

Description of Curriculum

WLAVA OPTOMETRY GERIATRICS/PRIMARY CARE SUMMARY OF CURRICULUM

Type of activity	Specific activities	Areas of emphasis
Direct patient care	Primary eye care at eye clinic Nursing homes Low Vision TBI patients Therapeutic CL Interdisciplinary teams Precepting QA case review	Ocular disease Ocular manifestations of systemic diseases Ocular side effects of systemic medications Complicated ocular/visual pathology Interdisciplinary patient care Quality assurance
Didactics	Monday Trainee presentations Journal Club Low Vision Lessons eRounds Optometry Seminars Optometry quizzes	Optometric education to supplement, enhance, and complement clinical experiences Systemic and interdisciplinary education to enhance interdisciplinary patient care
	Medical Residents Conference FA Conference Head & Neck Tumor Board GRECC outpatient didactic	
Scholarly activities	"Required" reading (articles) Case Presentations Seminar presentation Thesis paper	Enhance and supplement clinical patient care experiences Develop skills in literature search, critical review, and practical application Develop skills in public speaking Contribute to the health care community through education

GRECC: details

The emphasis of the GRECC program (GRECC stands for "Geriatric Research, Education, and Clinic Center") is geriatric patient care at the main hospital building on our campus. The inpatient team is called "Acute Geriatric Team" because their emphasis is on caring for patients who have been hospitalized for acute problems and the goal is to get the patient as well and physically active and discharged from the hospital as rapidly as possible. The GRECC/AGT team generally consists of a geriatric fellow (M.D.), an M.D. intern, social worker, pharmacy resident, dentist, speech pathologist, physical therapist, audiologist, nurse, and dietician.

Because GRECC inpatients are usually in the hospital for acute and severe medical problems, eye examinations are not routinely performed at bedside. The resident will be introduced to the GRECC/AGT team at the start of the year and join the team for observation early in the academic year, then be available to the team on an as-needed basis. The resident's primary role is to visit patients at bedside when requested to do so; answer questions or advise the team regarding any significant ocular pathology, ocular complications from systemic disease, and ocular side effects from systemic medications which may impact their management of the patient; and to coordinate care for patients, on an as-needed basis.

The GRECC outpatient meeting is a didactic session concentrating on topics related to geriatric health care. It is intended to help the Geriatric Fellows prepare for their board exams. Optometry Residents are encouraged to attend when there is an opportunity; this didactic can be counted for credit toward the residency's interdisciplinary didactic requirement.

Residents may be invited to present an in-service lecture to hospital nursing staff and/or medical trainees on eye-related topics to increase their awareness of potential problems these healthcare providers may encounter in caring for geriatric patients.

This is an excellent opportunity for the Resident to learn how the other disciplines function (and thus be better able to make referrals to them) and to teach the other disciplines about optometry, most especially how to recognize ophthalmic problems and make more effective referrals to eye care.

Nursing Homes: Community Living Center (CLC) and Cal-Vet details

The VA has three nursing homes on campus. Two of the nursing homes are called "Community Living Centers" (CLCs). The residents each about a half day providing bedside care at these two on-campus nursing homes. There is portable equipment for bedside exams.

The Residents take turns (rotate) participating in weekly interdisciplinary team (IDT) meetings at each of the nursing homes, where each discipline takes a turn reporting their perspective on the patient; then the group works together in arriving at management decisions. The patient will usually attend his/her own IDT meeting; sometimes a family member or a conservator is involved. The interdisciplinary team include the primary care physician, pharmacist, dentist, dietician, physical therapist, nurse, etc. These meetings are a great opportunity for the resident to teach other disciplines about what Optometry does, and at the same time learn about other disciplines. Residents are required to write very brief reports about the cases discussed at the IDT meetings; the IDT meetings use the information provided by the optometry residents in their own reports regarding patient care.

The third nursing home on the VA campus is run as a joint enterprise by the VA and the State of California and has its own separate patient record system, pharmacy service, and staff. This

nursing home is called "Cal-Vet." Patients from Cal-Vet are brought to the eye clinic at Bldg. 304 for examination, usually accompanied by a nursing staff member. Most of the Cal-Vet patients we see have dementia.

Low Vision/Vision Rehabilitation and Traumatic Brain Injury: Details

Each resident usually sees 1-2 Low Vision patients per week. They perform low vision evaluations on candidates for the Vision Rehabilitation program, determining their legal blindness status and conducting an evaluation for optical devices. Recommendations for non-optical devices, orientation & mobility, and other services may be made by low vision optometry to the vision rehabilitation staff.

There is a blind rehab outpatient specialist (BROS) staff person who goes to the patient's home to train them in how to perform activities of daily living; this includes the practical application of the low vision devices prescribed by optometry. On occasion, the BROS staff may have recommendations for additional optical devices based on their in-home assessment.

Additionally, we have a close working relationship with the Polytrauma Clinic, which is also located in building 304 near the eye clinic. The Polytrauma Clinic often refers Traumatic brain injury (TBI) patients to the eye clinic for evaluation. If we are not able to address the TBI patient's needs adequately in the general optometry clinic, they may be seen by the low vision program to further address their TBI-related vision problems.

Therapeutic Contact Lenses Details

Each resident sees 1-2 therapeutic contact lens patients per week. Only patients who have a medical necessity for therapeutic contact lenses are eligible for services. Patients who cannot be fit with our limited resources may be sent to local community providers with expertise in therapeutic contact lens fitting. Examples of conditions include: keratoconus, post-penetrating keratoplasty, corneal scarring from trauma or infection, extreme refractive error, extreme anisometropia, traumatic mydriasis or other iris abnormality resulting in severe glare.