Route to Fellowship.....

Advice on Application Process
Clinical Reports /Records

ACADEMY MANAGER
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Member Benefit
Professional Development

- The Annual Conference provides excellent learning, networking and social opportunities

- The Annual Conference is a must-attend event in the optometry and optics calendar
Member Benefit
Professional Development

Fellowship awarded to members who have made a significant contribution to optometry or optics & acknowledge members’ experience, accomplishments and commitment to the profession
Fellowship Categories

- Research (optics, optometry, vision science)
- Education (optics, optometry, vision science)
- Professional Advancement and or management of visual healthcare
- Clinical Practice: Case Studies (5)
Route to Fellowship

- Register interest
- Application
- Option to submit a case record for comment
- Independent Assessors
  - includes case study assessors
- Fellowship Working Group
- Recommendations to Education Committee
- Recommendations to Board
- Invitation to interview successful applicants
- Interviews at Annual Conference
- Presentation / Award of Fellowship
Assessment Criteria

Research, education & professional advancement

- The achievement
- Impact or potential impact
- Reflection on what’s been learned from achievements & difference made to own work
- Supporting evidence and value it has
- Influence on the practice of optometry or optics, locally nationally or internationally
Evidence
Research, education & professional advancement

- May apply in one category or several
- May reflect past or current roles & activities
- Verified by referees (min 2)
  - Referees (who can you ask?)

NEW Point System - the way forward?
Process Review

Changes under discussion

- Streamline Paperwork
- Point System
- Option to submit case report / record for review
- Interview format
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Case Record Application
Assessment Criteria

Case report

- A clear statement of clinical situation
- S.O.A.P.
- Relevant findings and their significance
- Treatment decisions
- Appropriate follow up
- Prognosis & future management

Case Report

A 55-year-old man presented to the emergency room with a 3-week history of headaches and blurred vision. He reported
Case Report - Basic Aspects

• Sufficient complexity of case – NOT run of the mill
• Layout – easy to follow & logical
• Fully documented – Ideally with grading/sketches/photographs
• Elements of “best practice” – Clinical Grading Scales
• Completeness – ongoing management
• Reflection – on the case and its management
  • What could have been done better & how this maps to what is evidence based in the Scientific Literature
  • NOT simply Practitioner’s Opinion
Sufficient Complexity

- Correction of presbyopia  RGP lenses / SiH Toric lenses
- Refitting a patient to solve at least one specific problem
- An unsuccessful case
- Back surface toric / Front surface cylinder on a rigid lens
- Patient with an Rx > -12.00D
- Solution toxicity / Allergy reaction
- Contact lens related dry eye issue
- SiH lenses for extended wear
- Lenses for a binocular vision anomaly
- Fitting Irregular corneas
  - RGP, mini scleral, hybrid, scleral lenses
- Cosmetic lens fit (medical)
- Therapeutic lens fit
- Orthokeratology - myopia control
Case Reports may be arranged with similar headings but not necessarily same order as a scientific paper

1. Title
2. Abstract / Background
3. Keywords
4. Clinical Information / STORY
5. Discussion / Reflection
6. Figure & illustration captions
7. References / Bibliography
**TITLE** – Exact & Precise (Unambiguous)

**THE ABSTRACT / BACKGROUND** should give sufficient information for the reviewer / reader to follow the case

It is important that the background presents only relevant information for the specific case

**KEYWORDS**  *solution allergy, staining, papillae, hyperaemia*.....
Clinical Information - Story

Important to note patient's reason for attending

• In addition ALL relevant examinations & procedures should be specified / recorded

• If examinations or procedures have been performed using novel instruments / methods they should be specified
  • If not commonly known or used, reasons for choosing them should be explained

• In some cases this information may fit better in the background section
Clinical Information - Story

Findings or results must be presented in a clear & concise manner

- **Abbreviations** should only be used if widely known

If patient attended several consultations this must be stated explicitly *(dates highlighted)*
Illustrations

- Good illustrations increase reader / reviewer interest BUT only use where relevant
- Traditional diagrams, photographs, drawings, text boxes etc
- Care must be taken to ensure patient anonymity
  - Patient consent must be given
- Captions for tables, figures & text boxes should be brief as possible but sufficient to be understood
- Appendix – patient instructions / leaflets
Patient Anonymity

- Patient ID must not be disclosed
- Only relevant information from patient history should be included
- Age & gender should be given
Discussion / Reflection

- Related to findings *relevant for the described case*
- Findings should be discussed with regard to treatment & follow-up and according to relevant literature
- Possible *differential diagnoses* must be identified & discussed where relevant
- Finally discussion section should have a *short summary* which leads in to the conclusion of the case report
Conclusion

In some cases a separate conclusion may be appropriate, whereas in others the conclusion may be part of the discussion.
**Management by Optometrist**

Practitioners should recognise their limitations and where necessary seek further advice or refer the patient elsewhere.

**Non pharmacological**

Lid hygiene is first line of management regardless of type of blepharitis. This wipes away bacteria and deposits from lid margins and mechanically expresses the lid glands.

- using diluted baby shampoo, sodium bicarbonate solution or dedicated lid cleaning solution with a swab or cotton bud; patient cleans lid margins (but not beyond the muco-cutaneous junction);
- carry out twice daily at first; reduce to once daily as condition improves;
- use firm pressure with swab or cotton bud so as to express glands.

Warm compresses to loosen cilia/ore and crusts.

Advise the avoidance of cosmetics, especially eye liner and mascara.

Treat seborrhoeic dermatitis and dandruff (disorders associated with skin yeasts) with medicated shampoo containing e.g. selenium sulphide or ketoconazole.

Advise patient to return/seek further help if symptoms persist.

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**REFERENCES**

- [Bibliography](#)
- [Appendix](#)

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**WWW**

- [European Academy of Optometry and Optics](#)
- [The College of Optometrists](#)

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**Floaters and Flashes**

- [Images of eye testing equipment](#)
Evidence Based Reflection

“want to know what prompted the clinician to make the choice they made etc. etc. etc.”

“doing the best for the patient & learning from the experience to benefit future patients”
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Buddy / Mentor
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Peer Discussion

Useful Tips
Route to Fellowship.....

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