Pediatric Optometry and Vision Therapy Residency

Mission statement of the School of Optometry and Vision Science Residencies

To provide graduate optometrists with a programme of concentrated mentored clinical experience and education designed to produce practitioners with advanced knowledge, skill and judgement in a selected area(s) of optometric practice. This will enable them to deliver excellent clinical care, practice life-long learning and educate members of the profession.

General description of residency:

The residency in Pediatric Optometry and Vision Therapy is a clinical post-doctoral position that is designed to extend and refine the optometrist’s knowledge and skill in specific areas of pediatric optometry and binocular vision therapy including management of dysfunctions of the eye movement, accommodative and binocular vision systems. Aspects of visual perceptual system assessment and management will also be covered. The emphasis of the one year programme is on achieving competence through clinical training, however, the candidate will also engage in scholarly activity and will be required to participate in the clinical education of optometry students. The Residency will be split between the University of Waterloo School of Optometry and Vision Science (WSOVS) and the Vaughan Family Vision Care (VFVC).

Dates of residency: August 1\textsuperscript{st} 2017– August 14\textsuperscript{th} 2018

Salary: $38,000 per year prorated for the additional days

Primary Supervisor at Vaughan family Vision Care (VFVC)*: Dr. Angela Peddle
address: Vaughan Family Vision Care (VFVC), 9565 Weston Road, Unit 100, Vaughan, ON, L4H 3A5.
Additional supervisors at VFVC; Dr. Vishakha Thakrar, Dr. Tanya Polonenko, Dr. Zoe Lacroix

Primary supervisor at UW School of Optometry and Vision Science (WSOVS): Dr. Lisa Christian
Additional supervisors at WSOVS; Dr. Debbie Jones, Dr. Susan Leat, Dr. Nadine Furtado (PC)

• The exact name and location of Dr Peddle's office may change, but it is expected to still be located in the Greater Toronto area.
**Location:** The Residency is split approximately 36.5% is at WSOVS and 63.5% at VFVC. The first part of each week is spent at WSOVS and the last part at CFVC. For the WSOVS component, the majority of the residency will take place in the School of Optometry and Vision Science, but some attendance at the Health Science Campus (HSOC), Kitchener may be assigned.

**Hours:** For the majority of the residency the scheduled hours are office hours (approximately 8.30 am-5.00 p.m) for five days per week. Self-study is expected in the resident’s own time, although half a day per week is also given for self-study and administration tasks. Occasionally an evening clinic may be scheduled in lieu of a clinic during the day. The resident may also be scheduled to be on-call for one week in two or three. The attendance at VFVC will normally be the Thursday, Friday and Saturday of each week. The attendance at WSOVS will normally be 1.5 days on either Monday, Tuesday or Wednesday of each week (depending on the term).

**Eligibility**
Residencies at the University of Waterloo are available to those who are eligible to hold a full or an academic license with the College of Optometrists of Ontario.
If you are a graduate of an ACOE accredited programme you should apply for a full General license. All of the ACOE accredited programs are currently in North America. This means writing the CACO and the jurisprudence examinations in sufficient time to obtain the license, see Information on applying for a General Certificate of Registration, College of Optometrists of Ontario.

An academic license is available to those who have successfully completed an optometry degree programme in the United Kingdom and who hold current or past membership in the British College of Optometrists and who are certified to administer Therapeutic Pharmaceutical Agents i.e. have a TPA certification.

In all cases, **the license must be in place on entry to the residency.** This includes taking and passing the jurisprudence examination and obtaining the license through the College. Applicants are encouraged to take the CACO exams at the earliest opportunity, in order to obtain the Ontario license by the start of the residency.

The immunization requirements are the same as for undergraduate students admitted to the OD programme (see [https://uwaterloo.ca/optometry-vision-science/future-optometry-students/admission-requirements/additional-considerations](https://uwaterloo.ca/optometry-vision-science/future-optometry-students/admission-requirements/additional-considerations)).
Residency Goals and Objectives:

**Goal 1** To train the resident to provide excellent optometric and vision therapy care for pediatric and special needs patients

**Objective 1** To train the resident to accurately and efficiently examine patients of all types/needs, implement all relevant optometric management and make the appropriate referrals when necessary

**Outcome measures:**

I. The resident will experience a minimum of 400 direct patient encounters with pediatric and special needs patients during the year.

II. At VFVC, the resident will discuss each patient encounter with his/her supervisor until the resident displays adequate competency for each specific type of examination/level of difficulty.

III. At UW there will be bi-weekly meetings with a supervisor to discuss cases.

IV. At both VFVC and UW, the resident will be provided with facilities and equipment to provide specialised pediatric care.

V. The resident will maintain a log of his/her patient encounters at VFVC.

VI. The resident will maintain an ePortfolio in which s/he will reflect on experiences gained and knowledge and skills learnt.

**Objective 2** To train the resident to conduct a complete binocular vision examination on visual skills cases as well as strabismus and amblyopia evaluations, with appropriate treatment and management through lenses, prisms and/or vision therapy

**Outcome measures:**

I. The resident will experience a minimum of 160 binocular vision patient encounters during the year.

II. The supervisor will review all therapy plans until the resident displays adequate vision therapy sequencing, planning and implementation.

III. After each binocular vision evaluation, the resident will generate a detailed report outlining all tests given, results and interpretation for the patient/parent and referring professional.

IV. The resident will be provided with facilities and equipment to provide full binocular vision assessments and therapy.

V. The resident will maintain a log of his/her patient encounters at VFVC.

VI. The resident will attend a 1-day Vision Therapy training course given individually at Vaughan Family Vision Care.

VII. The resident will maintain an ePortfolio in which s/he will reflect on experiences gained and knowledge and skills learnt.
**Objective 3.** To train the resident to conduct visual perceptual evaluations, including scoring, interpretation, treatment and management of any visual perceptual deficiencies.

**Outcome measures:**

I. The resident will examine a minimum of 300 vision therapy patients
II. The supervisor will review all therapy plans until the resident displays adequate vision therapy sequencing, planning and implementation.
III. After each visual perception evaluation, the resident will generate a detailed report outlining all tests given, results and interpretation for the patient/parent and referring professional.
IV. The resident will be provided with facilities and equipment to provide visual perception evaluations and therapy.
V. The resident will maintain a log of his/her patient encounters at VFVC.
VI. The resident will attend a 1-day Vision Therapy training course given individually at Vaughan Family Vision Care
VII. The resident will maintain an ePortfolio in which s/he will reflect on experiences gained and knowledge and skills learnt.

**Objective 4.** To increase the resident’s comfort and efficiency in examining and managing special needs patients of all ages, and make the appropriate referrals when necessary

**Outcome measures:**

I. The resident will examine a minimum of 400 pediatric and special needs patients.
II. The resident will discuss each patient encounter with his/her supervisor until the resident displays adequate competency for each specific type of examination/level of difficulty.
III. The resident will maintain a log of his/her patient encounters at VFVC.
IV. The resident will maintain an ePortfolio in which s/he will reflect on experiences gained and knowledge and skills learnt.

**Objective 5.** To train the resident to plan and successfully implement a vision therapy program on all of the above described patients when appropriate and necessary.
Goal 2: To enhance the resident’s skills in optometric primary care for patients of all ages.

Objective 1. The resident will provide direct patient care to a minimum of 80 primary care or acute care patients during the year.

Outcome measures:

I. The resident will take part in bi-weekly meetings with an experienced optometrist to discuss cases, progressing to monthly meetings based on good progress.
II. Appropriately licensed faculty will be available for consultation to advise the resident on assessment, diagnosis and management of patients.
III. The resident will maintain an ePortfolio in which s/he will reflect on experiences gained and knowledge and skills learnt.

Goal 3: To increase the resident’s knowledge of pediatric optometry, binocular vision management and vision therapy.

Objective 1: The resident will participant in a programme of didactic activities and self-study.

Outcome measures:

i. The resident will attend at least one clinical optometric conference during the year (American Academy of Optometry or COVD).
ii. The resident will have access to the UW Witer Learning Resource Centre resources.
iii. Participate and present in Grand Rounds sessions with other Residents and Faculty.

Goal 4: To develop the resident’s ability to critically review the literature

Objective 1: The resident will participate in directed readings and prepare a written paper.

Outcome measures:

i. The resident will read specified articles/chapters/on-line material and participate in discussions based on the material.
ii. The resident will write a paper suitable for publication in a peer reviewed journal.
iii. Undertake the Evidence Based Medicine and Clinical Statistics course offered by Dr. Leat.

Goal 5: To train the resident to become an effective communicator

Objective 1: The resident will participate in speaking and writing opportunities under guidance and will receive feedback from his/her supervisor(s)
Outcome measures:
  i. The resident will present at least one seminar/lecture during their residency
  ii. The residency will prepare a paper of publishable quality in an academic or clinical journal
  iii. The resident will submit a poster or paper of a case report for presentation at AAO or COVD

Objective 2: The resident will be involved in the clinical supervision of optometry interns during their rotation in the clinic.

Outcome measures:
  i. The resident will be scheduled to supervise undergraduate UW optometrists in the primary care or pediatric clinic for one day per week in the 3rd term of the residency.
  ii. The resident will receive teaching evaluations from the undergraduate students in the clinic.

Anticipated Weekly Curriculum:

Direct patient care is indicated with bold italics, clinic supervision i.e. supervision of Optometry undergraduates in italics and laboratory teaching and self-study in plain type. WSOVS = blue, VFVC = pink.

<table>
<thead>
<tr>
<th>August of first year</th>
<th>Term 1 Fall 2016</th>
<th>Term 2 Winter 2017</th>
<th>Term 3 Spring 2017</th>
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<tbody>
<tr>
<td>3 days Pediatrics and Vision therapy (VFVC) – direct patient care (Thurs, Fri, Sat)</td>
<td>3 days Pediatrics and Vision therapy (VFVC) – direct patient care (Thurs, Fri, Sat)</td>
<td>3 days Pediatrics and Vision therapy (VFVC) – direct patient care (Thurs, Fri, Sat)</td>
<td>2.5 days Pediatrics and Vision therapy (VFVC) – direct patient care (Thurs pm, Fri Sat)</td>
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<tr>
<td>1.5 days Peds Clinic (may include some time at HSOC or in AC or PC clinic)</td>
<td>0.5 days PC or AC Clinic (UW) - direct patient care (Mon)</td>
<td>1 day PC, AC or Peds clinic (or combination of) – direct patient care (Mon pm or Wed)</td>
<td>1 day UW peds Clinic - direct patient care (Mon, Tues or Wed)</td>
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<tr>
<td>1 day Peds clinic – direct patient care</td>
<td>0.5 day lab teaching (Opt 377) (Mon am). PC, AC or Peds direct patient care in non-didactic weeks</td>
<td>I day UW PC or Peds clinic supervision (Mon, Tues or Wed). Direct patient care in non-didactic weeks</td>
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<tr>
<td>½ day self-study (Mon or Tues)</td>
<td>½ day self-study (includes directed reading course) (Mon or Wed)</td>
<td>½ day self-study (Mon pm, or Wed)</td>
<td>½ day self-study (Thurs am)</td>
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- For Fall and Winter term at WSOVS, Tuesday will be the day off each week.
• The 1.5 days at UW in Fall and Winter terms may be scheduled as one day vs two full days in alternating weeks
• The PC component at WSOVS may need to be scheduled at HSOC.
• In weeks that no lab activity is scheduled, the resident will be scheduled to direct patient care
• If convenient to all parties, the half day at WSOVS (Fall and Winter term) can be scheduled as one full day every second week.

**Supervision:** Drs Christian and Peddle will act as the main mentors and supervisors of the resident.

**Supervision at VFVC**

While the resident is at Vaughan Family Vision Care, he/she will be directly supervised by Dr. Angela Peddle for all patient care. If for some unforeseen reason Dr. Peddle is unavailable, Dr. Vishakha Thakrar (her partner) will be available either in person or by phone. Dr. Tanya Polonenko will also be available 2-3 days per week.

Supervision/guidance on each patient interaction will be mandatory until the resident displays adequate competency for each specific type of examination/level of difficulty. As competency improves, the level of difficulty of each case will increase.

Dr. Peddle will review ALL vision therapy activities planned by the resident prior to execution in the therapy room until the resident displays adequate vision therapy sequencing, planning and implementation. By the end of the residency the resident should be able to plan and implement therapy for all non-strabismic, strabismic/amblyopic and visual perceptual cases (for patients of all ages and level of development).

After each binocular vision and visual perceptual evaluation, the resident will generate a detailed report outlining all tests given, results and interpretation for the patient/parent and referring professional.

**Supervision at WSOVS**

Pediatric and Special Needs Clinic: Dr Christian will be the main supervisor. Dr. Debbie Jones will be the secondary supervisor. On occasions when Dr. Christian or Jones are not directly available in person or by phone, Dr. Leat, or another optometrist scheduled in Internal Pediatrics will be identified to consult.

Primary Care: Dr. Nadine Furtado will be the main supervisor.

**Clinical Experience:**

The complexity and number of patients that the resident is expected to manage will increase throughout the residency. By the end of the Residency, the resident should be able to competently examine and
treat the following patients: pediatric, infant, special needs patients of all complexities, non-strabismic binocular vision patients, strabismic/amblyopic patients, and patients with visual perceptual difficulties.

The patient complexity will increase, from visually normal examinations (infant and pediatric), to special needs evaluations (increasingly complex). Binocular vision evaluations will progress from non-strabismic evaluations to strabismic/amblyopic evaluations and visual perceptual evaluations.

Similarly, the resident will progress in his/her assessment and management of primary care patients. It is expected that the resident will progress in terms of the selection of tests which comprise the examination, from undertaking a full battery of tests, to more expert selection of tests based on patient presentation and case history.

Pediatric Clinic at WSOVS (Winter term) - at this point in the programme, it is expected that the resident would manage pediatric patients of varying complexity.

As the resident progresses through the residency, s/he will be expected to undertake supervision of undergraduate optometry students in Primary Care and Pediatric and Special Needs Clinics.

**Scholarly/didactic activities:**

The resident will:

- a) Undertake a directed reading course, under the supervision of Dr. Leat. This may include on-line elements and videos and will include topics on clinical statistics, evidence-based medicine, research design and reading clinical research critically.
- b) The resident will write an article in a form suitable for publication in a peer reviewed, clinical or academic journal by the end of the residency.
- c) Attend seminars and lectures at the School of Optometry and Vision Science whenever possible.
- d) Attend the meeting of the American Academy of Optometry and the COVD meeting, if possible. There is a budget of $2000 which is paid proportionally from WSOVS and VFVC for attending conferences.
- e) The resident is expected to devote an appropriate amount of time to professional self-development through the use of library and research facilities
- f) Participate and present in Grand Rounds sessions with other Residents and Faculty

**Educator/knowledge sharing component**

The resident will:

- a) Present a seminar at some point during their residency
- b) Submit a poster or paper of a case report for presentation at AAO or COVD
- c) The residency will prepare a paper for publication in an academic or clinical journal (see above).
Additional activities

a) Prior to seeing any therapy patients, the resident will attend a 1-day Vision Therapy training course (equivalent to the COPE-approved course given at the 2012 COVD Annual Meeting Applied Concepts). This course will be given individually by Dr. Peddle at Vaughan Family Vision Care.

b) The resident will be trained to give visual perceptual testing, including scoring and interpretation of test results.

Describe the means of assessment and evaluation of the resident

a) The resident will receive feedback from his/her supervisor on the seminar presentation which will be graded his/her supervisor(s) for content and delivery.

b) The review paper will be graded for content and writing style by the supervisor(s).

c) At the bi-weekly meeting with the WSOVS supervisors, the resident will be given feedback on their clinical performance and will be graded. Any major concerns with performance will be provided in written format.

d) Regarding teaching, the resident will receive teaching evaluations from the undergraduate students in the clinic and in the laboratories.

e) While at VFVC, the Resident will be given feedback on their clinical skills bi-weekly and will be graded. Vision Therapy sessions will be reviewed and prepped weekly prior to the patient’s next session. Any major concerns with performance will be provided in written format.

f) The resident will receive a written evaluation at least once per term on their overall progress in the residency.

Requirements for residency completion and awarding of certificate

To successfully complete this residency, the resident must complete all components of the program outlined, including patient care, laboratory teaching, attendance at required courses and grand rounds, portfolio completion, seminar presentation and article completion.

Sickness leave in excess of six days week must be made up at the end of the program to consider the program complete.

Certificates will be awarded at the Fall Awards ceremony.

Termination of Residency

Termination of the Residency may be considered in situations where the Resident is functioning in a manner considered to be of potential danger to the well-being of patients, or contrary to policies or procedures of the Clinic or workplace, or contrary to regulations or standards of care of the regulating body of Optometry or the prevailing laws of the Province or Canada, or for unsatisfactory performance. Should a termination of employment be deemed necessary, Employment Standards Act guidelines will be followed.