

# NATIONAL NAVAL MEDICAL CENTER OPTOMETRY EXTERNSHIP GUIDE



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## **NATIONAL NAVAL MEDICAL CENTER**

### **HISTORY OF NNMC**

The history of National Naval Medical Center is a proud one and was affected and shaped by many of America's military conflicts. Beginning with the War of 1812, the first naval medical facility in the Washington, D.C. area was established in a rented building near the Washington Navy Yard. That facility was replaced by another at the Navy Yard and later, in 1843, the sick were transferred to the Marine Barracks at 8<sup>th</sup> and I Streets. At the beginning of the Civil War, these existing accommodations were declared inadequate, and a temporary naval hospital was established at the Government Hospital for the Insane.

In 1866, Congress appropriated \$115,000 for the construction of a 50-bed Naval hospital on Pennsylvania Avenue, SE, in Washington, D.C. In October 1906, the Naval Hospital at 23<sup>rd</sup> and E Streets was established at the present site of the Bureau of Medicine and Surgery. It became the Naval Medical Center in 1935. At that time, the Center consisted of the Naval Hospital and the Naval Medical School.

In 1938, Congress appropriated funds for the acquisition of land in or around the District of Columbia for the construction of a new Naval Medical Center. President Franklin D. Roosevelt selected the present site at Bethesda, Maryland, on July 5, 1938. The site was little more than a cabbage patch on a run-down 247-acre farm; but when President Roosevelt saw the spring-fed pond on the land, it reminded him of the Biblical "Pool of Bethesda," a place of healing and renewal, and he felt it would be a perfect spot for the Medical Center.

### **NNMC MISSION**

As the Flagship of Navy Medicine:

- We maximize our operational readiness and keep the Uniformed Services mission-ready
- We provide quality primary care and specialty services in a caring, patient-centered environment.
- We deliver outstanding, customer-focused services.
- We provide distinguished graduate and undergraduate medical education, and ensure professional development for all staff members
- We develop and export innovations in health care, informatics and research.

- We provide outstanding base operating support to tenant commands co-located on the NNMC compound.
- We care for the Nation's leaders.
- We are the President's Hospital

### **NNMC VISION**

The National Naval Medical Center will be the Flagship of Force Health Protection, Graduate Medical Education, and World-Class Health Care.

## **OPTOMETRY DEPARTMENT MISSION AND VISION**

### **OPTOMETRY MISSION STATEMENT**

The primary mission of the department is to correct vision problems of active duty personnel in the Washington DC area so that they are visually ready to perform their duties. Secondary missions include correcting the vision problems of other area beneficiaries, and providing clinical training for optometry students.

### **OPTOMETRY VISION STATEMENT**

The Optometry Department will be the preferred provider of primary eyecare services for beneficiaries in the Washington DC area.

## **NNMC EYE CLINIC**

### **EYE CLINIC LOCATION, STAFFING, SERVICES**

The Eye Clinic is composed of the Departments of Optometry and Ophthalmology.

#### ***EYE CLINIC LOCATION***

The Eye Clinic is located on the first floor of building 8. It is adjacent to the food court. Please refer to the [base map](#) and [hospital building map](#).

#### ***OPTOMETRY DEPARTMENT STAFF***

##### **PROFESSIONAL STAFF**

The Optometry Department is staffed with 2 full time Navy optometrists and 1 full time civilian Optometrist. We also have one Navy Reserve optometrist and a Public Health Service optometrist provide part time professional support. Services are provided for patients aged 6 and up.

##### **SUPPORT STAFF**

Clinic support staff includes a number of civilian employees who man the reception and appointing desks, and hospital corpsmen. Our hospital corpsmen are formally trained medics, and may have additional training as: emergency medical technicians; opticians; and/or ophthalmic surgical technicians. The corpsmen are managed both clinically and professionally, by the most senior enlisted corpsman in the clinic, the Leading Petty Officer (LPO). The corpsmen do not work for the students, rather they provide clinical support to them, and provide guidance and insight into Eye Clinic policies and procedures. They are a wonderful resource for our students. They should be treated with respect, and you should expect professional, respectful, and courteous service from them. Any questions or problems with the staff should be directed to your externship coordinator.

##### **INTERACTION WITH STAFF (FRATERNIZATION POLICY)**

Fraternization is defined as an unduly familiar relationship between a senior and a subordinate, and between a staff member and a student/trainee. The Optometry Department has a zero tolerance policy for fraternization. Students are expected to be cordial with staff members, but must keep their distance so as to not compromise the clear separation necessary to maintain: good order and discipline; a high level of clinic productivity; and a successful and objective training program. Behavior that contributes to formation of unduly familiar relationships includes socializing outside of the clinic, and spending idle time in the clinic socializing with staff members. You will one day be in a position of authority as a clinical professional working with subordinate support staff; adhering to the fraternization policy will help you learn to form cordial but professional workplace relationships.

### INTERACTION WITH STAFF (FORMAL AND INFORMAL COMPLAINTS)

Although we anticipate that all students will have a great training experience, there is always the potential for workplace conflict. If at any time you feel that a staff member or another student has treated you in an inappropriate manner, or if you observe behavior that is unprofessional, you should first try to rectify the situation with the individual or individuals involved. If you are unable to solve the problem or are uncomfortable approaching the person(s) involved, then you should discuss the situation with your preceptor. If your problem is with your preceptor then you may bring the situation to the attention of the head of the optometry clinic. Finally, if you still do not feel that your problem has been addressed, you should file a formal complaint with both your school and the head of the optometry clinic via your preceptor.

### ***OPTOMETRY DEPARTMENT SERVICES***

#### SERVICES INCLUDE THE FOLLOWING:

- Comprehensive eye examinations
- Contact lens fitting for those with a medical indication for contact lens wear (keratoconus, aphakia, anisometropia, etc...) and for patients with a job-related need for contact lenses (aviators, submariners, SEAL team members, and Navy divers.) Prescription renewal is provided for patients wearing contact lenses for cosmesis, provided that their lenses fit properly, and the current prescription is known. Tricare, the Department of Defense healthcare benefit, does not provide for contact lens fitting services for cosmesis; such contact lens fitting is therefore quite limited.
- Low vision services. The demand for low vision services varies; generally 1-2 low vision appointments are scheduled per month.
- Vision testing and eye examinations for Physical examinations.
- Spectacle dispensing services are available from 7:30am - 4:00pm. Patients are usually sent to the dispensary to order their eyewear after dilating eye drops have been instilled. A small spectacle fabrication facility is located elsewhere on the base, and can make eyewear in all frame types. The spectacle laboratory has lenses ranging from +3.00 to -8.00 sphere power, with up to 2D of cylinder. CR-39 is the only material available from this laboratory. Orders outside of this power range, multifocal orders, and orders for materials other than CR-39 are sent to a Navy laboratory in Yorktown, VA. Additionally, any special coating such as UV will also need to be sent to NOSTRA. The turn around time for glasses is one week for any stock lenses (i.e. single vision glasses in stock powers) and 3 weeks for anything we have to send to NOSTRA (e.g., bifocal orders). Some general points to know about materials are: Hi-Index lenses can only be ordered in prescriptions that exceed 6.00D in any meridian, gas mask inserts are only available in CR-39, and military issued half eyes can only be ordered in plus powers. Patients can either pick their glasses up at the dispensary or they can have them mailed to their home of record. The opticians in the dispensary can adjust and repair glasses as well. However, we do not generally make adjustments and or repairs to civilian frames due to reasons concerning liability. For more information concerning glasses, frames, and materials see the section entitled, "Vision Benefits Covered by Tricare."

### ***OPHTHALMOLOGY DEPARTMENT SERVICES***

#### **OPHTHALMOLOGY SERVICES INCLUDE THE FOLLOWING:**

- General ophthalmology
- LASER vision correction
- Cataract surgery
- Minor Procedures
- Diabetic Screening Clinic
- Comprehensive Screening Clinic
- Retina service
- Pediatric service
- Cornea service
- Oculoplastic service
- Glaucoma service

### **PATIENT POPULATION**

Our patient population consists of active duty and retired members from all branches of the Uniformed Services (Armed Forces and Public Health Service) and their dependents. We also provide care to members of the executive branch of the federal government including the President of the United States and members of his Cabinet, and serve members of congress as well.

Externs at the NNMC see an average of 375 patients during their rotation. You may wish to view a [summary](#) of patient encounters of one of our former externs.

### **HOURS OF OPERATION, INCLEMENT WEATHER, ABSENCES AND TARDINESS**

#### ***HOURS***

The Eye Clinic opens at 6:45am and closes at 4:30pm. The first appointment is scheduled for 7:30am. Students are expected to be ready to see patients by 7:15am. Students are dismissed by their preceptor after the last patient leaves the clinic, this is typically between 4:30 and 5:00pm.

#### ***INCLEMENT WEATHER***

##### **POLICY**

In the event of inclement weather (severe weather resulting in unusually dangerous travel conditions), the clinic will be closed to all elective/non-urgent care. Only essential personnel shall report for duty to support emergent/urgent care.

#### **PROCEDURES**

During inclement weather, the Commander will announce the degree and depth of services NNMC can safely and adequately provide without placing patients and staff in any danger. The Commander's announcement will be publicized on the local television stations, local radio stations and is available from the Command Duty Office, Building 10. If the Eye Clinic is going to shut down, the externship coordinator or your preceptor will call you. If you are concerned that the clinic may be closed due to inclement weather, and you have not heard from the externship coordinator or your preceptor, feel

free to contact him/her. If you are unable to reach an Optometry Department staff member, you should call the CDO's desk to check the status of hospital operations for the day. If we are open for emergencies only and staffed with only essential personnel, you will not have to report for to the clinic that day.

***ABSENTEEISM, TARDINESS, AND DAYS OFF***

Absenteeism and tardiness are not tolerated. If we experience either problem with a student, we will contact the school, and if necessary, arrange for the student's return to school. If you plan to drive to the hospital, you should know that DC area roadways are crowded, and traffic is often slow moving. With this in mind, plan to leave early so that you can arrive to the clinic on time. Traffic problems are not an acceptable excuse for tardiness. When you report to the clinic for your rotation, please inform your preceptor of any days you will need to be away from the clinic. Time off is granted for national boards, and holidays in accordance with your school's policy. All other requests for days off are handled on an individual basis.

## **MILITARY HEALTHCARE**

### **INTRODUCTION TO MILITARY HEALTHCARE**

#### ***TRICARE***

TRICARE is the healthcare program for Active Duty and retired military personnel, their families and survivors. It replaced the CHAMPUS program.

#### ***WHO ADMINISTERS TRICARE?***

Sierra Military Health Services, Inc. (SMHS) was selected by the Department of Defense to partner with Military Treatment Facilities in administering TRICARE throughout the northeastern United States (Region 1), effective June 1, 1998. SMHS is a subsidiary of Sierra Health Services, a recognized healthcare leader and innovator for more than 25 years.

#### ***THE TRICARE PROGRAM***

With TRICARE patients have a choice. TRICARE Prime offers quality care at the lowest out-of-pocket cost when a patient uses our TRICARE Network of credentialed military and civilian providers and selects a Primary Care Manager, who coordinates their care. It is analogous to a civilian HMO. TRICARE Extra offers cost-saving features when patients use our TRICARE network of credentialed providers, and is similar to a civilian PPO. TRICARE Standard provides basic coverage.

### **VISION BENEFITS COVERED BY TRICARE**

#### ***PRIMARY CARE EYE EXAMS***

Active Duty personnel are allowed eye exams as needed for fitness for duty, and can self-refer to network providers if necessary. Retirees and family members of active duty personnel who have TRICARE Prime are authorized one eye examination every two (2) years. Active Duty family members covered under TRICARE Standard and Extra are authorized one exam per year, but are responsible for deductibles and cost shares. However, primary eye examinations are not a covered benefit for retirees using either TRICARE Extra or Standard.

#### ***GLASSES AND CONTACT LENSES***

##### **MILITARY FRAMES**

All active duty military personnel requiring spectacle correction are issued operational glasses for deployment to operational environments. These glasses are made of heavy-duty brown plastic and are available in both males and female styles. Each member is also issued a pair of gas mask inserts that are worn when the member wears his/her gas mask. Heavy-duty black plastic half eye glasses are issued to presbyopes. Active duty military members are also eligible for more stylish frames that are referred to as Frames of Choice.

Retirees are also issued spectacles made with the brown frame as a covered health benefit.

You may view available military frames at the following link:  
<http://138.143.250.101/nosttra/frames.cfm>

#### LENS MATERIALS

The military can fabricate lenses in CR-39, Polycarbonate, and High Index (1.6). The standard material for lenses is CR-39. High Index is authorized for prescriptions above 6.50D in any meridian in either eye. Gas Mask Inserts will be made in CR-39 only. Half eyes should be ordered with plus lenses only.

In general, Tricare does not provide for contact lenses and civilian spectacles for patients. The following are exceptions: 1) contact lenses for infantile glaucoma, keratoconus (and other corneal irregularities other than astigmatism), and aphakia; 2) scleral lenses as a moisture retaining aid; 3) spectacles for pseudophakes and aphakes. All other patients, including active duty members, who wish to purchase glasses and contact lenses in the private sector, must do so at their own expense.

The following is a list of guidelines for the provision of military eyewear:

1. One Frame of Choice is authorized annually for active duty members only
2. Retired members are authorized one pair of standard issue spectacles (brown plastic frames only)
3. Dependents are not eligible for military glasses
4. Retirees on extended active duty in grade O-7 and above are authorized one spectacle in their choice of frames. (Please note this exception to #1 above.)
5. National Guard and Reserve members must be on orders for at least 30 days before being eligible for the FOC program.
6. No tender is accepted in exchange for spectacles.
7. Tinted lenses are only authorized in the standard military frame (the brown frame) or the aviator frame; Frame of Choice frames may not be used for sunglasses
8. Only those frames in the issued fitting set will be provided as FOC, ie, patients cannot purchase a frame and present it for fabrication of spectacles.
9. A military or civilian prescription, which is less than two years old, can be used to order spectacles, provided that the patient has 20/20 or better corrected vision.

## **APPOINTMENTS**

### **APPOINTMENT TYPES**

Appointment types are as follows: Special (new patient); Established (follow up); and Procedure (low vision, contact lens fit, etc..).

#### ***NEW PATIENT***

Patients may book new primary care eye exams by calling the central appointment line, or by calling or visiting the Eye Clinic's reception desk.

#### ***FOLLOW-UP APPOINTMENTS***

Follow-up appointments (established patient) are usually made by in office referrals or by automatic recall. See the example of an [Eye Clinic appointment referral](#) enclosed. These forms are found in all the exam rooms and they allow you to schedule any patient for any clinic. To bring a patient back for a follow up appointment circle OPTOMETRY under clinic, FU under Appt (If your follow up appointment is going to take less than 15 minutes you can also select PBO under Appt). Circle the month and year you wanted to see the patient back. After "Provider" you usually put your staff doctor's name. The patient would take this slip to the reception desk and schedule the appointment.

#### ***CONTACTS LENS FIT APPOINTMENTS.***

Once it has been determined that we are going to rewrite a patient's old prescription or maybe try a new contact lens fit with the trial lenses in the back room. We first need to explain to the patient our contact lens policy. (Explain to them fitting and rewriting of cosmetic contact lenses is done as a courtesy and it is a service that is not covered by Tricare. It is important to see how the contact lenses adapt to your eyes in order to write a prescription hence we are bringing them back for a follow up.) In the follow up form we are going to circle OPTOMETRY under clinic, PBO under Appt, and circle the 2-3 weeks or accordingly when we want the patient back. The patient needs to be instructed that he/she needs to wear the new/old contact lenses during the PBO appointment. PBO appointments are usually the 11:00 and the 15:00 appointments 15 minute slot appointments.

#### ***LOW VISION APPOINTMENTS***

The optometry clinic schedules the following appointments as procedures: low vision, and contact lens fitting. To schedule a patient for low vision, complete the scheduling form by circling OPTOM under "Clinic" and Proc under "Appt", and the month and year. Under "Notes:" write low vision. Have the patient bring this form to the reception desk.

#### ***SCHEDULING FOR OPHTHALMOLOGY SERVICES***

##### **REFRACTIVE SURGERY SCHEDULING**

The optometry department provides consults for refractive surgery by request only. After completing a comprehensive examination, if a patient desires a consult and is considered a good candidate, you may complete a [Navy Refractive Surgery Consult Form](#). The completed form needs to be signed by the patient's commanding officer and then

returned to the Laser Vision Center either in person or by fax. The Navy Refractive Surgery Consult Form applies to Navy, Marine Corps, and Coast Guard personnel only. A separate [form](#) exists for Army personnel requesting a refractive surgery consult to Walter Reed Army Medical Center (WRAMC). For these patients, complete the Army Refractive Eye Surgery Screening Form to be delivered to Walter Reed by the patient. Currently, the Air Force does not have a local refractive surgery program and therefore, no consultation is necessary. The Navy does not perform refractive surgery on Army or Air Force personnel.

#### OPHTHALMOLOGY APPOINTMENT SCHEDULING

To make a referral to one of the ophthalmology clinics, you may use the clinic scheduling slips. Under "Clinic" circle the desired clinic i.e. retina, under "Appt" circle NEW since this will be a new patient to their clinic. Finally, circle the month and year you want the patient to be seen.

#### VISUAL FIELD APPOINTMENTS

Visual fields are completed by scheduled appointment unless an urgency or emergency arises. To schedule a patient for visual fields you circle OPTOM under clinic, EST under Appt, and check the visual field test that you want to do usually (24-2 SITA FAST). Circle the month and year you want to see the patient. Again, the provider will usually be the staff doctor you are working under for that patient. Under comments write "Visual field, and follow-up to be scheduled on the same day". Tell the patient if they are not able to schedule f/u on the same day as the visual field to just walk over to the optometry clinic and show the ordering doctor the visual field results (we will see the patient as a walk in). After reviewing the visual fields results make sure there is a copy for the clinic so that it can be scanned and put in the patients chart on the computer.

#### PHOTOGRAPHY AND OCT SCHEDULING

Photography request forms are located in each exam room and are used to schedule patients for ocular photos. The Eye Clinic has a professional photographer on staff, allowing for most photographs to be taken at the time of the request. If a separate appointment is needed the photographer will make the appointment with the patient. Stereo is used for most routine photographs taken in the optometry department. When requesting photos, complete the request [form](#) and have the patient present the form to the reception desk staff. If ordering OCT, have the patient bring back the OCT results so that you can review it. Make sure there is a copy for the clinic so that it can be scanned and put in the patients chart on the computer.

## **COMMAND DUTY OFFICE**

The Command Duty Office (CDO) desk is located in building 10 next to patient administration. The CDO's desk is the nerve center for the hospital and acts as the Admiral's representative after hours. It is a great source of information on anything from directions to policies and procedures. When patients have questions concerning the hospital i.e. parking, visiting hours, etc you can refer them to the CDO's desk.

## **DRESS CODE**

You will be required to conform to the dress code prescribed by your school. Dress as a medical professional, in neatly pressed, conservative attire. Observe grooming standards expected of a medical professional. Jewelry should be conservative; gentlemen are not permitted to wear earrings. Clinic jackets and name-tags are required. Failure to adhere to the dress code will not be tolerated. Repeated violations of the dress code will result in a report to your school's externship coordinator and may result in termination of your rotation.

## **MILITARY RANKS AND COURTESIES**

The military can be thought of as a population with its own cultural customs and courtesies. Click [here](#) to view a listing of military ranks and insignia for both [officer](#) and [enlisted](#) personnel. Please familiarize yourself with these ranks. Your preceptor will review military ranks and courtesies with you during orientation.

## **FORMS**

### **OPTOMETRY DEPARTMENT FORMS**

#### ***EXAMINATION FORMS***

The Optometry Department uses the following examination forms:

- [SF-600](#) (progress notes on the CHCS II or AHLTA).
- Contact lens ordering form (for ordering new trial lenses for keratoconus or parameters for which we don't have trial lenses for).

You are encouraged to familiarize yourself with these forms.

#### ***SPECTACLE PRESCRIPTION PADS***

Each exam lane is stocked with spectacle prescription [forms](#). Prescriptions are to be filled out by the student and signed by the preceptor.

## **PARKING AND SECURITY**

Comment [N1]: Add link

### **PARKING**

#### ***AUTHORIZED PARKING AREAS***

Students may park in the overflow lots only, which are designated G, E, and I. Please see the enclosed [map](#). The overflow lots are highlighted.

#### ***PARKING PASSES***

In order to park on the campus, you must have a parking pass. Parking passes are issued at the base security office, during your orientation day. To receive a parking pass you must have proof of insurance, vehicle registration, and a valid driver's license. Please have these items with you the day you report.

### **SECURITY**

#### ***THREAT CONDITIONS***

The base security measures that you will experience will be determined by the threat condition at any given time. There are four levels of threat conditions, Alpha, Bravo, Charlie, and Delta; Alpha being the lowest threat level, and Delta being the highest. When Alpha threat condition is set, no ID checks are required to get on base. When threat level is set to Bravo or higher, you must have a proper photo ID to enter the base. When condition Charlie is set, random vehicle and personnel searches are conducted in addition to ID checks. Condition Delta is only set in the most serious of situations. Your preceptor will discuss security threat conditions as necessary.

#### ***HOSPITAL IDENTIFICATION***

All personnel working in the hospital require an identification badge. The badge will be obtained from security during orientation and is to be worn at all times when you are in the hospital.

#### ***BASE POLICE***

Security for the campus is provided by Federal Police and supplemented by the Auxiliary Security Force (ASF). Federal Police have the authority to ticket and or arrest anyone on federal property who breaks the law. This means that traffic signs and speed limits must be obeyed. If you get a ticket your summons will be in a federal court in Maryland. Security personnel are also here to help you; so if at any time you see suspicious or dangerous behavior feel free to approach them as you would any other policeman. The Auxiliary Security Force (ASF) is made up of active duty members of the Navy and Marines who have been deputized to provide additional security for the hospital campus. Treat them as you would any other police officer. Members of the National Naval Medical Center's Federal Police Force and ASF will be pointed out to you during orientation.

## **EMERGENCY PROCEDURES**

### **FIRE**

#### ***POLICY***

Personnel will be instructed on the procedures for dealing with a fire within the Eye Clinic during their clinic orientation. You are expected to know your responsibilities during a fire drill. All fires are to be reported, including fires that have been extinguished.

#### **PROCEDURES**

In Case of fire, remember "RACE."

R - rescue anyone in immediate danger

A - alarm

C - confine and contain

E - extinguish if possible and evacuate if needed

Person discovering fire:

- A. Rescue anyone in the immediate area (i.e., have patients clear the room).
- B. Telephone 777, give exact location of fire, including building and room number. Pull the nearest manual fire alarm (pull station)
- C. Have someone assigned to meet and direct the Fire Protection Division as they arrive.
- D. Have someone turn off the central oxygen/suction valves located on the wall across from the Minor Room.
- E. Try to contain small fires by covering (removing the source of oxygen will smother the flames).
- F. If the fire is small, attempt to extinguish the fire with available portable fire fighting equipment if possible: do not endanger yourself in this process.
- G. If the fire is large and cannot be contained, confine the area by closing the door to the room
- H. If the fire is large (i.e., you cannot safely extinguish the fire), evacuate the area, closing all doors behind you as you egress (do not lock any doors; fire fighters will need to gain access).
- I. Do not panic! Remain calm.

During normal working hours, the personnel assigned to the Front Desk are expected to:

- A. Await the arrival of the Fire Protection Team, direct them to the exact location of the fire and report the nature of the fire.
- B. Turn off the oxygen/suction valves on the wall across from the Minor Room.
- C. In the event evacuation of the building is ordered:
  - a. Assist all patients/staff to the nearest exit (there are 5 fire egresses for the clinic) and direct them to leave the building: after leaving the building, cross the street to the area between the parking garages and await further instruction.

- i. There are 3 exits in the front of the clinic that feed into the main hospital corridor:
    - 1. For the main clinic doors (Eye Clinic lobby area), have patients continue to the left and exit the building via the first hallway on the left that runs past the Chapel.
    - 2. For the front doors (of hallways B & C), have patients/staff continue to the right and exit the building via the first hallway on the right that runs along the side of La Cave.
  - ii. There are 2 exits in the back hallway of the clinic:
    - 1. The exit by the playroom opens directly outside.
    - 2. The exit behind the large conference room will lead to the hallway by the Chapel; there are glass doors on the immediate left to exit the building.
- D. For emergencies requiring Fire Department assistance, the Command Duty Office (CDO) will announce (via the public address system) “CODE 100” and give the exact location of the emergency. After Fire department personnel have cleared the area of any danger, they will notify the Command Duty Office to announce the “Code 100’ all clear.” The Code 100 announcement is meant to notify staff personnel that there is a Fire Department emergency response in progress. There is no need to evacuate the area until told to do so by Fire Department personnel.
- E. All exit doors will remain unlocked during normal working hours
- F. After hours, the 2 emergency exits in the back hallway will allow egress, but will not allow reentry. The front door (Eye Clinic lobby) will allow emergency egress; reentry is by a security code/locking device
- G. All fire exits shall remain clear
- H. The Fire Bill evacuation plan will be posted in every hallway. Personnel will familiarize themselves with every evacuation route.

## **MEDICAL EMERGENCIES**

### ***POLICY***

Eye Clinic personnel must be able to respond to medical emergencies promptly and appropriately. An emergency “crash cart” will be maintained by the Eye Clinic.

All healthcare providers will maintain current BLS certification

All staff members must familiarize themselves with the location of the “crash cart”

- I. The “crash cart” is located in the Minor Room
  - a. The emergency equipment includes:
    - i. Defibrillator
    - ii. Oxygen delivery supplies/equipment
    - iii. Suction supplies/equipment
    - iv. Intravenous supplies/equipment
    - v. Intubation supplies/equipment
    - vi. Emergency medications
    - vii. Trach tray and cut-down tray
    - viii. Blood pressure cuffs & stethoscope

- ix. Miscellaneous additional emergency items

***PROCEDURES***

- b. Call for help
  - i. Notify the front desk that you need assistance and have them announce your request over the PA system (e.g., “Code Blue, your location, this is NOT a drill” and repeat).
  - ii. Patient shows signs of distress (call for a doctor; do not call a “CODE”)
  - iii. If the victim appears unconscious telephone “666” or tell the front desk to make the call.
  - iv. Identify someone to bring the “crash cart.”
  - v. During normal business hours, the Urgent Care Doctor should respond immediately to a “code” (this includes drills and actual emergencies).
- c. Check for unresponsiveness
- d. If unresponsive, do the ABC’s:
  - i. Check the airway
  - ii. Check for breathing; if none, give 2 rescue breaths
  - iii. Check for a pulse; if none, begin compressions
- e. Provide CPR/BLS
  - i. One rescuer; 15:2 compressions to ventilations
  - ii. Two rescuer; 15:2 compressions to ventilations
- f. When the “crash cart” arrives, the most qualified individual present should take charge of the code until the hospital code team arrives (usually a doctor or someone with ACLS knowledge).

## **CODING**

### **GENERAL INFORMATION ABOUT EYE CLINIC CODING**

Military treatment facilities track patient encounters through coding and billing procedures, much the same way HMO's do. This allows the clinic to justify budgeting and manpower requests, as well as to properly manage patient appointing. We have professional coders on staff who will code your exams for you. During your stay here you will have the opportunity to interact with the coders and ask any questions you have about CMS, E&M codes, Procedure codes, ICD-9 codes etc. In order for the coders to properly code your visits, it will be necessary to properly document what was done during the visit.

### ***HISTORY***

All new patient's (SPECialty appointment types) will be given a history questionnaire when they check in at the reception desk. This history form serves as a Review of Systems (ROS) and Past Family and Social History (PFSH.) You need to review this with the patient and comment on any pertinent positive or negative responses in the History of Present Illness (HPI) section of the exam form. Initial both the history questionnaire and the exam form indicating that you have reviewed the information with the patient. Patients reporting to the clinic for follow-up should have already filled this form out. Therefore, for follow-up patients you will only need to review any changes in the history since the last visit, and note those changes on the exam form.

### ***EXAM FORMS AND CODING.***

All examination documenting and coding in Optometry department is done in CHCS II (AHLTA).

This is how CHCS II should look like when you open it up with all the days appointments. You select a patient by double clicking on the patient.

ABRAHAM, MANOJ M: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-II Today+Inx

<No Patient Selected> Options X

Folder List: Desktop, Notifications, Appointments, Telephone Consults, Search, New Results, Co-signs, Sign Orders, Consult Log, Patient List, CHCS-II, Reports, Tools, Web Browser

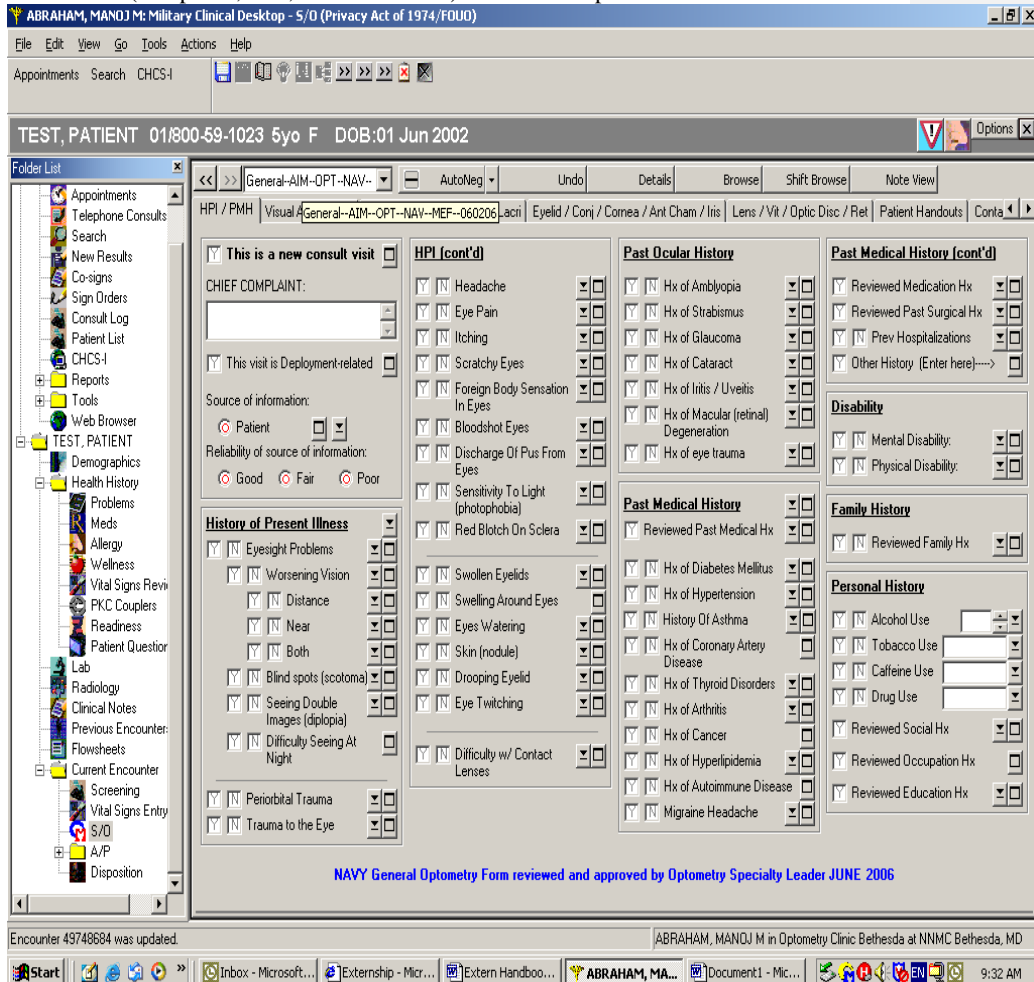
Change Selections... Appointments for ABRAHAM, MANOJ M, et al., in All My Clinics for Today plus Incomplete.

Provider	Appt. Date/Time	Patient	Status	Reason for Visit
FREED, STANLEY H	16 Aug 2007 1400	STALCUP, SI Y	CheckedIn	HVF
FREED, STANLEY H	21 Aug 2007 1400	REID, HELEN E	CheckedIn	HVF
FREED, STANLEY H	28 Aug 2007 0830	NOVOA, EDGAR OSWALDO	CheckedIn	HVF*
FREED, STANLEY H	30 Aug 2007 1400	ROBERTS, WILLIAM H JR	CheckedIn	HVF
FREED, STANLEY H	18 Sep 2007 1510	PINE, FRANKLIN E	InProgress	eye exam
FREED, STANLEY H	25 Sep 2007 1047	ELIAS, NICOLE D	Updating	
PATTISON, MICHAEL DUANE	26 Sep 2007 0715	SENSINTAFFAR, LOWELL G	Complete	EYE EXAM PER PT
PATTISON, MICHAEL DUANE	26 Sep 2007 0730	AIZVERA, JEAMINE E	Complete	EYE EXAM
ABRAHAM, MANOJ M	26 Sep 2007 0730	BROWN, SARA MELISSA	PATIENT CANCELLED	eye exam
FREED, STANLEY H	26 Sep 2007 0730	CARRINGTON, MARCO ANTONIO	InProgress	root eye exam
ABRAHAM, MANOJ M	26 Sep 2007 0730	THIERRY, JUDITH	Complete	EYE EXAM PER PT
PATTISON, MICHAEL DUANE	26 Sep 2007 0745	GONZALEZ, NORY E	InProgress	eye exam
ABRAHAM, MANOJ M	26 Sep 2007 0745	JONES, LENA MARIE	Complete	EYE EXAM PER PT
ABRAHAM, MANOJ M	26 Sep 2007 0800	BROWN, MARYBETH W	Complete	VIP - DEP AD ADM - CLM
SWEETNAM, GENE	26 Sep 2007 0800	JACKSON, YVETTE MARIA	InProgress	EYE EXAM PER PT
PATTISON, MICHAEL DUANE	26 Sep 2007 0815	WOLF, CAROL L	Complete	refraction
ABRAHAM, MANOJ M	26 Sep 2007 0830	ANDERSON, JACQUELYN K	InProgress	papule right lower eyelid
PATTISON, MICHAEL DUANE	26 Sep 2007 0830	BESHERS, TINA RENE	InProgress	root eye exam per pt
FREED, STANLEY H	26 Sep 2007 0830	WARWICK, CYNTHIA D	InProgress	Eye Exam Per Pt
FREED, STANLEY H	26 Sep 2007 0835	ROBINSON, HAROLD LEONARD		VIP-retirement physical -clm
SWEETNAM, GENE	26 Sep 2007 0840	MALDONADO, LAURA ASHLEY	Complete	fu appt
ABRAHAM, MANOJ M	26 Sep 2007 0845	BISHUN, STEVE PAUL	NO-SHOW	eye exam
PATTISON, MICHAEL DUANE	26 Sep 2007 0845	CHIDA, MEGAN L	Complete	eye exam
PATTISON, MICHAEL DUANE	26 Sep 2007 0900	HENRY, HOWARD EARL		eye exam
SWEETNAM, GENE	26 Sep 2007 0900	MALDONADO, SARAH E	InProgress	eye exam
ABRAHAM, MANOJ M	26 Sep 2007 0900	WILCOX, JOSEPH LEE		eye exam
PATTISON, MICHAEL DUANE	26 Sep 2007 0915	GARCIA, A ROLAND	InProgress	eye exam
SWEETNAM, GENE	26 Sep 2007 0920	IRIS, MELANIE A		PER DR SWEETNAM -CLM
ABRAHAM, MANOJ M	26 Sep 2007 0930	KENNEDY, MICHAEL STEVEN		eye exam
FREED, STANLEY H	26 Sep 2007 0935	MURPHY, REBECCA LYNN		eye exam
SWEETNAM, GENE	26 Sep 2007 0945	BURGNER, MARK W	Waiting	ROUTINE EYE EXAM PER I
ABRAHAM, MANOJ M	26 Sep 2007 0945	EUBANKS, CHRISTOPHER TERRELL		eye exam
PATTISON, MICHAEL DUANE	26 Sep 2007 0945	MERCEDES, ANDRE FLORENTINO		eye exam

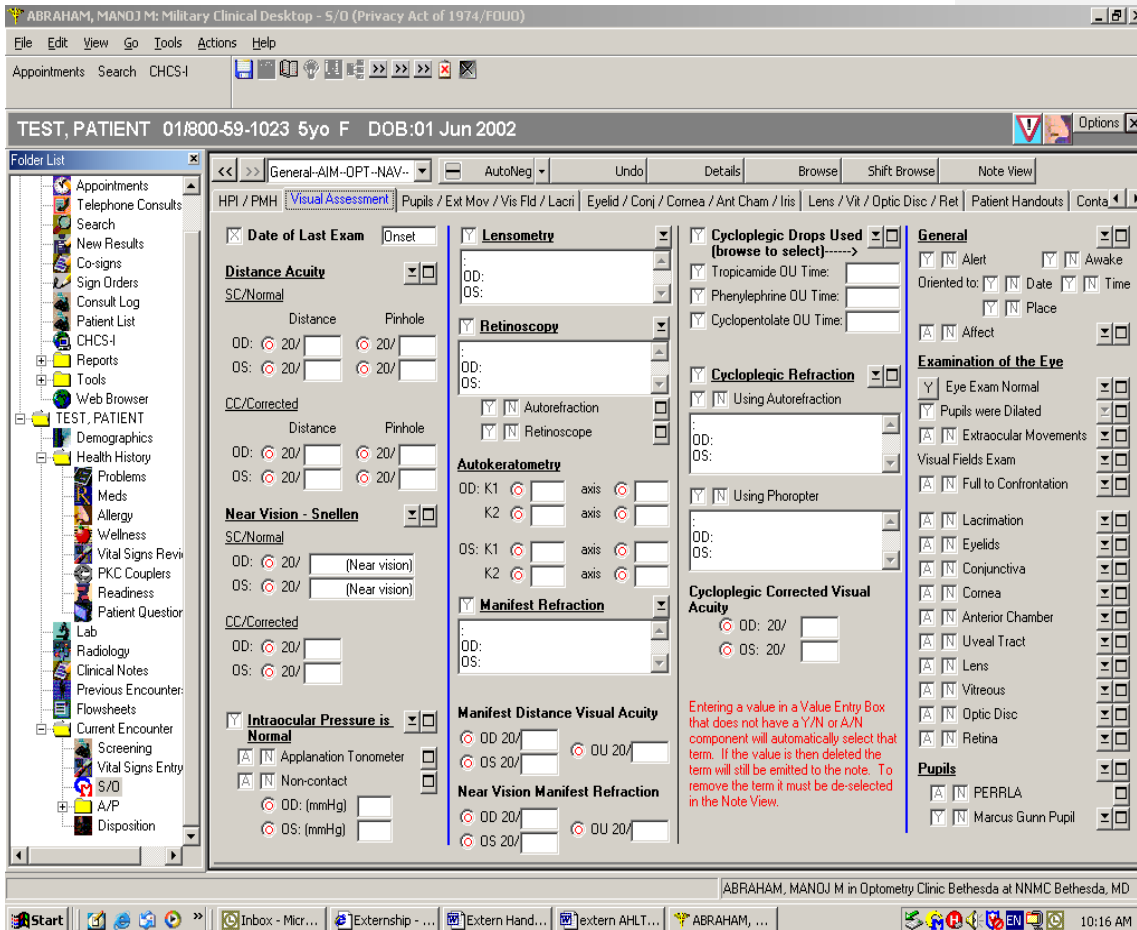
ABRAHAM, MANOJ M in Ophthalmology Clinic Bethesda at NNMC Bethesda, MD

Start | In-box - Microsoft Outlook | Externship - Microsoft I... | Extern Handbook - Micr... | ABRAHAM, MANOJ M: ... | 9:19 AM

The part that we are responsible for filling out is in the S/O section if it does not load up automatically then click on the pull down tab to the LEFT of AutoNeg and select General-aim-opt-nav and the template should load up. We are responsible for filling out all the sections in HPI/PMH tab in comprehensive eye exam. Only some of the information (complaint, HPI, POH and PMH) on a follow up exam.



We are responsible for filling the Visual Assessment section of the S/O form. Fill All for a comprehensive exam. Part of it for a follow up(just use common sense). The other tabs you can fill out according to the specific instruction of the attending doctor you are working with.



The next section is the A/P section. Select the diagnosis that's appropriate (all the routine diagnoses are listed in the template).

The screenshot shows a medical software interface for a patient named ABRAHAM, MANOJ M. The patient's information is displayed as: TEST, PATIENT 01/800-59-1023 5yo F DOB:01 Jun 2002. The interface includes a folder list on the left, a main display area with a table of diagnoses, and a search bar.

The main display area shows a table with the following data:

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	367.1	REFRACTIVE ERROR - MYOPIA	Chronic	New

Below this table, there is a section for "Diagnosis" with a search bar and a list of diagnoses. The search bar contains "General-AIM-DPT-NAV-MEF-". The list of diagnoses is as follows:

ICD	Diagnosis
V72.0	visit for: routine eye exam
V70.3	visit for: examination for driver's license
V72.84	visit for: preoperative exam
V70.5	visit for: military services flight physical
V70.5	visit for: military services physical retirement
V70.5	visit for: military services physical
367.1	REFRACTIVE ERROR - MYOPIA
367.4	PRESBYOPIA
367.20	ASTIGMATISM
367.0	REFRACTIVE ERROR - HYPERMETROPIA

Buttons for "Add to Encounter" and "Add to Favorite List" are located at the bottom of the diagnosis list.

If the diagnoses you want is not listed then you can click on the FAVORITE LIST and you can see the clinic favorite diagnoses. If you still can't find the diagnoses in the favorite list then you enter the first words in the SEARCH and click find now to find it.

The screenshot shows a desktop application window titled "ABRAHAM, MANOJ M: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)". The patient information bar displays "TEST, PATIENT 01/800-59-1023 5yo F DOB:01 Jun 2002".

The main interface is divided into several sections:

- Folder List (Left):** A tree view containing folders such as "Appointments", "Search", "New Results", "Co-signs", "Sign Orders", "Consult Log", "Patient List", "CHCS-I", "Reports", "Tools", "Web Browser", "TEST, PATIENT", "Demographics", "Health History", "Problems", "Meds", "Allergy", "Wellness", "Vital Signs Revi", "PKC Couplers", "Readiness", "Patient Questior", "Lab", "Radiology", "Clinical Notes", "Previous Encounter:", "Flowsheets", "Current Encounter", "Screening", "Vital Signs Entry", "S/O", "A/P", and "Disposition".
- Diagnosis Table (Top):** A table with columns: Priority, ICD, Diagnosis, Chronic/Acute, Type, Priority, and Orders & Procedures. The first row is highlighted:
 

Priority	ICD	Diagnosis	Chronic/Acute	Type	Priority	Orders & Procedures
1	367.1	REFRACTIVE ERROR - MYOPIA	Chronic	New		
- Diagnosis Search (Middle):** A section with tabs for "Diagnosis", "Order Sets", "Procedure", "Order Consults", "Order Lab", "Order Rad", "Order Med", and "Other Therapies". It includes a dropdown menu set to "General-AIM-OPT-NAV-MEF--", buttons for "Problem List" and "Favorite Lists", a search input field, and a "Find Now" button.
- Diagnosis List (Bottom):** A table with columns "ICD" and "Diagnosis":
 

ICD	Diagnosis
[-] User	
V77.1	visit for: screening exam diabetes mellitus
365.00	PREGLAUCOMA
375.15	DRY EYE SYNDROME BOTH EYES
372.14	CONJUNCTIVITIS CHRONIC ALLERGIC
372.40	PTERYGIUM
375.15	DRY EYE SYNDROME
[-] Clinic	

At the bottom of the application window, the status bar reads "ABRAHAM, MANOJ M in Optometry Clinic Bethesda at NNMC Bethesda, MD". The Windows taskbar at the very bottom shows the Start button, several open applications (Inbox, External..., coding gu...), and the system clock showing 11:18 AM.

Once you have selected the diagnoses you should select the PROCEDURES that need for the diagnoses. You would put all the procedures in the number 1 diagnoses. The usual procedures are listed in the template. You can find additional procedures by looking at the FAVORITE LISTS and using SEARCH function.

The screenshot displays a clinical software interface for a patient named ABRAHAM, MANOJ M. The patient's information includes DOB: 01 Jun 2002. The interface shows a 'Folder List' on the left with categories like Appointments, Search, and TEST\_PATIENT. The main window displays a diagnosis table with the following data:

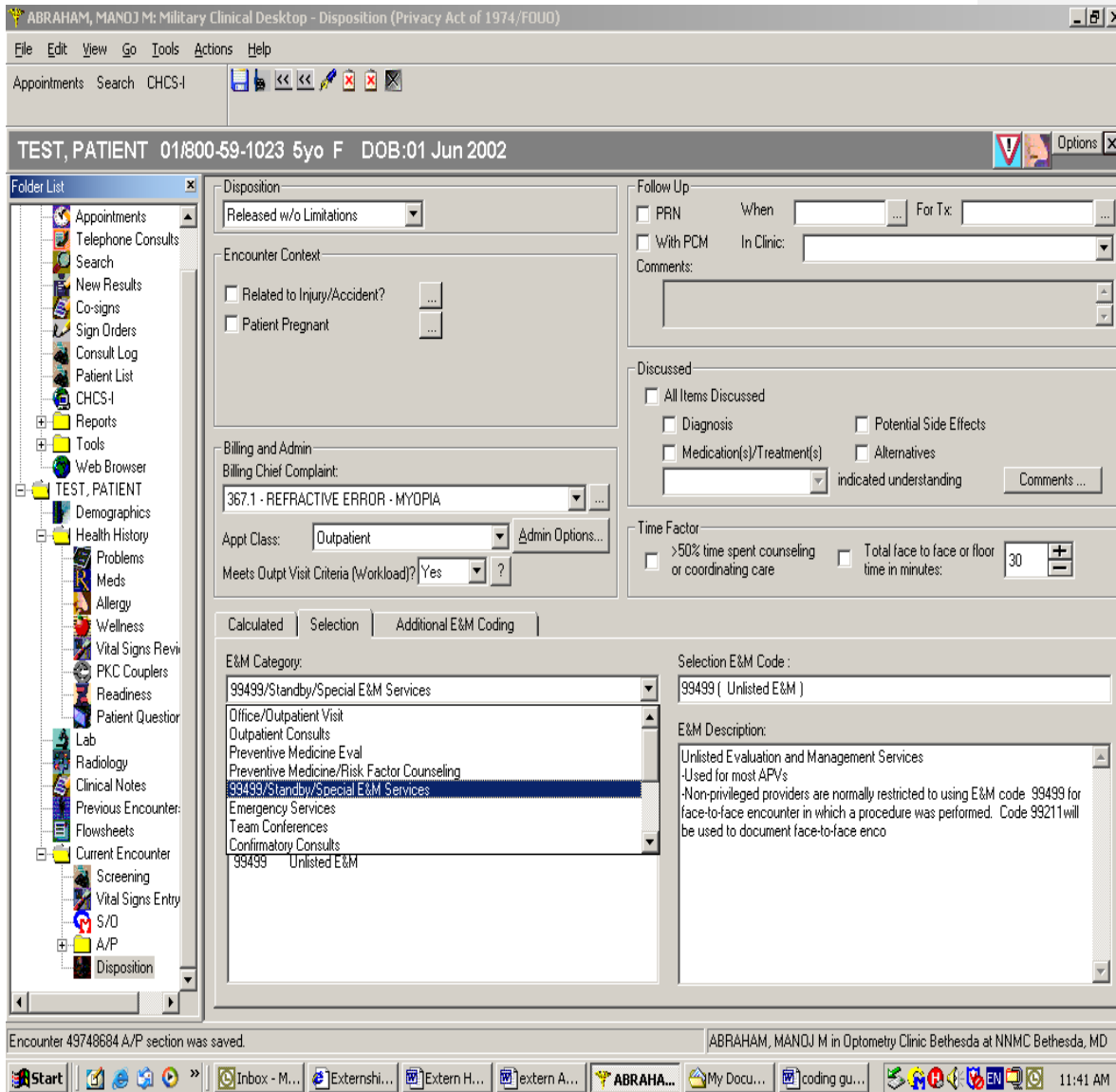
Priority	ICD	Diagnosis	Chronic/Acute	Type
1	367.1	REFRACTIVE ERROR - MYOPIA	Chronic	New

Below the diagnosis table, there are tabs for 'Diagnosis', 'Order Sets', 'Procedure', 'Order Consults', 'Order Lab', 'Order Rad', 'Order Med', and 'Other Therapies'. The 'Procedure' tab is active, showing a search bar and a list of procedures under 'Description of Procedures':

- Ophthalmological Prior Patient Start Comprehensive Care 92014
- Ophthalmological Prior Patient Start Intermediate Level Care 92012
- Ophthalmological New Patient Start Intermediate Level Care 92002
- Ophthalmological New Patient Start Comprehensive Care 92004
- Determination Of Refractive State 92015
- Fundus Photography 92250
- Ophthalmological Services Replacement of Contact Lens 92326
- Spectacles Services Fitting Monofocals (Not For Aphakia) 92340
- Spectacles Services Fitting Bifocals (Not For Aphakia) 92341**
- Prescription & Fitting Bilateral Corneal Lenses (Not Aphakia) 92310

Buttons for 'Add to Encounter' and 'Add to Favorite List' are visible at the bottom of the procedure list. The status bar at the bottom indicates 'Encounter 49748684 A/P section was saved.' and the user is 'ABRAHAM, MANOJ M in Optometry Clinic Bethesda at NMMC Bethesda, MD'.

The next section you need to fill out is DISPOSITION SECTION. Need to fill out the f/u according to how you want to follow up the patient. Then you would click on the SELECTION TAB on the bottom and use the drop/down menu on the E/M category and select (99499 unlisted E & M) for all the patients.



When you are done with the DISPOSITION SECTION IT SHOULD LOOK LIKE THIS.

The screenshot displays a medical software window titled "ABRAHAM, MANOJ M: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUD)". The patient information bar shows "TEST, PATIENT 01/800-59-1023 5yo F DOB:01 Jun 2002".

The interface is divided into several sections:

- Disposition:** A dropdown menu is set to "Released w/o Limitations".
- Encounter Context:** Includes checkboxes for "Related to Injury/Accident?" and "Patient Pregnant", both currently unchecked.
- Follow Up:** Includes checkboxes for "PRN" and "With PCM", and a "When" field set to "12 month(s)".
- Comments:** A text box contains the note "for a routine eye exam."
- Discussed:** Includes checkboxes for "All Items Discussed", "Diagnosis", "Medication(s)/Treatment(s)", "Potential Side Effects", and "Alternatives". A dropdown menu is set to "Parent" with the text "indicated understanding".
- Time Factor:** Includes checkboxes for ">50% time spent counseling or coordinating care" and "Total face to face or floor time in minutes" set to "30".
- Calculated Selection Additional E&M Coding:**
  - E&M Category:** 99499/Standby/Special E&M Services
  - Selection E&M Code:** 99499 ( Unlisted E&M )
  - E&M Codes Table:**

E&M	Evaluation & Management
99360	Physician Standby Services, ea. 30 mins
99450	Basic Life/Disability Eval
99455	Work Related or Medical Disability Eval by treating MD
99456	Work Related or Medical Disability Eval not by treating MD
99499	Unlisted E&M
  - E&M Description:** Unlisted Evaluation and Management Services. -Used for most APVs. -Non-privileged providers are normally restricted to using E&M code 99499 for face-to-face encounter in which a procedure was performed. Code 99211 will be used to document face-to-face enco

The status bar at the bottom indicates "Encounter 49748684 A/P section was saved." and "ABRAHAM, MANOJ M in Optometry Clinic Bethesda at NNMC Bethesda, MD". The taskbar shows the time as 11:50 AM.

## **CLINIC EQUIPMENT**

### **REQUIRED EQUIPMENT**

The eye lanes are fully equipped with the equipment you will need to examine Patients. Students are not required to bring any equipment other than lab jackets and name badges. We discourage the use of personal equipment, and recommend students leave all equipment at home.

### **REPORTING EQUIPMENT PROBLEMS**

Each eye lane is equipped with a “Maintenance/Service Request” [form](#). If at any time during your rotation you notice a problem with your equipment, just fill out one of these forms and turn it in to your preceptor.

## **CLINIC ORDERS**

### **ORDERING MEDICATIONS, AND LAB AND RADIOLOGY TESTS**

Your staff doctor will enter medication orders for your patients for you in CHCS II. Prescription [forms](#) are available in each room for prescription writing should there be a problem with CHCS.

## **PATIENT QUESTIONS**

### **FREQUENTLY ASKED PATIENT QUESTIONS**

#### ***DO YOU FIT CONTACT LENSES?***

##### **UPDATING CONTACT LENS PRESCRIPTIONS**

Tricare does not provide for contact lens fitting services for cosmesis. The NNMC Optometry Department updates contact lens prescriptions if the patient has the lenses, and either the boxes with the fitting information or their last contact lens prescription. All patients need who are being either fit or rewritten a prescription need to return for a follow-up exam to check their eyes adaptation and fit to the contact lens. If their old lens type needs to be changed, we may or may not fit them with new contact lenses. Remind them that we can only legally fit contacts lenses that we have available.

##### **NAVY CONTACT LENS PROGRAM**

The Navy will pay for contacts for personnel participating in some Navy programs including: Naval Aviation, Submariners, Navy SEALs, and Explosive Ordnance Disposal. To be eligible, these individuals must have a letter from their commanding officer stating that the contact lenses are an operational necessity..

##### **MEDICALLY INDICATED CONTACT LENS FITTING**

We do fit contacts that are medically indicated. Click here to view a table describing criteria for medically indicated fits.

#### ***ARE YOU DOING LASIK HERE?***

The National Naval Medical Center's Laser Vision Center performs several refractive surgical procedures, including PRK and LASIK. This service is only available to active duty members of the Navy, Marine Corps, and Coast Guard. Army personnel interested in refractive surgery should be referred to Walter Reed Army Medical Center. The Air Force does not currently have a local refractive surgery program; however any Air Force members interested in refractive surgery should be referred to Andrews Air Force Base. Refractive surgery is NOT available for dependents.

The Navy performs refractive surgery based on operational priority. Members whose military job requires them to frequently and regularly work in an extreme physical environment that precludes the safe use of spectacles or contact lenses, or where their use would compromise personal safety or jeopardize the mission, get the highest priority. Prioritization is graded on a scale of I (highest) to IV (lowest).

#### ***HOW LONG IS THE WAITING LIST FOR PRK/LASIK?***

When asked how long the waiting list is for PRK always refer the patient to the laser vision staff.

#### ***HOW LONG WILL IT TAKE TO GET MY GLASSES?***

All glasses made on site will take about five working days to complete. This includes single vision lenses from +3.00 - -8.00 with up to 2.00D of cylinder. All multifocals and

special orders (Hi-index, polycarbonate, etc) will be sent to the central fabrication lab in Virginia and will be ready in about three weeks.

***WHERE DO DEPENDENTS GET THEIR GLASSES?***

Under TRICARE, dependents are authorized eye examinations, but materials are not covered. Dependents have to fill their spectacle prescriptions at the Exchange on a military base, or somewhere in the private sector.

## **STUDENT QUESTIONS**

### **FREQUENTLY ASKED STUDENT QUESTIONS**

#### ***WHAT TIME DO I HAVE TO BE AT THE CLINIC, AND WHEN CAN I LEAVE?***

Students are required to be ready to see patients at 7:15 am daily. Students will be dismissed when patient care is finished and or case reports have been completed. This is usually between 4:00 pm and 5:00 pm

#### ***WHEN DO I GET LUNCH AND WHERE CAN I GET SOMETHING TO EAT?***

The clinic breaks for lunch when the last morning appointment is finished. This usually leaves us with 15-45 minutes to eat. If you bring your lunch, we have a break room you may use; it is equipped with a microwave and refrigerator. The hospital also has a cafeteria and a food court. The cafeteria serves a variety of foods at a very reasonable price. The food court has several fast food restaurants including: Dunkin Donuts, Subway, Taco Bell, Pizza Hut, and a variety of other stores. There is also a small convenience store located in the food court, called the "Dry Dock." Remember to be back sharp at 1 pm when the first afternoon patients arrive.

#### ***WILL I HAVE ACCESS TO A COMPUTER?***

Yes. Every exam room has a computer for your use. These computers are monitored by DOD and you will find out that most of the stuff that you use will be blocked.

#### ***WHAT EQUIPMENT DO I NEED TO BRING?***

All equipment will be provided for you. If you like your lenses 78D, 90D or 20D lenses you are welcome to bring it. NNMC will not be responsible for any lenses lost or stolen

#### ***WHERE DO I PARK MY CAR?***

See NNMC Parking and Security for a complete list and map of authorized student [parking page](#) .

#### ***WHERE CAN I FIND A PLACE TO LIVE?***

Due to the large transient population of students in this area, there are several rooms/apartments for rent in the area. The hospital's housing referral center can help you find an apartment in your price range. The point of contact for this office is Michael Lipscomb (301) 295-6564. Before contacting the housing referral office, call your preceptor; he/she can help coordinate the process for you. You may also wish to contact apartment locator services in the area. You can type "apartment finding" and Bethesda MD in the Switchboard.com website to locate apartment locator services in the area.

## **PHONE NUMBERS**

### **IMPORTANT PHONE NUMBERS**

1. Eye Clinic (301) 295-1339
2. CDO's Desk (301) 295-4611
3. Public Safety (Base Police) (301) 295-7867
4. Fire/Emergency/Hazard Spills 777
5. Cardiac Arrest 666
6. Sky-Tel Pager System 1-800-759-8888 PIN #  
dial the 800 number, and when prompted, enter the PIN number.
7. NNMC Public Website [www.nnmc.med.navy.mil](http://www.nnmc.med.navy.mil)