PEDIATRIC OPHTHALMOLOGY

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PREAMBLE:

1. Pediatric Ophthalmology is a 2 week elective, which includes clinics in the Pediatric Ophthalmology Clinic, 2-133 Clinical Sciences Building (Monday to Friday). An ophthalmologist will not be in clinic on all days and the pediatric resident is excused from clinic on those days. The clinic schedule will be known well in advance for the resident to check.
2. This rotation is most appropriate for residents in the 3rd and 4th year
3. At the end of the rotation, residents will have seen a variety of common ophthalmologic conditions likely to be seen in a general pediatric practice, particularly emphasizing disorders of ocular alignment (strabismus)

ROTATION SPECIFIC OBJECTIVES:

Role	Key Competencies
Medical expert / clinical decision maker	The resident will be able to demonstrate knowledge concerning: ● Basic anatomy, embryology, and physiology of the eye, ocular muscles and visual pathways ● Screening procedures for visual acuity, ocular motility and general eye examination ● Etiology and classification of visual defects in children ● Congenital abnormalities of the eye and ocular muscles ● The impact of visual loss of the patient and family

	The resident will be able to demonstrate the following skills: ● Measure visual acuity using standard charts ● Direct ophthalmoscopy ● Assessment of extra-ocular eye movements ● Assessment of alignment using corneal light reflexes, cover and alternate cover tests ● Use of dilating drops, fluorescein and topical anaesthetics in eye examination ● Red reflex testing ● Pupillary light reaction testing (direct, consensual, swinging flashlight test) The resident, using the relevant knowledge, skills and attitudes, will be able to recognize, diagnose and initiate management, including need and urgency for referral, of the following problems: ● Congenital blindness ● Leukokoria (e.g. cataracts, retinoblastoma, coloboma) ● Anisocoria ● Heterochromia of the iris ● Red eye (e.g. conjunctivitis, iritis) ● Proptosis ● Nystagmus ● Ptosis ● Strabismus and amblyopia ● Reduced visual awareness (e.g. retinopathy of prematurity, abnormalities of the optic nerve and visual pathways) ● Disorders if visual acuity (including reading and night vision) ● Nasolacrimal duct obstruction
Communicator	● Must be able to present case findings in a concise and organized fashion ● Must be able to effectively communicate findings and recommendations in a written form (i.e. dictation of letter, written consultation) ● Must communicate effectively with patients / parents so as to deal with all concerns
Collaborator	● Must be able to work effectively and respectfully with other members of the healthcare team
Leader	● Must be able to recognize when patients require urgent referral and arrange for this when required ● Be able to identify which patients can be appropriately referred to other practitioners (optometrist, general ophthalmologist)
Health advocate	● Must be able to prioritize urgency of referral to pediatric ophthalmology, and deal with patients' and families' concerns about waiting time for appointments

Scholar	● Must be able to critically appraise the medical literature and apply evidence based principles in the diagnosis and management of children with eye problems
Professional	● Must act in an honest, compassionate, and ethical fashion ● Must recognize self-limitations and act upon them to always optimize patient care

References: Lang GK, Ophthalmology Apocket Atlas 1st edition, 2000 Thieme Stuttgart New York, ISBN 0-86577-936-8.