

UCBSO ON-CAMPUS RESIDENT HANDBOOK
2020-21

- 1) Duration of Program: Commences last Monday in June and is slightly less than 53 weeks in duration.
- 2) Forms: Many forms (e.g.: evaluations, absence requests) can be found at:
https://drive.google.com/drive/u/1/folders/0B-JVDbAzN9_5UllrSTdDV0FtbG8
(Alternative link) <http://optohub.berkeley.edu/residency-program-forms>
- 3) Orientation: There is a one-week overlap with the previous year's residents and the current residents. The new residents will use this time to become familiar with the administrative organization of the clinic and the paperwork associated with patient care.
- 4) Patient Confidentiality: It is extremely important that patient confidentiality be honored at all times. Discussion of patients at conferences and other educational events should protect their identity by referring to them by initials or pseudonym. All residents are responsible for completing on-line HIPAA training.
- 5) Annual Salary: \$37,500. The stipend is not contingent upon productivity of the resident. For US residents: no taxes are withheld from the stipend. Residents can find information about taxes owed for stipends and estimated taxes at the IRS website. The university has a policy that no tax advice is given to students because each individual's situation is unique. International students will have taxes withheld from their checks to pay US taxes at the end of the tax year. **SPECIAL NOTE: International students must re-file their paperwork in December with the campus or their January check will be delayed.** All residents are responsible for signing up through Bear Facts for Electronic Funds Transfer (EFT) or they will not be paid. Any questions about signing up for EFT should be directed toward Carissa Caloud (ccaloud@berkeley.edu). Note that if a resident has outstanding fees on their account (e.g.: Student Health Insurance fees, library fees, etc.), their paycheck will not be released. Residents will receive an email asking them to sign up for E-Bill. They should do so in order to monitor whether there are outstanding fees on their account that could delay their paycheck: eg: health insurance premiums, library fees, etc.
- 6) Health Insurance Benefits: Residents are automatically enrolled in the University's major medical Student Health Insurance Plan (SHIP). SHIP provides major medical insurance coverage to supplement the campus primary health care services available through University Health Services (UHS). **Enrollment in SHIP is automatic and billed to the resident unless they opt out by showing self-coverage by a comparable insurance.** Coverage begins on 8/1/2020-7/31/2021. That means that you will have to purchase supplemental insurance for 6/29/2020-7/31/2020 if you don't have it already, and for dependents. See uhs.berkeley.edu for more information.
- 7) Clinic Manual: Many of the policies and descriptions of the Optometry Clinics are described on the web-based Clinic Manual. You may access the manual by going to <http://optometry.berkeley.edu/clinicmanual>. Please take a few moments to peruse the clinic manual and familiarize yourself with our various clinics and policies. Residents are expected to follow the clinic dress code which can be found in the clinic manual.
- 8) Registering for Classes: Residents are enrolled as graduate students at the university. Typically, course registration is completed by the ASAO. If you need to take any action, you will be notified.

Fall Semester

	OPTOM 230A	GEN GRAD CLIN PRAC	Graded 2 Units
	OPTOM 231A	GRAD SPEC CLINS	Graded 8 Units
	OPTOM 281A	GRAD CLIN RNDS	Pass/No Pass 2 Units
	OPTOM 292A	GRAD OPT SEM	Pass/No Pass 2 Units
	OPTOM 298A	IND GRP STUD	Graded 1 Unit
**	OPTOM 299A	GRAD OPT RES	<u>Registered for this only if you are doing research</u> Graded 2 Units

Spring Semester

	OPTOM 230B	GEN GRAD CLIN PRAC	Graded 2 Units
	OPTOM 231B	GRAD SPEC CLINS	Graded 8 Units
	OPTOM 281B	GRAD CLIN RNDS	Pass/No Pass 2 Units
	OPTOM 292B	GRAD OPT SEM	Pass/No Pass 2 Units
	OPTOM 298B	IND GRP STUD	Graded 1 Unit
**	OPTOM 299B	GRAD OPT RES	<u>Register for this only if you are doing research</u> Graded 2 Units

9) Professional Liability Protection: The resident is covered under the auspices of the University of California, Office of the President, for patient care while fulfilling the requirements of their program. If a resident takes employment at another location in addition to their residency duties, they are not covered by the university and should investigate malpractice insurance options either on their own or through their employer.

10) Professional Benefits

- a) Residents are enrolled as graduate students but are exempted from paying tuition, registration, educational and application fees.
- b) Residents are encouraged to apply for travel grants available through the AAO and/or ARVO. Priority for these travel grants is usually given to students submitting paper or poster presentations.
- c) Residents are provided with a lab coat and business cards.
- d) All residents have access to exam room computers. Please note that these computers are the property of UCBSO and as such falls under campus guidelines for proper use. Using music and video sharing websites and services, for example, is strictly prohibited. Residents should request an email account through the school and will need a Berkeley.edu email account to access certain on-line features.
- e) There are monies available to residents for travel scholarships. Any resident who submits an application for a travel grant to the Academy and is not granted one OR any resident who has a poster accepted to the Academy and does not receive a travel grant will receive a travel scholarship from the university.

However, the more residents that receive travel scholarships, the more monies will be left to be divided amongst those who qualify and did not receive travel support.

- f) Residents are registered graduate students and as such receive all campus benefits afforded to students during fall and spring semesters (ex: AC Transit pass starting fall semester, access to the Recreation and Sports Facility, student pricing for performing arts events, and athletic events). Note that some of these benefits do not extend into summer session. Residents will need to secure a Cal card to access many of these benefits. <http://services.housing.berkeley.edu/c1c/static/index.htm>

- 11) Supervision Policy: Residents are required to have their charts co-signed by a mentor and all their prescriptions reviewed by a mentor during entering summer session and until they are licensed to practice optometry in the state of California, credentialed with major insurance companies, and allowed to practice independently. The independence of the resident follows a natural progression based upon their licensure, credentialing, clinical skills, experience, proficiency, and specialty. The residents' increasing responsibility is documented using the clinical competency form in their binders that reflect their primary and secondary areas of study. Residents should have these procedures signed off by their mentors as they perform them. In general, residents are required to satisfy "Independence Milestone" items before practicing independently. Competency forms should be turned in with patient logs for evaluation.
- 12) Clinical Practice Protocols: AOA guidelines to clinical practice protocols can be found on the *Pupil* intranet. Click on the *Pupil* button through the EMR.
- 13) Continuing Education: The resident is strongly encouraged to attend the annual American Academy of Optometry Meeting or other national meeting. Residents receive seven continuing education leave days. They must submit a request for leave from clinic four weeks prior to the event.
- 14) Publications: Residents must submit a publishable quality paper as a requirement of the residency program. See Resident Due Date Schedule for exact due dates. Residents may look at case reports in journals such as *Optometry and Vision Science* or *Ophthalmology* for guidance as to formatting and referencing materials. Paper topics must be in the resident's primary area of study, and the resident's Chief Mentor and the Residency Director must sign off on the paper as having fulfilled the requirement.
- 15) Library Information: UCBSO residents have access to all libraries on campus as well as on-line library services. The Optometry Library is located on the 4th floor of Old Minor Hall and is a great resource for journals and textbooks. Librarians are on staff to assist residents in their searches.
- 16) Presentations: Residents give a presentation at each of the Optometry Resident Lecture Series. Each resident will also be responsible for preparing topics to facilitate discussions at Resident Conference. They may also be required to conduct seminars in their clinics as required by their day mentors.
- 17) Missed Presentation: Residents are required to attend the three Resident Lecture Series (see Due Date schedule or Education Schedule for dates). Case Presentations should take top priority and should not be missed except in cases of severe illness or other similar unexpected circumstance. If a resident is in a position where they cannot attend, and their absence is excused by the Residency Director, they will have to make up the requirement by:
 - a) Presenting their talk ahead of time in front of a group of mentors to be videotaped for presentation at the regularly scheduled lecture series.
 - b) Writing up a case report of publishable quality to be submitted by the date of the presentation to their Chief Mentor.

If the resident's absence is not approved or is unexcused, their ability to complete their program is in jeopardy. The outcome of these cases will be determined by the Residency Admissions Committee on a case-by-case basis.

- 18) **Resident Teaching**: Each resident may be given teaching or laboratory responsibilities according to their level of ability. Some tracks will naturally have residents teaching earlier in the year than others. It is to the discretion of the Chief Mentor and the Director of Residencies as to when the resident may assume teaching responsibilities. Some residents may have a formal teaching assignment in spring semester, while others may teach sooner. Residents may have increased teaching responsibilities during the last 6 weeks of their program.
- 19) **Professional Attitude**: The resident must be continually conscious of the responsibilities and duties to and relationship with the general public. The resident is expected to exercise professional decorum and attitude in all relationships with patients, families, faculty and staff. The confidentiality between the resident and patient bestowed by the physician/patient relationship must never be compromised.
- 20) **Patient Log**: The resident must maintain a daily patient care log, in the template provided (see above link) whenever they attend a clinic that is off campus or that does not use our Compulink EMR system. The log must be available for inspection at any time by the Chief Mentor or Residency Director. Patient encounters on-campus are automatically logged by the school's EMR system. Any chart that the resident has signed will be tallied in the patient log for that resident. Therefore, it is critically important that the resident electronically sign off all patient charts.
- 21) **Resident Binder**: The resident is required to keep a binder documenting their year of study. It should include, but not be limited to the following:
- Topics covered at UCSF grand rounds as well as Resident Conferences.
 - Copies of residency presentations with a reference list of articles used for presentation.
 - List of articles read for any purpose if not listed elsewhere (list as you would in a reference list)
 - Documentation of any seminars given or attended during clinic including handouts distributed or outline.
 - Journal Club material
 - Documentation of any CE courses attended.
 - If resident opted to do research: documentation of the research you were involved in: protocols used, abstracts generated, posters presented, etc.

Note: At the conclusion of the resident year, a copy of the resident binder is given to the Residency Director which will not be returned.

- 22) **Hours**: The resident will be scheduled the equivalent of 5 days per week. Exact clinic hours vary by clinic. Most clinics run from 8AM to 6PM. No administrative time is scheduled for the resident. Chief Mentors of particular tracks may allow time within the daily schedule for the resident to perform administrative tasks. This differs between the different areas of study and is to the discretion of the Chief Mentor. It is anticipated that the resident will have to complete tasks outside of normal business hours (e.g.: paper and presentation research, referral letters, etc.). All residents also participate in the clinic's 24-hour emergency on-call program. Although we cannot anticipate the number of emergency calls, or the severity of cases seen, historically, this has not been an extensive time burden for past residents.

All residents also participate in the Digital Health Clinic (DHC) grading fundus photos for diabetes patients. This can be done during clinic hours in between patients or from any computer at any time with an internet connection. High resolution monitors are in each resident's exam room to facilitate these reads. Residents must have DHC assignments completed within 2 business days of being assigned them.

23) On-call duties: All residents participate in the school's on-call program. When the resident is on-call, they are responsible for fielding any calls made to the 24-hour emergency line during that time. The clinic is responsible for seeing emergency cases during clinic hours. The on-call clinician takes over responsibility once the clinic is closed. Note that the clinic is open during some holidays, and not others, but we are not given advance notice as to which holidays the clinic chooses to stay open. Likewise, the clinic may unexpectedly close early on certain days to accommodate lectures, celebrations, computer maintenance, etc. **It is the on-call clinician's responsibility to know when their duties officially begin.**

- a) On-call training:. Residents will be trained at the beginning of the year on the policies and procedures related to call. Residents will be the first call for patients calling the clinic's 24-hour emergency line when the clinic is closed. There will always be a clinical faculty member that is the resident's mentor for these cases. A list is kept that the residents will have access to showing who is on call and which faculty is the mentor. Residents are given more responsibility and independence throughout the year as warranted by their skills. When on-call, residents are required to wear the on-call cell phone at all times, abstain from substances that can impair judgment and physical capabilities, and be within a one-hour traveling distance of the school. Residents are not allowed to work at other jobs at a time when they are assigned to take call as they must be able to see patients at the Minor Hall clinic at a moment's notice.
- b) Follow-ups: If a resident feels that a patient they see after hours needs to be seen the following day, that resident should plan to be at the clinic for the follow-up whenever possible to ensure good continuity of care.
- c) Inability to perform on-call duties: If a resident is unable to complete their call duties due to unforeseen circumstances (e.g. serious illness) they should call the answering service and direct them to call the on-call doctor as the first call.
- d) Trading call: If a resident wishes to trade their call assignment with another resident, they need to inform Dr. Kanai by email.

24) Digital Health Clinic: All residents participate in the school's Digital Health Clinic which is under the supervision of Drs. Kuni Kanai and Mark Wu. Residents will take an on-line course to become certified in reading and grading diabetic lesions in patient images. Subsequent patient reads can be done during clinic hours in between patients or from any computer at any time with an internet connection. High resolution monitors are in each resident's exam room to facilitate these reads. Residents must have DHC assignments completed within 2 business days of being assigned them.

25) Scheduling: The Residency Director, along with the Chief Mentor, sets the schedule for the resident with the following guidelines:

For those tracks with a primary and secondary area of study:

60-70% Primary area of study (10% of this may be dedicated to research projects—these must be approved by the Residency Director)

20-30% Secondary area of study

10% Didactic (Grand Rounds, Resident Conference, On-Call meetings, etc.)

For those tracks with one area of study:

90% Primary area of study (up to 20% of this may be dedicated to research projects—these must be approved by the Residency Director)

10% Didactic (Grand Rounds, Resident Conference, On-Call meetings, etc.)

Entering Summer: (6 weeks) will be utilized to have the resident work closely with their Chief Mentor and other mentors in their areas of study to learn in-depth about their specialty.

Fall Semester: (18 weeks) Residents will be involved in direct patient care (DPC) in their areas of study, and may begin teaching responsibilities under the supervision of their mentor.

Winter Interim: (2-3 weeks) Each resident will be responsible for working their normal schedules except for clinic closure due to university holidays (2 days for Christmas, and 2 days for New Year's) and will be reassigned on occasion if their specialty clinic is closed for the break.

Spring Semester: (18 weeks) Residents will be involved in DPC as well as teaching in clinic.

Old Home Week: (1 week) This is the week before graduation. Residents' schedules may change somewhat to cover this week of abbreviated clinics. Residents may be involved in proctoring 2nd year proficiency exams.

Exiting Summer: (6 weeks) Residents may have more clinical teaching responsibilities both within their specialty area, and in the primary care clinic.

26) Work-site: The resident will be expected to work at the University Eye Center, the Tang Eye Center, and other affiliate clinics.

27) Moonlighting: Residents are allowed to work on their days off either substituting at the school, or at another place of work, provided that:

- a) They secure their own malpractice insurance if working for someone other than UCBSO.
- b) Residents are not allowed to moonlight on days that they are on call. Exception: residents may substitute at UCBSO and be on call.
- c) Residents' schedules are set for the year, and generally days spent in clinic do not change. However, rarely, changes to the resident's days off may happen unexpectedly due to clinic closures, changes in days clinics meet, etc. Residency scheduling must take priority over outside jobs in these rare instances.
- d) Please note that you must be approved to teach before you can agree to substitute for another faculty member. See below on Substitute teaching.

28) Substitute teaching:

- a) Any clinical faculty member who is in need of a substitute instructor should not approach residents directly. Residents should refer all such inquiries to Clinic Administration and the Residency Director.
- b) Chief Mentors will determine, in consultation with the residents' other mentors, when residents are able to sub in their clinics. In general, residents will likely only be authorized to teach in clinics in their areas of study. However, it is likely that residents may be able to sub in primary care, even if that is not one of their areas of study. The Chief Mentor of Primary Care, in consultation with that resident's mentors will make that decision.
- c) It is expected that residents may be ready to sub as early as Fall semester, while others may not be ready until Spring or later. Residents cannot substitute until they have secured their CA optometry license. Likewise, it is preferred for residents to be credentialed prior to substitute teaching.
- d) Residents should ideally be assigned to sub with another experienced instructor.
- e) Residents may have their clinical assignment changed to sub for their Chief Mentor's vacations when the Chief Mentors deem that they are ready to do so. This keeps those clinics open, and gives the resident great educational experience.
- f) Residents' assignments may also be changed to sub for their day mentors where appropriate. In other words, if they are assigned to a particular clinic as DPC, and one instructor is going to be out, it might be appropriate for that resident to fill in for that instructor. All these requests need to go through the Residency Director.
- g) In most cases, residents will not have their clinical assignment changed to sub in a clinic to which they are not normally assigned. However, the Residency Director may give special permission under unusual circumstances to assist the running of the clinic in general.
- h) Residents can be compensated for subbing on their days off by being paid by clinic administration. If a resident chooses to be paid for their time off, they need to fill out the appropriate paperwork with clinic administration. Under special circumstance, residents may be allowed to bank those days. If a resident chooses to bank a day and then does not use that banked day before the end of their residency, they

cannot choose to be paid at a later date. In other words, all decisions about how they are compensated for a day off (banked day vs. pay) are final.

29) Leave:

- a) The resident has 10 days personal leave (including sick days) and 9 days continuing education leave. The resident must submit their request for personal leave to their day mentor, and notify the Residency Director and Dr. Linh Le for approval at least 4 weeks prior to taking leave. In general, residents should put in their requests as soon as they are sure of their dates in order to facilitate clinic operations. Residents have to request through the following method
 - Request through “Resident Time-Off” Excel file in the shared Drive.
 - Daily mentor has to approve the absence by signing initials in the designated space
 - Please notify Drs. Kanai, Le, and your chief mentor through email.
- b) Residents will receive a confirmation email from the Residency Director stating that their time off has been approved and their schedule blocked. Residents should double check at that point to ensure that the appropriate schedules have been blocked. Residents’ requests for time off are not approved until they receive this email. Residents should not purchase plane tickets, etc. until they receive final approval.
- c) If a resident is scheduled to teach and is requesting vacation leave, he/she must find someone to substitute teach for them. Therefore, taking vacation during Exiting Summer may be more difficult. No resident is allowed to take vacation during the first week of exiting summer session (the week after graduation in May), the first week of the program, or the last week of the program. Please plan out your time-off and avoid using up at the last minute in the exiting summer.
- d) If a resident finds that they cannot perform their clinic responsibilities due to an illness, they should contact as soon as possible, and no later than 8:00AM.
 - i) Clinic Administration (642-0945)
 - ii) Residency Director (684-8770)
 - iii) On the weekends, it is likely that neither of the above offices will be staffed. Therefore, residents also need to contact the front desk (642-2020) or the EWC (642-0883) and keep calling until they speak to a staff person to inform them of their absence.Arrangements will be made to cover their service. Failure to follow the above policy will result in 2 days being deducted from their personal day bank. The resident is expected to contact on-campus administration even if their missed clinic is an off-campus site.
- e) If a resident is forced to take more time off than allotted due to unforeseen circumstances (e.g.: serious illness), they are required to make up that time at the end or during their residency year. The Residency Director in conjunction with the resident’s Chief Mentor will determine the schedule to make up those days in order not to compromise the quality and effectiveness of the resident’s education or the subsequent resident’s education. The resident should try to keep the total number of extra days absent to a minimum whenever possible. The maximum amount of extra time off that can be taken due to unforeseen circumstances is 4 weeks (20 working days). Residents requiring more time off than this must withdraw from the program. The resident is expected to make up this time as soon as possible after their program is scheduled to end. No resident will be allowed to make up time once the subsequent fall semester has started. If a resident is not able to make up the time prior to the start of fall semester, they will not receive their certificate of completion.
- f) If a resident has their clinic privileges revoked for any reason (e.g.: placed on probation, failure to meet deadlines), days will be deducted from their personal days until they have them re-instated.
- g) If a resident discovers that their normally scheduled clinic is not meeting for whatever reason, it is their responsibility to notify the Residency Director as soon as they are aware of the closure. That resident will be re-assigned to another clinic, or they can choose to take the day off as one of their personal days. Residents will not receive a “free” day off due to the closure of a clinic. Failure to notify the Resident Director will result in 2 days being deducted from their days off bank.**
- h) Clinic is usually closed on all university holidays off, but residents will have call duties on some of these holidays.

i) **Please consult with your chief mentor when taking academic leaves. We would like you to attend quality events and you should seek for their advice and approval.**

- 30) **Parental Leave:** Residents are eligible for leave because of parenting responsibilities. Please refer to the appendix “Parental Leave Policy for Residents” for further information.
- 31) **Immunization Policy:** Residents are required to comply with University Eye Center’s immunization policy as well as UC Berkeley campus. Residents were informed of the school’s immunization requirements after the match in the Welcome to Berkeley email. Residents who cannot show proof of immunization to Clinic Administration on July 1 will not be allowed to deliver patient care. Every day that a resident is not in compliance will be considered a personal leave day and deducted from their allowed leave.
1. By UC Berkeley: <https://calcentral.berkeley.edu>
 - a. Should be found in “Task”
 - b. Please upload info directly
 2. By Clinic: listed in “Welcome to UCB” document (please forward info to Dr. Yu)
- 32) **Clinical Privileges:** Clinic Administration may require residents to take on-line training in order to maintain their clinical privileges (eg: HIPAA training, sexual harassment training). Failure to complete such training will result in a revocation of clinical privileges and a deduction of personal days from the resident’s bank until such time as the mandatory training is completed. If a resident loses their clinical privileges for any other reason, the same deduction from personal days will take place until such time as clinical privileges are re-instated.
- 33) **Performance Evaluations:** The resident will receive an evaluation both by writing and by meeting with their Chief Mentor at least three times a year. A mentor may choose to evaluate the resident at any time of the year if the situation warrants. The resident will have the opportunity to evaluate at least semi-annually the residency program, mentors, and the administration.
- 34) **On-Going Dialogue:** It is expected and encouraged that a daily on-going dialogue between the resident and their mentor take place. Issues to be discussed can include, but are not limited to, progress of the resident, day to day operations of the clinic, changes of the residents’ daily/weekly schedules, misunderstandings and other concerns. It is important to keep the lines of communication open in order to promote a harmonious working environment and to ensure meeting the goals and objectives of the residency program.
- 35) **Receiving, Adjudicating, and Resolving Resident Complaints:** If a resident has a complaint about some aspect of their program of study, they should discuss this with their Chief Mentor. Often, small issues are easily and quickly resolved by a simple conversation. If the resident is not comfortable speaking directly with their Chief Mentor, or the issue involves their Chief Mentor, they should contact the Residency Director. If the issue concerns the Residency Director, residents may discuss these issues with the Clinic Director (Dr. Chris Wilmer). Any complaints should be documented in writing so that a record can be maintained. These should be filed with the Residency Student Affairs Officer (Carissa Calaoud).
- 36) **Adverse Decisions:** If a resident receives a negative evaluation or reprimand that they feel is not substantiated, they can contact the Residency Director to discuss their situation. The Residency Director will take appropriate steps to confirm or refute the evaluation or reprimand. He may employ a neutral mentor to evaluate that resident’s performance in order to reach her decision.
- 37) **Failure to Meet Deadlines:** The Resident Due Date Schedule is distributed at the beginning of the program will have important due dates listed (evaluations, patient logs, paper dates, presentations, etc.). If a resident fails to meet a specified due date, they will be dismissed from their clinic responsibilities and charged with personal days off until they complete the requirement. **Due dates are not flexible, and must be adhered to.**

- 38) Criteria for Making Adequate Progress Toward Residency Program Completion: Among the factors that will be considered as failure to make adequate progress in program completion and that will subject the student to probation or dismissal include but are not limited to:
- a) Academic Performance:
 - i) Failing grades by two or more mentors
 - ii) Failure to meet program deadlines for requirements: i.e.: paper, presentation, pt. logs., DHC patient reads
 - iii) Poor performance in the didactic component of the program: i.e.: poor preparation for Resident Conference, failure to improve in appropriate referral criteria for DHC patient reads, failure to meet practice/draft deadlines set by mentors for papers or cases
 - b) Clinical Performance:
 - i) Failing grades for clinical performance
 - ii) Failure to improve in clinical performance
 - iii) Endangering patient's well being
 - iv) Failure to be available when assigned for on call duties
 - v) Failure to acquire CA O.D. license early in the residency. It can impact the resident's education and ability to have increasing levels of responsibility.
 - c) Professional Performance: Residents must act in a professional manner at all times. Unprofessional conduct or failure to act in a professional manner will result in an immediate loss of the resident's clinical privileges and will subject the resident to probation or dismissal. Unprofessional conduct includes, but is not limited to:
 - i) Illegal, unethical, or immoral acts or actions.
 - ii) Cheating or lying
 - iii) Unexcused tardiness or absence
 - iv) Sexual harassment
 - v) Rudeness or disrespect for patients, faculty, staff, fellow residents, or students
 - vi) Improper demeanor or attire
 - vii) Poor hygiene
 - viii) Disregard for patient welfare
 - ix) Unauthorized entrance to clinic
 - x) Unauthorized use of patient parking spaces
 - xi) Consistent poor performance
 - xii) Negligence
 - xiii) Non-completion of duties
 - xiv) Unwillingness to complete administrative duties
 - xv) Unprofessional conduct
 - xvi) Timely completion of charts, including MU requirements, and co-signatures of mentors as needed
- 39) Requirements for residency completion and awarding of certificate: A certificate of completion will be awarded to the resident upon completion of all requirements of the program. This includes completion of:
- a) The required paper by the resident, and approval of the paper by the Chief Mentor and Residency Director
 - b) All case presentations
 - c) Submission of the residency binder
 - d) Submission of the resident's patient logs and evaluations
 - e) Favorable recommendation of their Chief Mentor, who may consider some of the following: GPA, patient logs, competency forms, attendance, etc.
 - f) Completion of all charting, including obtaining co-signatures of mentors as required.
- If a residency year ends and a resident has not completed one of the required elements the resident may be granted an extension of the deadline in which to complete that requirement. Requests should be made to the Residency Director in writing prior to the due date of the item. The Residency Director, in consultation with

the resident's Chief Mentor, may decide to allow an extension. That maximum extension that can be granted is 4 weeks past the end date of the residency year. If a resident is unable to complete the requirements of the program within the time allotted, the resident will not be awarded a certificate.

40) Probation: Residents may be classified as: 1) in good academic standing, 2) on some form of probation or 3) subject to dismissal. Residents normally are in good academic standing if they are making adequate progress towards completion of the requirements for the Residency Certificate, have a grade-point average (GPA) of at least 3.0, and have received no unsatisfactory evaluations by their mentors. Residents who do not meet the requirements or expectations of the Residency Program and the Graduate Division may be placed on probation. Probation is intended to provide residents whose performance is less than satisfactory with a period of time in which to raise their performance to a level consistent with the minimum standards set by the Residency Program and Graduate Division. Residents are subject to probation if they fail to meet the following academic, clinical, or professional standards for making adequate progress.

- a) Academic Standards: Residents are expected to maintain at least a 3.0 (B) GPA and are subject to probation if at the end of any term their GPA for that term, or their cumulative GPA in the Residency Program is less than 3.0, computed on the total of all courses undertaken in the School of Optometry, not including courses graded S, U, I, and IP.
- b) Clinical Standards: Residents are subject to probation and may lose clinical privileges if they fail to meet the Criteria for Making Adequate Progress toward Program Completion (below) during any session or semester. Among the factors considered are poor didactic or clinical performance, inadequate clinical knowledge or skills, and inappropriate patient care.
- c) Professional Standards: Residents are subject to probation if they fail to act in a professional manner. Professional conduct will be evaluated by the Residency Director, in consultation with other mentors. Unprofessional conduct includes any action that may adversely affect patient welfare, the School of Optometry, the University of California, or the profession of Optometry.

41) Dismissal: Residents are subject to dismissal if a) they fail to correct their academic, clinical, or professional deficiencies after a reasonable period of probation; b) their clinical or professional deficiencies are judged to be uncorrectable; c) they engage in illegal or unethical acts, cheating, or sexual harassment; d) they exhibit disregard for patient welfare. Residents who are dismissed from the program will no longer receive their stipend check; or e) Failure to secure CA O.D. license for whatever reason (ex: failure of NBEO or CA state law exam) is subject to dismissal. f) Failure to secure Optional Practical Training by the first day of the program (for international residents). Decisions will be made on a case-by-case basis by the Residency Director in consultation with the residency Chief Mentor and the Residency Admissions Committee.

42) Placing a Resident on Probation/Dismissing a Resident:

If a resident is at risk of probation or dismissal, the following steps will be taken:

- a) The Residency Director will appoint a committee of mentors to review the resident's case.
- b) The review committee will submit a written report with recommendations to the Residency Program's Graduate Adviser (the Residency Director).
- c) The Residency Director will forward a recommendation that a resident be placed on probation or dismissed to the School's Head Graduate Adviser.
- d) The Head Graduate Adviser will review such a recommendation in consultation with the members of the School's Academic Advisory Committee.
- e) The Head Graduate Adviser will recommend to the Dean of Graduate Division that a resident be placed on probation or dismissed.
- f) Only the Dean of the Graduate Division has the authority to dismiss an optometry resident from graduate standing or to put a resident on probationary status.

43) Appeal: Residents may appeal recommendations made by the Head Graduate Adviser to the Dean of the School of Optometry. Such appeals must be submitted in writing within one week of written notification of the Head Graduate Adviser's recommendation. If the Dean overrules the recommendation, the Graduate

Division will be advised, and the resident will be removed from probation or reinstated into the program. If the Dean of the School of Optometry upholds the Head Graduate Adviser's recommendation, the resident may formally appeal the decision of the Dean of the School of Optometry to the Dean of the Graduate Division, according to the Graduate Appeals Procedure described in the [Guide to Graduate Policy](#). If the Dean of the Graduate Division overrules the decision of the Dean of the School of Optometry, the resident will be removed from probation or reinstated into the program. The decision of the Dean of the Graduate Division is final.

- 44) Director of Residencies, On-campus Programs: Kuniyoshi Kanai, OD, FAAO
Director of Residencies, Affiliated Programs: Christina S. Wilmer, OD, FAAO
Dean, School of Optometry: John Flanagan, OD, PhD, FAAO
Director of Clinics: Christina S. Wilmer, OD, FAAO
Residency Program Student Affairs Officer: Ms. Carissa Caloud
Associate Dean & Head Graduate Adviser, School of Optometry: Nancy McNamara, OD, PhD

- 45) Softball game: During the Old Home Week, residents are expected to participate in the softball game against the graduating 4th-year class. Residents' clinic schedule should be blocked for the afternoon, and they can either play or cheer for the Faculty team.

Parental Leave Policy for Residents

University of California, Berkeley, School of Optometry

Recognizing the special challenges involved in balancing advanced degree programs and family responsibilities, the University has adopted policies for students who may need to take a leave due to parenting obligations, while ensuring opportunities for graduate students to accomplish their academic goals. Berkeley Optometry's *Parental Leave Policy for Residents* extends these opportunities to students in the Residency Certificate Program.

The Optometry Residency Certificate Program is offered through the Graduate Division. It is distinguished from the traditional PhD degree programs and the professional Doctor of Optometry (OD) degree program by its fixed 12-month duration. The *Parental Leave Policy for Residents* explains how these protections apply to optometry residents.

Application

This policy applies only to optometry residents who are studying in on-campus training programs.

Eligibility

A resident requesting parental accommodations must have substantial parental responsibilities, which are defined by the university as pregnancy, childbirth, care of a newborn or newly adopted young child, the serious illness of a child, and other exceptional circumstance relating to a child. The child may be the resident's child or that of a spouse or domestic partner.

Duration

A resident who is a birth parent is eligible for unpaid Parental Leave of up to 1 year (2 semesters). An extension of this initial leave may be granted for substantiated medical reasons. Each extension will be limited to 1 year, and the total duration of Parental Leave may not extend beyond 3 years (6 semesters), no matter how many children are involved.

Parental Leave may also be granted for a resident who is not a birth parent but who nonetheless has substantial parental responsibilities (see above). Such a resident may take an initial leave of up to 6 months (1 semester). A single extension of this initial leave may be granted for an additional 6 months (1 semester), no matter how many children are involved.

If a resident commences a Parental Leave without completing a semester, that semester shall be counted as

one of the semesters of leave granted under this policy.

Restrictions

A resident who is on Parental Leave may not also be engaged in academic or clinical activities, such as involvement in research and workshops, teaching didactic classes, substituting for clinical faculty, or taking on-call services. A resident who is on Parental Leave maintains the status of a graduate student and thus remains eligible for campus email services, campus housing, student pricing for many campus events, and voluntary purchase of health insurance (subject to applicable conditions of the providers of such benefits).

Re-enrollment

A resident who takes a Parental Leave is entitled to automatic re-enrollment in the Residency Certificate Program, subject to the same academic status that applied at the time the leave was taken. However, the Associate Dean for Clinical Affairs and the Residency Director must approve the resident's schedule and plan for completing the remaining requirements of the Residency Certificate Program before training may resume.

To the extent that it does not conflict with the training and goals of the other residents, every effort will be made to allow a resident returning from Parental Leave to resume the resident's originally-intended training program. However, such a resident must be aware that some modification of the original training program may be necessary. Potential modifications include, but are not limited to:

- Switching the major emphasis to the minor emphasis.
- Waiting for an ongoing residency match process to complete before a resident on Parental Leave is scheduled to resume training.
- Being assigned to various on- and off-campus clinics.
- Not occupying the examination room originally assigned to the resident if it is currently assigned to another resident. In such situations, the returning resident shall be assigned to another room.
- Performing formal presentations in continuing education programs, such as "bTalks," in lieu of the Resident Case Presentation and/or the Resident Forum. A resident who takes a Parental Leave shall be awarded a Residency Certificate only after all the Residency Director certifies that all requirements of the Residency Training Program have been fulfilled. The details of these requirements are described in the Residency Handbook. **Stipend** Residents are provided with a stipend for twelve months of training. Residents who elect to take a Parental Leave will be ineligible to receive stipend payments while they are on leave. However, their stipend payments will resume when they return to active status, and the total funding they receive will equal their originally agreed upon stipend.

International Residents _____

International optometry residents are also eligible for Parental Leave accommodations. However, taking a Parental Leave may have implications for their visa status. Accordingly, international residents are urged to consult with the Office of Services for International Students and Scholars (SISS) prior to taking a Parental Leave.

* Details of the university policy and the State of California Education Code may be found here:

<http://grad.berkeley.edu/policy/fullguide/#search-policies>

<http://grad.berkeley.edu/financial/families/>