The Infant and Preschool Child: Vision Development and Examination
Spring 2017

Class Number: OPTO 7253
Location: Room 267-West HBSB

Class Times
   Mondays: 2:30 – 3:30PM
   Tuesdays 9:00 - 10:00 AM

Coursemaster: Ruth E. Manny OD, PhD
Office: 2140
Phone: 713 743 1944
Email: rmanny@central.uh.edu
Office Hours: By appointment

Guest Lecturers:
Suzanne Wickum, OD
Heather Anderson, OD, PhD

Course Description
This course focuses on the examination, assessment, and management of vision in the infant and preschool child. Also included is the identification and appropriate referral of problems related to vision and development frequently encountered in the infant and preschool child. The limited verbal skills coupled with reduced cognitive abilities and lack of reasoning makes evaluating the visual system of the infant and preschool child more challenging than many other age groups. In addition, the plasticity of the developing visual system poses a unique and continuing challenge for the management of ocular conditions in the young child, as the long term consequences of a treatment plan must be carefully considered in a visual system susceptible to environment manipulation.

Behavioral Objectives
Upon completion of the course the student will be able to:
1. Describe the normal postnatal development of the visual system.
2. Relate the expected developmental changes in acuity, accommodation, refractive error, binocular vision, and ocular structures that occur with age to the results obtained during an optometric examination.
3. Interact with young children in a manner that reflects the examiner’s knowledge of language, physical and cognitive development.
4. Examine infants and preschool children by adapting standard optometric examination procedures or using specialized testing techniques to obtain the relevant information necessary to evaluate the visual system in an accurate and efficient manner consistent with the patient’s language, physical and cognitive development.
5. Conduct a vision examination in an organized and logical manner that reflects the inter-relationships among the various visual processes that are evaluated during a complete eye examination.
6. Translate the information gathered during a vision examination into recommendations that correctly address the patient’s/parents chief concern(s)
and any other problems identified during the eye examination. Appropriate recommendations may include: a lens prescription (spectacles, contact lenses, adds or prism), visual skills or perceptual skills training program, topical medication, referral to another health care provider, reassurance, or monitoring the condition at appropriate intervals.

_Whenever possible, and in accordance with 504/ADA guidelines, we will attempt to provide reasonable academic accommodations to students who request and require them. If you require academic accommodations please contact the coursemaster during the first week of class. You may also call 713-743-5400 the center for students with disABILITIES for more assistance._

**Student Evaluation will be based on:**

I. **Examinations:** 2/06/17 and 3/07/17 + the final exam (date TBD)
   **Rationale:**
   To see what you have learned

II. **Peds Fixation Kit:** Due No Later Than 02/28/17
   **Rationale for the assignment:**
   1. Think about preschool development and select fixation targets and toys that are appropriate and will engage infants and preschool children during the examination.
   2. Gather some useful toys/objects for Peds Clinic and your practice to aid in the examination of preschool children and infants.

III. **Peds Specialty Clinic Observations:** Write-up due 1 week after observation. Observations completed 4/17/17 or later are due NO LATER THAN 5:00 PM on MONDAY 4/24/17
   **Rationale for the assignment:**
   1. Become familiar with the operation of the clinic, the Pediatric EMR template, and a pediatric examination.
   2. Decrease the fear factor that students have as they interact with preschoolers and the Peds and Binocular Vision Service in the fourth year.

IV. **Preschool Observation:** Due On or BEFORE 5PM on 3/07/17
   **Rationale for the assignment:**
   1. Improve observation skills, as much of a pediatric exam involves objective testing and careful observation of the child, the parent/adult accompanying the child and their interactions.
   2. Pay attention to children around you so you have a better idea of what children at different ages and stages of development can do. It will help you make better decisions about test selection and examination procedures for preschool children in the clinic and in your practice.

**Extremely Important Issues:**

1. All assignments, including but not limited to examinations, clinic observations, peds fixation kit assignment and preschool child observations are INDIVIDUAL ACTIVITIES, COMPLETED ALONE (without assistance of previous or current classes, classmates or other people) and NOT TO BE SHARED WITH CLASSMATES OR OTHER CLASSES.

Collaborative efforts will be considered a violation of the academic honest policy and will result in charges filed with the Academic Committee.
Students are expected to comply with the UHCO Academic Honesty Policy and Professional Conduct Code for all aspects related to this course. The Academic Honesty Policy and Professional Conduct Code can be found and read in its entirety at: http://www.opt.uh.edu/current-students/academic-resources/academic-policy-and-procedures/

2. No Video, Auditory Recording, or Photography of any kind is permitted in the classroom. This includes but is not limited to prohibiting video or still photography of the power point slides or recording of the lecturer. The only audio recording that is permitted is that of the note service. Violations of this policy will result in charges filed with the Academic Committee.

3. Recreating or reproducing examinations by memorizing questions, photography or other means is forbidden and is a violation of the academic honesty policy. Possessing and sharing old examinations from this course is also a violation of the academic honesty policy as no examinations have been returned. All violations will result in charges filed with the Academic Committee.

4. NBEO Disclaimer Statement
This course is intended to prepare students in the knowledge, skills, and attributes needed of an entry-to-practice Doctor of Optometry. While this course should also help students prepare for licensing examinations such as those administered by the NBEO, nothing in this course, including the lectures and discussions, coursework, teaching notes, electronically posted information, or other materials, should be believed or understood to utilize actual confidential examination items from licensing examinations. The instructor and guest lectures do not have knowledge of actual NBEO examination items. All materials in this course have been prepared in good faith to comply with the highest ethical standards of the profession.

I. Examinations
Two examinations (25% each)
  2/06/17 and 3/07/17
Cumulative Final (50%)
  Date not yet determined by administration

IMPORTANT INFORMATION ABOUT EXAMINATIONS
1. Students are required to take the examinations as scheduled.
THERE WILL BE NO MAKE-UP EXAMINATIONS.
Absences from examination for significant extenuating circumstances must be cleared in advance, prior to the examination by the instructor. In cases of significant illness, notification of the instructor is required in
advance (that means before the test starts), and a written excuse from the students PCP, on the PCP’s letterhead, is required. If the absence is excused, THE WEIGHT OF THE REMAINING EXAM WILL BE ADJUSTED TO COMPENSATE FOR THE MISSED EXAMINATION. If the absence is NOT excused, the examination will be recorded as a zero and averaged with the other examinations.

2. If the 2 examinations and final, when averaged by the weighting described above, is less than the final alone, the final examination score will be used to determine the final grade. Since the final is cumulative, this allows a student who does well on the final but performs poorly on one or both of the other tests (or has an unexcused absence on one of the tests) to still do well in the class.

3. Exams are not returned but may be viewed and reviewed by appointment in the coursemaster’s office. Appointment times are limited to about 30 minutes. If you feel you need additional time please let me know when making the appointment. Appointments are best utilized to ask questions about concepts you missed or do not understand. It is not appropriate to use these appointment times to study the course material or study for the final examination while in my office. Due to limited appointments near the final examination period, students are encouraged to review exams BEFORE the end of semester crunch. Sorry, but appointment times near the final examination are limited by the coursemaster’s other teaching, research and service obligations.

4. During exams no calculators, cell phones, notes of any type, tablets, e-readers, computers or other electronic or physical aids are allowed on your person or near you (desk/table or floor where you sit in the classroom). All such items must be secured in your backpack/purse, tote, briefcase or whatever, a placed at the sides or front of the classroom, or stored in your locker or car.

5. Given the 2 exams are only scheduled for 1 hour, and the final is, at most 3 hours, unless pregnant or you have a medical issue previously discussed with the coursemaster you will not be allowed to leave the classroom once the test has started. Plan your fluid intake accordingly.

Grading

Based on weighted average of the 2 tests and final as described above
A = 85% to 100%
B = 75% to 84%
C = 65% to 74%
D = 64% to 60%
F = less than 60%

The cut points above are curved as the typical cut off for an A is 90%, for a B is 80%, for a C is 70%.
Grades will NOT be curved any more than what is described above. Remember if your final exam is better than the weighted average of the final (50%) and the other 2 exams (25% each) your grade will be determined by your grade on the final examination.
II. Peds Fixation Kit
Submit Peds Fixation Kit in class no later than 02/28/17. Kits may be submitted early by dropping them off at my office room 2140.
The purpose of this assignment is for you to acquire several different toys and fixation objects for your future use in clinic and practice.

**This is NOT A GROUP PROJECT. You must collect and write about the fixation objects on your own! Do not share ideas. You must not use upper classmate’s objects or write-ups. Collaborative efforts will be considered a violation of the academic honest policy and will result in charges filed with the Academic Committee.**

1. The kit must contain at least 6 but no more than 10 different types of fixation objects or aids to be used during parts of a pediatric eye examination. (Different stickers on 6 different tongue depressors does not count as 6 different fixation objects, only 1.)
2. The objects should cover several different age ranges and include items appropriate for both genders (either gender neutral or some for boys and some for girls).
3. You must include a write-up (using the format below) describing each fixation object and its potential uses.
4. The objects must be in some sort of professional looking (but can be peds friendly) container appropriate for clinic and your future practice. An un-wrapped shoe box is NOT appropriate.
5. Kits must be turned in during class on 02/28/17, but may be turned in sooner at my office, room 2140.
6. Select a variety of objects to get and keep the attention of infants and preschoolers for the various parts of the eye exam. Be sure you have objects of appropriate size (based on VA development) for the various parts of an eye examination (cover test (distance/near), fields, EOMs, pupils, ocular health assessment).
7. Be sure your objects do not present a choking hazard and are durable enough to withstand the abuse of a preschooler.

**The write-up accompanying the kit must be typed.**
Format for the write-up for the Fixation Objects in the kit
1. Name/description of the fixation object.
2. Age and gender that would be best suited for the fixation object.
3. What tests, procedures, or parts of the exam that the fixation object could be used for and the features of the object make it a good choice for those uses.
4. What tests, procedures or parts of the exam that the fixation object would NOT be appropriate for why the object make it a poor choice for those uses.

**IMPORTANT INFORMATION about the Fixation KIT**
1. Kits must be turned in on or before the deadline, no late kits accepted.
2. Any individual who does not turn in a Peds Fixation Kit on or before the deadline will have their final course grade lowered by 1 letter grade.
3. Kits will be judged as acceptable or unacceptable.
4. Kits judged unacceptable will be returned and the student must resubmit a new kit and/or description on or before 4/10/2017. An unacceptable kit will also result in a 5 point deduction from your final course average (whichever is higher, the final exam or the weighted average of the exams).
5. Two unacceptable attempts will result in lowering your final course grade by one letter grade.
6. The student with the best and most unique fixation kit as judged by the course master will receive 2 bonus points added to the final examination score.
7. All kits will be returned to the student before the end of the term. Please come and get them when notified. You are expected to bring these kits to your Peds Specialty Clinic rotation. If you select your items wisely they will be a big help to you in clinic. However, I will not store or hold your kit until you are scheduled in Peds Spec Clinic. Kits not reclaimed before the final examination will become part of the Peds Spec Clinic equipment.

III. Peds Specialty Clinic Observation
Write-up due 1 week after the observation.
Observations completed 4/17/17 or later are due on 4/24/17
Observe 1 Peds Specialty exam or 2 progress exams (patient < 6 years of age unless special needs or significant BV issue) and write a brief case summary including pertinent history and examination findings, assessment and plan for each observation. A sample outline is found at the end of the syllabus. One write-up for an examination or 2 separate write-ups if observing 2 progress visits is required. Also include 2 lessons learned from the observation about examinations of this age group. The lessons learned should not be trivial or something generic. What did you learn from THIS experience?

Detailed Clinic Observation Instructions: Sign-up and Observation
1. Pediatric Specialty clinic is scheduled on Monday AM, Tuesday PM, Wednesday AM and Thursday PM. There are also limited observation times on Friday AM with the residents or with OPT IV in Snaps clinic, or Thursday AM with special needs patients (with significant intellectual and/or physical disabilities who are < 6 years or OR older than 6 years but functioning on the level of a 6 year old or younger). If you are scheduled in clinic, class or other University assignments during ALL of these times, you may be released from Primary Care to complete this assignment. HOWEVER, THE DATE AND TIME WILL BE ARRANGED FOR YOU. IF YOU ARE RELEASED FROM PRIMARY CARE TO COMPLETE THIS ASSIGNMENT, YOU NEED TO TAKE WHAT IS AVAILABLE, THAT MAY BE OBSERVING PROGRESS VISITS.

2. Due to Pediatric Specialty Clinic orientation and providing the new 4th year students a chance to see their first patient and orient to the clinic, the earliest observation date to observe an OPT IV student is Monday January 23, 2017. However, students may sign up to observe either the Neuro Rehab resident or
the Peds Resident. The resident schedule is Monday AM, Thursday PM, or Friday AM. The residents may be observed on Thursday 1/12, Friday 1/13, Thursday 1/19, or Friday 1/20. NOVA clinic can be observed beginning on Thursday morning 1/12/17 (8AM or 10AM). Please check the sign-up sheet in Peds Spec Clinic for times and days available for observation.

3. Patients are scheduled at 8:30 or 10:00 in the AM session and 1:30 or 3:00 in the afternoon session. You are only required to observe either a full examination or 2 progress visits to meet the course requirements. If observing in the AM 1 patient examination observed at 8:30 OR one at the 10:00 examination would be counted as 1 observation. Similarly, for the PM observation session, 1 observation would consists of either the 1:30 OR the 3:00 examination. If observing progress visits, often 2 can be observed in a single clinic session. **You should NOT AVOID observing progress visits.** If you hold out for a full exam it may take you longer to complete the observation and you will likely waste more time in the clinic waiting on an observation. **Patients must be < 6 years of age unless special needs with delayed intellectual development or a very significant BV issue. A 10 year old with anisometropic amblyopia would NOT be an acceptable observation.** You must stay for the entire visit, including dilation and patient counseling by the faculty to complete the observation.

4. Only one student is allowed to observe an examination, two students will not be able to observe the same patient at the same time. **Observations must be made in the examination room and NOT from the hallway and the OPT IV student may put you to work. Clinic attire is required for the observation.**

5. You must sign up to observe prior to your observation. A sign-up sheet, for each day of the week and type of clinic: Peds (M am, T pm, W am TH pm); Residents and SNAPS(F am); NOVA (Th am) is located in the Peds Specialty Clinic Office. The number of students able to observe will be determined by the number of Opt IV students and appointments available in the Peds Specialty Clinic or the other specialty clinics. **Please sign up ONLY for the time you plan to observe.** It is not fair to your classmates to sign up for 3 or 6 observation slots when the most you would need is 2 if observing 2 progress visits. **Please be aware, that often a patient will cancel at the last minute or will no-show. I cannot guarantee that you will have a patient to observe even if you sign up. There are things I cannot control.** However, there are about 7 patients scheduled at each Peds clinic slot and there are only 4 slots for sign-up for each time. There is one slot for each time slot for the NOVA and SNAPs clinic. **There are 4 slots on Friday am with the residents and SNAPS Clinic** (Full exams at 8:30 and 10, progress exams at 9:15 and 10:45). (Note: there are 2 residents scheduled on Friday am each seeing patients at these times, but no-shows happen. You can stop by that morning and see if an observation is available in addition to the slots that have been allotted on the sign-up form.) **By limiting the number of sign-ups the chances that you will have an observation on the day you sign up is enhanced, but again, there is no guarantee kids get sick, and patients no-show. Things happen with the schedule that I have no control over.**
6. The following Thursdays 2/02/17, 3/02/17 and 4/13/17 are Thursdays when Dr Musgrove, a pediatric ophthalmologist, is in the Peds Spec Clinic for consults. There are limited appointments, primarily progress examinations that are surgical consults, so keep this in mind when signing up for your observations. Remember 2 progress visits or 1 exam is required. It is typically not possible to observe 2 progress visits on a Dr. Musgrove clinic day and typically full exams are not scheduled on Dr. Musgrove days. However, observing on Dr. Musgrove days provides a unique opportunity that may not be available to you if you are not assigned to Thursday clinic in your fourth year in house rotation.

7. Please arrive to your observation at least 15 minutes before the patient is scheduled (patients scheduled at 8:30, 10:00, 1:30 or 3:00). If you plan to observe a 1:30 or 8:30 patient, it would be great (but not required) if you arrived at 8 or 1 and observed the pre-clinic seminar. Often patients arrive early and if the history is complete before you arrive, you will not be able to observe the patient. Thus, it is important to arrive early so you don’t miss your observation opportunity.

8. When you arrive on the day you signed up for your observation, sign in on the observation sheet with the Peds coordinators (Fawn or Sylvia). Once you sign up, you are expected to stay in the area. (You cannot come and sign up at 8 (to be the first on the list) for the 1:30 patient unless you plan to stay in the Peds Spec Clinic waiting area from the time you sign up [8 am in this example] until the time you patient arrives at the clinic [1:30 pm in this example]). As the patients arrive, you will be given the patient to observe in the order that you arrived to the clinic provided you signed up on the daily sheet ahead of time. If there are 3 students signed up to observe, but only 2 patients show up at that time, the 2 that arrived first to the clinic and signed up with the coordinators will get to observe. It is your responsibility to be pro-active and pay attention as the patients arrive. If you are not in the area when your turn comes up, the next student on the list will be given your observation. Please be professional and polite to our coordinators and each other. Our coordinators are multi-tasking (checking patients in and out, scheduling patients, answering the phone, assisting with directions and parking, dealing with insurance, and many other issues). They have a very hard job. They cannot control no-shows or cancellations and it is not their job to referee disagreements between students. It is also not professional to have a dispute between students in the patient waiting room.

9. If you are doing the observation during an assigned clinic OPT III clinic time (primary care) you will not be able to sign up in advance but the coordinators will know how many students to expect.

Clinic Observations: The Write-up

1. You must have the form that is found at the back of the syllabus signed and dated by the student you observed and the faculty attending on the day you complete your observation. **YOU MUST TURN IN THIS FORM ALONG WITH YOUR WRITE-UP TO THE COUSEMASTER, Dr. Ruth Manny within 1 week of your observation.** If you observe on 4/17/17 or later, the write-up must be
turned in no later than 5:00PM on 4/24/17. A sample outline is found at the end of the syllabus. Submissions must be typed. You must turn in a hard copy of both the form and the write-up described below. Electronic submissions will NOT be accepted.

2. Students who wait to complete the observation near the end of the semester have a more difficult time completing this assignment due to the large number of students who put off the observations and patients that cancel as the end of school approaches. Failure to complete the observation will result in an incomplete for the course. This course is a prerequisite for Peds Spec Clinic rotation and an incomplete could delay your progress in the program. JUST DO IT EARLY.

IV. Preschool Observation
Please turn in the write-up as soon as you complete the observation but NO LATER than 5PM 3/07/2017.

NOTE: This is a solo activity. You cannot observe with other people in your class unless there is a city wide event and your are each observing different children at the event or location.
If you are observing a classmates child, you and your classmate must observe during separate observation periods. It would be better if you could find a place to observe more than one child of different ages during the 1 hour observation time.
Watching a baby sleep for 1 hour is NOT ACCEPTABLE!
1. You must complete 1 hour of observation of preschool children (age 5 or under) at play or involved in other activities that allow you to observe some of the following: motor abilities, speech abilities and cognition/problem solving abilities. Observations may be done at a public place (e.g., park, children’s museum, restaurant [Chucky Cheese, McDonalds], shopping mall kids area, kids store (e.g.Toys R us) or a non-public location (e.g., day care, preschool classroom, church/Sunday school, in your own home if you have a preschool child, or of at a relative or friends house who has an infant or preschool child if you are not the parent of a preschool child). This observation must be prospective. It must occur AFTER the first day of class. It cannot be a recollection of behaviors you observed over winter break.
2. Be sure to take a note pad and writing implement or your notebook, computer, tablet or iPad to record your observations.
3. You will need to complete the observation form at the end of the syllabus, attach a photo of you at the location of your observation (the child or children you observed do NOT need to be in the photo), and complete a report (2 page minimum typed, 12 point font, Times or New Times Roman, margins 1 inch or smaller, with single or 1.5 spacing) of the observations you make. Please make specific observations about speech, physical/motor, cognitive/problem solving and interactions with parents or other children. In addition to the observations, you must summarize how the behaviors you
observed could relate to your approach to this child in an eye examination. An example is found at the end of the syllabus. Unacceptable, superficial observations will be returned for a redo and will result in a 4 point deduction from your final course average (whichever is higher, the final exam or the weighted average of the exams). This activity is designed to improve your observation skills, and your understanding of what kids of various ages are able to do. It will help you in providing eye care for these young patients.

4. Failure to complete an acceptable Preschool Observation by the deadline noted above will result in lowering your final course grade to the next lower letter grade. Failure to turn in the assignment by the final exam will result in an incomplete for the course until an acceptable assignment is completed. Once turned in the final course grade will be one grade lower than that determined by whichever is higher, the final exam or the weighted average of the exams. This course is a prerequisite for Peds Spec Clinic rotation and an incomplete could delay your progress in the program. Please complete this assignment early in the semester or at least by the deadline.

**Extra Credit**
You must be engaging and entertaining to keep the attention of young children. You will need to lose some of your inhibitions. Animal sounds, unique noises and singing are great techniques to help get the attention of young preschoolers. This extra credit opportunity is designed to foster this skill. You may earn extra credit by demonstrating your animal sounds, other infant/preschool attention getting noises or singing in class. Only 5 students per class time will be permitted. During each class that is not an examination period, I will draw names of students in the class. If the student is present and wishes to participate, they will come to the front of the class and demonstrate 6 different animal sounds or other attention getting noises (no rude noises permitted) for a duration of 15 seconds total or sing a child’s song (e.g., row, row, row your boat, itsy, bitsy spider, old McDonald had a farm, the wheels on the bus, or one of many, many other options) for 15 seconds. Each student who participates will have 2 points added to the weighted average of the 2 exams plus the final exam. The best of the 5 students in each class period as judged by the class and instructor will receive an additional point (3 points total) added to the weighted average of the 2 exams plus the final exam. If your name is drawn and you are not present, your name will go back into the pool only after all students have had an opportunity to participate. If you are not present when your name is drawn, you might miss the chance to earn extra credit. **Note:** Extra Credit can NOT be applied to a final grade of less than 60%.

**Reading Assignments**
Reading assignments are listed by topic in the schedule. Lecture time is limited and not all assigned reading material will be covered in class. You are responsible for all assigned readings. The readings are available on line under the UHCO intranet course number 7253 except for the information in
books. The following books that are cited in the reading assignments are on reserve in the library:

2. Rosenbloom & Morgan: Principles and Practice of Pediatric Optometry 1990

Class Materials are available on UHCO intranet

The username is opto7253
The password is vision
<table>
<thead>
<tr>
<th>Schedule</th>
<th>Topic</th>
<th>Reading Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>M: 1/09/17</td>
<td>Course Objectives, Expectations, Evaluation Grading Improving Observational Skills and Sound Effects</td>
<td>Syllabus</td>
</tr>
<tr>
<td>T: 1/10/17</td>
<td>Expected Behaviors - Developmental Milestones (motor, speech, cognitive) How these behaviors direct your examination techniques</td>
<td>See handout</td>
</tr>
<tr>
<td>M: 1/16/17</td>
<td><strong>MLK Holiday</strong></td>
<td></td>
</tr>
<tr>
<td>T: 1/17/17</td>
<td>Expected Behaviors - Developmental Milestones (motor, speech, cognitive) How these behaviors direct your examination techniques</td>
<td>See handout</td>
</tr>
<tr>
<td>M: 1/30/17</td>
<td>Changes with age that impact the assessment of Preliminaries - Iris development and impact on pupil assessment Development of Visual Field - impact of confrontation fields Development of color vision - tests of color vision for preschoolers How to assess versions</td>
<td></td>
</tr>
<tr>
<td>Schedule</td>
<td>Topic</td>
<td>Reading Assignment</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>M: 2/06/17</td>
<td>Exam 1</td>
<td></td>
</tr>
<tr>
<td>M: 2/20/17</td>
<td>Binocular Vision (Motor and Sensory) What to expect when</td>
<td>Zadnik 137-144,166-173, 179-185</td>
</tr>
<tr>
<td>Schedule</td>
<td>Topic</td>
<td>Reading Assignment</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>T: 2/28/17</td>
<td>Changes in Refractive Error with Age</td>
<td>Mutti DO, Mitchell GL, Jones LA, Friedman NE, Frane SL, Lin WK, Moeschberger ML, Zadnik K. IOVS. 2005 Sep;46(9):3074-80</td>
</tr>
<tr>
<td>M: 3/06/17</td>
<td>Assessment of Refractive Error: Cycloplegic and non-cycloplegic</td>
<td></td>
</tr>
<tr>
<td>T: 3/07/17</td>
<td>Exam 2</td>
<td></td>
</tr>
<tr>
<td>M: 3/13/17</td>
<td>Spring Break</td>
<td></td>
</tr>
<tr>
<td>T: 3/14/17</td>
<td>Spring Break</td>
<td></td>
</tr>
<tr>
<td>M: 3/20/17</td>
<td>NBEO Prep Day</td>
<td></td>
</tr>
<tr>
<td>T: 3/21/17</td>
<td>NBEO Exam</td>
<td>GOOD LUCK</td>
</tr>
<tr>
<td>M: 3/27/17</td>
<td>To Rx or not to Rx? The art and the science Factors to consider</td>
<td>Case Examples Leat:Prescribe or not prescribe</td>
</tr>
<tr>
<td>T: 3/28/17</td>
<td>CL For infants and Preschoolers Guest Lecturer – Dr Wickum</td>
<td>Hand out</td>
</tr>
<tr>
<td>M: 4/03/17</td>
<td>Spectacle correction of infants and preschoolers, fitting concerns, safety, acceptance and compliance</td>
<td>Rosenbloom 192-206, 207-218</td>
</tr>
<tr>
<td>Schedule</td>
<td>Topic</td>
<td>Reading Assignment</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>M: 4/10/17</td>
<td>Epiphoria – What are the differentials and what is it?</td>
<td>Kalin-Hajdu Survey Ophthalmology 2015 Cntrpversoes pf the ;acro,a; system</td>
</tr>
<tr>
<td>T: 4/11/17</td>
<td>Epiphoria – What are the differentials and what is it?</td>
<td>Khan, Ophthalmic Genetics 32(3) 2011: 129-137</td>
</tr>
<tr>
<td>M: 4/24/17</td>
<td>LAST DAY TO TURN IN CLINIC OBSERVATIONS DONE on 4/17/17-4/21/17</td>
<td></td>
</tr>
<tr>
<td>W: 4/24/17 – F: 5/3/17</td>
<td>FINAL EXAMS Date TBD by administration</td>
<td></td>
</tr>
</tbody>
</table>
Spring 2017 – Peds Specialty Clinic Observation Form
The Infant and Preschool Child: Vision Development and Examination

Complete Write Up and turn in with this form 1 week after the Observation

Observations done after 4/17/17 or later due no later than 4/24/17

Student Completing the Observation  ________________________

Date of Observation  _________________________

Time of Observation  _________________________

EMR Patient Number  ________________________

Student you observed  ________________________  _______________  Must Print  Signature

Attending Faculty  ________________________  _______________  Must Print  Signature

NOTE: Must turn in this form with the write-up for each observation completed. Only hard copy accepted, no electronic submission accepted.
Spring 2017 – Peds Specialty Clinic Observation Write-up

Outline
The Infant and Preschool Child: Vision Development and Examination

Your Name: ______________________________________

Date of the Observation: ____________________________

Time or the Observation: ____________________________

Patient’s EMR Number you observed: _________________

Patient’s Age: ______ Patient’s Gender: ____Patient’s Ethnicity: ___________

1. Reason for the visit:
In your own words describe why the patient came in
(Examples: 1) SH was brought to the clinic because she failed a school screening; or 2) PM was seen last week by an MD who recommended surgery for an eye turn but the parents wanted a second opinion)

2. Briefly summarize the key findings of the examination for SH
Example: Unaided VA 10/10 OD, 10/30 OS,
Aligned unaided by UCT at D and N
No global stereopsis demonstrated, but 200 local by animals tested unaided
Cycloplegic refraction: OD +1.00 -1.00 X 180
OS +4.50 -2.50 X 175
Ocular Health: No abnormalities or posterior pole by BIO
No external abnormalities by gross observation with penlight
Developmental Screening: Deferred until progress visit

3. What where the diagnoses/assessment?
be sure to include, refractive error (E, CHA, SHA, MA, CMA, SMA, SH, SM)
binocular status (if strabismic must include all the features necessary for a DX [magnitude, direction, laterality, frequency, comitancy, sensory adaptations] at D and N or whatever was able to be assessed)
If amblyopic what is the cause and which eye
ocular health and developmental screening results

4. What was the plan for the patient?

5. Describe in complete sentences, 2 things that you learned from this observation experience that will be helpful to you in examination young patients. What did you learn from this observation? Only hard copy accepted, no electronic submission accepted. BE SPECIFIC!
Spring 2017 – Preschool Child Observation Verification Form
The Infant and Preschool Child: Vision Development and Examination
Due by NO LATER THAN 5PM 3/7/17
If you complete it early, turn it in early

Student Completing the Observation ________________________

Date of Observation ________________________

Time of Observation ________________________

Place of Observation ________________________

I hereby attest that I have completed 1 hour of observation of a single or several
preschool children. I have completed this assignment by myself, without the
assistance of others. I have included an unaltered photograph of myself in the
observation location.

____________________________________________
Signature of the student in class 7253 completing the assignment

DON’T FORGET TO ATTACH THE PHOTO and turn this form in with your
write-up. Only hard copy accepted, no electronic submission accepted.
Spring 2017 – Preschool Child Observation Write-up Outline
The Infant and Preschool Child: Vision Development and Examination

1. Complete the Verification Form
2. Attach an unaltered photograph of yourself in the observation location. You do NOT need to include a photo of the child.
3. Record the observations you made of the child during the one hour period.

**These observations should include DETAILED observations about the child’s:**
- motor abilities
- speech,
- cognition/problem solving
- socialization/interactions

The observations should be very specific. You should take your laptop/tablet/iPad, or pencil/paper to record them during your 1 hour period. Do **not** rely on memory to recreate generally what happened.

The last paragraph of the observation should summarize the lessons you learned during the observation that could be helpful to you when you are doing an eye examination on a child of this age.

**EXAMPLE of a portion of the write write-up**
I am observing a toddler who appears to be about 18 months old, estimated by his motor behaviors summarized below. He is with his older brother and a woman who appears to be their mother. They are in a park near my apartment.

The child is walking, but is a bit unsteady. His older brother races ahead and the toddler tries to follow, running on his toes but trips on his own feet after about 10 steps and falls down face forward on the grass. He looks up at his mother who reassures him he is OK and he does not cry. He stands up by first sitting, then getting into a 4 point position on hands and feet (a downward facing dog like position) and then stands by pushing his hands off the ground and straighten from his hips.

You move a little closer to hear the toddler’s speech. He has just told his mother no and is shaking his head no, when she asked him if he wants to get in his stroller.

Continue making and recording your observations of the children’s motor, speech/language skills, cognitive behaviors and interactions of those around them. In the above example, observations can be made about the brother as well as the toddler.

Lessons Learned: A child this age (about 18 months) is very active and will need to be held by parent during the exam. The child will need activity breaks and will look toward his mother for behavioral cues and reactions.