Pediatric Optometry and Vision Therapy (PVT) Residency

Mission statement of the School of Optometry and Vision Science Residencies
To provide graduate optometrists with a program 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 program 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 (WOVS) and Dr. Angela Peddle Optometry Profession Corporation (APOPC).

Dates of residency: July 20, 2020 – August 20, 2021

Salary: $38,000 per year, additional $2000 to be used toward travel to optometric meetings

Facility and supervisor information

Primary Supervisor at Dr. Angela Peddle Optometry Profession Corporation (APOPC): Dr. Angela Peddle, address: Elite Vision Therapy Centre, 332 Scarlett Rd, Unit 1D, Etobicoke ON, M9A 4S4.

Additional supervisors at APOPC; Dr. Jeff Spears

Primary supervisor at UW School of Optometry and Vision Science (WOVS): Dr. Lisa Christian

Additional supervisors at WOVS; Dr. Susan Leat (Pediatrics), Dr. Nadine Furtado (Primary Care and Acute Care)
**Location:** The Residency is split approximately 40% at WOVS and 60% at APOPC. The first part of each week is spent at WOVS and the last part at APOPC. For the WOVS 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:** The clinical components of the residency are scheduled during operating hours at either WOVS or APOPC for five days per week or equivalent. Self-study is expected in the resident’s own time, although half a day per week is also given for self-study, administration tasks and didactic components. Evening clinics may be scheduled, in lieu of clinic during a weekday. The resident may also be scheduled to be on-call. The attendance at WOVS will be scheduled within Monday, Tuesday and Wednesday. The attendance at APOPC will be scheduled within Thursday, Friday and Saturday of each week.

**Eligibility**

Residencies at the University of Waterloo are available to those who have received an OD degree from an ACOE accredited program, who are eligible to hold a full general license with the College of Optometrists of Ontario. All of the ACOE accredited programs are currently in North America.

In all cases, a general certificate of registration issued by the College of Optometrists of Ontario must be in place on entry to the residency, and immunizations must be in compliance with the University of Waterloo, School of Optometry & Vision Science immunization requirements. For more information please go to [https://uwaterloo.ca/optometry-vision-science/residencies/additional-information](https://uwaterloo.ca/optometry-vision-science/residencies/additional-information)

**Residency Goals and Objectives:**

**Goal 1** To train the resident to provide advanced 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 approximately 300 direct patient encounters with pediatric patients during the year.

II. At APOPC, 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 WOVS there will be bi-weekly meetings with a supervisor to discuss cases.

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

V. The resident will maintain an accurate log of his/her patient encounters
VI. The resident will submit ePortfolio/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement.

**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 approximately 100 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 an accurate log of his/her patient encounters.

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

VII. The resident will submit a ePortfolio/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement

**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 experience approximately 150 vision therapy patient encounters

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 an accurate log of his/her patient encounters.

VI. The resident will attend a 1-day Vision Therapy training course given individually at Vaughan Family Vision Care
VII. The resident will submit ePortfolio/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement

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 experience approximately 20 special needs patient encounters.
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 an accurate log of his/her patient encounters.
IV. The resident will submit ePortfolio/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement

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 during approximately 75 primary care or acute care patient encounters 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/Reflections based on a patient or teaching situation in which s/he will reflect on experiences gained, knowledge and skills learnt and changes to implement for improvement
IV. The resident will maintain an accurate log of his/her patient encounters.

Goal 3: To increase the resident’s knowledge of pediatric optometry, binocular vision management and vision therapy.
Objective 1: The resident will participate in a program 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 (library) resources.
iii. Participate and present in short and 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/online 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. As part of the Resident’s didactic curriculum, the resident will participate in the Evidence Based Medicine (EBM)/Journal club, which is a directed reading class with the focus of developing skills to critically appraise the clinical literature with an emphasis on evidence based medicine and clinical statistics.

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

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 four oral presentations 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
iv. As part of the Resident’s didactic curriculum, the resident will participate in a series of workshops on writing skills, oral communication skills and case study development.

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 optometry students in the primary care or pediatric clinic for one day per week in the 2nd and/or 3rd term of the residency.

ii. As part of the Resident’s didactic curriculum, the resident will participate in a series of workshops to prepare and develop the resident’s skills for supervising undergraduate UW optometry students.

iii. 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. WOVs (Mon/Tues/Wed) = orange, APOPC (Thurs/Fri/Sat) = blue; AC = acute care clinic, BV = binocular vision clinic, PC = primary care clinic, PSN = pediatrics and special needs clinic, VT = vision therapy*

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<tr>
<th>July and August</th>
<th>Term 1 Fall (September – December)</th>
<th>Term 2 Winter (January – April)</th>
<th>Term 3 Spring (May – July)</th>
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<td><strong>2 days:</strong> AC/PC and PSN – direct care</td>
<td><strong>1.5 days:</strong> AC/PC and PSN – direct care</td>
<td><strong>1.5 days:</strong> AC/PC and PSN – direct care or supervision; OPTOM 377 lab (TA)</td>
<td><strong>2 days:</strong> AC/PC, BV and/or PSN – direct care or supervision</td>
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<td><strong>2.5 days:</strong> PSN and BV/VT – direct care</td>
<td><strong>3 days:</strong> PSN and BV/VT – direct care</td>
<td><strong>3 days:</strong> PSN and BV/VT – direct care</td>
<td><strong>2.5 days:</strong> PSN and BV/VT – direct care</td>
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<td>0.5 days: self study</td>
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**Supervision:** Drs. Christian and Peddle will act as the primary supervisors of the PVT resident.

**Supervision at APOPC**

While the resident is at APOPC, 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. Zoe Lacroix 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 WOVs**

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

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

For supervision of the AC/PC components, arrangements will be made so that the resident knows which clinician to consult regarding a patient (at the time of the appointment), should s/he need to do so. File review meetings for the primary care and/or acute care portions will take place at least one per month with a designated Faculty member, but may be more frequent at the start of the residency and depending on the number of days per week that the resident is scheduled for these activities.

After Hours On-Call: The resident may also be scheduled to be on-call throughout the year.

**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 WOVs (Winter term) - at this point in the program, 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) Participate in a directed reading journal club (EBM/Journal club) with the focus of developing skills to critically appraise the clinical literature. This will include topics on clinical statistics, evidence-based medicine and research design.

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 (AAO) and/or the College of Optometrists in Vision Development (COVD) meeting, if possible.

e) Participate and present in short and grand rounds sessions throughout the year [see a) below].

Educator/knowledge sharing component

The resident will:

a) Present four oral presentations throughout the year. Two of these will be short rounds presentations, one will be a full Grand rounds presentation and one will be an open style oral presentation such as a continuing education lecture, Grand rounds or seminar.

b) Submit an abstract for consideration at either the AAO or COVD annual meeting

b) The residency will prepare a paper for publication in an academic or clinical journal. This may be based on one of the oral presentation cases or topics.

d) As part of the Resident’s didactic curriculum, the resident will participate in a series of workshops on writing skills, oral communication skills and case study development.

e) As part of the Resident’s didactic curriculum, the resident will participate in a series of workshops to prepare and develop the resident’s skills for supervising undergraduate UW optometry students.

Additional activities

a) 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.

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

Assessment and evaluation of the resident

a) The resident will receive feedback from his/her supervisor on the grand rounds and oral open-style presentations, which will be graded by his/her supervisor(s) and by Faculty, other residents and students for content and delivery using a written evaluation.
b) Feedback will be given on the review paper for content and writing style by the supervisor(s).

c) At the bi-weekly meeting with the WOVS supervisors, the resident will be given feedback on their clinical performance. 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.

e) While at APOPC, the Resident will be given feedback on his/her clinical skills bi-weekly. 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.

g) The resident will receive an evaluation of his/her ePortfolio/Reflections

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 classes and workshops, all oral presentations, portfolio/reflection, patient log and article completion.

Approved leaves of absence for reasons such as sickness or compassionate reasons in excess of six days per year must be made up at the end of the program.

Certificates will be awarded at the end of year WOVS Residency ceremony.

Liability Insurance

The University of Waterloo’s general liability insurance policy, including professional and malpractice liability insurance, provides coverage for current University of Waterloo Optometry Residents in respect of any activity required by the discipline within their University of Waterloo residency program, whether their education or training is conducted on or off the campus.

Benefits

Vacation and Sick Leave: The Resident is entitled to 10 days of paid vacation, 10 days of leave for attending conferences, up to 6 days of sick leave, and to paid statutory holidays.

The following public and University of Waterloo holidays will be observed during the residency year:

New Years Day
Family Day
Good Friday
Victoria Day
Canada Day (July 1)
Civic Holiday
Labour Day
Thanksgiving
Christmas Day (December 25)
Boxing Day (December 26)
University of Waterloo Holiday Break (rotates yearly)

The list of paid holidays can be found at: https://uwaterloo.ca/human-resources/support-employees/payroll/paid-holidays

**Medical:** The resident will be enrolled in the University of Waterloo, Extended Health Care Plan. For more information see https://uwaterloo.ca/human-resources/support-employees/benefits/benefit-eligibility-and-eligible-dependents.

**Optometric Licensure:** WOVS will pay one year of fees to the College of Optometrists of Ontario. This will be for the year commencing in January of the Residency program.

**Termination of Residency**

Termination of the Residency may be considered in situations where the Resident is:

I. functioning in a manner considered to be of potential danger to the well-being of patients, or
II. performing patient care contrary to policies or procedures of the Clinic or workplace, or
III. performing patient care contrary to regulations or standards of care of the regulating body of Optometry or the prevailing laws of the Province or Canada, or
IV. for failing to make adequate progress.

Should a termination of employment be deemed necessary, Employment Standards Act guidelines will be followed.

The process for Remediation and Dismissal is described in the Guide for Residents.