Residency in Vision Rehabilitation (Neuro-Optometric Rehabilitation)
At Womack Army Medical Center, Fort Bragg, NC

Program Curriculum

The mission of the Womack Army Medical Center (WAMC) Vision Rehabilitation (Neuro-Optometric Rehabilitation) Residency Program is to provide advanced clinical training for military Optometrists in the diagnosis, treatment and vision rehabilitation of patients with acquired brain injury (ABI) in a multidisciplinary hospital-based setting while enhancing traditional primary eye care. The focus of the program is threefold: clinical care, didactic education and scholarly/clinical teaching activities.

Clinical Activities

I. Resident will devote at least:
   - 60% of clinical time providing assessment and vision rehabilitation to patients with acquired brain injury (ABI) in a multidisciplinary setting (e.g., ophthalmology neurology, physical therapy, vestibular therapy, speech & language pathologist, neuropsychologist) at WAMC Department of Brain Injury Medicine (Intrepid Spirit).
   - 30% of clinical time providing acute and comprehensive eye care at WAMC, Department of Optometry (DOPT). The resident will gain triaging skills, critical thinking skills, hands-on clinical skills in the areas of acute, trauma and emergency eye care through the on-call service (inpatient and outpatient setting).
   - 10% of the resident’s time will be devoted to scholarly activities and/or clinical research.

II. The resident will have a minimum of 1,200 diverse patient encounters by the end of the residency year. These encounters will be comprised of patients with a variety of ABI-related visual and vestibular disorders as well as refractive conditions, medically-indicated contact lenses, refractive surgery co-management, ocular trauma, ocular pathology and secondary eye disease.

III. Each resident must have the following minimum number of ABI/Primary Eye Care patient encounters with each of the following primary vision diagnoses:
   - Version deficits (pursuit, saccades, fixation) ..............................................150
   - Vergence dysfunction ..................................................................................150
   - Accommodative dysfunction ......................................................................100
   - Visual field defect .....................................................................................40
   - Anterior segment disease (blepharitis, dry eyes, corneal dystrophies, conjunctivitis, corneal ulcers, uveitis, etc.) .........................................................80
   - Ocular trauma ............................................................................................20
   - Glaucoma/Glaucoma suspects workup .....................................................30
   - Retinopathy (diabetic, hypertensive, optic nerve disorders, vascular occlusions, systemic medications side-effects, retinal holes, lattice degeneration, etc.) ....30

Didactic Activities

I. SUNY Friday Program (required attendance when visiting SUNY)
• Workshop on Public Speaking
• Writing Workshop
• Grand Rounds
• Minor Presentations
• Major Presentations
• Attend 3 seminars on topics relating to ABI, presented by SUNY Faculty

II. WAMC
• To develop professional communication and enhance the Optometry’s role in a multidisciplinary setting the resident will participate on elective rotations (observational) at WAMC including, but not limited to: Clinical Pharmacy (e.g., Coumadin clinic, ICU ward, Internal Medicine and Family Medicine Rounds); Neurology; Radiology; Laboratory; Dermatology; Oral-maxillofacial; Warfighter Refractive Eye Surgery Center; Pediatric ophthalmology; Ophthalmic surgical procedures.
• Graduate Medical Education lectures
• Lectures/workshops on topics relating to ABI provided at WAMC
• Annual WAMC Research Symposium.
• Monthly DOPT Performance Improvement/Clinic Meeting.

III. Other:
• Maxillofacial Anatomy Lab (Methodist University)
• Thursday Case Reports (Teleconference) from W.G. Heffner VAMC, Salisbury, NC
• Attend at least one national conference (e.g., AAO, AOA, NORA, COVD or SECO).
• The resident will have the opportunity to attend one military training (e.g., Combat Casualty Care Course, Military Refractive Surgery Conference, Military Ophthalmology Review Course, Tri-Service Vision Conservation Course).

Scholarly Activities
I. Minor Presentation (20 minutes presentation) (Fall)
II. Major Presentation (one hour COPE quality lecture) (March)
III. Publishable Quality Paper for a peer-reviewed optometric journal (June)
IV. WAMC DOPT Journal Club (monthly)
V. Present at least one poster or lecture at a major optometric meeting (e.g., AAO, AOA, NORA, COVD or SECO)
VI. The resident will have the opportunity, based on interest, to participate in clinical research.

Clinical Teaching
I. The resident will develop his/her clinical teaching skills by participating in the education and supervision of third and fourth year externs rotating through WAMC DOPT.
II. The resident will provide instruction and training on the diagnosis and treatment of ocular conditions to Family Medicine residents and Physician Assistant students rotating through DOPT.
III. The resident will present lectures within DOPT as well as to other WAMC staff.