of the Accreditation Council on Optometric Education, and the remainder is borne by accredited programs through annual fees and from funding from other interested organizations such as the Association of Regulatory Boards in Optometry. The cost of any on-site visitation to evaluate an optometric residency program by the Accreditation Council on Optometric Education is borne by the institution visited. Following the visit, the institution will be invoiced for the expenses of team members and Council staff, who may attend the visit. All accredited programs and programs applying for initial accreditation will also be billed an annual fee toward the cost of administration. Details about the current annual fees are available from the Director of the Council and are posted on the ACOE website at [www.theacoe.org](http://www.theacoe.org).

## PAYMENT OF ACCREDITATION FEES

All institutions offering programs accredited by the Accreditation Council on Optometric Education (ACOE) are expected to adhere to the due date for payment of the annual accreditation fee for each ACOE-accredited program sponsored by the institution. Invoices are sent in October, and payment is due to the ACOE by January 1 of each year. Programs are also expected to pay any site visit fees for which they are billed within 90 days of receiving an invoice. Programs which do not pay their annual fees by February 15 or site visit fees within 90 days of receiving the invoice will be placed on Administrative Probation by the ACOE Director, in consultation with the ACOE Chair. The CEO of the institution sponsoring the program and the residency director will be notified of this status and informed that the ACOE intends to withdraw the accreditation of the program(s) at its next scheduled meeting if payment is not received.

## CHAPTER V | Accreditation Procedures

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The Council views accreditation as an ongoing process which is subject to change based on changes in the program and sponsoring or affiliated institution. The following procedures are designed to assist the Council in performing its responsibilities to help ensure the quality and continued improvement of optometric education.

### COUNCIL REVIEW OF EVALUATION REPORTS AND DESCRIPTION OF THE LIAISON PROGRAM

For each residency evaluation visit where a member of the Council is not on the team, a member of the Council is designated by the Council chair as a "liaison" to the team. The liaison Council member serves as an advisor to the team chair and communicates the team's findings and presents the team's evaluation report to the Council. The liaison Council member is expected to read the self-study and consult with the team chair prior to the site visit.

The liaison Council member serves as the initial reviewer of the team draft report. After review and approval by the liaison Council member and ACOE staff, the draft report is transmitted to the program by the ACOE staff on behalf of the team chair for review of factual accuracy.

The liaison Council member is expected to be fully prepared for the presentation of the team report to the Council. This includes detailed review of the self-study, team report, and all pertinent correspondence, such as the response to factual accuracy. These materials are forwarded to the liaison Council member by the ACOE staff.

Following receipt of the response to factual accuracy from the program, the team chair makes the appropriate changes to the report after discussing the suggested edits with the liaison Council member and ACOE staff. If there are any unresolved conflicts with the program pertaining to factual accuracy, the Council will be sent a copy of the program's response to factual accuracy, and the Council may take action on the report as it deems appropriate or defer action on the report. In consultation with the liaison Council member, the team chair also drafts the suggestions and recommendations which accompany the report to the Council. The report with the suggestions and recommendations are then submitted to the Council for consideration at its next regularly scheduled meeting. All evaluation team reports are reviewed by the Council in executive session. Executive sessions are restricted to Council members, staff and consultants who may be invited by the Council chair. Non-Council member team chairs are not to attend Council meetings unless specifically arranged by the Council chair.

The liaison Council member is expected to have open communication with the team chair in order to facilitate discussion of the report. If the liaison Council member has any questions regarding the report these should be discussed with the team chair and clarified prior to the ACOE meeting at which the report is to be presented. In addition, the ACOE manager will inform the team chair of the dates of the ACOE meeting at which the report will be considered and obtain a telephone number where the Council liaison can reach the team chair during the time frame of the meeting. Telephone contact during the meeting may be needed to clarify ambiguities or to answer questions which arise during Council's discussion of the report.

At the Council meeting, the liaison Council member presents the report to the Council for its action. When the Council reviews an evaluation report to determine the accreditation of a program, the Council follows the steps listed below:

- ◆ Acceptance of the report.
- ◆ Finalization and adoption of Council Summary, recommendations, which are items recommended for corrective action since they have the potential to jeopardize the program's accreditation status if no corrective action is taken, and suggestions, which are suggested as improvements that would substantially enhance the potential for excellence in the program.
- ◆ Determination of the level of compliance for each of the standards—met, met in part or not met. For standards, which are not met or met in part, the Council specifies the reason the standard is not considered fully met. For all areas where a standard is not fully met, there is a corresponding recommendation that must be met to address the concern and to come into compliance with the standard.

After making the above determinations, the Council determines an appropriate accreditation status as outlined below. Members of the Council are expected to withdraw from consideration of the accreditation decision of a program when the member or the Council determines there is or may be a conflict of interest. (See Chapter 1 for a statement on conflict of interest.)

## ACCREDITATION DECISIONS

Accreditation decisions are based on the Council's judgment of the total educational effectiveness of the program. This judgment in turn is based on the degree to which the residency program meets the standards of the Accreditation Council on Optometric Education.

## ACCREDITATION STATUS

The Accreditation Council on Optometric Education may decide to grant one of the two following accreditation statuses to a residency program following adoption of the evaluation team report and recommendations. Accreditation status may be lowered or revoked if the Council determines that the program is not making sufficient progress on recommendations from the Council.

**ACCREDITED** -- A classification granted to an educational program indicating that the program generally meets the standards for accreditation. This classification indicates that the program has no deficiencies or weaknesses that compromise the educational effectiveness of the total program. However, recommendations relating to marginal compliance with certain standards, and suggestions relating to program enhancement may be included in evaluation reports.

**ACCREDITED WITH CONDITIONS** -- A classification granted to an educational program with major deficiencies or weaknesses with reference to the standards of accreditation that compromise the educational effectiveness of the program. This classification indicates that the accreditation of the program is in jeopardy. Programs with this classification will be required to submit progress reports and shall undergo a full on-site evaluation visit within 18 months.

The Council accredits optometric residency programs for periods of time no longer than eight years. The accreditation is measured from the date of the most recent evaluation visit. Programs should avoid using phrases such as "accreditation has been continued for an eight-year period." ACOE accreditation is not necessarily for a specific period since it is subject to continual review. Depending on the outcomes of annual reports, progress reports, interim visits, programmatic changes and other significant events affecting a program, the Council may decide to schedule a full on-site evaluation visit before the original eight-year accreditation period is complete. Thus, while Council policies dictate that residency programs be evaluated at least once every eight years, programs may be evaluated more frequently.

When the Council signifies its desire to visit and evaluate an accredited program, a failure by that program to extend an invitation for a site visit may be interpreted as a lack of interest in further accreditation by the Council.

## TIMEFRAME FOR COMPLIANCE WITH STANDARDS

In the event the Council determines that a program is not in compliance with any of the Council's standards, the Council shall require that such program take prompt action to correct such non-compliance with the relevant Council standard(s) within the applicable frame as follows: 12 months from the date of the Council's decision if the program is less than one year in length; 18 months from the date of the Council's decision if the program is at least one year but less than two years in length; or two years from the date of the Council's decision if the program is at least two years in length. In the event the program does not bring itself into compliance with the applicable Council standard(s), the Council shall take prompt adverse action against the program. The Council defines adverse action as an official Council action such as the denial or withdrawal of accreditation. The Council may grant *good cause* extensions for situations only where the program has made substantial, but not complete, progress toward compliance with ACOE standards, where a limited amount of time is needed to reach full compliance and where all reasonable alternatives for achieving compliance within the appropriate time period have been exhausted.

Typically, the deadline for compliance will be extended for no more than six months. The ACOE may grant no more than one extension to the deadline for compliance. In cases where the standard with which the program is out of compliance relates to outcomes of the program, the deadline for compliance may be extended to the end of the current program year to allow the program to document outcomes (such as completion rate and Board scores.)

**DENIAL OF ACCREDITATION** -- Accreditation will be denied to or withdrawn from programs which the Council judges to be substantially not in compliance with the standards of the Accreditation Council on Optometric Education. Programs which are denied accreditation may appeal the decision or request reconsideration as outlined later in this Chapter. When accreditation is withdrawn from a program that is presently accredited, the ACOE will set a date when the withdrawal of accreditation becomes effective. Usually this date will be at the end of the current academic year, unless there are special circumstances, such as when the program is dormant and does not have a resident currently enrolled.

### WITHDRAWAL FROM CONSIDERATION OF ACCREDITATION

An optometric residency program may withdraw its application for any status of accreditation at any time before a final decision is made on that request by submitting its intention to withdraw from consideration, in writing, to the Director of the Accreditation Council on Optometric Education.

Any previously accredited or pre-accredited program wishing to have its name removed from the Council's list of accredited programs should have the chief executive officer of the institution notify the Director of the ACOE in writing. The Council will report that the program has voluntarily withdrawn from the accreditation process on its next annual listing of accredited programs.

### REINSTATEMENT OF ACCREDITATION

A program which has voluntarily withdrawn from accreditation, or which has had its accreditation withdrawn by the Accreditation Council on Optometric Education, may apply for reinstatement of accreditation by following the procedures outlined for initial application for accreditation in Chapter 4 of this manual. A self-study and evaluation visit will be required.

### NOTIFICATION OF ACCREDITATION DECISIONS

A notification letter will be sent to the chief executive officer of the affiliated educational institution within 30 days of the Council meeting at which the accreditation decision was made. Concurrently, a copy of the letter and accompanying documents will be sent to the program supervisor and director of residencies at the affiliated school or college. For programs

sponsored by Veterans Affairs facilities, the VA Central Office designated Director, Optometric Service will also receive a copy of the notification letter and report.

The letter will include the accreditation classification that has been determined, the length of time until the next scheduled re-evaluation visit, a copy of the evaluation report that was the basis for the Council's decision, and recommendations and suggestions for program enhancement. It will delineate the reasons for any change in accreditation status and specify the time lines for interim visits and/or progress reports. The letter will include a statement regarding the program's compliance with the standards and the program's expected time frame for coming into compliance with any unmet standards. The letter will also contain a statement regarding procedures for requesting reconsideration and appeal of the Council's accreditation decisions.

### APPEAL PROCESS FOR ACCREDITATION DECISIONS

The Council will provide the chief executive officer of the affiliated educational institution a specific statement of reasons for any adverse accrediting decision. The ACOE will notify the U.S. Department of Education, appropriate state agencies and appropriate accrediting agencies of an adverse action or a decision to grant or continue the "accredited with conditions" status at the same time the program is notified. The decision of the ACOE becomes final at the end of 30 days following the program's receipt of notification of the action, if the program does not file a petition for reconsideration or appeal as specified in the following procedures. The ACOE will notify the public through its web site of a final decision for an adverse action or to grant or continue "accredited with conditions" within 24 hours of notifying the program of the ACOE's final decision. The Council may reconsider any adverse accreditation decision on its own motion, or upon the petition of an institution or program.

An adverse accreditation decision means an official Council action, such as the withdrawal or denial of an accreditation classification.

### PETITION FOR RECONSIDERATION

A program desiring the Council to reconsider an adverse decision or determination of "accredited with conditions" must submit to the Council, in writing, a "Petition for Reconsideration" stating, with all necessary documentation, that:

the facts upon which the Council decision was based no longer exist or have changed significantly; or

the Council's ruling is clearly erroneous based on its construction of the facts; or

the Council's ruling is clearly erroneous based on its interpretation or application of the Accreditation Manual: Optometric Residency Program; or

any combination of the above.

A program may seek in a Petition for Reconsideration a review of new financial information provided that: (i) the financial information was unavailable to the program until after the adverse accreditation decision was made; (ii) the financial information is significant and bears materially on any financial deficiencies identified by the Council; and (iii) the only remaining deficiency cited by the Council in support of a final adverse accreditation decision is the program's failure to meet Council standard(s) pertaining to finances.

This Petition for Reconsideration must be received by the Council no later than 30 days following notification of the Council's decision. The Council will consider the program's petition and any oral presentation which the program may wish to make. If the problems or deficiencies that precipitated the adverse action have been corrected, or if upon further consideration and evaluation the Council agrees that some error of construction, interpretation, or application has occurred, the Council will take appropriate action.

### APPEAL OF ACCREDITATION DECISIONS

If, following reconsideration, the Council sustains its decision to withdraw, deny or lower the accreditation status of the program, or to continue the program as "accredited with conditions", the chief administrative officer of the educational institution or program affected may appeal the Council's decision to an ad hoc Appeals Panel. The appeal must be in writing and filed with the Secretary-Treasurer of the American Optometric Association (AOA) within 30 days of receipt of notice of the Council's action upon reconsideration.

The institution or program in its appeal shall allege, with necessary documentation, that:

the Council's ruling is clearly erroneous based on its construction of the facts; or

the Council's ruling is clearly erroneous based on its interpretation or application of the Accreditation Manual: Optometric Residency Programs; or

the Council's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action; or

the procedures used by ACOE to reach its decision were contrary to ACOE's standards or other established policies and practices, and that procedural error prejudiced ACOE's consideration; or

More than one of the above occurred.

A program may not appeal to argue that the facts upon which the Council based its action have changed or no longer exist; such an argument must be made to the Council in the reconsideration proceeding.

Within 30 days of receipt of the Appeal, the president of the AOA shall name three (3) persons to an ad hoc Appeals Panel, and three alternates, no one of whom shall be a member of the Accreditation Council on Optometric Education or a member of the Board of Trustees of the

AOA, or have had affiliation with the institution or program filing the appeal or with the accreditation process relating to that institution or program. The Appeals Panel will be composed of an educator, practitioner, and public member. Each member of an Appeals Panel shall comply with the Statement of Policy on Conflict of Interest and Guidelines and shall have appropriate training on the ACOE standards, policies and procedures.

The Director of the Accreditation Council on Optometric Education will determine the willingness to serve of the designated principals and alternates and notify the institution or program of the names of the three principals. If the institution shows good cause why a named principal is unacceptable, an alternate will be selected who is acceptable to both parties.

The Appeals Panel shall meet within 90 days of the date on which the program was notified of the adverse decision of reconsideration by the Accreditation Council on Optometric Education, or on a date which is mutually acceptable to the institution or program, the Appeals Panel and the Council. The institution or program may have one (1) representative appear before the Panel to make oral and/or written presentations and to respond to questions from the Panel. The chair of the Accreditation Council on Optometric Education shall designate a representative to appear before the Appeals Panel to support the decision of the Council and to respond to questions of the Panel. Either party may be represented by counsel; however, the proceeding shall be conducted on an informal basis.

The purpose of the Appeals Panel is not to evaluate again the educational program; but rather, to determine whether ACOE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or whether the procedures used by ACOE to reach its decision were contrary to ACOE's standards or other established policies and practices, and that procedural error prejudiced ACOE's consideration. The Appeals Panel does not serve solely in an advisory or procedural role but has and uses its authority to sustain, modify or reverse the decision of the Council or to remand the matter to the Council for further reconsideration with recommendations. Notice of the decision to the Council shall include a statement of the specific issues on which the decision is based and the specific issues that the Council must address.

There will be no change in the accreditation classification of the institution or program pending disposition of an appeal. The Appeals Panel shall forward its findings and conclusions to the Council for action. In such case, the Council must act in a manner consistent with the Appeals Panel's decisions and/or instructions. The institution or program will receive written notification of the result of its appeal and the basis for that result.

The cost related to appeal procedures shall be underwritten by the program and the Council on an equally shared basis.

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## MONITORING ACCREDITED PROGRAMS

The Accreditation Council on Optometric Education employs a number of mechanisms to monitor accredited programs in the interim between evaluation visits. These mechanisms are described below.

### THE ANNUAL REPORT

Annual reports are tools to assist the Accreditation Council on Optometric Education with monitoring and evaluating the program's compliance with accreditation standards in the interim period between evaluation visits. The annual report should provide the Council with the following information:

- \* Notification of significant developments at the program;
- \* An overview of the state of affairs at the program;
- \* The program's annual review of its attainment of program mission, goals and objectives;
- \* Plans for the coming year;
- \* A summary of outcome assessments made during the previous year;
- \* Number of residents for the present year and projections for resident positions for the future year;
- \* Number of applicants for present year;
- \* Outcomes data;
- \* A description of progress made on implementing each of the recommendations and suggestions of the previous evaluation report; and
- \* Notification of the nature and extent of any programmatic changes contemplated in the program.

The annual report must be submitted to the Council by September 1 of each year. The Council will review the reports at its Fall meeting, and representatives of the program may request or may be requested to meet with the Council at its Fall meeting to explain or elaborate on their report.

Programs will be notified following the Fall meeting if their report satisfied a recommendation of the evaluation report or if further action is needed.

## THE PROGRESS REPORT

The progress report is a mechanism which requires the director of residencies and program supervisor of a program to submit a document indicating the degree to which recommendations contained in the most recent formal Council evaluation report or other identified concerns have been implemented. The Council may require a progress report of any accredited program. Determination of need for the progress report will be made by the Council when it reviews the program's evaluation report or annual report. The Council will specify a due date when the progress report is required. Following receipt of the report from the program, the Council will review it at its next regularly scheduled meeting. If the progress reported is satisfactory, a program with the status of accredited with conditions may be raised to accredited status. On the other hand, if the progress reported is unsatisfactory or the report is not received by the due date, the Council may require a representative of the program to appear before it and explain the lack of progress, schedule a special re-evaluation to determine the basis for the lack of progress or take other action it deems appropriate.

If a program submits a progress report to detail action taken to address recommendations and to demonstrate compliance with the Council standards, and the Council finds upon review of the progress report that the program has not come into compliance with the standards by the deadline for compliance, the Council will withdraw accreditation, unless it extends the deadline for good cause.

In preparing the progress report, the program should focus on the particular areas requested by the Council and should also report on progress made on each recommendation of the most recent evaluation report, except those that the Council has accepted as having been satisfied. The program should describe in detail its accomplishments toward implementing the specific recommendation or addressing the area of concern. Other areas identified by the program may also be included in the report.

## INTERIM VISITS

The Accreditation Council on Optometric Education may elect to conduct an interim visit to a program between full evaluation visits. Interim visits are initiated by the Council or at the request of the institution for several reasons:

1. As the result of concerns identified in an evaluation report or interim visit report; or
2. Lack of progress on concerns identified in an evaluation visit, interim visit or progress report, or during the annual report review; or
3. As the result of a programmatic change; or
4. Change in leadership of the program; or
5. Other concerns which come to the attention of the Council.

Interim visits, by their very nature, address a specific area of concern. However, an interim visit for the purpose of addressing issues broader in scope may be considered at the discretion of

the Council. The program must submit a report on the area(s) being evaluated during the visit, at least one month prior to the visit.

Interim visit teams are generally composed of two evaluators at least one of whom is a member of the Accreditation Council on Optometric Education or a trained consultant. The length of the interim visit varies depending on the scope of the visit. The ACOE chair, interim visit chair, or the Council staff will consult with the program supervisor or director of residencies to establish the length and agenda for the visit.

Following the interim visit, the team will prepare a report which will be sent to the program for review of factual accuracy. It will then be submitted to the Council for consideration. The following are examples of outcomes that might result from an interim visit:

- \* Acceptance of the report by the Council with a full evaluation visit scheduled at the previously determined time;
- \* Additions and/or deletions to the current list of recommendations may be made;
- \* Acceptance of the report by the Council with a request by the Council for a full evaluation visit to occur on a modified schedule based on continuing concerns resulting from the interim visit;
- \* A changed accreditation status;
- \* Loss of accreditation;
- \* Other action deemed appropriate by the Council.

If a negative decision or adverse action results from an interim visit, the program will have the opportunity to appeal according to procedures described previously in this Chapter.

### PROGRAMMATIC CHANGES

Through the annual report, progress reports and interim visits, the Accreditation Council on Optometric Education continuously monitors the general quality of the education provided by accredited programs. An optometric residency receives its recognition on the basis of evaluation and accreditation of its educational program. Any program which contemplates or experiences a programmatic change is required to report the change to the Council.

The following examples are intended to provide guidance regarding programmatic changes that must be reported to the ACOE, with general guidance on when the change must be reported and what should be reported to assist the ACOE with evaluating the change.

The following are examples of contemplated **programmatic changes** which must be reported to ACOE and approved **prior to their implementation**. The bulleted items describe the type of information that is required to be provided:

#### **A. *Change in Mission;***

- Provide the program's current mission.
- Provide change desired in its mission.
- Discuss the reason for the change.
- Discuss how the change will affect the residency program.

**B. *Organizational relationship within the sponsor or educational affiliation that affects the residency program;***

- Discuss how the relationship within the sponsor is changing and how this will impact the residency program. Discuss any new or additional educational affiliations.
- Provide signed, dated written affiliation agreements between all parties.
- Identify new affiliation and provide signed, dated written agreements between the sponsor and affiliate

**C. *Increase in number of residents;***

- If requesting an increase in the number of approved resident positions, discuss standard by standard, how the residency program will be impacted.
- Discuss how each of the residents, with or without compensation, will have equivalent educational experiences, equal minimum patient encounters and equal hours of attendance.

**D. *Duration, content, or curriculum of program;***

- Discuss the change in duration of the program and how it will affect the residency program and the resident.
- Discuss the change in the content of the program and how it will impact the program and the resident.
- Discuss the change in curriculum of program and how it will impact the program and the resident.

***(Note: minor curriculum changes, such as the addition of a didactic component to replace an existing didactic activity, need not be reported prior to implementation. These types of changes may be reported to the ACOE in the program's report of its annual review.)***

The following are examples of programmatic changes which may occur that should be reported to the ACOE within no more than 30 days of their occurrence:

**A. *Significant reduction or loss in program funding;***

- Discuss any changes in the funding of the residency position or positions.
- Discuss how the stability and continuance of the residency will be affected for this residency year and in the future.

**B. *Changes in program supervisor/coordinator:***

- Discuss the change in coordinator, his or her qualifications, and how the continuity of the residency program will be affected.
- Provide curriculum vitae and notice of affiliate faculty appointment.

**C. Reduction in the number of key residency faculty, other than supervisor/coordinator:**

- Report permanent reduction in the number of current faculty positions, other than the supervisor/coordinator.
- Provide the previous number of FTEs assigned to the program and the current number.
- Discuss what impact the changes might have, if any, on the delivery of education to or supervision of the resident.

***(Note: it is not necessary to report changes in faculty when the position/person is being replaced. These types of changes may be reported to the ACOE in the program's report of its annual review.)***

**D. Development of a new external rotation**

- Discuss the purpose of the rotation and how it ties in with the program's mission, goals and objectives.
- Provide a written affiliation agreement with between the program and the rotation.
- Provide documentation of the resident's professional liability coverage at external rotation.

This list is not all inclusive, and the ACOE reserves the right to exercise its judgment to determine the appropriate manner of review for any reported programmatic change and any further action concerning any programmatic change.

Failure to comply with this policy may result in the scheduling of an interim site visit, or in extreme cases, the lowering or withdrawal of the program's accreditation status after due notice and an opportunity for a hearing.

## INTERRUPTION OF EDUCATION POLICY

Interruption of an accredited educational program due to unforeseen circumstances is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Council must be notified in writing of any such disruption. The program must provide a comprehensive plan for how the loss of its clinical and didactic components will be addressed. Programs accepting educational responsibility for displaced residents must submit their plans to deal with any substantive change.

## PROGRAM INACTIVITY OR DEFICIENCY

In the course of reviewing an optometric residency program, the ACOE may withdraw its accreditation, regardless of its current accreditation status, under the following circumstances:

1. The program has been without at least one resident for two or more years.
2. The program has incurred a major loss of resources, e.g., faculty, facilities or funding, without reasonable expectation of rapid replacement.

3. A natural catastrophe prevents the program from functioning as accredited.

## CHAPTER VI | In the Public Interest

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The Accreditation Council on Optometric Education takes seriously its responsibility as an accrediting body to inform and assure the public about the quality of educational programs in optometry. The ACOE will publish its accreditation decisions, including the basis for any final decisions, on its web site within 30 days of the decision. The information to be published will include:

- the type of program (professional optometric degree, optometric residency, or optometric technician);
- the program's sponsor, and in the case of an optometric residency not sponsored by a school or college of optometry, the name of the affiliated optometric institution;
- accreditation status or action;
- the year of the next currently scheduled site visit;
- and the Council's summary of compliance with the standards, which specifies the Council's basis for any final decision.

Updates to the summary of compliance will be published when the ACOE determines that the standards are met. The ACOE also publishes on its web site a directory of accredited programs, which is updated following each ACOE meeting, and when major changes occur. The Council also publishes an annual report which it submits to the AOA House of Delegates listing its accreditation decisions, the names of the programs which are removed from the list of accredited programs, and reasons for removal.

The Accreditation Council on Optometric Education will regularly monitor catalogs and appropriate publications of optometric residency programs to determine that programs are accurately portrayed to the public. If the program elects to publicly disclose its ACOE accreditation status, it must accurately list its status and include the Accreditation Council on Optometric Education's name, address and phone number. Further, the Council requires that programs be accurate in all references to the areas and levels for which accreditation has been received.

### CONFIDENTIALITY OF ACCREDITATION REPORTS

Council policy specifies that evaluation reports are confidential and are not disclosed except to the sponsoring and affiliated institutions involved. Premature and/or unauthorized disclosure of information reflecting the evaluation team's or Council's conclusions and recommendations concerning the accreditation status of an accredited program may seriously jeopardize the Council's position as an accrediting agency, and adversely affect the program or institution.

The Council expects the chief executive officer of optometric educational institutions to make Council evaluation reports available to faculty members, and others directly concerned.

Council members, evaluation team members and consultants are not authorized under any circumstances to disclose information obtained during on-site visitations or during Council meetings. The extent to which evaluation reports are made public is determined by the chief executive officer of the educational institution. It is the obligation of the Council to maintain the confidentiality of its relationships with institutions and programs and not to announce publicly any action with respect to a residency program other than its accreditation classification or its removal from the accredited list.

However, if an institution so conducts its affairs that they may become a matter of public concern, the Council may find it necessary to make public its actions. Moreover, when the Council is thus forced to make its actions public, it cannot avoid the necessity of explaining, to whatever extent it deems necessary and appropriate, the basis for its action. This may result in some departure from the usual confidential character of the Council's relations with an institution.

### PROCEDURES FOR REVIEW OF COMPLAINTS ALLEGING VIOLATION OF ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION STANDARDS BY ACCREDITED PROGRAMS

The Accreditation Council on Optometric Education, through its established procedures of evaluation and monitoring, attempts to ensure that professional optometric degree, optometric residency and optometric technician programs maintain high standards of educational quality.

The Accreditation Council on Optometric Education does not serve as an arbiter or mediator of disputes that may arise between the programs and other parties. However, the Council is interested in hearing from groups or individuals who may have specific complaints relating directly to the lack of compliance with the accreditation standards and requirements of the Council.

### PROCEDURES FOR FILING A COMPLAINT

An individual or group desiring to file a complaint with the Accreditation Council on Optometric Education shall submit the complaint in writing, signed by the complainant, to the Director or the Chair of the Council. The complaint must be specific in detail and include all information the complainant wishes considered. Upon request and if possible, the Council may withhold or protect the identity of the complainant.

Complaints received by the Council that do not relate to the standards of accreditation or that do not have sufficient documentation to warrant an investigation will be disposed of in an appropriate manner at the discretion of the ACOE Executive Committee, which is composed of the ACOE Chair, Vice-Chair and Director. If it is determined that no investigation is warranted, the complainant shall be so informed.

Upon receipt of a relevant complaint, the Council will forward within 20 business days a copy to the chief executive officer of the program for response. If the name of the complainant is being withheld/protected, the ACOE Director shall summarize the complaint or redact identifying information prior to forwarding to the institution or program. The program will have 20 business days to respond to the complaint and to provide all information it would like considered. The Chair of the Council may grant an extension of time to respond to the complaint if warranted. A request for delay must be submitted in writing within the 20 business days period referenced above. If a site visit is scheduled within the response time frame, the response may be provided as set forth below.

If an on-site evaluation is scheduled to begin within 90 days of the receipt of the complaint, the Council will also refer the complaint to the chair of the evaluation team visiting the program for investigation and action during the regular course of the evaluation process. If the complaint is not referred to the chair of the next evaluation team, the chief executive officer of the program, or other appropriate person, will be asked to provide the Council with a written summary of actions that led to the complaint and any actions taken as a result of the complaint, including appropriate documentation available to support the summary.

If the response received from the program satisfactorily demonstrates that the program is in compliance with the ACOE standards, the ACOE Executive Committee may dispose of the complaint in a manner it deems appropriate or opt to refer the matter to the Council as a whole for further consideration.

If the complaint's allegations appear to be substantial and tend to suggest lack of compliance with one or more standards and requirements of accreditation, the Chair of the Council will appoint two members of the Council who have no conflicting relationship with the program in question, including one public member, who will investigate the complaint. The public member will preside and direct the investigation.

The investigation may, but need not necessarily, include a visit to the program against which the complaint was filed and may involve such hearings as deemed appropriate. This two-member investigative team shall have access to any and all information relevant to its inquiry. Upon completion of the investigation, the chair of the team shall report to the Council at its next regularly scheduled meeting. The Council shall take appropriate action, including but not limited to dismissing the complaint, requiring an interim visit, scheduling a full evaluation visit, or other appropriate corrective action to bring the program into compliance with the accreditation standard(s) in question. The complainant and the program will be informed of the results of the investigation within 30 business days of a decision.

Each ACOE accredited program shall inform its students or residents of the Council's mailing address and/or telephone number, the procedures for filing complaints, and that only complaints relating directly to the lack of compliance with standards and requirements of accreditation will be considered by the Council. The Council will not intervene on behalf of individuals or act as a court of appeal for individuals in any matters. The Council will not consider complaints on matters that are not related to the standards of accreditation.

The costs related to the complaint process will be divided equally between the Council and the program.

The ACOE will maintain records of complaints about accredited programs received as well as the resolution of the complaints. Pursuant to U.S.D.E. policies, evaluation teams will receive records of any complaints pertaining to a program being reviewed that have been received since the program's previous evaluation visit.

### PROCEDURE FOR COMPLAINTS NOT RELATED TO ACCREDITATION DECISIONS

- 1) A complaint or inquiry regarding the Accreditation Council on Optometric Education (ACOE) other than the merits of an accreditation decision may be initiated by filing a written complaint with the ACOE's Director. The complaint must identify the specific matters complained of, set forth in detail the facts and reasons claimed to support the allegations and must include pertinent documents in possession of complainant relating to the complaint.
- 2) Upon receipt of a written complaint regarding ACOE actions other than the merits of accreditation decisions, the ACOE shall have 45 days to conduct an investigation of the allegations in the complaint if warranted. If it is determined that no investigation is warranted, the complainant shall be so informed in writing. The investigation may include, without limitation, interviews with persons having information regarding the allegations and a review of materials relevant to the complaint. Any individual with information regarding the allegations may also be asked to provide documents and comments relating to the complaint.
- 3) The Chair of the ACOE may appoint a committee to conduct the above referenced investigation into the allegations of the complaint. (If the complaint concerns the Chair, the ACOE may appoint a committee to conduct the investigation.) Following the investigation, the committee shall prepare a written report to the ACOE stating the findings of the investigation. The person(s) filing the complaint will be provided with a copy of the written report and will be provided with an opportunity to submit written comments to the ACOE on the investigation report. Any written comments shall be submitted to the full Council within thirty (30) days following receipt of the report.
- 4) Following review of the findings and additional written comments, if any, the Council at a duly scheduled meeting shall make a determination with respect to the allegations of the complaint. Within 15 business days following the decision, a written report shall be

prepared specifying factual findings of the ACOE and the actions, if any, that the ACOE will take with respect to the complaint, including but not limited to dismissing the complaint, requiring a new site visit evaluation, or other remedial action. The complainant(s) will be provided with a copy of the ACOE decision.

- 5) The person(s) filing the original complaint may appeal the decision of the Council by filing the appeal, in writing and stating specific reason(s) for the appeal, with the Secretary-Treasurer of the Board of Trustees of the American Optometric Association, within 30 days following notification of the decision of the Council. Within 15 days of receipt of the Appeal, the President of the AOA shall name three (3) persons to an ad hoc Appeals Panel, and three alternates, no one of whom shall be a member of the Accreditation Council on Optometric Education or a member of the Board of Trustees of the AOA, or have had affiliation with the institution, program, or person(s) filing the appeal or with the accreditation process relating to an institution or program. No additional fact finding may be undertaken regarding the initial complaint, unless requested by the Appeal Panel.
- 6) Within 60 days after appointment, the Appeal Panel shall schedule and convene a meeting to hear or receive presentations from the complainant and the Council or their respective representatives. The complainant(s) will have an opportunity to have one (1) representative appear before the Appeal Panel to make oral and/or written presentations and to respond to questions from the Panel. The Accreditation Council on Optometric Education will designate a representative to appear before the Panel to support the decision of the Council and to respond to questions of the Panel. Either party may be represented by counsel; however, the proceeding shall be conducted on an informal basis.
- 7) The Appeals Panel shall review the materials presented and shall reach a decision within 15 days of the meeting. The Appeal Panel decision may be to sustain, modify or reverse the decision of the Council or to remand the matter to the Council for reconsideration with recommendations. The decision of the Appeal Panel shall be in writing, shall state the pertinent finding of facts and conclusions, and the actions approved by the Panel. The Appeal Panel shall forward its findings and conclusions to the Council for action, and shall provide complainant(s) with a copy of the Appeal Panel decision.

During the period of the investigation, the ACOE will maintain the confidentiality of the information and documents submitted to it, except to the extent it deems necessary and appropriate in order to conduct a thorough inquiry.

## CONSIDERATION OF ACTIONS OF OTHER ACCREDITING GROUPS AND NOTIFICATION OF WITHDRAWALS

The Accreditation Council on Optometric Education will review the accreditation status of any optometric residency program located within an institution that has been placed on public probation or that has had its accreditation status revoked by any USDE-recognized accrediting

agency. The purpose of the review will be to determine if the ACOE should take adverse action against the program or lower its accreditation status to “accredited with conditions.” The Council will provide the program with due notice of its intended review. Programs which are currently accredited by ACOE as well as those seeking initial accreditation are required to notify ACOE if the accreditation of their parent institution is revoked, or if the parent institution is placed on public probation.

The Accreditation Council on Optometric Education shall take into account decisions made by recognized institutional accrediting agencies or State agencies. If the ACOE determines that an institution sponsoring an ACOE accredited program or a program seeking ACOE accreditation is the subject of an interim action or threatened loss of accreditation or legal authority to provide postsecondary education, the ACOE will act as follows:

### **Programs accredited by ACOE**

If a recognized institutional accrediting agency takes adverse action with respect to the institution offering the program or places the institution on public probationary status, the ACOE shall promptly review its accreditation of the program to determine if it should take adverse action against the program.

The ACOE shall not renew the accreditation status of a program during any period in which the institution offering the program--

1. is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
2. is the subject of an interim action by a State agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
3. has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; and/or
4. has been notified of a threatened suspension, revocation, or termination by the State of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

### **Programs applying for accreditation by ACOE**

In considering whether to grant initial accreditation to a program, the ACOE takes into account actions by:

1. recognized institutional accrediting agencies that have denied accreditation or pre-accreditation to the institution offering the program, placed the institution on public probationary status, or revoked the accreditation or preaccreditation of the institution; and

2. a State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education.

### **Granting of ACOE accreditation notwithstanding actions by other agencies**

If the ACOE grants accreditation to a program notwithstanding the actions described in this policy, the Council shall provide to the Secretary of the U.S. Department of Education within 30 days of ACOE action, a thorough explanation, consistent with the accreditation standards, why the previous action by a recognized institutional agency or the State does not preclude ACOE's grant of "accreditation."

The ACOE will, upon request, share with other appropriate recognized accrediting agencies and recognized state approval agencies information about the accreditation or preaccreditation status of a program and any adverse actions it has taken against the accredited or preaccredited program.

As an accrediting agency recognized by the U.S. Department of Education (USDE), the Accreditation Council on Optometric Education will notify the USDE Secretary of any action the Council takes to withdraw an accredited status from a program or to place an accredited program on a publicly announced probationary status. As required for recognition by the USDE, the Council will forward a notice of all final accrediting actions taken at each meeting to the USDE Secretary. The Council will also notify the Secretary of ACOE's final decision to deny, withdraw, suspend or terminate the accreditation of a program at the same time it notifies the program.

When the Council makes a final decision to deny, withdraw, suspend, or terminate a program's accreditation status, it shall notify the affected program within 30 days after such action. That notification letter shall include a statement that the Council must make available to the Secretary of the U.S. Department of Education, appropriate accrediting agencies and the public the decision and a brief summary of the Council's reasons for the determination as well as any comments that the program may wish to make regarding such decision. The notice shall request that the program submit any brief comments that would be made available to the public not later than a specified date that is within 50 days after such final decision is made. The Council reserves the right to ensure that such comments are accurate and not defamatory.

Within sixty (60) days after the Accreditation Council on Optometric Education makes a final decision to deny, withdraw, suspend, or terminate a program's accreditation status, ACOE shall make available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, and the public, such decision and a brief summary of the reasons for the ACOE's determination, as well as any comments that the affected program may wish to make regarding such decision.

Within 30 days of receiving notification of voluntary withdrawal from accreditation or preaccreditation from a program, the Accreditation Council on Optometric Education will notify the U.S. Department of Education, the appropriate state board of optometry and other

appropriate state agencies, appropriate accrediting agencies, and upon request, the public of the program's decision to voluntarily withdraw.

If a program lets its accreditation or preaccreditation lapse, the ACOE will notify the U.S. Department of Education, the appropriate state board of optometry and appropriate state agencies, appropriate accrediting agencies and upon request, the public within 30 days of the date on which the accreditation lapses. Accreditation or preaccreditation lapses when a program fails to continue the regularly scheduled process of accreditation, and no extension in which to comply has been requested by the program and granted by the ACOE.

## CHAPTER VII | Conclusion

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The Accreditation Council on Optometric Education's prime purpose as an accrediting agency is to ensure the quality and continued improvement of optometric education by establishing and applying valid and reliable educational standards that reflect the evolving practice of optometry. In the final analysis, accreditation and its self-study procedures should provide stimulation to programs to ensure continued improvement through the assessment of levels of achievement of its mission, goals and objectives.

The Accreditation Council on Optometric Education in its evaluation of optometric residency programs welcomes inquiries relative to the interpretation of its standards and procedures. The Council reserves the right to collect data periodically from each of the residencies participating in its accreditation program and may re-visit and re-evaluate any of them at any time, provided that proper notice and adequate opportunity for preparations are allowed. Finally, the Accreditation Council on Optometric Education is committed to providing accurate public information to potential residents, the government and the public who may have questions about optometric education. Its regularly published lists will provide an overview of programs' accreditation status.

## APPENDIX A

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### MISSION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

The Accreditation Council on Optometric Education serves the public and the profession of optometry by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of optometric education that reflect the contemporary practice of optometry. The scope of the Accreditation Council on Optometric Education encompasses professional optometric degree, optometric residency, and optometric technician programs.

### GOALS AND OBJECTIVES

#### **Goal 1**

**To serve the public, the optometric profession and the other communities of interest by ensuring the continued effectiveness of the Council.**

#### **Objectives**

1. Maintain an independent and objective accreditation process.
2. Implement the accreditation process with integrity, transparency and high ethical standards.
3. Ensure that the orientation and training process for Council members, staff and consultants includes relevant information on optometric practice, health profession education, and higher education.
4. Identify competent individuals to serve as Council members.
5. Train competent individuals who are appointed to serve as Council members.
6. Develop and disseminate information on the Council's policies and procedures.
7. Inform the general public and the optometric, educational and accreditation communities of interest regarding the accreditation status of programs.
8. Maintain communication between the Council and its constituents.
9. Keep the optometric community informed of current trends and developments in specialized accreditation.
10. Serve as a resource on optometric accreditation.
11. Continue to seek the most cost effective way to provide the services of the Council.

#### **Goal 2**

**To develop, maintain, apply and periodically review the Council's accreditation processes and the standards for accreditation of optometric education and training programs in the United States and Canada.**

**Objectives**

1. Review optometric education and training programs and make accreditation decisions in accordance with Council's standards and procedures and the program's mission, goals and objectives.
2. Establish and disseminate standards, policies and procedures in accreditation manuals for the programs accredited by or seeking accreditation from the Council.
3. Comprehensively review the standards for accreditation at least every five years.
4. Solicit suggestions from accrediting teams relative to standards, procedures and process.
5. Solicit suggestions from the communities of interest relative to standards, procedures and process.
6. Identify competent individuals to participate in accreditation site visits and provide appropriate training.
7. Evaluate the performance of site visitors and team chairs and use the results of the evaluations to identify areas needing emphasis in the training process.
8. Monitor programs in the interim between evaluation visits through the use of annual reports, progress reports and interim visits.

**Goal 3**

**To foster continuous improvement of the Council by remaining current regarding the contemporary nature of optometric practice, health professions education, and higher education.**

**Objectives**

1. Review information relating to optometric practice, health professions education, and higher education that impact on optometric accreditation.
2. Continue dialog with representatives of optometric organizations, health care delivery systems, health professions, higher education and other accreditors.
3. Modify accreditation standards, policies and procedures as necessary.

**Goal 4**

**To foster continuous improvement of optometric education by valuing innovation and creativity in optometric education programs.**

**Objectives**

1. Communicate to the communities of interest that the Council values innovation and creativity in optometric education programs that maintain acceptable outcomes.
2. Ensure that the policies and the procedures of the Council do not inhibit innovation.
3. Ensure that the Council and consultants perceive innovation as a positive approach to foster continuous improvement in optometric education.

**Goal 5**

**To assure the continued effectiveness of the accreditation process by the development and application of continuous quality assurance, self-assessment, and external review of the Council.**

**Objectives**

1. Maintain recognition by the U.S. Department of Education and Council on Higher Education Accreditation.
2. Seek external review by organizations that recognize accrediting bodies and follow accepted codes of good practice.
3. Engage in planning and conduct periodic self-assessments.
4. Evaluate and test the validity and reliability of the Council's processes.
5. Maintain a committee structure that involves Council members and other experts in planning, quality improvement, and self-assessment.
6. Seek regular input from the communities of interest relative to planning, quality improvement, and self-assessment.

## APPENDIX B

### GLOSSARY OF TERMS

This glossary provides a quick reference of commonly used terms in the manual.

<b>Advanced Competency</b>	The ability to provide eye care at a level beyond that of the core competencies attained upon completion of a professional optometric degree program.
<b>Affiliated School or College of Optometry</b>	An ACOE accredited school or college of optometry that has educational responsibility for a residency that is sponsored by a non-ACOE accredited health care entity. Faculty appointment, curriculum development, and program assessment are examples of educational responsibilities of the affiliated school or college of optometry.
<b>Curriculum</b>	A structured, integrated educational plan developed to meet the mission, goals and objectives through patient care, didactic and scholarly activities.
<b>Didactic Activity</b>	The acquisition of advanced clinical knowledge, techniques or procedures via delivery methods such as lectures, journal clubs, courses or workshops.
<b>Director of Residencies</b>	That individual at the affiliated school or college of optometry who is administratively responsible (regardless of title) for the overall quality of the residency program(s) of that institution.
<b>Educator</b>	For professional optometric degree programs and residencies, someone directly engaged in education at a school or college of optometry (e.g., professor, instructor, academic dean) (or who has retired within the last two years from optometric education); for optometric technician education programs, someone engaged in education at an optometric technician program, or who has retired within the past two years from an optometric technician program.
<b>Evidence-Based Clinical Decision Making</b>	The utilization of the best peer-reviewed current scientific information integrated with clinical expertise in making an individualized decision about the care of a patient.
<b>Examples of Evidence</b>	Documentation the program provides to the Council as evidence the program meets the standard. The examples listed are not all inclusive, and the program may choose to use all, some, or none of the examples in its documentation. However, the Council does require the program to submit appropriate documentation as evidence of meeting the standard.

<b>Goals</b>	Goals specify the end results necessary to achieve the mission; they should elaborate each of the major components of the mission. They provide clarification and specificity for components of the mission statement.
<b>Health Care Delivery Entity</b>	Any health care delivery organization or facility which provides primary, secondary or tertiary health care by appropriately licensed providers.
<b>Mission</b>	A statement of the fundamental reasons for a program's existence.
<b>Objectives</b>	Statements which define outcomes attributable to the mission and goals of a residency.
<b>Outcome</b>	An assessable quantity or quality relative to the overall success of a program in the achievement of its mission, goals and objectives.
<b>Patient Centered Care</b>	Health care that is characterized by a partnership between provider and patient (and appropriate patient's family or legally authorized caregiver), incorporating respect for patient's values and expressed needs; patient empowerment; health promotion; and coordination and integration of care.
<b>Practitioner</b>	Someone directly engaged in the practice of optometry in a setting that is primarily devoted to patient care (or who has retired within the last two years from the practice of optometry).
<b>Privileging</b>	The process of granting the authority and responsibility to a practitioner based on review of credentials for making independent decisions to diagnose, initiate, alter or terminate a regimen of optometric, vision and health care.
<b>Publish</b>	To make available to the communities of interest (students and their families, counselors, education community, and the general public) by print or electronic means.
<b>Quality Assurance</b>	Planned process of evaluation and improvement of health care by a health care entity or practitioner to assure the quality of that care.
<b>Residency Core Competencies</b>	The fundamental components common to all residency programs and expected achievements for all residents. The components result in the attainment of advanced proficiency in areas of clinical knowledge and patient care specific to the mission of the residency.
<b>Scholarly Activity</b>	The activities associated with the discovery, integration, application and teaching of advanced clinical knowledge as exemplified by conducting research, publishing, presenting posters or papers, and lecturing.
<b>Sponsor</b>	That school or college of optometry, hospital, health center, clinic or other health care delivery entity that assumes the day-to-day responsibility for education of the resident.
<b>Standard Precautions</b>	The minimum infection prevention measures that apply to all

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	patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.
<b>Supervisor/ Coordinator</b>	The clinician who is directly responsible for the residency program, especially the day-to-day clinical education of the resident.
<b>Terminal Degree</b>	The highest academic or professional degree in a given field of study.

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