

Midwestern University Chicago College of Optometry



Clinical Rotations MWU – CCO Student Clinician & Preceptor Manual

Academic Year 2024-2025

Midwestern University
Chicago College of Optometry
555 31st Street
Downers Grove, IL 60515

This manual is published for the convenience of the 4th year student clinicians and preceptors of the Midwestern University Chicago College of Optometry. It is intended to be effective as of May 27, 2024. Midwestern University reserves the right to make any changes in any or all specifications contained herein and to apply such revisions to registered and accepted students.

Dear Preceptors,

Welcome to the Midwestern University Chicago College of Optometry OD-4 Rotation Program. We would like to extend our gratitude for being an integral part of the education of our optometry students. We truly thank you for joining our team of practice educators to help shape these future clinicians.

This OD-4 Rotation Manual is intended to provide students and the rotation site preceptors with specific information and policies related to the CCO OD-4 Rotation Program. Internal and external rotation sites are considered an extension of the College's clinical program. As such, the policies of the College will be enforced when applicable and not in conflict with the current policies of your clinic or healthcare system.

For information or policies not directly addressed in this manual, the reader is directed to the Midwestern University Eye Institute Manual or the Midwestern University College Catalog, which is available to site preceptors online at www.midwestern.edu. Feel free to contact us at any time to discuss any concerns or questions that may arise.

The OD-4 Rotation Program plays an essential role in the preparation of students for contemporary entry level practice. We want to thank you again for your guidance and instruction of our students.

Best regards,

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Mission Statement and Goals Chicago College of Optometry (CCO)

The mission of the Chicago College of Optometry is to develop competent individuals who embrace lifelong learning through the pursuit of excellence in education, research, scholarship, and patient care for a diverse society. The College's educational programs emphasize and promote public health, leadership, ethics, professionalism, compassion, commitment, collegiality, and a sense of community.

The Midwestern University Chicago College of Optometry will pursue the following goals:

- Deliver a comprehensive Doctor of Optometry degree program that prepares graduates for contemporary entry-level practice and encourages and fosters advanced training, in order to serve the interests and needs of the broader community.
- Present an innovative optometry program with faculty committed to learning and teaching the current research and evidence-based medicine applications using technologies to provide an exceptional educational experience for students.
- Develop and support the faculty and students in their commitment to research and scholarly activities and excellence in patient care.
- Graduate students who have achieved the learning outcomes as defined by the faculty.
- Improve patient care through promotion of interprofessional educational programming and the Midwestern University One Health Quality Initiative.
- Foster a commitment to professional, collegial, and ethical practices in patient care while promoting public service to diverse communities.
- Develop a high-quality program appropriate for optometry residents at an affiliated or Midwestern University sponsored accredited optometry residency site.
- Serve the eye and vision healthcare needs of Downers Grove and neighboring communities through the Midwestern University Eye Institute.
- Provide and encourage lifelong learning and support services to the optometric profession.
- Develop leaders in the optometric profession and the healthcare community.

In addition to the Mission and Goals of the Chicago College of Optometry, the clinical programs will promote behavior consistent with the Code of Ethics for Optometrists, and further supports adherence to the Optometric Oath.

Code of Ethics for Optometrists¹

It shall be the ideal, resolve, and duty of all optometrists:

- **TO KEEP** their patient's eye, vision, and general health paramount at all times;
- **TO RESPECT** the rights and dignity of patients regarding their health care decisions;
- **TO ADVISE** their patients whenever consultation with, or referral to another optometrist or other health professional is appropriate;
- **TO ENSURE** confidentiality and privacy of patients' protected health and other personal information;

¹Adopted by the House of Delegates as: Substantive Motion M-1944-1, June 1944; Modified June 2005; Repealed June 2007 Modified and Adopted as Resolution #1969, June 2007 <https://www.aoa.org/about-the-aoa/ethics-and-values?sso=y> (accessed 6/19/2014)

- **TO STRIVE** to ensure all persons have access to eye, vision, and general health care;
- **TO ADVANCE** their professional knowledge and proficiency to maintain and expand competence to benefit their patients;
- **TO MAINTAIN** their practices in accordance with professional health care standards;
- **TO PROMOTE** ethical and cordial relationships with all members of the health care community;
- **TO RECOGNIZE** their obligation to protect health and welfare of society; and
- **TO CONDUCT** themselves as exemplary citizens and professionals with honesty, integrity, fairness, kindness, and compassion

The Optometric Oath²

With full deliberation I freely and solemnly pledge that:

I AFFIRM that the health of my patient will be my first consideration.

I WILL practice the art and science of optometry faithfully and conscientiously, and to the fullest scope of my competence.

I WILL uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the degree, Doctor of Optometry, which has been granted me.

I WILL provide professional care for those who seek my services, with concern, with compassion and with due regard for their human rights and dignity.

I WILL place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.

I WILL hold as privileged and inviolable all information entrusted to me in confidence by my patients.

I WILL advise my patients fully and honestly of all which may serve to restore, maintain, or enhance their vision and general health.

I WILL strive continuously to broaden my knowledge and skills so that my patients may benefit from all new and efficacious means to enhance the care of human vision.

I WILL share information cordially and unselfishly with my fellow optometrists and other professionals for the benefit of patients and the advancement of human knowledge and welfare.

I WILL do my utmost to serve my community, my country and humankind as a citizen as well as an optometrist.

I HEREBY commit myself to be steadfast in the performance of this my solemn oath and obligation.

²Written by Dr. Richard Hopping. Adopted by the American Optometric Association House of Delegates, June 1986
<https://www.aoa.org/about-the-aoa/ethics-and-values?sso=y> 8/21/2018

OD-4 Rotation Program, Chicago College of Optometry

The mission of the OD-4 Rotation Program of the Chicago College of Optometry is to support the mission of the College by expanding the educational and clinical experience of optometry students. This is accomplished by enabling students to provide optometric care to diverse patient populations both on campus and in off-campus health care facilities.

The Goals of the CCO OD-4 Rotation Program are:

- Provide clinical patient care experiences which expose student clinicians to:
 - A variety of primary and specialty patient care opportunities while supervised in an established clinical practice.
 - Sufficient number of patient encounters to allow the further development of analytical, diagnostic, treatment and management skills.
 - Ongoing and continuous services to individual patients over an extended period of time.
 - Practice management issues related to coding and billing, reimbursement, quality assessment and improvement, office management and practice development.
- Further develop a multidisciplinary approach to vision and health care.
- Improve examination efficiency of student clinicians.
- Emphasize a problem-oriented approach to patient care.
- Foster development of values and attitudes which enable the student to provide quality health care services that are of maximum value and benefit to patients.
- Provide guidance and support including, but not limited to preceptor training, site visits, and evaluation tools which will enable preceptors to maximize the value of the externship experience for students.
- Assess student performance and activity at each rotation site.
- Maintain adequate documentation of the rotation program to ensure that its quality and effectiveness can be demonstrated to interested third parties.
- Facilitate regular ongoing communication between rotation site preceptors and the Chicago College of Optometry to ensure continued high quality clinical education for optometry students.

Program Overview

Overview of the Clinical Rotation Program for Optometry Students

The clinical experience for students in the Midwestern University Chicago College of Optometry program begins in the first professional year with clinical observations or screenings and progresses to more hands-on involvement as the students learn clinical skills and procedures. Clinical experiences and patient encounters will continue throughout the first and second professional years as partial course requirements in various clinical courses. By the summer quarter of the third professional year the students will be scheduled weekly in the MWU Eye Institute-Downers Grove and its affiliated clinical sites, to the primary care service along with the specialty clinics to perform examinations on patients under the supervision of the clinical faculty.

During the fourth professional year each student will participate in four quarter long rotations with at least one rotation in the Eye Institute or satellite clinical site.

Rotation Management System (RMS)

RMS is a Web-based rotation information system that houses student information and documents necessary for external clinical rotation assignments. Additionally, RMS is utilized to assist in the external rotation assignment process by providing information on preceptors and rotation sites, rotation assignment requirements, and students' preferences.

Fourth year students are expected to abide by the policies in this Manual. The information included in this Manual will primarily refer to External Rotations. For comprehensive MWU Eye Institute – Downers Grove policies and procedures, refer to the MWU – CCO Eye Institute Manual.

Meditrek®

Meditrek® is a Web-based medical education management and administration tool. Meditrek® houses all of the student, preceptor, and site evaluations, as well as all professional year student patient logs.

Centralized Office of Experiential Education (COEE) Online Dashboard

The Midwestern University Centralized Office of Experiential Education (COEE) is a support service for the colleges. It provides an online dashboard to assist in auditing students' compliance with stated requirements in executed affiliation agreements, including health insurance, criminal background checks, physical examination, immunization and health screening requirements, and HIPAA, OSHA, Universal Precautions, and CPR training. All information is updated in real time on an online dashboard.

Preceptors

A preceptor is a licensed health care provider who works directly with students in the provision of health care services to patients. The preceptor is a teacher, mentor, supervisor, role model, evaluator and counselor. It is the preceptor's responsibility to help students prepare themselves for effective and successful provision of optometric services. The internal preceptor is commonly a college clinical faculty member, either full time or adjunct, that is scheduled to supervise the student in the MWU Eye Institute - Downers Grove or at an affiliated clinical site. The course director of the clinical courses within the MWU Eye Institute - Downers Grove is the point of contact for MWU Eye Institute - Downers Grove preceptors. The external rotation preceptor is a health care provider affiliated with the College through the external rotation program, and is responsible for the instruction, supervision, and evaluation of optometry students at their rotation site. The external rotation preceptor is appointed as an adjunct faculty member of the College. The Assistant Director of Rotations is the point of contact for the external rotation preceptor.

Preceptor supervision and mentoring are essential components of a successful rotation experience and are further described below.

a. Professional Supervision by Preceptor

Professional supervision, as it relates to assigned optometry students, means (at a minimum) that in no case shall a patient receive services or be treated based solely on a student's evaluation where a preceptor has not agreed to the findings, the conclusions, and the plan. The College does not intend that professional supervision requires direct physical observation of all student clinical activity, however, students cannot be required

or allowed to provide professional services at any time when a preceptor is not on the premises and not aware of the student activity.

b. Professional Mentoring by Preceptor

Professional mentoring includes many types of teaching activities including coaching on technique, case analysis, patient communication, strategies for differential diagnosis, role modeling of proper professional demeanor; making recommendations for study or practice; providing evaluation feedback, career counseling and other activities. In this way, the preceptor serves as a valuable role model for optometry students as the latter gain confidence and expertise in their clinical skills and decision making.

Course Description

The fourth professional year is designed to promote continued development of the student's emerging clinical problem-solving abilities. This is a series of full-time clinical rotations or externships. Direct patient care in individualized supervised clinical experiences is the focus. Students will provide eye care services in the Primary Care and Specialty Services (cornea and contact lenses, ocular disease, pediatric optometry, low vision rehabilitation, electro-diagnosis, vision therapy, sports vision and ocular prosthetics) at the Midwestern University Eye Institute or at selected external rotation sites. Clinical decision making will be enhanced through challenging patient care problems that highlight or emphasize differential diagnosis, management decisions, referral decisions and follow-up, and newer techniques and procedures for diagnosis and management. This course comprises patient care experiences and a seminar series presented weekly during each fourth-year clinical rotation in the Eye Institute.

Educational Objectives

It is expected that a student clinician's cognitive, technical and analytical skills will continuously improve over the course of the fourth-year experience and the student's knowledge base will increase in breadth and depth. Throughout the course of the fourth year, they are expected to:

- Identify, record, and analyze pertinent history problems presented by the patient.
- Demonstrate the necessary skills to examine and evaluate the patient to arrive at an appropriate diagnosis.
- Formulate a rational treatment and management plan and understand the implications of various treatment and management options.
- Provide preventative care, patient education, and counseling.
- Use the knowledge of optometry's role and the roles of other health professions to appropriately assess and address the health care needs of the patients and populations being served.
- Demonstrate knowledge of professional, ethical, legal, and public health principles applicable to the delivery of optometric care.
- Demonstrate understanding of research principles and conduct in order to critically assess the literature.
- Effectively communicate orally and in writing with other professionals and patients.
- Demonstrate basic life support skills for emergencies encountered in optometric practice.
- Demonstrate an understanding of the basic principles and philosophy of optometric practice management.
- Commit to self-directed learning and continual professional improvement.

Graduates are expected to have achieved competence which allows them to practice all aspects of contemporary optometry.

Practice Management

Students should be exposed to as much clinical practice management as possible within the Eye Institute and at each external rotation site. The appointment scheduling process, patient flow within the clinic, billing and coding, health care policy such as the Affordable Care Act, optical management and staff management are all important aspects of optometric practice. The student should gain exposure to all aspects of daily operations. Students should be encouraged to take advantage of this time and these opportunities.

Overview of the Curriculum leading up to Fourth Year Rotations

Prior to starting fourth-year clinical rotations, CCO student clinicians will have accumulated clinical experience throughout the first three years, culminating with a minimum of four quarters of supervised clinical patient care at the MWU Eye Institute and affiliated sites during their third year. Under the direct supervision of assigned adjunct or full-time clinical faculty, third year students are exposed to patients in primary care, geriatrics, pediatrics, and vision therapy, and patients with contact lens, and ocular disease. Below is a list of equipment students will have available to them for use in the MWU Eye Institute.

- Visual Field: Humphrey Visual Field, Zeiss FDT, Maia Microperimeter, Goldmann bowl perimeter, and Haag-Streit Octopus 900
- Optical Coherence Tomography: Heidelberg Spectralis OCT, Angioplex-OCT Angiography, and Zeiss Cirrus HD OCT 5000
- Fundus Camera: Topcon NW400, Zeiss Clarus 500
- Nikon Optos California
- VISUSCOUT handheld retina camera
- Pachymeter
- Topographer: Oculus Pentacam and Keratograph,
- Topcon CA800F Corneal Analyzer
- Handheld Tonometers: Tonopen and Icare
- Autorefractor: Topcon KR-1 and Welch Ellyn Spot Vision
- Wavefront Abberometer: Zeiss iProfiler
- Anterior Segment Photography. Haag Streit IM900
- Electrodiagnostic: Diagnosys VEP, ERG and EOG, EEG
- A-scan and B-Scan Ultrasound, anterior segment UBM
- Brightness Acuity Test (BAT)
- Hertel Exophthalmometer
- CEM530 Specular Microscope
- sMap3D Scleral Topographer
- Zeiss IOL Master 700
- Blephex Meibomian Gland Treatment System
- TearLab
- LipiFlow
- Lumenis M22 Intense Pulsed Light (IPL)

- Portable phoropter stands with phoropters.
- Automated Phoropters
- RightEye Vision Tracker
- Ocusoft Thermal 1 Touch

Schedule

Most rotation sites generally follow the start and end dates for each quarter in the Midwestern University Academic Calendar. Student clinicians should not assume any days off will be granted during the course of the rotation. It is the responsibility of the student to communicate with the rotation preceptor regarding the schedule. Students should be cognizant that the externship program is a clinical education program inserting itself into busy optometric practices and full operation of the clinic is vital to the continuation of the practice as well as the program.

CCO Rotation Calendar 2024-2025

| | | |
|-------------|----------------|-----------------------------|
| Rotation 1 | Summer Quarter | June 3, 2024 - Aug 23, 2024 |
| Rotation 2 | Fall Quarter | Sept 3, 2024 – Nov 22, 2024 |
| Rotation 3 | Winter Quarter | Dec 2, 2024 – Feb 21, 2025 |
| Rotation 4 | Spring Quarter | Mar 3, 2025 – May 23, 2025 |
| Senior Days | | May 27, 2025 – May 28, 2025 |

Midwestern University Holidays

The student may be scheduled according to the Midwestern University’s Holiday calendar (excluding winter break). Holidays are not guaranteed at the external site and may be subject to 1:1 make-up or use of one the personal days. No absence requests will be required if your site is closed during the below holidays. The following are Midwestern University holidays. **The rotation site preceptor is not obligated to observe this schedule.**

| | |
|------------------------------|-----------------------------------|
| Juneteenth | June 19, 2024 |
| Independence Day | July 4, 2024 |
| Labor Day | September 2, 2024 |
| Thanksgiving Day | November 28, 2024 |
| Day after Thanksgiving | November 29, 2024 |
| Winter Break (Internal Only) | December 23, 2024-January 3, 2025 |
| Christmas Eve | December 24, 2024 |
| Christmas Day | December 25, 2024 |
| New Year’s Day | January 1, 2025 |
| Martin Luther King, Jr. Day | January 20, 2025 |
| Memorial Day | May 26, 2025 |

Pre-Graduation Activities

Students are expected to attend mandatory activities during Senior Days prior to graduation. More information will be provided about the financial aid exit interviews, CCO focus groups, CCO Student Survey, and Post-CCO student survey.

NBEO Testing Dates

Part I: The first targeted administration occurs in March of the student’s third year. Additional

administration is offered in August.

Part II: The first targeted administration occurs in December of the student's fourth year. Additional administration is offered in April.

Part III: patient encounters and performance skill portion of the NBEO is administered throughout the student's fourth year at a centralized NBEO testing center located in Charlotte, North Carolina.

It is the responsibility of the student to register for each part of the NBEO exam. Please refer to the link below for current NBEO exam schedules. <https://www.optometry.org/#>

Residency Interviews

Students interested in pursuing an optometry residency will often request interviews in January and February. Students must submit preferences through the Optometry Residency Match (ORMatch) system in late February. Absence requests must be submitted if the interview interferes with site schedule; no make-up is required for the day of the interview. Travel days will be subject to personal days/make up.

Please refer to the link below for ORMatch: natmatch.com/ormatch

University and College Policies

Alcohol/Drug Policies and Procedures

Drugs and Alcohol

Midwestern University does not condone any form of drug, substance, or alcohol abuse by its students. No alcohol or illegal drugs may be manufactured, consumed, distributed, or sold by students on any Midwestern University property or in any facility affiliated with or associated with Midwestern University. Alcoholic beverages may be served at an on-campus event only with the prior approval of the Dean of Students (see Alcohol Policy and Procedures for On-Campus Events). Any student who attends class or a rotation or is on the premises of a facility affiliated with Midwestern University while under the influence of alcohol or drugs is subject to immediate disciplinary actions.

Drug Free Workplace and Substance Abuse Policy

A Drug-Free Workplace and Substance Abuse Policy and Procedure has been established for Midwestern University in order to appropriately serve the needs of faculty, staff, and students. This policy has been established to implement a drug-free workplace and academic environment consistent with federal and state law, including the terms and conditions whereby employees, students, volunteers, faculty, physicians, and other professionals may be disciplined for violation of these policies and tested for suspected use of an illegal drug or alcohol.

As part of the Drug-Free Workplace policy, entering students must sign and submit a statement to the Office of Student Services indicating they are drug-free and that they agree to abide by the Midwestern University Drug-Free Workplace and Substance Abuse Policy. The signing and submitting of this statement occur as part of each new student's Orientation Program the week prior to the start of classes. The Dean of Students maintains these statements in the Office of Student Services. In addition, the Office of Student Services emails a copy of the current Drug-Free and Substance Abuse Policy annually to all students for their review.

Midwestern University maintains a drug-free environment consistent with the principles of the Federal Drug-Free Schools and Communities Act and the Drug-Free Workplace Act. All offers of

employment and enrollment of students are conditional on students abiding by Northwestern University's Drug-Free Workplace and Substance Abuse Policy. In addition, a student who is convicted of a state or federal offense involving the possession or sale of an illegal drug (a controlled substance as defined by the Controlled Substance Act and does not include alcohol and tobacco) that occurred while the student was enrolled in school and receiving Title IV aid, is not eligible for Title IV funds. For more detailed information concerning Title IV funds and convictions for the sale of illegal drugs see the Student Financial Services section of the catalog.

The stated policies and procedures apply to all students of Northwestern University on campus, or at all facilities operated by the affiliated entities. The stated policies and procedures also apply to any student who is enrolled at another academic institution but rotating in a clinical service on the premises of a facility operated by MWU. The University reserves the right to evaluate any student if there is a reasonable cause to suspect that he/she is abusing or is under the influence of alcohol or illegal drugs/substances. A student is considered to be under the influence when his/her ability to perform usual tasks is diminished or impaired due to the apparent use of an illegal drug/substance, alcohol, or a combination thereof. Any student who attends a class or a clinical rotation under the influence of alcohol or who is suspected of abusing drugs will be required to undergo an immediate drug and/or alcohol screening in accordance with this policy. While the costs of these initial drug screenings are typically the responsibility of the appropriate college or the Office of the Dean of Students, transportation to an emergency room for those students who are exhibiting signs of physical/mental impairment will be the responsibility of the student.

If a student is found to have a positive drug screen and he/she is taking prescription drugs, he/she will be asked to provide documentation to both the University and/or the Medical Review Officer in the form of either a physician's or pharmacist's name and phone number where they can be contacted for verification. If, however, the student is found to have a positive drug screen without documentation of a legitimate prescription, he/she will be subjected to disciplinary action, which may include immediate suspension and/or medical leave. Although extreme cases may result in expulsion, it is the intention of Northwestern University to assist students with chemical dependencies by helping the student receive the appropriate counseling and treatment for his/her dependency.

Marijuana, Medical and Recreational Use

Medical Marijuana is now permitted in both the State of Arizona and State of Illinois if prescribed by a physician. Recreational marijuana is now permitted in the State of Illinois. While state laws permit the use of medical marijuana by individuals possessing lawfully issued State medical marijuana cards and Illinois permits the use of recreational marijuana, federal laws prohibit marijuana use, its possession, and/or its cultivation at educational and clinical institutions that receive federal funding. The use, possession, or cultivation of marijuana for medical/recreational purposes is therefore not allowed in or on the premises of any Northwestern University property, including student housing apartments; nor is it allowed at any affiliated clinical sites or University sponsored event or activity.

All students sign a Drug-Free Workplace Certification Document prior to matriculation attesting their willingness to abide by the Northwestern University Drug-Free Workplace and Substance Abuse policy. Multiple states including Illinois allow recreational marijuana use. Although students may participate in clinical rotations in those states, regardless of state law, Northwestern University and its affiliated clinical rotation sites prohibit students from the use of drugs, including

marijuana, which are illegal under the federal Controlled Substances Act (CSA) of 1970. Students testing positive for marijuana use will be subject to University disciplinary procedures irrespective of the state in which the marijuana was used and will be suspended from clinical rotations until the student tests negative for marijuana on a drug screen.

Criminal Background Checks

Due to growing nationwide concerns regarding the suitability of today's health care providers, many hospitals, health care systems, clinics, physician offices, or pharmacies providing health care services require disclosure of an individual's criminal history. In addition, many state statutes also require disclosure of an individual's criminal history in order to apply for certain health professional certificates, registrations, and licenses. Existence of a criminal history may subject an individual to denial of an initial application for a certificate, registration, or license to practice in a clinical setting or result in the revocation or suspension of an existing certificate, registration, or license. In response to this growing trend, Midwestern University requires students to submit to criminal background checks.

It is the policy of Midwestern University that all accepted students must submit to a criminal background check prior to matriculation. In addition, students who remain enrolled must submit to a criminal background check as needed to remain eligible for continued participation and/or to participate in clinical rotations.

A criminal background check may necessitate one or more of the following:

1. a standard criminal background check conducted through an approved background check agency,
2. a fingerprint background check conducted by an approved agency, in which the prints are submitted to both State Police and the FBI database and/or
3. an International Police Clearance.

The procedure utilized to conduct the background check will be based upon the individual's residency status, country of origin, time in residence in the United States and specific program requirements. In accordance with the laws of the State of Illinois, CCOM students are required to undergo fingerprinting as part of the criminal background check process. Students in other programs may also be required to undergo fingerprinting. The criminal background check involves obtaining an authorization from a matriculating or current student that allows the University to obtain the student's individual criminal history. The results of the background check are reviewed by the Dean of Students to determine whether or not there is a record of criminal activity, including misdemeanor and/or felony charges and/or convictions. If there is a positive record, the Dean of Students will inform the appropriate Academic Dean and the Director of University Risk Management so the University can make a determination whether the criminal history will negatively impact the student's admission status or ability to complete the practical training/rotation requirements of the degree program. Criminal background checks are conducted through Student Services as part of the initial student matriculation process and on an as-needed basis thereafter while a student is actively enrolled at Midwestern University.

1. All matriculating students must complete the Criminal Background Release and Consent Form to conduct the criminal background check. All newly admitted students who have submitted a matriculation deposit are provided with access to a copy of the University Criminal Background Checks Policy and the Criminal Background Release and Consent

Form. By going to the Midwestern University website (www.midwestern.edu) and selecting MWUNET, the student can complete the Consent Form, which can be found under the Student Services Tab on the portal. The Policy can be accessed by logging into the Student Handbook under the Resource section and selecting 'Criminal Background Check Policy'.

- a. Incoming pharmacy, optometry and dental students will complete a criminal background check through the appropriate application agency (PharmCAS, OptomCAS or ADEA). The results of those background checks will be forwarded to Midwestern University.
 - b. Incoming international students must complete an International Police Clearance, either under the guidance of Midwestern University or their application agency. If the international student has also resided in the United States within the seven-year period prior to matriculation, the student must also complete a criminal background check. The International Police Clearance must be initiated by the student according to the guidelines of the country from which the Clearance is required.
 - c. Incoming students must complete the criminal background check requirement prior to matriculation. For students who are admitted close to their matriculation date, or for students whose situation may necessitate an extension, the criminal background check must be completed by the end of the first month of the first quarter of enrollment for their program. Failure to complete the background check within the stated timeframe jeopardizes their continued enrollment, and the student may be required to take a mandatory leave of absence.
2. The Office of Student Services will contract with a professional service to conduct the criminal background check.
 3. The Dean of Students will review all criminal background check reports and determine whether or not a record of criminal activity exists. If a record of criminal activity exists, the Dean of Students will conduct a criminal background investigation. The investigation may include any of the following components:
 - a. Request for additional detailed information about the positive criminal background check report. This may entail one or more meetings with the student.
 - b. Collection of additional data, e.g., Federal Bureau of Investigation fingerprints and report, concerning the positive criminal background check report. Following the criminal background investigation, the Dean of Students, in consultation with the Academic Dean (or their designees), will determine whether or not the student should be disqualified from matriculation or continued enrollment. A record of criminal activity will not automatically disqualify a student from enrollment or continued enrollment. The University will consider such factors as (but not limited to) the nature of the crime, the age of the individual at the time the crime was committed, length of time since the criminal activity, any fines, sanctions or convictions, the nature of the clinical program and the relatedness of the conviction, and whether the University will be able to provide appropriate professional clinical training to the student. Students who are permitted to matriculate with a positive criminal background check are required to sign a waiver stating their understanding of the possible negative impact of their background check on their education, postgraduate training and licensure.
 4. Failure to disclose criminal activity or material misrepresentation of information by an

incoming student is deemed to be falsification of the application and may result in denial of admission, matriculation and/or dismissal from the program and University. Failure to disclose criminal activity or material misrepresentation of information by an enrolled student is deemed to be a violation of the student Code of Conduct and may result in dismissal from the program and University. Incoming and enrolled students must disclose any criminal activity, including misdemeanor or felony charges/convictions to their Academic Dean and the Dean of Students.

5. Failure of the student to present appropriate forms to the Office of Student Services for the purpose of conducting criminal background checks when requested will bar the student from initial matriculation and/or continued enrollment.
6. Students with a positive criminal background check are individually responsible for checking the licensing and certification requirements in any state where the student is interested in participating in a postgraduate residency training to determine whether or not their criminal background will be a barrier to participation.
7. Students are required to disclose to the Dean of Students and appropriate Academic Dean any arrests, criminal charges, or convictions against them during their entire period of enrollment as a student at Midwestern University. Disclosure must be made immediately after the incident that resulted in charges so the University can assess the impact of the incident on the student's academic progression. Such arrests, criminal charges, or convictions may negatively impact a student's ability to obtain and/or complete clinical rotations or preceptorships, post-graduate residency placement or licensure.
8. Midwestern University does not guarantee clinical rotations, post-graduate residency placement or licensure for students who have a positive criminal history. Clinical rotation placement, postgraduate residency placement, and licensure are governed by separate entities who use their own specific set of standards that may be different than those used by Midwestern University. In such cases, the University confidentially shares information about the student's positive criminal history with potential preceptors and practice site representatives as necessary and on a need-to-know basis. This may include releasing a copy of the original Criminal Background Check report for their review. This gives the preceptor and site representatives an opportunity to decide whether the student is acceptable to the site. For this reason, scheduling and completion of practical training/rotations and graduation may be delayed. In some instances, it will not be possible to arrange for practical training/rotations at specific sites. Under these circumstances, the college/program will work with the student to find a possible clinical rotation site that will accept a student with a positive criminal background check.
 - a. If this information is known by the University prior to the student's matriculation, the Academic Dean (or their designee) will meet with the potential student to discuss the consequences of the positive criminal background investigation on the student's ability to complete degree requirements, post-graduate residency placement and licensure so that appropriate action can be taken.
 - b. If this information is known by the University after the student's matriculation, the Academic Dean (or their designee) will meet with the student to discuss the consequences of the positive criminal background investigation on the student's ability to start/resume practical training/rotations and the student's ability to graduate, secure a post-graduate residency and obtain licensure so that appropriate

action can be taken.

9. Records concerning a student's positive criminal background check are stored in a confidential file in the Office of Student Services.
10. In the event that a student is assigned to a practical training/rotation site that requires a copy of the original Criminal Background Check report prior to a student's placement at the site, the student's criminal background check report and cover letter will be scanned into an encrypted password protected PDF file. The encrypted PDF file will be forwarded via email to the rotation site coordinator.

Immunization and Titer Requirements

To complete the matriculation process, all students must submit completed medical files documenting completion of a physical exam, immunizations, tuberculosis, and titer blood testing. Specifically, all students must submit documented laboratory proof of the absence of tuberculosis and proof of immunizations against measles, mumps, rubella, varicella (chicken pox), diphtheria/tetanus/pertussis and hepatitis B. There may be some additional requirements depending on the student's particular program, e.g., In addition, all students in health professional degree programs are required to prove the efficacy of their immunizations through blood titers, to measure the level of circulating antibodies associated with these various diseases. Depending on the program, students may also be required to submit to a drug screen. All students must inform their program if they have a communicative disease as it may directly impact patient contact and classroom/laboratory attendance.

While enrolled, all students in health professional degree programs must update diphtheria/tetanus/pertussis vaccination if necessary, and must receive an annual seasonal influenza vaccination.

The cost for these requirements must be paid by the student. Titers and annual drug screens, however, can be built into the student's financial aid budget. Any reimbursement from an insurance plan is a matter between the student and his/her insurance carrier. Cost and other information about immunizations/titers can be obtained from the Office of Student Services.

All students are required to provide current documentation to the Office of Student Services of the following immunizations at least two weeks before a clinical rotation begins. Failure to comply with immunization requirements will result in cancellation of the assigned rotation, may cause extension of the student's program of study, and may delay graduation.

Vaccination or tests that must be completed:

- Measles/Mumps/Rubella (MMR):
 - Measles: Two dates needed or documented disease and positive titer.
 - Mumps: One date needed and positive titer.
 - Rubella: One date needed and positive titer.
- Tetanus/Diphtheria/Pertussis: Must show proof Tdap within last 10 years.
- Chickenpox (Varicella): positive titer.
- Hepatitis B vaccination: three dates needed and positive Hepatitis B Surface Antibody titer.
- Influenza vaccination: annual date needed.
- Other immunizations: may be required by external rotation site.

Students may contact the Office of Student Services (Phone: 630-515-6470, Fax: 630-515-6174) with questions regarding immunization requirements. Students should upload all immunization

records to the Student Document Upload Page of the Student Portal so that all proof of immunizations can be verified by the Office of Student Services. A copy of current immunizations must be on file with the Office of Student Services in order to begin clinical rotations. The student should retain a copy to place in their records. An Immunization Compliance Letter can be downloaded and printed by students from their student portal. Preceptors can request a copy of the Immunization Compliance Letter from the Clinical Education Coordinator. Immunization compliance is monitored quarterly by the Clinical Education Coordinator.

Waiver of a University Immunization Requirement

A student can request a waiver for a University immunization requirement for documented medical or religious reasons from the Office of Student Services and their respective College Dean/Program Director, but the student must be aware that the requirements are established by affiliated rotation sites and Midwestern University. Failure to satisfy immunization requirements will compromise a student's ability to participate at certain clinical rotations sites that require those immunizations. Moreover, procurement of alternate clinical experiences and/or clinical rotation sites that do not require immunizations may not always be possible. As a result, a student's progression through their academic program is likely to be slowed as a result of leaves of absence, a student's anticipated graduation date is likely to be delayed, or the student may be unable to complete their respective clinical program and not graduate.

If a student's clinical training is at a Midwestern University clinic, the student with an approved immunization waiver will be required to follow the patient contact restrictions stipulated by the University Office of Risk Management and the health professional degree program.

Requirements for Rotations

Online Pre-Rotation Training

Students are required to complete the following self-instructional, self-paced, (or independent study) online training via Law Room before clinical experiences are assigned and renewed:

- Universal Precautions Related to Bloodborne Pathogens (Annually)
- HIPAA Privacy and Security (Annually)
- OSHA Regulations in Illness and Injury Prevention (Annually)
- Anti-Harassment and Discrimination (First and Third Year)
- Sexual Violence (First Year)

4th year students will be provided with all necessary login information and instructions by the Assistant Director of Rotations or Clinical Education Coordinator. A record of the students who completed the training is kept on file in the COEE Dashboard. Failure to complete all requirements as requested by the Clinical Education Coordinator may result in cancellation of the clinical rotation causing the student to be placed on an extended program of study requiring a delayed graduation date as well as additional tuition fees.

Special Requirements for Clinical Rotations

Clinical rotation sites may have additional requirements such as, but not limited to: corporate online training, urine drug screens, additional health requirements, and fingerprinting. Students will be notified in advance so that these requirements can be completed before the clinical rotation starts. These costs will be at the student's expense. Failure to complete all requirements may result in cancellation of the clinical rotation causing the student to be placed on an extended track,

requiring a late graduation date as well as additional tuition and fee charges.

CPR Training

All students, prior to the start of the clinical program, must become certified in Basic Life Support for Healthcare Providers (CPR & AED). A copy of the student's Healthcare Provider certification card must be uploaded to the Student Document Upload Page of the Student Portal before the student will be allowed to begin their clinical experiences. If the student does not have a current CPR card and does not complete CPR training when offered, the student must make his/her own arrangements at his/her own cost to become certified through the American Heart Association or another organization. Proof of certification must be submitted prior to the start of clinical assignments in the first and third academic year. Each certification is valid for a two-year period of time.

Liability Insurance

Midwestern University provides liability insurance for all students enrolled in the clinical rotation program. This insurance covers students only when they are participating in the optometry practice experiences in the United States as a part of the curriculum to satisfy graduation requirements.

Health Insurance

The University requires that all full-time and part-time students enrolled in any University program be covered under a health insurance plan acceptable to the University. Midwestern University has made Student Medical Health Care Plans available to students. Students may choose health care insurance through Midwestern University or may choose their own plan. Evidence of acceptable non-University health insurance coverage must be provided prior to program matriculation and prior to registration for the fall quarter each succeeding year thereafter by completing an online waiver form that can be accessed through the online Midwestern web site (<http://online.midwestern.edu>). Students must also provide a letter from the insurance company verifying coverage or a dated computer screenshot from the insurance company website verifying coverage at the date of matriculation and/or specifying the duration of the coverage with a termination date. Medicaid and other state sponsored health plans provide only catastrophic coverage if the holder is residing outside of the state providing coverage. It is strongly recommended that Medicaid only be used on the Downers Grove campus if the student is a resident of the state of Illinois and will be undertaking his/her academic classes/clinical rotations in Illinois or on the Glendale campus if the student is a resident of the state of Arizona and will be undertaking his/her academic classes/clinical rotations in Arizona. It is further required that students who are carrying Medicaid should acquire additional temporary health insurance coverage if they participate in clinical rotations in a state different than their documented state of residence (Illinois or Arizona) so the student is covered for more than emergency/catastrophic care. It is the student's responsibility to notify Student Services of any change in their insured status. A student's health insurance coverage may be randomly verified. Failure to maintain health insurance may result in immediate suspension or dismissal. The University Student Health Care Plans are underwritten through AETNA U.S. Health Care Insurance Agency and administered by AETNA Student Health. Details of benefit plan coverage and related premium costs are available by calling the AETNA Student Health at 800-927-0783, contacting the Office of Student Services or online at <http://www.aetnastudenthealth.com>.

Missing Student Policy

Midwestern University recognizes its responsibility to its students, particularly those students residing on campus, and, in compliance with the Missing Student Notification Policy and Procedures 20 USC 1092 C; (Section 488 of the Higher Education Opportunity Act of 2008) has formalized a Missing Student policy and procedure. It is required that all students complete the 'Emergency Notification' form that is accessible through the online.midwestern.edu website. The student must enter the name of a person or persons whom they would wish to have contacted if there is a concern that they are missing. Contact will be made no later than 24 hours after a student is determined to be missing. Emergency contact information is confidential, is password protected and is accessible only by qualified individuals. If the student is under the age of 18, and is not emancipated, a parent or custodial guardian will be notified that the student is missing, even if the student has not listed their parent/custodial guardian as their contact. Midwestern University will also notify the local police department and any other appropriate law enforcement agency no later than 24 hours after the student is determined to be missing.

Process for **Campus-based** Students:

Campus-based students are those students whose activities are primarily based on-campus.

Definition: A missing student is any student who:

1. is reported to have an unexplained absence from a mandatory class activity or examination. Course directors are required to notify the Office of Student Services and the appropriate Academic Dean immediately if a student is absent from a mandatory activity and has not contacted the course director with a reason for the absence. Course directors must notify Student Services of any student absence, regardless of whether or not the student is living in student housing.
2. is reported to have a prolonged unexplained absence from campus, either from academic activities or from student housing. Resident advisors and fellow students should direct their concerns to the Manager of Campus Housing, who will contact the Office of Student Services.
3. has been reported to have been the victim of possible criminal activity.

Process for **Rotation-based** Students:

Rotation-based students are those students whose activities are primarily conducted off-campus.

Definition: A missing student is any student who:

1. is reported to have an unexplained absence from a rotation or other clinically based activity. Preceptors are required to notify the appropriate clinical coordinator immediately if a student is absent and has not contacted the preceptor with a reason for their absence.

Procedure:

1. The clinical coordinator should contact the Office of Student Services.
2. When the Office of Student Services receives a notice that a student is missing, the following procedure will be followed:
 - a. The student's registered telephone number will be obtained from the CARs system and the student will be called. The student will also be sent a text message and email

- via the University student email. If there is no response, the Office of Student Services will continue to call the students at regular intervals throughout the day.
- b. After 4 hours, the Office of Student Services will notify the President of Northwestern University, Chief Operating Officer, Emergency Response Team, and Academic Dean of the situation.
 - c. If the student has not returned the calls within 24 hours, the individual listed on the Emergency Contact form will be contacted.

Counseling

Personal counseling for students is provided through the Office of Student Services on-campus Student Counselors for counseling issues that may arise while enrolled at Northwestern University. In addition, a Student Assistance Program, underwritten by Aetna Student Health, is available for all MWU students at no cost to the student. The Student Assistance Program is a 24/7 program that allows students to contact an individual who can best assist with their personal counseling needs should the on-campus Student Counselors not be available. The Student Assistance Program, which also allows for assistance with legal issues, is designed to serve as a no cost, confidential assistance program to help students with an immediate crisis, prior to seeking an in-person professional appointment, or when the on-campus Student Counselors are not available. Students can access the Student Assistance Program through a toll-free number (877-351-7889), by email at AskSAP@aetna.com, or via a website at www.AetnaSAP.com. The Deans of Students, as well as the Academic Deans/Program Directors, and faculty are also available for the professional and academic counseling needs of all students.

The Director of Student Financial Services is available to help students who seek assistance in managing their finances. The Residence Life staff members are available to assist students with issues pertaining to on-campus housing.

Northern University understands many students have personal concerns that may affect their academic and personal lives. In most instances, the student can overcome such issues independently. In other instances, normal peer-to-peer, student-faculty, or student-administrative assistance can serve either as motivation or guidance to the student, helping to resolve their problem. In some cases, however, the efforts of the student, faculty member, administrator, or peer cannot help resolve the student's problem. A student may be advised to request a leave-of-absence from their Program Director/Dean until their personal issues are resolved.

Northern University believes it is in the interest of the student, the student's family, and the University to provide on-campus counseling to help students deal with a variety of personal concerns. The Student Counseling Services will handle such problems in the following way:

1. The University recognizes that almost any human concern can be successfully treated provided it is identified in the early stages and referral is made to an appropriate modality of care.
2. The purpose of this policy is to assure students that if they have personal concerns that are affecting their academic and personal lives, they will receive assistance to help resolve their problem in an effective and confidential manner. Students are assured that utilizing the Student Counseling Service will be confidential, unless otherwise regarded by law.
3. Concerns will be handled in a forthright manner.
4. Students who have a problem that they feel may affect academic performance are

encouraged to voluntarily seek counseling and information on a confidential basis by contacting the Student Counseling Service.

5. It is strongly encouraged that the students comply with referrals and recommendations of the Student Counseling Service.

Midwestern University provides the above stated student counseling to help students deal with a variety of academic, professional and personal concerns. Short-term counseling is provided at no cost for all MWU students. Students who present with long-term issues are referred to off-campus specialists for assessment and treatment. All efforts are made to make referrals to providers on the student's health insurance network to minimize additional costs.

Procedures

To preserve confidentiality, students can make appointments directly with a Student Counselor. Carrie Torgerson, Ph.D., LCSW, Associate Dean of Student Services (Downers Grove – 630-515-7142) serves as the initial contact, performs a preliminary assessment and assigns the student to the counselor who can best serve the student's needs. A counselor can be reached Monday through Friday during business hours to schedule an appointment, however, accommodations in scheduling are flexible for students off-campus or on rotations. For those students who cannot be on-campus, the counselor can provide assistance via the telephone, or students can access the Student Assistance Program 24/7 when the on-campus Student Counselors are not available.

Disability Statement or Medical Concerns

It is the policy of Midwestern University to ensure that no qualified student with a disability is excluded from participation in or subjected to discrimination in any University program, activity, or event. Midwestern University makes reasonable accommodations to the physical and mental limitations of students to the extent that such accommodation does not impose an undue hardship on the conduct of its business. Disabled students' rights are protected under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) and its amendments (2008). Section 504 prohibits any program or activity; which receives federal funding from discriminating against qualified persons with disabilities in employment as well as all other activities. The Federal Americans with Disabilities Act 1990 (42 U.S.C. d12101 et seq.) was developed "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities".

Student Services coordinates accommodations for all eligible students. If you need accommodations for a disability, please contact the Associate Dean of Students, Dr. Megan Dallianis as soon as possible by email (mdalli@midwestern.edu) or go to the Office of Student Services in The Commons. It is the student's responsibility to identify themselves in a timely manner as an individual with a disability when seeking an accommodation. More information regarding available services can be found at <https://www.midwestern.edu/student-experience/student-services/disability-services>.

Communications

Internet access is available in the Eye Institute. Such internet use is limited to professional communication and the student's current practice-related tasks. Internet access for personal use is available on-campus, public libraries, and other local Wi-Fi locations.

College faculty and administrators will use electronic means, in addition to regular mail, to communicate with students. This information may be important and/or time sensitive. Thus, the following are expectations of the College:

- All students are required to check their University email account on a daily basis. Official, “in writing” college and campus-wide communications are sent to students over email. Students are responsible for information that is transmitted through this electronic medium (see Computer Code of Conduct in the MWU Student Handbook). The student University email account is the only electronic mailing address recognized by the University. The University and its employees are not responsible for forwarding email to students at personal email accounts that are not held by the University. Information included in the student emails should follow the guidelines of appropriate professional conduct. (See Computer Code of Conduct and Appendix 4, Section 2, Subsections a and b under Grounds for Action: Academic and Professional Misconduct of the MWU Student Handbook).
- Lack of access to electronic communication is not a valid excuse for failure to respond to a request, perform an assignment, or meet a deadline.

Compensation

Student clinicians cannot receive payment, gifts, or rewards for any work for which they receive academic credit. There is no monetary compensation given to students for participation in external rotations. Students are responsible for all food and any other personal expenses associated with their clinical rotations. In rare cases, site-specific housing may be provided for students.

Travel and Lodging for Clinical Rotations

It is the student clinician’s responsibility to assure that he/she has made appropriate arrangements for lodging and transportation to/from clinical education/rotation/fieldwork sites throughout the curriculum. The University does not generally provide for the cost of transportation and lodging. Travel arrangements are the sole responsibility of the student clinician. Students are not considered an agent or an employee of the University and are not insured for any accidents or mishaps that may occur during any traveling that is done as part of their professional program. Student clinicians are usually responsible for all expenses associated with clinical education, such as transportation, meals, housing, professional attire, laboratory fees, etc.

Academic Honesty and Integrity

Academic/professional honesty and integrity are expected of all students throughout their course of study at Midwestern University. Any violation of the Code of Rights and Responsibilities of Students of Midwestern University is considered to be a serious academic violation and may result in a reprimand, monetary fine, written warning, filing of a Student Incident Report, academic and/or disciplinary warning/probation, suspension, dismissal or other penalty deemed appropriate by the student's respective college dean. Academic/professional misconduct constitutes a breach of academic/professional integrity that violates the academic/professional foundation of an institution, contaminates the honesty of its scholarship, and compromises the integrity and wellbeing of its educational programs.

The policies on students’ academic and professional responsibilities are included in Appendices 1, 2 and 4 of the [Midwestern University Student Handbook](#).

Professional Misconduct

Violation of the policies, procedures and protocols of Northwestern University Chicago College of Optometry, or an affiliated clinical rotation site constitutes academic or professional misconduct. Professional misconduct includes (but is not limited to) dishonesty involving any component of clinical care or patient records by alteration, fabrication, forgery of signatures; excessive unexcused absences; practicing optometry without a license; use of the clinic for financial gains or receiving a fee for services rendered or materials ordered. Patient endangerment or abandonment also represents professional misconduct. Any form of professional misconduct is grounds for disciplinary action as outlined in the [Midwestern University Student Handbook](#).

Concerns

Student clinicians and preceptors should contact the Assistant Director of Rotations to report verbally and/or in writing violations of optometry rotation program policies. This includes alleged ethical and legal violations of the practice of optometry, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any form of discrimination. These types of incidents should be reported immediately. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with Northwestern University and Chicago College of Optometry policies.

Address Information

Each student clinician has the responsibility to provide the University with their permanent address and telephone number, and a current/preferred address and telephone number, if the student clinician is not residing at the permanent address while attending school. Any change of address and telephone number can be made through the student's personal page at online.midwestern.edu.

Clinical Conduct and Rotation Policies

Clinical service is a privilege. Each student clinician represents not only him/herself, but also the College and the profession. For these reasons, the student clinician is expected to maintain high standards of conduct at all times. Each rotation is 12 weeks long.

Student Schedule

The OD-4 Rotation Program goal is for each fourth-year student clinician to a minimum of 40 hours of patient contact per rotation week. Each rotation is 12 weeks long. Early weeks of the session may have less direct patient contact as the student clinician's abilities are being assessed and the student becomes familiar with the sites policies and procedures. As the student clinician adapts to the site and the preceptor becomes more comfortable with their competence, patient contact may increase above 40 hours per week, but not to exceed 50 hours per week. Students are not limited to a 40-hour work week, Monday through Friday, and may be assigned whenever the practice is open such as evenings and weekends.

Attendance

Attendance is mandatory for all assigned clinic sessions. Student clinicians are responsible to report 20 minutes before the assigned clinic session starts unless specified by the preceptor. The student clinician will have their necessary equipment in their exam room and readily available

before the appointment of their first patient. When possible, he/she will review the patient records at least one day prior, in preparation for patient care.

Student clinicians must remain in the assigned clinic at all times until all patients have been examined and the preceptor has released the student. All possible consideration will be made to complete the clinical assignments within the business day. If the student needs to leave the clinic during his/her shift, the student must obtain permission from the preceptor and notify the reception desk of his/her whereabouts.

Patient care is of vital importance to help student clinicians develop the cognitive, technical, analytical, ethical and social skills necessary for entry-level optometry practice. This patient care is a student clinician's primary responsibility. Changes in the clinic schedule particularly those on short notice, may greatly compromise patient satisfaction and/or disrupt clinic flow. As a result, absences from clinical assignments are taken very seriously. The clinical make-up time will be scheduled with a one-to-one ratio for an excused absence; a clinical make-up time will be scheduled in a two-to-one ratio for an unexcused absence.

Tardiness

Attendance and punctuality are required for clinical assignments. Student clinician should report to their preceptor at the beginning of each clinical assignment. Any student clinician reporting 5 minutes after the start of his or her assigned clinic will be considered tardy and will receive a "Fail" in professionalism on their grade form for the clinic day. If there is a valid reason why the student was late, this should be communicated to the Assistant Director of Rotations. Additionally, students reporting to an assignment more than 20 minutes late may be considered absent for that assignment. Students who are tardy for an assignment more than once, or are not present and available during the session, will receive a "Fail" in professionalism for the clinic day and may be given an unexcused absence by the clinical faculty preceptor or Associate Dean of Clinical Affairs. Repeated tardiness should be reported to the Assistant Director of Rotations.

Planned absences

Students must submit a time-off request from clinical duties from the site director at least **30 days prior to the date under consideration**. This must be adhered to even when the student has not yet started at a rotation site. Each student is permitted a maximum of 10 absences per quarter before the risk of cancellation of rotation quarter occurs.

Types of Absence Requests:

1. Black-out days: These are dates when time-off requests will not be approved unless certain circumstances apply. Approval of Assistant Director of Rotations and/or Associate Dean of Clinical Affairs will be required.
 - a. First and last day of rotation
 - b. Days when time-off may adversely affect patient care and clinic operations (e.g., clinic session at satellite sites such as, Will County)
2. Excused without make-up: The student is excused from clinic shifts missed and is not required to make up the time in clinic. Students must submit an absence request including any supporting documentation. Allowable reasons for an excused without make-up absences are as follows:
 - a. Professional Meetings, including but not limited to American Academy of Optometry (AAO), and American Optometric Association (AOA) Optometry's

Meeting

- b. National Board Examinations
 - c. Residency Interviews
 - d. Personal Days: CCO students may also take 2 (two) personal days during any single rotation. These are granted as full days of clinic. Each student is permitted 8 personal days of excused with no make-up required during their 4th year. If the student takes off more than the 8 permitted personal days throughout the year, make-up sessions will be required. **Additional personal days will only be granted for extenuating circumstances.**
3. Excused with make-up (1:1): The student is excused from clinic shifts missed and is required to make-up time/shifts equivalent to time/shifts missed. Make-up days will only be completed during break week, **no exceptions**. It is preferred that make-up days occur at the student's rotation site during the break between clinical rotations. Make-up dates must be determined with preceptor's signature and prior to submission to Clinical Education Coordinator. In the event the student is unable to complete the makeup day(s) at his/her assigned rotation site, the student may be allowed to make up the time at the Eye Institute immediately prior to or immediately following commencement. Students are not allowed to return to a previous quarter's site to complete make-up days accrued at a later site. Students are also not allowed to complete make-up days at a site where they have not been a student clinician. All absence requests must include appropriate documentation. Examples of excused absences are as follows:
- a. Personal illness or injury
 - i. COVID-19 related quarantine exception. May miss up to 10 days per quarter pending approval. Make-up plan to be determined by Assistant Director of Rotations once Online Education Application has been submitted. These will be evaluated on a case-by-case basis.
 - ii. COVID-19 related illness. COVID-19 illness will be treated as a medical condition and personal days/make up days will incur.
 - b. Auto accident
 - c. Medical emergency involving extern or immediate family member.
 - d. Death of a family member or close friend
 - e. Job interviews
 - f. Travel days for any professional meeting and/or examinations
 - g. More than 20 minutes late for clinic or leaving early with no notification.
4. Unexcused (2:1): The student will be required to make-up twice the amount of clinic missed. Examples of unexcused absences include, but are not limited to, are as follows:
- a. No show
 - b. Students are out of compliance with immunizations.
 - c. **Planned Absence Requests made less than 30 days in advance.**

Although the student clinicians are allotted the above time, it is solely at the discretion of the preceptor to grant time off.

All 4th year CCO students must complete a minimum of 900 patient encounters by the conclusion of their final rotation. It is important that each student be aware and cognizant of the number of patient encounters throughout the course of the 4th year, and work with their sites proactively to remedy any potential shortfalls.

The Assistant Director of Rotations or the Associate Dean of Clinical Affairs will assign student clinicians to additional sessions in the Eye Institute after the final rotation if:

1. The student clinician misses more than 8 personal days of clinic during their 4th year without documented makeup at their rotation sites.
2. The student completes fewer than 900 patient encounters during their entire 4th year experience.

Process for Requesting Planned Time Off

All time off requests must utilize the appropriate Absence Request Form, and be submitted completed either in person, or via email or fax. For internal rotations the student must complete the internal absence form (See Appendix 1: Request for Internal Clinical Rotation Absence). For external sites, the student must complete the external absence form (See Appendix 2: Request for External Clinical Rotation Absence). If makeup time is required, the student and preceptor should outline the plan for make-up on the form, including the date for which the additional clinic hours will be completed. Once the absence request form is signed by the preceptor, the student is responsible for faxing or e-mailing the document to the Clinical Education Coordinator for internal processing. If a student is requesting time off within the first 30 days of the rotation, the student should e-mail the preceptor and obtain a signature prior to beginning the rotation. The **first day and last week of the rotation is mandatory** for all rotations and is not eligible for an excused absence (extenuating circumstances are considered on a case-by-case basis). Any absences not reported are unexcused and may subject the student clinician to multiple make-ups, community service, written and or clinical assignments, disciplinary suspension, probation, or dismissal.

Documentation must be submitted for final approvals.

National Boards Part III Patient Encounters and Performance Skills (PEPS)

Prior to committing to a date for Part III PEPS, it is the responsibility of the student to request the time off 30 days in advance and receive absence approval from the preceptor. Only upon receiving approval for time away should the student proceed to register for the PEPS. Extenuating circumstances will be considered if sudden changes to the PEPS occur.

Approval Process for Requesting Planned Time Off

A Request form for a Clinical Rotation Absence must be submitted by the student and approved by the following individuals a **minimum of 30 days** in advance of the date of absence in the following order:

Internal Rotation:

1. The Clinical Education Coordinator for approval
 - a. The student must be signed out of the clinical assignment to be missed and signed into the make-up clinic assignment (if required). Copies of supporting documentation of invitations or conference dates, times, etc., may be requested at this time.
2. The Clinical Manager:
 - a. The Clinic Manager will make the appropriate adjustments to the clinic schedule.
3. The Associate Dean of Clinical Affairs for approval
 - a. The Associate Dean of Clinical Affairs will confirm if a student is in good academic and professional standing.
4. The Assistant Director of Rotations

- a. The Assistant Director of Rotations will confirm the make-up plan and inform students of final approval as well as communicate to clinical preceptors of absence.

External Rotation

1. The External Rotation Preceptor.
 - a. The external rotation preceptor can deny any absence request. Should the preceptor approve the request, and should the student require make-up that will be completed during the quarter; the student must document the plan for makeup and preceptor must approve prior to sending it to the Clinical Education Coordinator.
2. The Clinical Education Coordinator for approval
 - a. The student must be signed out of the clinical assignment to be missed and signed into the make-up clinic assignment (if required). Copies of supporting documentation of invitations or conference dates, times, etc., may be requested at this time.
3. The Assistant Director of Rotations for final approval

NOTE: Approval can be denied at any point in the process at the discretion of the externship site coordinator, the Assistant Director of Rotations, or the Associate Dean of Clinical Affairs. Students should obtain approval **before** purchasing any tickets for transportation and payment of any boards or meeting registrations fees. Flight reservations, professional conference or meeting documentation may be required from the student after preliminary approval has been given.

Midwestern University is not responsible for any cancellation fees for reservations that are made prior to approval being given.

Off Campus Activities

Any students seeking permission to attend an off-campus conference or program must be in good academic and professional standing.

Midwestern University approved student organizations must seek and be granted permission from the appropriate college dean or program/division director to send student representatives to an off-campus activity. This written request must be made at least 30 days prior to the activity to the course director with the student's role in the meeting or event.

Unplanned Absences

Unplanned absences, such as illness or accident, preceptor is out, or weather conditions, must be immediately reported to the External Clinical Rotation site and Assistant Director of Rotations. A phone call to the site preceptor is the preferred mode of contact. However, if not possible, the student is responsible for contacting the site preceptor by e-mail or text message. **The student must contact the appropriate personnel prior to the first scheduled appointment for the day or 8:00 a.m., whichever is earlier. Any gross delay or failure in notification will result in an unexcused absence.**

Notification does not necessarily imply approval of the absence. Failure to communicate your absence prior to your clinic shift will result in an unexcused absence. An absence not reported to the appropriate contact will be considered an unexcused absence and may result in rotation failure. An unplanned absence request form documenting the absence with accompanying documentation justifying the excused absence must be submitted to the Assistant Director of Rotations **within one week of the missed clinic day.**

Prolonged Absence Policy

In rare circumstances, students may need to request time off due to bereavement, jury duty, military reasons, medical reasons, maternity leave, or other personal reasons. Should this affect clinical rotation, the student should make an appointment with the Associate Dean of Clinical Affairs to discuss the prolonged absence.

If the total number of days a student is absent from a rotation site is 10 or fewer or the number of hours absent is less than 80, then the student will work with the Assistant Director of Rotations and Associate Dean of Clinical Affairs to determine a course of action for the student to make-up the missed time. If the total number of days a student is absent from a rotation site is greater than 10 or the number of hours absent exceeds 80, the rotation will be cancelled. Rotation rescheduling to the same site/clinic as previously assigned cannot be guaranteed. As a result of cancelling a rotation, the student's completion of graduation requirements will be delayed, and the student may not qualify to participate in the graduation ceremony for his/her class. **No exceptions will be made to this policy.** A student may be granted a leave of absence depending on the circumstances. The student should refer to the Catalog for Leave of Absence Policies.

Holidays

Internal students follow the MWU Holiday Calendar (Pg.13). For the President's Holiday Break (December 18, 2023-January 1, 2024), only internal students will need to take this break as the clinic is closed. Assignments and lecture material will be given to make up for the missed days. External students will have Christmas Eve, Christmas Day, and New Year's Day automatically off.

If the external clinic has additional holiday break days off, these days are subject to alternative assignments" since the clinic is closed beyond the student's control. The additional holiday break days must be reported to the Assistant Director of Rotations and the Clinical Education Coordinator 30 days prior to the date under consideration.

Jury Duty

If a student receives a first summons for jury duty, it is recommended that students first postpone the summons online as indicated on the letter received from the court. If a student receives a second summons, he/she should bring the summons to Midwestern University's Office of Student Services. The Office of Student Services will write a letter for the student, asking for a delay in jury duty. Should the student receive an additional summons, a letter cannot be written, and the student should appear for jury duty. The student should inform the court that selection would result in hardship. An absence for jury duty must be documented, and a copy of the summons given to the Clinical Education Coordinator prior to the duty date.

Maternity Leave / Prolonged Illness Policy

Enrolled students who become pregnant can request a leave of absence for maternity reasons. The request must be in writing and sent to the Dean; however, prior to officially requesting a maternity leave, pregnant students must contact the Office of the Dean to discuss how a leave will affect their progress in the academic program and review options available to them. The amount of leave time granted depends largely on the personal needs of the student and the timing of the birth within the academic program. In addition, students must inform the Office of the Dean of their intentions to return to classes **at least one month prior** to the end of the leave of absence period. A final

decision is reached after careful consideration is given to the personal and professional circumstances.

Enrolled students who become seriously ill can request a leave of absence for medical reasons. The request must be in writing and sent to the College Dean; however, prior to officially requesting a medical leave the student must contact the Office of the Dean to discuss how a leave will affect their progress in the academic program and to review options available to them. The amount of leave time depends on the severity of the illness. All medical leaves require documentation from a physician/specialist, including a diagnosis and a statement as to why the student cannot continue with his/her coursework. Additional documentation from the physician/specialist that the student is medically capable of returning to classes must be submitted to the Dean at least one month prior to the end of the leave of absence period. Approval for the medical leave of absence, as well as the ability to return to classes, is reached by the Dean after careful consideration is given to the supportive medical documentation provided and to the student's personal and professional circumstances.

Religious Accommodations

Midwestern University colleges, programs, and course directors/coordinators will make a good faith effort to provide reasonable accommodations to students with sincerely held religious beliefs upon request, unless the accommodation would create an undue hardship for the college/program. A student's request for reasonable religious accommodations, including requests for time off from or rescheduling of school activities, is justified when all of the following criteria are met:

- A request **MUST** be submitted in advance. The student must submit a written request for a religious accommodation to a college/program administrator (specifically, the Assistant or Associate Dean of the college, or the Program Director of the College of Health Sciences or College of Graduate Studies) **prior to the start of the academic year for the student's academic program AND not less than 30 calendar days in advance** of the requested absence day(s).
 - For newly admitted students only, the written request for a religious accommodation must be submitted not less than 30 days in advance of the requested absence day(s).
- The request must be submitted on a Religious Absence Request Form, which is available from the Office of the Dean/Office of the Program Director. Text message or e-mail requests are unacceptable.
 - For Religious Holidays, **these days will be subject to personal days**. Any personal days beyond the two days given per quarter are required to be made up during the break week.
- The request should include all of the requested dates for time off from courses or rotations for religious accommodation for the academic year.

The College/Program will protect the requesting student's privacy in evaluating and implementing the accommodation requested to the extent possible. However, following the receipt of the request, the College/Program will discuss the accommodation request as necessary with the student, and with the appropriate course directors/coordinators. Following consultation with the course directors/coordinators, a decision on the request will be provided in writing by the College/Program to the requesting student typically within two weeks of receipt of the request.

Definitions

Religious accommodation: A religious accommodation is a change in work or school schedule or environment, or in the way tasks or assignments are customarily done, to enable a student to participate in the individual's religious practice or belief without causing undue hardship to the college/program faculty who are administering the course.

Religious practice or belief: A sincerely held practice or observance that includes moral or ethical beliefs as to what is right or wrong, most commonly in the context of the cause, nature, and purpose of the universe. Religion includes not only traditional, organized religions, but also religious beliefs that are new, uncommon, not part of a formal religious institution, or section, or only subscribed to by a small number of people. Social, political, or economic philosophies, as well as mere personal preferences, are not considered to be religious beliefs.

Undue hardship: An undue hardship on the college/program occurs when significant difficulty and expense arises based on the resources and circumstances of the college/program in relation to the cost or difficulty of providing an accommodation. Undue hardship may include financial difficulty in providing an accommodation or accommodations that are unduly expensive, substantial, disruptive, or that fundamentally alter academic requirements, or the nature or operation of the how the college/program administers the course.

Guidelines for Students

Students must submit a written request for religious accommodations by the deadlines stated in the policy so that college/program administrators have adequate time to discuss the request with course directors/coordinators/rotation directors, plan accordingly, and then respond to the student. Requests for religious accommodations during full time rotation periods are subject to consideration of patient care issues or other matters unique to health care settings.

If the student forgets to request a religious accommodation or delays submitting a request by the deadline stipulated in this policy, the request may not be approved by the college/program administrator.

When a religious accommodation is approved, the course director will assign the student make-up work that is intrinsically no more difficult than the original assignment. The assignment may NOT be the same as the original assignment in format or content. The scheduling of the make-up assignment will follow the policies in the course syllabus or Uniform course policies document. For example, if the syllabus states that all make-up exams are scheduled on a particular date, then the make-up exam for a student who has been granted a religious accommodation will be scheduled for the same date that all make-up exams will be given to students in that course.

Being absent from class or other educational responsibilities does not excuse students from keeping up with any information shared or expectations set during the missed class(es). Students are responsible for obtaining the materials and information provided during any missed class(es).

Dress Code

Students should always maintain a professional and orderly appearance. Care should be taken regarding personal hygiene and cleanliness. Students must wear clinic attire unless otherwise specified. Always refer to the externship site coordinator for site specific dress requirements.

Clinic Attire (as defined in the Midwestern University Eye Institute Manual)

Professional appearance and demeanor are critical to developing patient rapport and confidence. Non-adherence to the established dress code will be factored into the students' midpoint and final grade in the area of professionalism.

The following information outlines the dress code requirements observed at the Midwestern University Eye Institute - Downers Grove. All items must be clean, appropriately fit, pressed, and in good condition.

Students must adhere to the following:

- **ID Badges**
 - Students must always have their ID badges clearly visible.
- **Name Tags**
 - Students must be identifiable by Midwestern University name tag or rotation site-specific name tag during all patient care activities.
- **Lab Jackets and Coats**
 - College approved short white, long-sleeved student lab coats are required during patient care activities (unless otherwise approved).
- **Clothing**
 - Dresses/skirts, dress pants, dress blouses, or collared long sleeve shirts with ties.
 - Dresses and skirts should be no more than two inches above the knee.
 - Revealing necklines/waistlines/sheer clothing are not acceptable.
 - Clothing cannot contain inappropriate logos/slogans/images.
 - Business appropriate sweaters may be added during colder months.
 - Scrubs may be worn in place of professional attire. Privileges to wear scrubs may be revoked if the dress code for scrubs are not followed.
 - Scrubs are steel gray in color.
 - Must be clean and presentable.
 - Undershirts (long or short) must be a solid black, white, or gray color.
 - Loose articles of clothing such as, cardigans, fleece, etc., must be removed prior to entering the exam room.
 - Pullovers and hooded sweatshirts are prohibited during patient care.
 - Clothing cannot contain inappropriate logos/slogans/images.
- **Shoes**
 - Closed toed shoes are required.
 - No outdoor, sandals/flip-flops, or mules are allowed.
 - Heels should be of functional height.
 - Athletic shoes are acceptable when in scrubs.
 - Shoes must be kept clean and in good condition.
 - Socks must be worn when appropriate.
- **Hair**
 - Clean, trimmed neatly, and well groomed.
 - Long hair should be tied back. Dramatic styles and wet hair are not appropriate.

- Facial Hair: Trimmed neatly and well groomed.
- **Head & Neck**
 - Scarves and other non-religious headwear are not permitted.
- **Fragrances**
 - Perfume/Cologne must not be worn during patient care activities.
- **Jewelry**
 - Kept at a minimum.
 - Earrings: Small and no longer than one inch below the lobe.
- **Nails**
 - Clean and trimmed.
- **Make-Up**
 - Should be kept light.
- **Tattoos**
 - Should be discretely covered.
- **Other**
 - Pins are limited to professional organizations only (i.e., AOA, AAO, COVD etc.). Industry-sponsored awards or logos are not appropriate.
 - Cell phones should be turned off or placed on “silent” mode and will be limited to emergencies only during clinic sessions. Appropriate clinical applications may be accessed to assist in patient care. Personal use during clinic encounters is inappropriate.

These guidelines are not all-inclusive. Student clinicians are expected to adhere to the spirit of the dress code. The site preceptor will make the final determination of whether a student is in compliance with these standards. An out of compliance student clinician will be removed from patient care immediately, the evaluation will note a deficiency in professionalism, and he/she will receive an incident report for professionalism.

Professionalism

Professionalism involves courtesy, respect, and tolerance afforded to faculty, staff, and peers at all times. It is expected that student clinicians behave in a manner that is consistent with appropriate conduct for a professional in a healthcare setting. The actions of student clinicians and their interactions with faculty members and staff shall be governed by the student conduct code set forth in the [Midwestern University Student Handbook](#), and violations will be handled in accordance with the [Midwestern University Student Handbook](#). (<https://connect.midwestern.edu/campus-life/student-services/student-handbook>)

If a preceptor believes that a student clinician has violated the standards of professionalism as outlined in the “Clinical Conduct & Rotation Policies” section of this handbook, it is their responsibility to notify the Assistant Director of Rotations or the Associate Dean of Clinical Affairs.

Professional demeanor must be always maintained while in clinic and class. This includes attitude, work habits, patient communication, ethics, dress code, attendance, conduct, courtesy, respect, and Health Insurance Portability and Accountability Act (HIPAA) compliance. Any observed behavior not consistent with a professional demeanor will be documented using the Student Incident Report Form (See Appendix 3: Student Incident Report Form). Any significant documented behavior over

the duration of the students' fourth year rotation series not consistent with professional demeanor will result in the following:

- 1st report: Written communication from Assistant Director of Rotations to the student outlining the infraction and a review of the professional conduct policy including repercussions for not adhering to the professional conduct policy.
- 2nd report: Meeting with the Assistant Director of Rotations.
- 3rd report: Meeting with the Assistant Director of Rotations and Associate Dean of Clinical Affairs.
- 4th report: Meeting with the CCO Dean, referral to the Student Promotion and Graduation Committee, possible failure of the course, and/or dismissal from the program.

Any student with a report of professionalism concerns will be, at a minimum, subject to additional assignments. An egregious unprofessional misconduct reported at any time may result in immediate failure of the course, and/or dismissal from the program regardless of whether any previous Student Incident Report has been filed.

Additionally, if a student receives an evaluation of "below expected" in any category of the professionalism and conduct portion of the student clinical grading form at the midterm evaluation, a meeting with the Assistant Director of Rotations and/or the Associate Dean of Clinical Affairs will be held to discuss acceptable behaviors and the consequences of the student's failure to meet the expectations for professional conduct. If a student receives an "below expected" on his/her final evaluation, a meeting with the Assistant Director of Rotations will be scheduled. The student may also be required to meet with the Associate Dean of Clinical Affairs and/or the Associate Dean of Academic Affairs. Additionally, the student may be referred to Student Services, possibly fail the course, and/or be dismissed from the program.

Clinical Rotation Policies

Rotation sites are considered an extension of the College's clinical program. Therefore, policies of the College will be enforced, when applicable and not in conflict with existing rotation site policies. Preceptors should be familiar with these policies and assist in their enforcement.

Rotation Assignments

Students are required to complete external rotations at CCO affiliated sites. There are four clinical rotations per calendar year. Each student will be required to complete an internal rotation at the Eye Institute (or locally external), an ocular disease rotation, a primary care rotation, and a rotation of their choice, which may include a specialty rotation or an additional ocular disease or primary care rotation. Each site will be classified as ocular disease, primary care, or specialty by the Assistant Director of Rotations. The student's specialty rotation may be substituted for another ocular disease or primary care rotation.

To prevent conflicts of interest, the student is prohibited from participating in an external rotation with a family member, current/former partner, friend, or colleague. Students are not permitted to complete external rotations at sites where he/she is currently and/or has previously been employed, unless the rotation experience is determined to be different educationally. Occasionally students may bring contact information for potential sites to the attention of the Assistant Director of Rotations. Potential sites will be reviewed, and the college may or may not elect to affiliate with the site. The student who submitted the contact information for the site is in no way guaranteed to

rotate through the site. Final external rotation assignments are at the discretion of the Assistant Director of Rotations, and if needed, the Associate Dean of Clinical Affairs, following review of a student's site preferences and professional experience, considerations of site characteristics, and the College's commitments to the site and rotation site availability.

Once the external rotations schedules are finalized, students may not drop, change, or cancel rotations unless the student demonstrates that an extreme hardship exists, and the change in rotation assignment is approved by the Assistant Director of Rotations and the Associate Dean of Clinical Affairs. In the case of a rotation reassignment, the student may have a delayed start date that requires a later graduation date as well as additional tuition and fees. In unforeseen circumstances, a rotation site may become unavailable and necessitate a change in the student's schedule. In these instances, the Assistant Director of Rotations will handle all reassignments.

Students are not to make arrangements or travel plans that affect rotation schedules prior to receiving permission from their assigned preceptors. Any violation of this can be considered unprofessional conduct and can be subject to disciplinary action and/or result in course failure.

Grading

Student Evaluation

Preceptors at each rotation site assign a midterm and final grade to each individual student clinician based upon the same competency standards used for on-campus grading of clinical performance. The preceptor must identify strengths and weaknesses and provide learning opportunities to ensure student clinician development in the established competency areas. Constructive and regular feedback to the student clinician is a critical element in ensuring appropriate student development.

The grading form and scoring rubric is shown in Appendix 5.

If a preceptor is away on vacation or will otherwise be unavailable to complete the written evaluations, the preceptor or site should notify the Assistant Director of Rotations of the situation immediately.

Preventing Problem Learning Situations

Primary Prevention:

1. The preceptor should know the College's specific expectations of student clinicians for the rotation. Review these expectations with the student during your first meeting.
2. The preceptor should make his/her expectations known to the student clinician during orientation; the student clinician should be informed of specific practices and policies including, but not limited to, dress code, hours, and contact information.
3. The student and preceptor should discuss the student clinician's expectations and goals of the rotation and the expectations of the preceptors.
4. The preceptor should schedule a time to formally discuss the student's midterm and final evaluations.
5. The preceptor should plan for any preceptor-related issues that may impact the preceptor's teaching experience and/or the student's learning experience. These can include unanticipated personal events, schedule/financial changes, or an unanticipated personality clash with the student. If these issues prohibit the preceptor from conducting clinical practice or could seriously affect the student's experience, consider declining the student

for the quarter. In this case, notify the Assistant Director of Rotations as soon as possible.

Secondary Prevention:

1. The preceptor should maintain awareness of any student issues and address the concerns at the earliest opportunity.
2. It is very important that the preceptor contact the Assistant Director of Rotations with any student concerns in any area, as documentation is required from the University to substantiate a poor performer or any course failure.

Fourth Year Evaluation Form (See Appendix 4: Evaluation of Student by Preceptor)

Fourth year is a time to develop the critical thinking skills that are necessary for doctoral decision making, not a time to go over routine procedural techniques. The student should be competent to:

- Identify, record, and analyze pertinent history problems presented by the patient;
- Demonstrate the necessary skills to examine and evaluate the patient to arrive at an appropriate diagnosis;
- Formulate a rational treatment and management plan and understand the implications of various treatment and management options;
- Provide preventative care, patient education, and counseling;
- Use the knowledge of optometry's role and the roles of other health professions to appropriately assess and address the health care needs of the patients and populations being served;
- Demonstrate knowledge of professional, ethical, legal, and public health principles applicable to the delivery of optometric care;
- Demonstrate understanding of research principles and conduct in order to critically assess the literature.
- Effectively communicate orally and in writing with other professionals and patients;
- Demonstrate basic life support skills for emergencies encountered in optometric practice.
- Demonstrate an understanding of the basic principles and philosophy of optometric practice management.
- Commit to self-directed learning and continual professional improvement.

It is the responsibility of all preceptors to carefully assess all student clinicians with due diligence. This responsibility of the preceptor is done to ensure that students provide competent and caring patient experiences, to create an effective learning environment, to protect the public, and to ultimately graduate future optometrists who can practice contemporary optometry independently and safely. It is very important that the preceptor reflect on the student's ability (skills, decision making, etc.) throughout the rotation, but formally at the midpoint and end of the rotation; the student and preceptor should be mindful that expectations at the final evaluation should be higher than at the midterm evaluation. The grade should reflect accomplishments and inadequacies. Students are often motivated by grades. The preceptor should be cognizant that verbal assessments and written assessments should be consistent. If only accomplishments are noted, the learner cannot grow as a clinician. The preceptor should not award a passing grade if the student has not met the goals of the course; doing so negatively impacts the future clinician, and impacts patients and the future of our profession. CCO is committed to graduating quality individuals that exemplify the best of the Optometry profession. *The College must be made aware of any student that requires additional instruction early on so that we can help in the areas that have been identified as weak.*

Dismissal or Removal from Rotation Sites

Establishing clinical rotation sites, whether local or remote, requires a great deal of time and effort. The College and the site must maintain a mutually beneficial partnership. Students are required to meet and maintain the highest professional standards. Under certain circumstances, the Assistant Director of Rotations (for External Sites) reserves the right to cancel its obligation to provide a rotation assignment for students who exhibit unprofessional behaviors as defined by the Midwestern University Student Handbook. This includes, but is not limited to, any student who steals any assets, property and/or drugs from any participating facility will be denied the privilege of participation in the rotation. Students recognized as being under the influence of any drug substance for non-medical purposes while on a clinical rotation may also lose their participation privilege. Such breaches will result in appropriate disciplinary actions.

Preceptors may request the student clinician's removal from patient care regardless of the location, if it has been determined that the student is potentially harmful to the patient, incompetent, behaving inappropriately, and/or exhibiting academic or professional misconduct. If the student clinician violates any of the policies or procedures of the rotation site or the College, does not clear the background check, does not provide proof of proper immunizations, does not pass a drug screen, or fails to meet other necessary requirements, the student may have their rotation assignment cancelled.

If a student is removed from a clinical rotation or dismissed by the preceptor at the site or by the Assistant Director of Rotations, the student will not be placed at another external clinical site for that rotation block, will receive a failing grade, and will be subject to further review and action by the College Student Promotion and Graduation Committee (SPGC), and/or the Associate Dean of Clinical Affairs.

The purpose of this policy is to ensure patient safety, honor the privilege of participating in the practice site, protect and support the preceptor, and maintain the College's reputation. Student conduct is expected to be exemplary at all times. It is considered unprofessional conduct if the student were to argue, beg and or plead in the event of a failing grade, and/or removal from a rotation. In the event that this happens, please contact the Assistant Director of Rotations immediately.

Clinical Education Remediation

The Chicago College of Optometry clinical education remediation policy is based on the following concept: clinical education is an interactive process and successful clinical performance requires the full participation of the student. A student who has difficulty in areas of clinical performance (that have been identified by low scores on the grading form or by observation of clinical skills) is expected to seek help, identify and understand the problem, and take an active role in correcting it. Faculty and preceptors may provide intense supervision at the student's request; ultimately, however, success of remediation depends on the student.

If a clinical faculty/external preceptor notifies the College of concerns or failure of performance and there are documented deficiencies in expected competencies; the student will be required to complete a Self-Assessment Report with a remediation plan to improve the stated deficiencies (See Appendix 6: Student Self- Assessment Report). Should the student continue to be deficient, an individual education plan (IEP) may be created to assist the student in the identified areas. The IEP will be developed and implemented by the Assistant Director of Rotations in concert with the

Associate Dean of Clinical Affairs at the request of any clinical preceptor and/or if deficiencies are reported at midterm evaluations.

The IEP will be constructed to the following format:

1. Clearly identifies the area(s) of deficiency
2. Outlines activities and strategies to enhance the student's clinical understanding and skills related to the area(s) of deficiency

It is the student's responsibility to work towards the set goals. Re-assessment will be made throughout the remainder of the quarter but ultimately the final grade will determine if the student has successfully passed the rotation. Although maximum effort may be exerted by the student in the event of a potential failure, effort alone does not constitute a passing grade. The student's expectations of themselves as well as the preceptor's expectations will be higher at the final than the midterm and it is possible that the effort may not be enough to have achieved a final passing grade.

Student clinicians may be suspended from direct patient care if patient safety is an identified risk. In this event, a student would receive a failing grade for the rotation and be subject to Midwestern University Policies.

Clinical Rotations Failure and Appeal Procedure (refers to OPTOD 1770, 1771, 1772, 1774, 1800, 1810, 1820, and 1830 Clinical Services I-VIII)

If a student received an "F/WF" in a clinical service course, he/she may appeal the failing grade, in writing, to the course director. This must be submitted within two business days after the grade is posted. The course director will act on this appeal and must inform the student, in writing, within 2 business days of this appeal. If the appeal is accepted, the course director may place the student on an individualized education plan (IEP) under the director of the course director and may require that the student take coursework. The course director's options are not limited to the above and can be modified on a case-by-case basis. If the course director decides to uphold the "F/WF", the student has the right to appeal this decision to the course director's immediate supervisor. The course director's supervisor should notify the student within two business days following receipt of the student's reappeal. "F/WF" grades, or those that are upheld through the appeal process will be forwarded to the Student Promotion and Graduation Committee who may exercise any combination of the following sequence:

1. Place the student in an extended program, if eligible.
2. Put the student on a leave of absence to undergo a period of independent study.
3. Require additional coursework or specified activities to enhance optometry knowledge, skill techniques, and concepts that are deemed critical for success as a Doctor of Optometry; and/or demonstrate mastery of the knowledge, skill techniques and concepts deemed critical for success as a Doctor of Optometry.
4. Require the student to repeat the failed externship rotation at a different site.
5. Be dismissed from the program.

Extended Program

Problems may arise that may necessitate the deceleration of a student's academic course load. Accordingly, an individual's academic course load may be reduced so that the student enters what is termed an extended program or split academic course of study. Such a program rearranges the course schedule so that the normal time period for the program is extended, usually by one

additional year. Only enrolled students may enter an extended program. To enter an extended program, either one or both of the following conditions must be met:

1. **Personal hardship.** If a student is experiencing unusual stresses in life and an extended academic load could alleviate added stress, the student may petition the College for an extended program. This petition must be submitted to the Dean or Associate Dean of Academic Affairs and may not be automatically granted but may be approved in exceptional circumstances. The Dean or the Associate Dean is responsible for reviewing and assessing the petition and may forward it to the Student Promotion and Graduation Committee, if appropriate. The student will be informed of the decision, in writing, by the Associate Dean of Academic Affairs.
2. **Academic.** As described above, a student ending an academic year with an annual GPA of less than 2.00 may be given the option to repeat courses from that year in which “F” grades were received. A student may be placed on an extended program for academic reasons at the discretion of the Student Promotion and Graduation Committee. A student placed on an extended program for academic reasons is automatically placed on academic probation and may not be returned to good academic standing until the extended program is completed.

If a student is placed on an extended program, such action does not modify or limit the committee’s actions for dismissal. Thus, the student may be dismissed for academic reasons while on an extended program.

A student placed on an extended program for academic reasons will be returned to good academic standing when he/she reenters the prescribed academic program and completes all courses that were unsatisfactory and are required for graduation.

A reentering student must achieve a cumulative grade point average of 2.00 at the end of each quarter to continue at the college. A student is allowed to go through an extended program only once.

Student Clinician Responsibilities

Overview

The responsibilities of the Chicago College of Optometry student clinicians assigned to affiliated clinical facilities are as follows:

1. Recognize the external clinical site is a non-academic, fully functioning clinical practice with the primary responsibility of patient care and a secondary responsibility for training the extern.
2. Contact the clinical site director well in advance of arrival at the clinic, at least 4-6 weeks prior to the start of the clinical rotation.
3. Report promptly to the clinical site at the beginning of the rotation. Also follow the calendar and schedule of the clinical site. The clinical site director must approve any absences and this paperwork must be filled out appropriately according to the time off policy.
4. Accept the authority and policies of the clinical externship site director as well as the Midwestern University policies.
5. Recognize the external rotation is a clinical training program and devote the appropriate time and effort to develop and demonstrate clinical proficiency and professionalism.

6. Request and accept feedback from the preceptor and those in charge regarding your clinical performance.
7. Complete and submit all required paperwork (patient logs, external rotation site survey, and preceptor survey) to the Assistant Director of Rotations via Meditrek® at the end of the rotation. Failure to submit all required paperwork could result in a grade of incomplete or course failure or a delay in degree confirmation.

Students are required to have an updated Professional Portfolio readily available at all times during external rotations. This information will be maintained on the student's RMS portal.

Professional Portfolio Requirements Prior to Start of External Rotation

- Updated Curriculum Vitae (CV)
- Current contact information and emergency contact information (Form obtained from Clinical Education Coordinator and to be updated quarterly)
- Immunization record
- CPR certification documentation
- Annual universal precautions related to blood borne pathogens certificate
- Annual HIPAA privacy and security certificate
- Annual OSHA regulations in illness and injury prevention certificate
- Health insurance coverage and copy of health insurance card

General Timeline of External Rotations Requirements

Prior to the start of the rotation

- The Clinical Education Coordinator will send an e-mail introducing the student and the preceptor at least 6-8 weeks before the start of the external rotation.
- Update CV and other documents for current portfolio

Day 1

- Site orientation

Weeks 1 through 3

- Familiarize self with site's policies and procedures
- Set goals and expectations (for student and preceptor)
- Complete Patient Activity Log

Week 4 through 7

- Midterm evaluation completed and reviewed with the student
- Complete Patient Activity Log
- Submit Self-Assessment Plan (if applicable)

Weeks 8 through 11

- Review with preceptor a plan to complete any remaining work for the rotation
- Complete Patient Activity Log

Week 12

- Final evaluation to be completed by preceptor and reviewed with student
- Complete Patient Activity Log
- **Complete anonymous and confidential Student Evaluation of the Site and Preceptor (if not completed after 3 calendar days of the end date of the rotation, an incomplete**

grade will be given, and the student will be subject to additional assignments)

Student Expectations of Preceptors

- Preceptors will provide appropriate orientation to students regarding policies, procedures and expectations.
- Preceptors will provide students with timely feedback regarding performance.
- Preceptors will provide appropriate guidance to assist the student in making improvements in performance.
- Preceptors will ensure that students participate in the provision of optometric services that optimize patient care.
- Preceptors take responsibility for providing adequate numbers of clinical encounters for the students when applicable.
- Preceptors will endeavor to include the student in a manner that demonstrates the importance and value of continuity of care.
- Preceptors will assist students in learning business or management principles and methods that are necessary for success as an optometrist when applicable.
- Preceptors will demonstrate appropriate attitudes and values that are necessary for success as an optometrist.
- Preceptors will endeavor to demonstrate the value of community involvement, setting the example of citizenship expected of a Doctor of Optometry.
- Preceptors will demonstrate effective patient communications that lead to patient compliance and the most beneficial outcomes.

External Rotation Program Evaluations (See Appendix 7)

Midwestern University recognizes the value of evaluation of faculty and courses by students. The student clinicians are required to evaluate the external rotation program as well as the preceptors. The preceptor evaluations were developed to provide constructive feedback from the student clinicians. To be an effective clinical educator requires competency, technical skills, the ability to sort and analyze data, knowledge of management and therapy options and the ability to motivate and teach others.

Prior to the end of the rotation each student will be provided with an electronic copy of two evaluations within Meditrek®. Completion of assigned evaluations is mandatory for passage of all internal and external clinic rotations. The student is asked to take a positive thoughtful approach to the evaluation process. Students should be advised that completed evaluations, rankings and comments are anonymous and will be grouped with other comments from students who have rotated through the site and provided to the preceptor on a yearly basis. The Assistant Director of Rotations will review each completed evaluation on a quarterly basis.

It is mandatory for the student clinician to complete the evaluation within **3 calendar days** of the last day of the rotation; if the evaluation has not been completed during that time, the course director will post an “I” for incomplete as the final grade. All incomplete grades must be resolved within 10 calendar days starting from the last day of the external rotation for the quarter. If an incomplete grade remains beyond the 10 calendar days, it is automatically converted to a grade of “F” by the Registrar, which signifies failure of the course. This will be dealt with as all other course failing grades according to Midwestern University policies. Should the student neglect to complete

evaluations by the due date, the student may be subject to additional assignments.

Please note that students will only be able to access his/her final evaluation from the preceptor after submitting completed site and preceptor evaluations; this ensures that a preceptor's overall evaluation of the student does not alter the student's feedback of the site or preceptor.

Patient Activity Logs (See Appendix 8)

The student clinician will be required to maintain a log of his/her patient encounters in Meditrek®. This is part of a total patient care requirement necessary for graduation as well as accreditation purposes. These logs represent the minimum number of patient encounters required during the student clinician's clinical education. Demographics such as age, race and gender for each patient will be logged. In addition, patient encounters will be classified into the following areas:

| | | | |
|------------|----------------------------------|------------|---------------------------|
| Exam Type: | Primary Care | Diagnosis: | Refractive Error |
| | Advanced Ocular Health | | Anterior Segment Disease |
| | Pediatrics/Binocular Vision | | Posterior Segment Disease |
| | Cornea/Contact Lenses | | Glaucoma |
| | Low Vision/Vision Rehabilitation | | Neurologic Disorder |
| | Special Populations | | B/V Disorder/Amblyopia |
| | Prosthetics | | Diabetes |
| | Urgent Care | | Other Systemic Disorder |
| | Electrophysiology | | |
| | Perioperative Care | | |
| | Telehealth | | |
| | Interdisciplinary | | |

Example: If a student examines a patient for a routine primary care exam that also wears contact lenses, the student will complete the log by selecting both primary care and contact lenses as the exam type. If this same patient presents with diabetes and hypertension along with corneal scars from previous contact lens abuse, the student will select refractive error, anterior segment disease, diabetes and hypertension in the diagnosis box.

Students should enter their logs on a daily basis. All logs will be reviewed by the Assistant Director of Rotations or the Clinical Education Coordinator at various intervals of each rotation. If omissions or mass entry is found, the student will receive an email reminding them about the policy. If repeated behavior is observed, a professional incident form will be filed. Continued improper logging will require the student to meet with the Assistant Director of Rotations and/or Associate Dean of Clinical Affairs and may result in failure of the rotation. The student has 3 calendar days to accurately complete the log from the last day of the rotation if omissions are found; if the log has not been accurately completed during that time, the course director will post an "I" for incomplete as the final grade. All incomplete grades must be resolved within 10 calendar days starting from the last day of the external rotation for the quarter. If an incomplete grade remains beyond the 10 calendar days, it is automatically converted to a grade of "F" by the Registrar, which signifies failure of the rotation. This will be treated as all other failing course grades according to Midwestern University policies. Should the student neglect to complete evaluations by the due date, the student may be subject to additional assignments.

Concerns

Students should contact the Assistant Director of Rotations to report verbally and/or in writing, violations of the optometry rotation program policies immediately. This includes alleged ethical and legal violations of the practice of optometry, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any form of discrimination. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with Midwestern University, Chicago College of Optometry policies.

If at any time the student clinician has a concern regarding the clinical education site, he/she should do the following:

- Meet with the external preceptor to discuss their concerns and allow sufficient time for those concerns to be addressed.
- If the specific concerns are not satisfactorily addressed, the extern shall meet with the external preceptor once again and contact the Assistant Director of Rotations who will determine the next course of action to be taken with the approval of the Associate Dean Clinical Affairs.
- It is expected that a student will document any specific concerns and details of conversations with the faculty/preceptor in order for any action to take place.

Continuing Education (CE) Hours

Each student will be required to complete 10 hours of continuing education over the 1800 course series. Continuing education hours can be completed by attending professional meetings, COPE approved CE, or lunch and learn presentations. You must submit your certificate of attendance and a signed Continuing Education Hours Form. Failure to submit this will result in a professionalism incident report which may result in failure of the course. This assignment is due before the last day of OPTOD 1830.

Preceptor and Externship Site Requirements and Responsibilities

Preceptor Requirements

To be a preceptor, you must meet the following:

- Possess either documented advanced training (residency or fellowship training), comparable clinical experience (minimum 5 years), or other verifiable expertise in their area of practice. Evidence of expertise may include publications, presentations, Fellowship/Diplomate status in the American Academy of Optometry's corresponding section, or other credentials.
- Provide proof of liability insurance and documentation of no adverse actions against licensure of the primary and secondary faculty are mandatory.
- Maintain appropriate instrumentation and possess sufficient patient volume and diversity to offer a quality clinical experience; to be ensured by Assistant Director of Rotations.
- Qualify through the college's vetting process as performed by the Assistant Director of Rotations
- Submit a completed application form (see Appendix 9)
 - a. If the above is not met, the preceptor should not directly supervise students

Role of the Site

- The site will provide an orientation and/or procedure to guide student clinicians in their clinical assignments, including but not limited to: scheduling (days and hours), parking, where students can store belongings at the site, evaluation methods, due dates for assignments, and overall responsibilities.
- Although not required, an external rotation site may create and distribute a site manual or handbook with site-specific information that the student is responsible for and must know. If this is the case, a copy of this handbook will be provided to the Clinical Education Coordinator by the site preceptor. This handbook might include such orientation information as staff names and roles, patient services offered, hours and days of patient care, special dress code requirements, parking/phone/mail details, and information about the local community, and goals and objectives for the rotation.
- The site will allow student clinicians direct, hands on primary and secondary optometric care.
- The site will provide sufficient patients for the clinical education of student clinicians.
- The site will allow student clinicians to attend educational seminars and grand rounds as related to optometric care that do not interfere with delivery of patient care.
- The site will inform the Clinical Education Coordinator in advance the number of student clinicians they will be able to accept at their facility or any changes that may have an impact on their clinical education.
- The site will provide a reasonable space for the clinical training of student clinicians.
- The site will provide internet access to be used for patient care activities.
- The site will permit, upon request, the inspection of appropriate clinical facilities by CCO and/or agencies charged with the responsibility for accreditation purposes.

Responsibilities of Preceptors

- The preceptor will provide instruction to student clinicians and offer suggestions and advice where appropriate.
- The preceptor will encourage independent decision making and afford student clinicians the opportunity to formulate diagnosis and patient management plans.
- The preceptor will allow open communication between the Chicago College of Optometry and offer comments, suggestions and criticism about the external rotation program when appropriate.
- The preceptor will evaluate performance of student clinicians and provide feedback on a frequent basis directly to the student.
- The preceptor will formally provide feedback by completing the evaluations through Meditrek® at six weeks (midterm) and the final day of the rotation.
- The preceptor will immediately discuss problems that may occur with both the student clinician and the Assistant Director of Rotations.

Student Confidentiality

Preceptors must maintain student confidentiality. Information pertaining to the student clinician's performance, health status, or background check should only be shared with the Assistant Director of Rotations or the Associate Dean of Clinical Affairs. Legal ramifications are an ever-present possibility for breached confidentiality. Preceptors must abide by Family Education Rights and Privacy Act (FERPA) regulations.

More information can be found at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Student confidentiality precludes speaking about other student clinicians who have previously rotated through the site or who are scheduled to rotate through the site during a future quarter. It is never appropriate for a preceptor to question any student about clinical performance of another student.

Teaching

The preceptor has responsibility for ensuring the student has adequate opportunities to demonstrate competence in practice functions specific to the external rotations. While the student may be capable of contributing to the clinic operation by performing optometrist staff functions, one-on-one preceptor-to-student interactions may better facilitate student development. The preceptor should ensure that time is allocated to teach each learning objective and that minimum hour requirements are fulfilled. In assuming responsibility for the student's education, the preceptor should assign tasks and/or activities based upon student need. At all times, preceptors must serve as a role model to be emulated by the student. The preceptors' appointment as an adjunct clinical faculty member recognizes the contributions preceptors make as key players in this academic program.

Constructive and regular feedback to the student is a critical element in ensuring appropriate student development.

Concerns

Preceptors should contact the Assistant Director of Rotations or the Associate Dean of Clinical Affairs to report verbally and/or in writing violations of CCO external rotation program policies as soon as possible. This includes alleged ethical and legal violations of the practice of optometry, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any form of discrimination. These types of incidents should be reported immediately. Immediate reporting of such incidents will allow appropriate action to be taken in accordance with Midwestern University and CCO policies.

College Communication and Participation

As an adjunct clinical faculty member, the preceptor is encouraged to maintain frequent communication with the Assistant Director of Rotations. It is expected that preceptors will maintain updated contact information with the College, cooperate with the College in planning and coordinating experiences to meet educational objectives, comply with program policies and procedures and attend or complete applicable preceptor training programs. Comments and/or recommendations from preceptors to improve or enhance the College's program are always welcome.

Preceptor Training Resources

The Chicago College of Optometry encourages preceptors to access resources for preceptor development. Resources provided to preceptors include: The MWU Clinical Rotations Student Clinician and Preceptor Manual, training tools, and access to the MWU online library available on the CCO preceptor resource webpage. The Assistant Director of Rotations is also available to provide in person or telephone consultation regarding management of students on rotation, rotation

assignments, students' evaluations, etc.

The College will also conduct periodic site visits during which preceptors will receive feedback on the quality of the educational experience for the students.

On-campus faculty members are College employees holding faculty rank. Adjunct faculty members are licensed clinicians who have special contractual relationships with the University. Adjunct faculty members are non-voting members of the faculty who are not eligible for tenure and have term contracts with the Chicago College of Optometry. Appointments to adjunct faculty status are made by the Dean of the Chicago College of Optometry after a recommendation by the Assistant Director of Rotations and/or the Associate Dean of Clinical Affairs. Appointments are made for specified time periods, which are renewable.

Primary preceptors will be afforded status as an adjunct faculty member for all years in which a valid affiliation agreement has been executed. Additional preceptors at an external rotation site may also be afforded this status if they are recommended and endorsed by the primary preceptor at the external rotation site. All preceptor credentials must be tendered to the College for analysis and review, and approved by the University, before adjunct faculty status is granted. Documentation for a credential review includes, at a minimum, a current curriculum vitae, liability insurance and a copy of a valid license to practice their profession.

Housing

Preceptors are under no obligation to provide housing for students, although many sites may elect to do so. Although preceptors may be of assistance, the responsibility to obtain housing remains solely with each student. Preceptors who are in a position to assist students with housing arrangements should ensure the Clinical Education Coordinator is aware so students may be properly informed.

Administrative Responsibilities of Primary Preceptor

The Assistant Director of Rotations will send an email with student assignments no later than December 1st for the following academic year. A confirmation email of acceptance of the student(s) is requested.

A teaching practitioner affiliation agreement, contract agreement, or memorandum of understanding must be executed for any external rotation sites to receive Midwestern University students. These agreements are typically auto-renewed but can be executed for a specific period of time. A preceptor or appropriate site representative signature indicating agreement of the contract or to the memorandum is required. Affiliation Agreements or Training Affiliation Agreements with government locations are renewed as directed in the agreement. Should an unforeseen circumstance arise wherein the site will be unable to host the student, the Assistant Director of Rotations should be notified as soon as possible so that alternate assignment may be arranged for the student.

Medicare Guidelines in an Educational Clinical Setting

The Centers for Medicare and Medicaid Services (CMS) released a revised transmittal in 2018, Pub 100-04 Medicare Claims Processing Manual, which “allows the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than redocumenting the work.” The revised guidelines reads: “Students may document services in the

medical record. However, the teaching physician must verify in the medical record all student documentation of findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting the work.”

At the Midwestern University Eye Institute, all precepting faculty complete an attestation of the clinical chart which states, *“I attest that I have reviewed the student’s note and that the components of the history of the present medical condition, the physical exam, and the assessment and plan documented were performed by me where I verified the documentation and re-performed the key exam elements and medical decision making.”*

Faculty documentation guidelines for patients covered by Medicare or Medicare subcontractors:

1. The student is allowed to document the review of systems (ROS) and the patient/family social history (PFSH). All other documentation must be re-documented by the attending physician.
2. The faculty repeat examination components as necessary and always personally repeat slit lamp and fundus; the faculty personally document all anterior and posterior findings as well as other exam components that were performed. The faculty personally document an assessment and plan.
3. The billing code is selected based on the level of service justified by the attending consultant’s documented services only. Any examination components performed by the student and not repeated by the attending consultant (or hired technician) may not be included with the exception of the ROS and PSFH.
4. If billable diagnostics (VF, photos, OCT, pachymetry, etc.) are performed by the student and not repeated by the attending doctor, bill for the professional component of the test only assuming proper documentation of the test results by the attending doctor. The technical component cannot be billed. If it is performed by a hired technician, then it can be billed.

Faculty documentation guidelines for patients covered by all other Non-Medicare/Non-Medicare subcontractor guidelines:

1. The faculty personally document a chief complaint and HPI or document in writing agreement with the student’s documentation and ROS and PFSH.
2. The faculty repeat examination components as necessary and always personally repeat slit lamp and fundus; the faculty personally document all anterior and posterior findings as well as other exam components that were performed and/or document in writing agreement with the student’s documentation.
3. The faculty personally document an assessment and plan or document in writing agreement with a student’s full accurate assessment and plan.
4. The billing code is selected based on the level of service justified by the attending consultant’s documented services only. Any examination components performed by the student and not repeated by the attending consultant (or hired technician) may not be included with the exception of the ROS and PSFH.
5. If billable diagnostics (VF, photos, OCT, pachymetry, etc.) are performed by the student and not repeated by the attending doctor, bill for the professional component of the test only assuming proper documentation of the test results by the attending doctor. The

technical component cannot be billed. If it is performed by a hired technician, then it can be billed.

Disclaimer: The above are general guidelines with regard to billing Medicare in a clinical teaching environment. The information contained in the guidelines has been researched and is believed to be accurate as of December 2015. The above guidelines are how Midwestern University counsel has chosen to interpret and follow the above written statement. However, the ultimate responsibility for correct coding and documentation lies with the provider of services.

APPENDICES

(Intentionally left blank)

Appendix 1: Request for Internal Clinical Rotation Absence

CHICAGO COLLEGE OF OPTOMETRY
 ABSENCE REQUEST/APPROVAL FORM
 Internal Clinical Rotation

Submit completed and signed form to CCO Clinical Education Coordinator no less than 30 days prior to requested absence date. This form must be completed for all absences, including NBEO exams, personal and sick days. For conference travel or non-emergency absences, you must be in good academic standing. Supporting documents may be required for review. Approval can be denied at any time during this process.

All religious absence accommodation requests must be submitted prior to the start of the academic year for the student's academic program AND not less than 30 calendar days in advance of the requested date of absence day(s).

Please fill out completely and with as much detail as possible.

| | | |
|---|---|---|
| Date: _____ | Student Name: _____ | On Academic Probation: <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> OD3 <input type="checkbox"/> OD4 | Student Signature: _____ | |
| Date(s) of Absence: | Reason(s) for Absence: | |
| <i>Clinical:</i> _____ | <input type="checkbox"/> Personal _____ | |
| <i>Optical:</i> _____ | <input type="checkbox"/> Boards, Part _____ | |
| <i>Specialty testing:</i> _____ | <input type="checkbox"/> Professional (e.g. conferences, Residency interview) _____ | |
| | Faculty Advisor Signature (if applicable) _____ | |
| | <input type="checkbox"/> Other (e.g. Job Interviews): _____ | |
| Required Signatures: | | |
| Clinical Education Coordinator Signature: _____ Date: _____ | | <input type="checkbox"/> Excused <input type="checkbox"/> Unexcused Days Requested: _____ Personal Days Remaining: _____ |
| Associate Dean of Clinical Affairs Signature: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved Comments: _____ | | Clinic Manager Signature: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved Comments: _____ |
| Assist Dir of Clinical Operations or Rotations Signature: _____ Date: _____ | | Comments/Action Plan: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved Student Notified Date: _____ |

Midwestern University - Eye Institute • 3450 Lacey Road, Downers Grove, IL 60615 • Fax 630-743-4835
 Shannen Hamlin, Clinical Education Coordinator • 630-743-4812 • shamli@midwestern.edu

Ver. 10.24.23 SH

Appendix 2: Request for External Clinical Rotation Absence

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CHICAGO COLLEGE OF OPTOMETRY ABSENCE REQUEST/APPROVAL FORM External Clinical Rotation

Submit completed and signed form to CCO Clinic Education Coordinator no less than 30 days prior to requested absence date. This form must be completed for all absences, including NBEO exams, preceptor absence, personal and sick days. For conference travel or non-emergency absences, you must be in good academic standing. Supporting documents may be required for review. All absences, including NBEO Exams, will be deducted from the allotted 10 days. No more than 2 personal days per quarter. Approval can be denied at any time during this process.

All religious absence accommodation requests must be submitted prior to the start of the academic year for the student's academic program AND not less than 30 calendar days in advance of the requested date of absence day(s).

Please fill out completely and with as much detail as possible.

| | | |
|----------------------------|---|---|
| Date: _____ | Student Name: _____ | On Academic Probation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Signature: _____ | | |
| Date(s) of Absence: | Reason for Absence: <input type="checkbox"/> Personal _____ <input type="checkbox"/> Boards, Part _____ <input type="checkbox"/> Professional (e.g. conferences, Residency interview) _____ Faculty Advisor Signature (if applicable) _____ <input type="checkbox"/> Other (e.g. Job Interviews): _____ | |

| Required Signatures: | |
|---|--|
| Preceptor Signature: _____ Date: _____ | Comments/Action Plan/Make-Up Dates: |
| Clinical Education Coordinator Signature: _____ Date: _____ | <input type="checkbox"/> Excused <input type="checkbox"/> Unexcused Days Requested: _____ Personal Days Remaining: _____ |
| Assistant Director of Rotations Signature: _____ Date: _____ | Comments/Action Plan: <div style="text-align: right;"> <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved Student Notified Date: _____ </div> |

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 Daniel Deligio, OD, FAAO, FSLs, Assistant Director of Rotations • 630-743-4853 • ddeligio@midwestern.edu
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Ver. 10.20.23 SH

Appendix 3: Student Incident Report Form

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a. Student Academic and Professionalism Incident Report (Non-Disciplinary)

Midwestern University Student Academic and Professionalism Incident Report (Non Disciplinary)

Student Name: _____ College/program: _____
(print)

Date reported: _____

Department(s) involved: _____

Staff/Faculty member(s) involved: _____
(signature)

Supervisor/Administrator: _____
(signature)

Send this completed form immediately to the Dean of Students, who will meet with the student and discuss the incident indicated below. The Dean of Students will send a copy of this form to the appropriate Program Director/Academic Dean's Office for their records. Note: college or program administrative personnel may also discuss this completed form with their student if they prefer, but must send a signed copy of the completed form to the Dean of Students.

This form is to be completed when it is felt that a student may have compromised the conduct code of the student handbook as defined:

Students are expected to emulate the legal, moral, and ethical standards expected of professionals in their respective areas and display behavior that is consistent with these qualities. A Code of Responsibilities and Rights of the Students of Midwestern University has been approved and can be found in Appendix 1 & 2 of the Student handbook. This code clearly states the mode of behavior that is expected of students in a number of areas. This code covers on-campus and off-campus activities. Students are expected to read and follow this code. **Students also need to be aware that a continued lack of professionalism will lead to a Formal Written Complaint that may result in disciplinary action, including disciplinary warning, probation, and/or suspension.**

Provide an explanation/description of the incident being reported.

Student Signature _____ Date signed: _____
(To be signed after discussion with the Dean of Students and/or college/program specific administrative personnel)

b. CCO- Eye Institute Student Incident Report

**Midwestern University
Chicago College of Optometry
STUDENT INCIDENT REPORT**

The purpose of the Student Incident Report form is to identify any issues (incidents) observed by the Chicago College of Optometry/Eye Institute Faculty, Staff, or Patients; to educate the student involved; and to document these incidents.

Student Name: _____ Date & Time of Incident: _____
(Please Print)

OD-1 OD-2 OD-3 OD-4 Quarter: Fall Winter Spring Summer

Please indicate the specific category(s) that best reflects the nature of the incident:

- | | |
|--|--|
| <input type="checkbox"/> Professional Responsibility | <input type="checkbox"/> Legal and Regulatory Compliance |
| <input type="checkbox"/> Patient Care Delivery | <input type="checkbox"/> Communication and Collaboration |
| <input type="checkbox"/> Other: _____ | |

Reason(s): _____

Briefly describe the incident details, including other student, staff, or faculty who observed the incident, and any immediate action taken in response to the incident:

Signature of Individual Initiating Report: _____ Date: _____

Email the form to the student and cc the respective Course Coordinator for review and point deduction determination.

To be completed by Course Coordinator:

Professionalism Course OPTOD# _____ Points Deduction _____

Course Coordinator Signature: _____ Date: _____

Additional recommendations and comments:

One copy of this report will be retained by the Course Coordinator, and one copy of this report will be provided to the student.

Rev. 09/01/2023_JW

Appendix 4: Evaluation of Student by Preceptor

Grading Form

Midwestern University

Eye Institute - Illinois

4th Year Final Evaluation

House Officer: ...name place holder... PGY: Evaluator: ...name place holder...

Academic Year: 2020/2021 Period: 0 From: To: Rotation: ...place holder

Preceptor Evaluation has not been completed.

Students are required to file the Preceptor Evaluation before viewing their final grades. You can still fill out the grading form below, but please do not show it to the student. (The student will be able to review the evaluation later, after completing the preceptor evaluation.)

SECTION 1: PATIENT CARE SKILLS AND TECHNIQUES

Instructions:

- Please evaluate the students in each of the categories below utilizing the clinical rubric.
- Ratings should be relative to the level of training – (1st quarter, 2nd quarter, 3rd quarter, 4th quarter) and the expectations for the final evaluation should be relatively higher than the expectations on the midterm evaluation.
- It is anticipated that the majority of students should fall within the satisfactory/expected category.
- For any **STUDENT LATE < 20 MINS**, reduce score in PROFESSIONALISM to BELOW EXPECTED. Fill out a LATE ARRIVAL REPORTING FORM. Each occurrence beyond the first two results in a 1:1 make-up session during Finals/Break Week.
- For any **STUDENT LATE ≥ 20 MINS**, reduce score in PROFESSIONALISM to BELOW EXPECTED. Fill out a LATE ARRIVAL REPORTING FORM. Each occurrence results in a 1:1 make-up session during Finals/Break Week.
- Please provide comments as much as necessary for students to improve upon/maintain proficient clinical competency.

Final Grades Overall and Per Component

A Final Passing Grade (P) must meet **ALL** of the following criteria:

- No more than two (2) components fall within Below Satisfactory (BS) range.
- **No components fall within the Unsatisfactory (U) range.**
- **No components fall within the Below Expected (BE) range.**

A Final Failing Grade (F) will be considered if any of the criteria listed above is not met.

| 1. Case History | | | | |
|--|---|---|--|--|
| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
| Obtains all pertinent information regarding patient care, including accessing information through outside sources, without the need for clarification, even for complex cases. | Performs at "Expected" level, but "Exceeds Expectations". | Obtains accurate and appropriately detailed histories focused on area(s) of concern with minimal need for clarification. Completes basic CC/HPI/Case History with enough detail to formulate differential diagnoses | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to obtain at least 4 HPI elements or pertinent information regarding patient care, including accessing information through outside sources. Requires clarification, even for straightforward cases. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 2. Technical Skills | | | | |
|--|---|---|--|---|
| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
| Performs routine and advanced procedures independently, proficiently, and efficiently. | Performs at "Expected" level, but "Exceeds Expectations". | Performs well-organized, patient-centered exams without the need for frequent faculty rechecks. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to perform routine procedures independently, proficiently, and efficiently, and/or is not aware of |

| | | | | |
|-----------------------|-----------------------|---|-----------------------|-------------------------|
| | | Is aware of patient care protocols currently in use at this health care facility. | | patient care protocols. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Test Selection

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|--|---|--|--|---|
| Integrates historical information, presenting complaint and clinical finding to formulate differential diagnoses, and adheres to patient care protocols to appropriately modify exam | Performs at "Expected" level, but "Exceeds Expectations". | Is able to use historical information, presenting complaint and clinical findings to guide the exam. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to apply historical information, presenting complaint and clinical findings to guide the exam. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Data Analysis

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|---|---|---|--|---|
| Applies content knowledge readily and without guidance. | Performs at "Expected" level, but "Exceeds Expectations". | Is able to reason through and analyze clinical data, recognizing inconsistencies, and is able to apply content knowledge with guidance. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to reason through and analyze clinical data, recognize inconsistencies, or apply content knowledge without guidance. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Knowledge Base

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|--|---|--|--|--|
| Naturally formulates complete patientcentered differential diagnoses, final diagnoses, and/or prognoses. | Performs at "Expected" level, but "Exceeds Expectations". | Develops reasonable differential diagnoses, final diagnoses, and/or prognoses. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to develop reasonable differential diagnoses, final diagnoses, and prognoses. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Case Management

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|---|---|---|--|--|
| Synthesizes and analyzes information independently to determine management options. | Performs at "Expected" level, but "Exceeds Expectations". | Recognizes and can discuss ramifications of diagnostic and therapeutic interventions. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to recognize and discuss ramifications of diagnostic and therapeutic interventions. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Case Documentation

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|--|---|--|--|--|
| Completes charts by the end of the session requiring little to no intervention/editing by supervising doctor and shows a thorough understanding of the exam. | Performs at "Expected" level, but "Exceeds Expectations". | Chart information shows basic understanding of the exam. Chart information and external documents are written in a logical, concise, and clear manner. | Performs at "Expected" level, but minor inadequacies have been identified. | Chart information is not written in a logical, concise and clear manner. Chart has inaccurate information, omissions, and/or multiple grammatical errors |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Assessment/Plan

| Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
|--|---|--|--|---|
| Independently develops reasonable Assessments & Plans. | Performs at "Expected" level, but "Exceeds Expectations". | Develops reasonable Assessments & Plans with limited attending guidance. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to develop reasonable Assessments & Plans. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 9. Efficiency | | |
|---|---|--|
| Above Expected | Expected | Below Expected |
| Completes skills, procedures, and routine exams in less than expected timeframe. | Completes skills, procedures, and routine exams in expected timeframe. | Does not meet established standards of efficiency expected of the Expected intern and is unable to complete skills, procedures, and routine exams in expected timeframe. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Professionalism | | |
| Above Expected | Expected | Below Expected |
| Teaches and role models exceptionally responsible behavior to peers and colleagues. Demonstrates exceptional self-assessment skills (e.g., identifies errors and takes independent corrective action). Seeks to determine and address the needs of the patient, the patient's family, and factor them into the treatment plan. With the approval of their supervisor, contacts patient independently to ensure success of treatment plan and/or appropriate follow-up scheduling, when necessary. | Shows appropriate engagement and interest in patient's well-being. Is dependable, punctual, and reliable. Demonstrates respect, compassion, ethical practice, integrity, and honesty at all times. Able to self-assess and acknowledge errors and shortcomings; open to constructive feedback and makes corrective changes based on feedback. Adheres to requirements of dress and demonstrates professional demeanor. Treats patients, families, and healthcare team colleagues with respect and dignity. Compassionately and respectfully responds to issues of socioeconomic status, age, gender, sexual orientation, ethnicity, or disability, and maintains patient confidentiality. Adheres to HIPAA requirement. | Does not meet established standards of professionalism expected of the Expected intern (e.g., misses clinic without following protocol and/or without validated cause, lateness, does not adhere to professional requirements, shows disrespect or lack of appropriate engagement). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Communication (Including patient education and interprofessional education, when applicable) | | |
| Above Expected | Expected | Below Expected |
| Is able to present cases and/or information clearly and concisely. Establishes excellent relationships with patients, families, and colleagues by listening, using nonverbal cues, verbally providing information with cultural sensitivity and compassion, using appropriate language for the setting. Educates and counsels patients in an empathetic manner. Collaborates and exchanges information effectively. Takes the initiative to communicate with members of the patient's healthcare team. Is able to build exceptional rapport with patients/guests. | Demonstrates skill at presenting cases (written and oral) in a logical, concise, and clear manner including relaying pertinent information in a timely and accurate fashion with minor direction/need for clarification. Communicates effectively and efficiently with patients, families, and supervisors. Demonstrates the ability to educate patients. Establishes rapport and demonstrates caring and respectful behaviors with patients and their families. | Does not meet established standards of communication expected of the Expected intern. Is unable to present cases and/or information clearly and/or efficiently. Inappropriately communicates with any patients, faculty, staff, students, and guests not befitting of professional health providers/students, for any reasons including, but not limited to, lack of communication, inappropriate language/topics, and violation of HIPAA guidelines. Diminishes rapport with patients/guests. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Billing, Coding and Practice Management | | |
| Above Expected | Expected | Below Expected |
| Demonstrates advanced knowledge of diagnosis codes, procedural codes, meaningful use, and practice management independently | Demonstrates fundamental knowledge of diagnosis codes, procedural codes, meaningful use, and practice management with limited attending guidance. | Does not meet established standards of billing, coding, and practice management expected of the Expected Intern |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION 2: CONDUCT

Response Scale: 1=Infrequently; 2=Frequently; 3=Continuously

| Score | Criteria |
|---|--|
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | 1. Did the student arrive on time and prepared for clinical care? |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | 2. Did the student adhere to clinic policies as communicated by the site? |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | 3. Did the student demonstrate adequate respect to the preceptor, staff, and patients? |

- | | | | |
|-------------------------|-------------------------|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | 4. Did the student demonstrate knowledge of professional, ethical, and legal responsibility in the care of patients? |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | 5. Did the student demonstrate cultural awareness and sensitivity in the care of patients? |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | 6. Did the student actively participate in their learning? |

Please enter the number of days the student was absent from clinic (include all excused and unexcused absences) and outline any makeup days that were completed at the rotation site:

What are the areas where the student has performed well?

What are areas where the student can improve?

Are there any professionalism concerns that were not previously addressed?

Other comments (optional):

Do you have any feedback for Chicago College of Optometry or ways that we can better serve you as a rotation site (optional):

Appendix 5: Grading Rubric

***** CCO Clinical Encounter Evaluations Rubric

| 4 th Year CCO CLINICAL ENCOUNTER EVALUATION RUBRIC | | | | | |
|---|---|---|---|--|--|
| All Patient Encounters must be logged within 24 hours. | | | | | |
| For any STUDENT LATE < 20 MINS , reduce score in PROFESSIONALISM to BELOW EXPECTED. Fill out a LATE ARRIVAL REPORTING FORM. Each occurrence beyond the first two results in a 1:1 make-up session during Finals/Break Week. | | | For any STUDENT LATE ≥ 20 MINS , reduce score in PROFESSIONALISM to BELOW EXPECTED. Fill out a LATE ARRIVAL REPORTING FORM. Each occurrence results in a 1:1 make-up session during Finals/Break Week. | | |
| Components | Honors | Above Satisfactory | Satisfactory | Below Satisfactory | Unsatisfactory |
| Case History | Obtains all pertinent information regarding patient care, including accessing information through outside sources, without the need for clarification, even for complex cases. | Performs at "Expected" level, but "Exceeds Expectations". | Obtains accurate and appropriately detailed histories focused on area(s) of concern with minimal need for clarification. Completes basic CC/HPI/Case History with enough detail to formulate differential diagnoses. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to obtain at least 4 HPI elements or pertinent information regarding patient care, including accessing information through outside sources. Requires clarification, even for straightforward cases. |
| Technical Skills | Performs routine and advanced procedures independently, proficiently, and efficiently. | Performs at "Expected" level, but "Exceeds Expectations". | Performs well-organized, patient-centered exams without the need for frequent faculty rechecks. Is aware of patient care protocols currently in use at this health care facility. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to perform routine procedures independently, proficiently, and efficiently, and/or is not aware of patient care protocols. |
| Test Selection | Integrates historical information, presenting complaint and clinical finding to formulate differential diagnoses, and adheres to patient care protocols to appropriately modify exam. | Performs at "Expected" level, but "Exceeds Expectations". | Is able to use historical information, presenting complaint and clinical findings to guide the exam. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to apply historical information, presenting complaint and clinical findings to guide the exam. |
| Data Analysis | Applies content knowledge readily and without guidance. | Performs at "Expected" level, but "Exceeds Expectations". | Is able to reason through and analyze clinical data, recognizing inconsistencies, and is able to apply content knowledge with guidance. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to reason through and analyze clinical data, recognize inconsistencies, or apply content knowledge without guidance. |
| Knowledge Base | Naturally formulates complete patient-centered differential diagnoses, final diagnoses, and/or prognoses. | Performs at "Expected" level, but "Exceeds Expectations". | Develops reasonable differential diagnoses, final diagnoses, and/or prognoses. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to develop reasonable differential diagnoses, final diagnoses, and prognoses. |
| Case Management | Synthesizes and analyzes information independently to determine management options. | Performs at "Expected" level, but "Exceeds Expectations". | Recognizes and can discuss ramifications of diagnostic and therapeutic interventions. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to recognize and discuss ramifications of diagnostic and therapeutic interventions. |
| Case Documentation | Completes charts by the end of the session requiring little to no intervention/editing by supervising doctor and shows a thorough understanding of the exam. | Performs at "Expected" level, but "Exceeds Expectations". | Chart information shows basic understanding of the exam. Chart information and external documents are written in a logical, concise, and clear manner. | Performs at "Expected" level, but minor inadequacies have been identified. | Chart information is not written in a logical, concise and clear manner. Chart has inaccurate information, omissions, and/or multiple grammatical errors. |
| Assessment/Plan | Independently develops reasonable Assessments & Plans. | Performs at "Expected" level, but "Exceeds Expectations". | Develops reasonable Assessments & Plans with limited attending guidance. | Performs at "Expected" level, but minor inadequacies have been identified. | Unable to develop reasonable Assessments & Plans. |

Revised 4/30/2020

| | Above Expected | Expected | Below Expected |
|---|---|---|--|
| Efficiency | Completes skills, procedures, and routine exams in less than expected timeframe. | Completes skills, procedures, and routine exams in expected timeframe. | Does not meet established standards of efficiency expected of the Expected intern and is unable to complete skills, procedures, and routine exams in expected timeframe. |
| Professionalism | Teaches and role models exceptionally responsible behavior to peers and colleagues. Demonstrates exceptional self-assessment skills (e.g., identifies errors and takes independent corrective action). Seeks to determine and address the needs of the patient, the patient's family, and factor them into the treatment plan. With the approval of their supervisor, contacts patient independently to ensure success of treatment plan and/or appropriate follow-up scheduling, when necessary. | Shows appropriate engagement and interest in patient's well-being. Is dependable, punctual, and reliable. Demonstrates respect, compassion, ethical practice, integrity, and honesty at all times. Able to self-assess and acknowledge errors and shortcomings; open to constructive feedback and makes corrective changes based on feedback. Adheres to requirements of dress and demonstrates professional demeanor. Treats patients, families, and healthcare team colleagues with respect and dignity. Compassionately and respectfully responds to issues of socioeconomic status, age, gender, sexual orientation, ethnicity, or disability, and maintains patient confidentiality. Adheres to HIPAA requirement. | Does not meet established standards of professionalism expected of the Expected intern (e.g., misses clinic without following protocol and/or without validated cause, lateness, does not adhere to professional requirements, shows disrespect or lack of appropriate engagement). |
| Communication (including patient education and interprofessional education, when applicable) | Is able to present cases and/or information clearly and concisely. Establishes excellent relationships with patients, families, and colleagues by listening, using nonverbal cues, verbally providing information with cultural sensitivity and compassion, using appropriate language for the setting. Educates and counsels patients in an empathetic manner. Collaborates and exchanges information effectively. Takes the initiative to communicate with members of the patient's healthcare team. Is able to build exceptional rapport with patients/guests. | Demonstrates skill at presenting cases (written and oral) in a logical, concise, and clear manner including relaying pertinent information in a timely and accurate fashion with minor direction/need for clarification. Communicates effectively and efficiently with patients, families, and supervisors. Demonstrates the ability to educate patients. Establishes rapport and demonstrates caring and respectful behaviors with patients and their families. | Does not meet established standards of communication expected of the Expected intern. Is unable to present cases and/or information clearly and/or efficiently. Inappropriately communicates with any patients, faculty, staff, students, and guests not befitting of professional health providers/students, for any reasons including, but not limited to, lack of communication, inappropriate language/topics, and violation of HIPAA guidelines. Diminishes rapport with patients/guests. |
| Billing, Coding and Practice Management | Demonstrates advanced knowledge of diagnosis codes, procedural codes, meaningful use, and practice management independently. | Demonstrates fundamental knowledge of diagnosis codes, procedural codes, meaningful use, and practice management with limited attending guidance. | Does not meet established standards of billing, coding, and practice management expected of the Expected intern. |
| Please provide comments as much as necessary for students to improve upon/maintain proficient clinical competency. | | | |
| Final Grades Overall and Per Component | | | |
| <p>A Final Passing Grade (P) must meet ALL of the following criteria:</p> <ol style="list-style-type: none"> 1. No more than two (2) components fall within Below Satisfactory (BS) range 2. No components fall within the Unsatisfactory (U) range 3. No components fall within the Below Expected (BE) range <p>A Final Failing Grade (F) will be considered if any of the criteria listed above is not met.</p> | | | |

Revised 4/30/2020

Appendix 6: Student Self-Assessment Report

.....
Midwestern University
Chicago College of Optometry

Student Self-Assessment Report

Self-Assessment is defined as: “the act of judging ourselves and making decisions about the next step.”

The purpose of the self-assessment report is to take control of your learning experience. Your preceptor has noted some areas of your clinical performance which present an opportunity for improvement. The self- assessment will be your action plan for improving your clinical skills for successful completion of the quarter.

Student Name: _____ Date: _____ Period: _____

Preceptor Name: _____ Rotation Site: _____

Areas of Deficiency as reported by your preceptor:

- | | |
|---|---|
| <input type="checkbox"/> Preparation | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Chief Complaint | <input type="checkbox"/> Case Documentation |
| <input type="checkbox"/> Case History | <input type="checkbox"/> Assessment/Plan |
| <input type="checkbox"/> Technical Skills | <input type="checkbox"/> Efficiency |
| <input type="checkbox"/> Test Selection | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Case Analysis | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Knowledge Base | <input type="checkbox"/> Billing, Coding, and Practice Management |

1. Review and discuss your midterm evaluation with your preceptor.

a. Do you agree with their evaluation? Yes No

Explain.

b. What is your assessment of your clinical skills this quarter?

2. Action Plan:

List the steps you will take to ensure improvement in the identified areas.

Student Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____

Revised 3/19/20

Appendix 7: Program Evaluations

.....

Rotation Site Survey

Midwestern University

Eye Institute

Rotation Site Survey - 4th Year

Preceptor: ...name place holder... Academic Year: 2015/2016 Rotation: ...site place holder

Were there any requirements before the rotation started? Assignments, documentation, fingerprints, background check, review of EMR, reading of the extern manual etc.?

◀
▶

Clinical Experience

In which of the following exam components did you DIRECTLY participate in patient care (do not include observation)? Please rate each item using the scale: 1 = Never; 2 = Sometimes; 3 = Often; 4 = Always

| Score | | | | Criteria |
|-------------------------|-------------------------|-------------------------|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 1. History |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 2. Completion of the entrance testing |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 3. Refraction |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 4. Examination of Anterior Segment |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 5. Examination of Posterior Segment |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 6. Completion of Ancillary testing (OCT, GDx, Cameras, Topographers) |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 7. Interpretation of tests |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 8. Assessment |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 9. Plan |

On average, how many patients did you examine per day? (max. 3 char.)

On average, how many days per week did you work? (max. 2 char.)

Did you work weekends? Yes No

On average, how many hours per week did you work? (max. 3 char.)

Did you participate in any on call activities? Yes No

Did you have to travel to different office locations on a daily or weekly basis? Yes No

Did you utilize technician support staff at this site? Yes No

Do you feel the facilities (equipment supplies exam lanes) were adequate? Yes No

Did you participate in a journal club/grand rounds or presentation of some sort? Yes No

Were you allowed adequate clinical independence to develop your clinical skills? Yes No

Please list, in percentages, the patient services that you provided throughout the rotation:

Primary care Ocular Disease
Binocular vision/vision therapy Low Vision
Contact lens Other (please specify below)

Please comment on any unique learning opportunities experienced

Living Arrangements

Where did you live? Was housing offered? Did you get charged rent? About how much is the rent in the area? Any places you would or would not recommend?

Did you have a car? Ease of transportation to and from the outreach site?

What fun things are there to do in the area? What is the area like? Rural/Urban?

Overall impression of this rotation

What did you like most?

What did you like least?

Any additional comments or advice you may have for future students?

Please enter your password for authentication:

Please review your entries before submitting.

Save Final

Save Draft

Save Final

After pressing either save button, do not use your Back button!

If you accidentally saved final when you meant to save draft, send a reset request to support@hsoft.org.

If you accidentally saved draft when you meant to save final, simply wait for your Welcome page to load, open the draft, and save it as final.

Rotation Preceptor Survey

Midwestern University

Eye Institute

Rotation Preceptor Survey - 4th Year

Preceptor: ...name place holder... Academic Year: 2015/2016 Rotation: ...site place holder

Please list the clinical teaching faculty that you worked with at this site. (If you worked with more than one, please place an asterisk next to the doctor you worked with the most):

Educational Experience

Please rate each item using the following scale: 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

| Score | Criteria |
|---|--|
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 1. Improving my examination skills |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 2. Improving my diagnostic skills |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 3. Improving my patient/doctor communication skills |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 4. Improving my prescribing skills |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 5. Understanding of ocular pharm and its use |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 6. Understanding of billing and coding |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 7. Learning new clinical procedures/new instrumentation |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 8. Patient treatment and management |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 9. I was challenged to learn at this site |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 10. There was good rapport between myself and the preceptor |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 11. The preceptor served as a professional role model |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 12. I was treated in a professional manner by the office staff |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 13. Makes student development of skills and knowledge a priority |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 14. Gives student appropriate feedback |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 15. Corrects students in a positive manner |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 16. Provides opportunities for discussion |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | 17. Was knowledgeable about the subject matter during patient encounters |

| | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 18. Discussed information at a suitable level of understanding |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 19. Guided development of clinical problem solving skills |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 20. Guided development of patient management skills |

Describe the strongest aspect of the instructors' teaching:

Describe how they can improve their teaching effectiveness:

Additional Comments:

Please enter your password for authentication:

Please review your entries before submitting.

Save Final

Save Draft

Save Final

After pressing either save button, do not use your Back button!

If you accidentally saved final when you meant to save draft, send a reset request to support@hsoft.org.

If you accidentally saved draft when you meant to save final, simply wait for your Welcome page to load, open the draft, and save it as final.

Appendix 8: Patient Activity Logs

4th Year Daily Patient Encounter Log

Student: ...name place holder...
 Academic Year: 2022/2023
 Date: Apr 18 2023 Quarter: Spring
 Site: Select please... Preceptor: Select please...

If you saw no patients on this day, select the quarter, site, and preceptor above, mark the checkbox, and press Submit. Leave the rest of the form blank.

No patients seen today Submit

Describe something you learned today (Min. 25 characters):

| Category | Totals | Tally |
|-------------------------------------|----------------------|-------|
| Age | Totals | |
| ≤1 | <input type="text"/> | |
| >1-6 | <input type="text"/> | |
| 7-17 | <input type="text"/> | |
| 18-39 | <input type="text"/> | |
| 40-64 | <input type="text"/> | |
| 65+ | <input type="text"/> | |
| Gender | Totals | |
| Female | <input type="text"/> | |
| Male | <input type="text"/> | |
| Non-binary | <input type="text"/> | |
| Race | Totals | |
| American Indian or Alaskan Native | <input type="text"/> | |
| Asian | <input type="text"/> | |
| Black or African American | <input type="text"/> | |
| Native Hawaiian or Pacific Islander | <input type="text"/> | |
| White | <input type="text"/> | |
| Ethnicity | Totals | |
| Hispanic or Latino | <input type="text"/> | |
| Not Hispanic or Latino | <input type="text"/> | |
| Category of Visit | Totals | |
| Primary Care | <input type="text"/> | |
| Advanced Ocular Health | <input type="text"/> | |
| Pediatrics/Binocular Vision | <input type="text"/> | |
| Cornea/Contact Lens | <input type="text"/> | |
| Low Vision/Vision Rehabilitation | <input type="text"/> | |
| Special Populations | <input type="text"/> | |
| Prosthetics | <input type="text"/> | |
| Urgent Care | <input type="text"/> | |
| Electrophysiology | <input type="text"/> | |
| Perioperative Care | <input type="text"/> | |
| Telehealth | <input type="text"/> | |
| Interdisciplinary | <input type="text"/> | |

| Type of Visit | Totals | |
|--|----------------------|--|
| Comprehensive | <input type="text"/> | |
| Follow-Up (Existing condition) | <input type="text"/> | |
| Problem Specific (New/Recurrent onset) | <input type="text"/> | |
| Vision Therapy | <input type="text"/> | |
| Diagnostic Only | <input type="text"/> | |
| Interdisciplinary | <input type="text"/> | |
| Encounters shared with another student | <input type="text"/> | |
| Observed surgical encounters | <input type="text"/> | |
| Please specify surgeries observed | | |
| <input type="text"/> | | |
| Exam Components | Totals | |
| Case History | <input type="text"/> | |
| Entrance | <input type="text"/> | |
| Refraction | <input type="text"/> | |
| Binocular Vision | <input type="text"/> | |
| Anterior Segment Ocular health | <input type="text"/> | |
| Posterior Segment Ocular health | <input type="text"/> | |
| Diagnostic Testing with Interpretation | <input type="text"/> | |
| <input type="text"/> | | |
| Other Testing | <input type="text"/> | |
| <small>(specialty contact lens fitting/dispense, infantSEE or special needs exam, gonioscopy, pachymetry, FB removal, punctal plugs, etc.)</small> | | |
| <input type="text"/> | | |
| Diagnosis | Totals | |
| Refractive Error | <input type="text"/> | |
| Anterior Segment Disease | <input type="text"/> | |
| Posterior Segment Disease | <input type="text"/> | |
| Glaucoma | <input type="text"/> | |
| Neurological Disorder | <input type="text"/> | |
| Binocular Vision Disorder/Amblyopia | <input type="text"/> | |
| Diabetes | <input type="text"/> | |
| Other Systemic Disorder | <input type="text"/> | |
| Encounters with an interprofessional component | <input type="text"/> | |

Submit

Meditrek® protocol for patient log submission

1. Open the Meditrek® home page (<http://www.meditrek.com>) in your browser. (We recommend Microsoft Internet Explorer version 9 or higher.)
2. Please open and read the Terms of Use, since use of the site means that you accept these terms.
3. Click the USER LOGIN link on the top right. Enter your login credentials and click OK. Note that your password is case sensitive.

Please keep your user login and password in a safe place for future reference.

4. Your Welcome page will be displayed. Please open and read the User's Guide - the link is in the top right corner.

If you have any difficulties logging in, or if you have any questions about using Meditrek® which are not answered by the User's Guide, please do not hesitate to contact Meditrek® at support@hsoft.org or 215-337-9080.

Click on the last item of your page labeled “Non-Scheduled forms”. This will bring up a new page where you should click on the “Patient log form for 4th years” which will load the patient log entry form.

6. Once the log page is displayed
 - Please put the date of the encounter, not the date that you are entering the information into the log (in case these are different).
 - The academic year refers to the academic year that you are currently in, NOT your graduation year. This is generally also in default mode and will not need to be changed.
 - The period is in reference to the quarter you are in. Example: Summer is Q1, Fall is Q2, Winter is Q3, Spring is Q4.
 - Please select the appropriate service site and the preceptor that you worked with.
 - If you do not encounter a patient for the day, you are required to check the box “No patients seen today” when entering logs.
 - Click Submit when you are done.

Appendix 9: Preceptor Application



MIDWESTERN UNIVERSITY

EYE INSTITUTE
CHICAGO COLLEGE OF OPTOMETRY
 3450 Lacey Road
 Downers Grove, IL 60515
 Phone: 630/743-4500

To be completed by site:

Site Name:

Primary Clinic Address:

Site Phone:

Site Fax:

Site Website:

Primary Contact/Site Coordinator:

Contact Phone Number:

Contact Email:

RESET FORM

| Physical Facilities Information | Do you have a room or space designated for the following: | Yes | No |
|---------------------------------|---|--------------------------|--------------------------|
| | Contact Lens Training | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dispensary | <input type="checkbox"/> | <input type="checkbox"/> |
| | * Exam Lanes (how many) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Medical Laboratory | <input type="checkbox"/> | <input type="checkbox"/> |
| | Ophthalmic Laboratory | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pre-testing | <input type="checkbox"/> | <input type="checkbox"/> |
| | Specialty Testing (specify) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Vision Therapy | <input type="checkbox"/> | <input type="checkbox"/> |

| Equipment Information | Do you have the following equipment: | Yes | No |
|-----------------------|--|--------------------------|--------------------------|
| | * Auto-perimeter | <input type="checkbox"/> | <input type="checkbox"/> |
| | Auto-refractor | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contact Lens Modifying Equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| | Corneal Topography | <input type="checkbox"/> | <input type="checkbox"/> |
| | Keratometer | <input type="checkbox"/> | <input type="checkbox"/> |
| | Laser (specify) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Lensometer(Auto <input type="checkbox"/> Manual <input type="checkbox"/>) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Low Vision Devices | <input type="checkbox"/> | <input type="checkbox"/> |
| | * Optic Nerve Analyzer/OCT (specify) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pachymeter | <input type="checkbox"/> | <input type="checkbox"/> | |

| Equipment Information (continued) | Do you have the following equipment: | Yes | No |
|---|---|-------------------------------------|-------------------------------------|
| | Photography, Anterior | <input type="checkbox"/> | <input type="checkbox"/> |
| | * Photography, Posterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Ultrasonography | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Electrophysiology, VEP, ERG, EOG | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Tear Osmolarity or other objective ocular surfaces disorder | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Radioscope | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | * Slit Lamp or Biomicroscope | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Sphygmomanometer | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Tonometer for: | | |
| <input type="checkbox"/> Goldmann <input type="checkbox"/> Non-Contact Tonometer <input type="checkbox"/> Other (specify) | | | |
| Other (specify) | | | |

| Diagnostic Procedures Performed | Do you perform these procedures? | Yes | No | |
|---|--|-------------------------------------|-------------------------------------|--|
| | Angiography | | | |
| | <input type="checkbox"/> Fluorescein <input type="checkbox"/> Indocyanine Green | | | |
| | Binocular Vision/Accommodation Testing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Biomicroscopy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Contrast Sensitivity Testing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | * Corneal Topography | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Cytology | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Electrophysiology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Exophthalmometry | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Gonioscopy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Laser Procedures (specify) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Medical Laboratory Testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Refractions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Neurological Testing | | | |
| <input type="checkbox"/> Pupil Testing <input type="checkbox"/> Cranial Nerve Screening | | | | |
| Ophthalmoscopy | | | | |
| <input type="checkbox"/> Direct <input type="checkbox"/> 78D/90D/Superfield/Other <input type="checkbox"/> Binocular Indirect | | | | |

| | |
|--|---|
| Diagnostic Procedures Performed (continued) | Perimetry <input type="checkbox"/> Standard Automated <input type="checkbox"/> Perimetry SWAP <input type="checkbox"/> Frequency Doubling |
| | Photography <input type="checkbox"/> Anterior Segment <input type="checkbox"/> Posterior Segment |
| | Specialized Testing (specify) |
| | Tonometry <input type="checkbox"/> Goldmann <input type="checkbox"/> Non-Contact <input type="checkbox"/> Other (specify) |
| | * Ultrasound <input type="checkbox"/> A Scan <input type="checkbox"/> B Scan <input type="checkbox"/> Other (specify) |

| Treatment and Management | Do you treat, prescribe for, or manage, either independently or co-manage: | Yes | No |
|---------------------------------|--|--------------------------|-------------------------------------|
| | | Amblyopia | <input type="checkbox"/> |
| | Anterior Segment Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Age Related Macular Degeneration | <input type="checkbox"/> | <input type="checkbox"/> |
| | Binocular Vision Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chalazion Injection/Excision | <input type="checkbox"/> | <input type="checkbox"/> |
| | Computer Vision Syndrome | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Contact Lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| | Orthokeratology | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dry Eye Syndrome | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Foreign Body Removal | <input type="checkbox"/> | <input type="checkbox"/> |
| | Glaucoma | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hospital Emergencies (on call) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Injectables (specify) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Keratoconus | <input type="checkbox"/> | <input type="checkbox"/> |
| | Low Vision Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> |
| | Ocular Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pediatrics | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pre/Post Surgical Management <input type="checkbox"/> Cataracts <input type="checkbox"/> Glaucoma <input type="checkbox"/> Refractive Surgery <input type="checkbox"/> Retina <input type="checkbox"/> Other (specify) | | |

| | | | |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| Treatment and Management (continued) | Ocular Prosthetic Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Punctal Dilation and Irrigation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Punctal Plugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Sports Vision | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Strabismus | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Stromal Puncture | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Suture Removal | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Vision Development | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Vision Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Any other advanced therapy not listed | | |

| | | | |
|---|--|-------------------------------------|-------------------------------------|
| Practice Information | Type of practice (solo, multidisciplinary, federal service, etc.) | | |
| | Length of time at this location? | | |
| | | YES | NO |
| | Are you the owner, co-owner, part-owner, employee or other? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Are you certified for diagnostic pharmaceuticals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Are you certified for therapeutic pharmaceuticals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Are you certified for injectables? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | * What are your office hours? | | |
| | Monday | Tuesday | Wednesday |
| | Thursday | Friday | Saturday |
| | Sunday | | |
| | How many of the following personnel are in your office? | | |
| | Optometrists | Ophthalmologists | Technicians |
| | Office Staff | Others (specify) | |
| | What are the estimated numbers or percentages of the following appointments? | | |
| % Patients seen by appointment | % No Shows | | |
| # Schedule waiting time | # Comprehensive exams/day | | |
| # Patient visits per day | # Minutes of complete/final exam | | |
| What are the estimated percentages by payment type? | | | |
| % Private Pay | % Other Insurance Plans (specify) | | |
| % Medicare | % Medicaid | | |
| What are the estimated percentages of patients seen in the following types? | | | |
| % Ocular Disease | % General Practice | | |
| % Contact Lenses | % Pediatrics | | |
| % Vision Therapy/Development | % Low Vision | | |
| % Ophthalmic Dispensing | % Sports Vision | | |
| % Pre/Post Surgical Management | | | |
| What are the estimated percentages of out-of-office care? | | | |
| % Hospital | % Nursing Home | | |
| % Prison Care | % Home Care | | |
| % School Screenings | % Other (specify) | | |

| | | | |
|--|--|---|--|
| Preceptor Responsibilities | What topics do you expect to cover with the student during the orientation process? <input type="text"/> | | |
| | How will you introduce your student to your new and existing patients? <input type="text"/> | | |
| | What expectations do you have about the amount of instruction time your student will require? <input type="text"/> | | |
| | * The basis of the Optometric Externship program depends on independent skills applications, as well as clinical decision making. Observation should general be reserved for clinical procedures that are not within the scope of Optometry (observing complex surgical procedures by an ophthalmologist for example). Are you comfortable with the idea of permitting the student to independently examine patients after you have observed him/her for a period of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Guidance and mentoring from the Preceptor are wanted and expected by the students. What strategies or educational approaches will you employ? <input type="text"/> | | |
| | Have you taught before and if so, when and where? <input type="text"/> | | |
| | Teaching requires familiarity with current literature. Are you willing to stay abreast of scientific findings and require your student to research subjects that he/she shows a weakness in? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Are you active in any local, state or national civic or optometric organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> | If so, will you invite your student to attend functions with you? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | If you have a private practice, will you allow the student to spend time with your billing, insurance and coding employees so the student may gain a better understanding of how a private practice is run? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/a <input type="checkbox"/> |
| | Will the student have access to the internet while at your clinic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you arrange for the student to observe other practice settings which complement or augment your practice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

| Preceptor Responsibilities (continued) | Do you currently host students from other optometry schools? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which programs? <input style="width: 100%; height: 15px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-----------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | If no, have you ever hosted in the past? Which programs? <input style="width: 100%; height: 15px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | The CCO student demographics vary by class and the college cannot guarantee that you will have a student every year, much less every quarter. Will this schedule be acceptable at your practice? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Is housing offered at your site? If so, what quarters are available? <input style="width: 100%; height: 15px;" type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Is travel between multiple sites expected? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * How many patient encounters do you anticipate providing an individual student over the 12 week rotation? An encounter refers to direct patient care and involvement in clinical decision making. <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-400 <input type="checkbox"/> 401-650 <input type="checkbox"/> 651-800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Do you work with other types of health providers (other than optometry) in your clinic? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * Number of CCO students your externship site can host per quarter Summer: <input style="width: 50px;" type="text"/> Winter: <input style="width: 50px;" type="text"/> Fall: <input style="width: 50px;" type="text"/> Spring: <input style="width: 50px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * Please list all licensed clinicians who will be directly supervising externs during their rotation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Name of Clinician</th> <th style="width: 25%;">Number of Years in Practice</th> <th style="width: 30%;">ACOE Residency Trained</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Name of Clinician | Number of Years in Practice | ACOE Residency Trained | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Clinician | Number of Years in Practice | ACOE Residency Trained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Does your site have a process to grant privileges to clinicians? (If yes, please provide a copy) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Have any of the above licensed clinicians that will be precepting CCO student clinicians had any adverse actions against their professional license? If yes, please explain action, dates, and resolution? (use separate sheet) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Does your site use AOA Optometric Clinical Practice Guidelines or AAO Preferred Practice Pattern Guidelines , when applicable? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Items may be required for final review

Clinic Description (Please fill out this section to tell us more about your site, location, and special features, or any other information that you believe is important to share about your clinic):



Please return this completed form along with the following documents for each doctor who will be instructing students:

- Copy of Optometry License
- Proof of Insurance
- Curriculum Vitae
- Clinical Privileging Document (if applicable)

External Rotation Site Survey can be returned US Mail, email, or fax to:

Shannen Hamlin
Clinical Education Coordinator
Midwestern University
Chicago College of Optometry
3450 Lacey Road
Downers Grove, IL 60515
P 630-743-4812
F 630-743-4835
Optometry_Rotations@midwestern.edu

Appendix 10: Student Emergency Contact Information



Midwestern University
Chicago College of Optometry

Student Information

RESET FORM

Personal Information

Name:
Last First M.I.

Permanent Address:
Street Address Apartment/Unit #

City State Zip Code

Phone: Alternate Phone:

MWU Email:

Other Email:

Rotation Information

| Quarter | Site | Preceptor Name | Preceptor Contact Email, Phone |
|---|----------------------|----------------------|--------------------------------|
| Summer | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Local Address: <input type="text"/> | | | |
| Fall | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Local Address: <input type="text"/> | | | |
| Winter | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Local Address: <input type="text"/> | | | |
| Spring | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Local Address: <input type="text"/> | | | |

Emergency Contact Information

Full Name:
Last First M.I.

Address:
Street Address Apartment/Unit #

City State Zip Code

Primary Phone: Alternate Phone:

Relationship:

CCO Contacts: Daniel Deligio, O.D., FAAO, FSLs
 Assistant Director of Rotations
ddelig@midwestern.edu
 (630) 743-4853

Shannen Hamlin
 Clinical Education Coordinator
shamli@midwestern.edu
 (630) 743-4812

Revised 04/27/22