

# *Prospective Preceptors*

## **What qualities do we look for in our preceptors?**

- Motivated, enthusiastic, self-directed learners
- Optometrists developing a patient-focused practice
- Effective communicators
- Optometrists eager to advance their mentoring skills and abilities

## **To be part of our healthcare team as one of our preceptors, you need to meet the following:**

- Must possess either documented advanced training (residency or fellowship training), comparable clinical experience (3-5 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.
- Proof of liability insurance and documentation of no adverse actions against licensure of the primary and secondary faculty are mandatory.
- Must maintain appropriate instrumentation and possess sufficient patient volume and diversity to offer a quality clinical experience; to be ensured by Assistant Director of Rotations.
- Internet access is necessary.
- Qualify through our vetting process done by our Assistant Director of Rotations

**If you meet the above requirements and would like to become a part of our healthcare team please complete the following survey.**



**EXTERNAL ROTATION SITE SURVEY**

<b>GENERAL INFORMATION</b>	Optometrist Name:		
	Practice Name:		
	Business Address:		
	Rotation Address if Different:		
	City:	State:	Zip:
	Phone Number:	Fax Number:	
	Email Address:		
	Business Website:		
	Number of MWU AZCOPT students you can accommodate each quarter:		

<b>PHYSICAL FACILITY INFORMATION</b>	<i>Do you have a room or space designated for the following:</i>	<b>YES</b>	<b>NO</b>
	Business Office		
	Contact Lens Training		
	Dispensary		
	Exam Lanes: (how many)		
	Insurance and/or Billing		
	Ophthalmic Lasers		
	Library		
	Lunch/Break Room		
	Medical Laboratory		
	Ophthalmic Laboratory		
	Ocular Photography		
	Pre-testing		
	Specialty Testing (please specify)		
	Vision Therapy		
Visual Fields			

<b>EQUIPMENT INFORMATION</b>	<b><i>Do you have the following equipment:</i></b>	<b>Yes</b>	<b>No</b>
	Auto-perimeter		
	Auto-refractor		
	Contact Lens Modifying Equipment		
	Corneal Topography		
	Keratometer		
	Laser (specify)		
	Lensometer (Auto    Manual    )		
	Low Vision Devices		
	Optic Nerve Analyzer/OCT (specify)		
	Pachymeter		
	Radiuscope		
	Slit Lamp/Biomicroscope w/Camera		
	Sphygmomanometer		
	Tonometer for: <div style="margin-left: 100px;">Goldmann</div> <div style="margin-left: 100px;">Non-Contact</div> <div style="margin-left: 100px;">Other (specify)</div>		
Other (specify):			

<b>DIAGNOSTIC PROCEDURES</b>	<b><i>Do you perform the following procedures?</i></b>	<b>YES</b>	<b>No</b>
	Angiography <div style="margin-left: 100px;">Fluorescein</div> <div style="margin-left: 100px;">Indocyanine Green</div>		
	Binocular Vision/Accommodation Testing		
	Biomicroscopy		
	Contrast Sensitivity Testing		
	Corneal Topography		
	Cytology		
	Electrophysiology		
	Exophthalmometry		
	Gonioscopy		

		YES	NO
<b>DIAGNOSTIC PROCEDURES</b>	Medical Laboratory Testing (samples/biopsies)		
	Neurological Testing Pupil Testing Cranial Nerve Screening		
	Ophthalmoscopy Direct 78D/90D Binocular Indirect		
	Perimetry Standard Automated Perimetry SWAP Frequency Doubling		
	Photography Anterior Segment Posterior Segment		
	Refractions		
	Specialized Testing (specify):		
	Tonometry Goldmann Non-Contact Other (specify):		
	Ultrasound A Scan B Scan Other (specify):		
	Other procedures not mentioned:		

<b>TREATMENT &amp; MANAGEMENT</b>	<b><i>Do you treat, prescribe for, or manage, either independently or co-manage the following:</i></b>	YES	NO
	Amblyopia		
	Anterior Segment Disease		
	Age Related Macular Degeneration		
	Binocular Vision Problems		
	Chalazion Injection/Excision		
	Computer Vision Syndrome		
	Contact Lenses		

		YES	NO
<b>TREATMENT &amp; MANAGEMENT CONTINUED</b>	Corneal Molding (CRT)		
	Dry Eye Syndrome		
	Foreign Body Removal		
	Glaucoma		
	Hospital Emergencies (on call)		
	Injectables (specify):		
	Keratoconus		
	Low Vision Rehabilitation		
	Ocular Trauma		
	Pediatrics		
	Pre/Post-Surgical Management Cataracts Glaucoma Refractive Surgery Retina Other (specify):		
	Ocular Prosthetic Services		
	Punctual Dilation and Irrigation		
	Punctual Plugs		
	Sports Vision		
	Strabismus		
	Stromal Puncture		
	Suture Removal		
	Vision Development		
	Vision Therapy		
Any other advanced therapy not listed:			

		YES	NO
<b>PRACTICE INFORMATION</b>	Type of practice (solo, multidisciplinary, federal service, etc.)		
	Length of time at this location?		
	Are you the owner, co-owner, part-owner, employee or other?		
	Are you certified for diagnostic pharmaceuticals?		
	Are you certified for therapeutic pharmaceuticals?		

YES

NO

PRACTICE INFORMATION CONTINUED

Are you certified in injectables?		
Do you have hospital privileges?		
What are the 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:	
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	% Medicare	% Medicaid
% Other (specify):		
What are the estimated percentages of patients seen in the following exam 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?		
How will you introduce your student to your new and existing patients?		
What expectations do you have about the amount of instruction time your student will require?		
Guidance and mentoring from the preceptor are wanted and expected by the students. What strategies or educational approaches will you employ?		
The basis of the optometric externship program depends on independent skill application, as well as clinical decision-making. Observation should generally 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 observe him/her for a period of time?		
Have you taught before? <b>If YES</b> , when and where?		
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?		
Are you active in any local, state or national civic or optometric organizations? <b>If YES</b> , will you invite your student to attend functions with you?		
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?		
Will the student have access to the internet while at your clinic?		
Will you arrange for the student to observe other practice settings which compliment or augment your practice?		
Do you currently host students from other optometry schools? <b>If YES</b> , what college(s) or university(s)?  <b>If NO</b> , have you ever hosted in the past? What college(s) or university(s)?		
The AZCOPT 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?		
Is travel between multiple sites expected?		
Is housing offered at your site? <b>If YES</b> , what quarters are available?		

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.		
Do you work with other types of health care providers (other than optometry) in your clinic?		
Does your site have a process to grant privileges to clinicians?		

**Please list all licensed clinicians who will be directly supervising externs during their rotation**

ADJUNCT FACULTY INFORMATION	<i>Name of Clinician</i>	<i>Years of Practice</i>	<i>ACOE Residency Trained</i>	
		<b>YES</b>	<b>NO</b>	
Have any of the above licensed clinicians, that will be precepting AZCOPT student clinicians, had any adverse actions against their professional license? <i>If YES, please list action, dates and resolution.</i>				
Does your site use <a href="#">AOA Optometric Clinical Practice Guidelines</a> or <a href="#">AAO Preferred Practice Pattern Guidelines</a> when applicable?				

**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

**Caitlin Miller, O.D.**  
Director, Clinical Rotations

☎ 623.806.7276  
 📠 623.806.7212  
 ✉ [cmille1@midwestern.edu](mailto:cmille1@midwestern.edu)

**Lisa Carlson**  
Clinical Education Coordinator

☎ 623.806.7243  
 📠 623.806.7212  
 ✉ [lcarls1@midwestern.edu](mailto:lcarls1@midwestern.edu)