



# DISPENSING CASES

## Review and reflection

**T**hinking of a spectacle dispense as a 'case' may not be something a dispensing optician regularly does. However, maybe we should contemplate a different perspective and look at adopting this practice. This article will explore reasons why dispensing opticians should start to consider (if they don't already) their day-to-day, optical appliance, patient-dispensing encounters as possible cases. Contact lens and low vision cases will be covered in separate articles.

### BACKGROUND

Since enhanced CET was introduced by the General Optical Council (GOC) in 2013, optometrists and contact lens opticians (CLOs) have been required to complete mandatory peer review/discussion within a three-year CET cycle<sup>1</sup>. The purpose of this introduction by the GOC was to support areas of practice considered higher risk (such as contact lens practice) and reduce practitioners working in isolation, which can lead to poor patient outcomes.

This requirement may be achieved through small group discussions using the attendee's own cases from practice, or through a provider-led peer discussion session, where the cases may be conceived to ensure specific areas of practice are discussed. Either way, this has led to the optometrist and CLO having greater exposure to 'cases' than the dispensing optician may have had.

Many dispensing opticians will have experienced a peer discussion, such as the opportunities provided at ABDO regional CET events. However, this may not mean you then consider going back to practice to identify your own cases to reflect on or discuss with peers. Interestingly, in the previous CET three-year cycle, 83 per cent of GOC registered dispensing opticians completed a peer discussion CET session even though it was not mandatory<sup>2</sup>.

### WHY CONSIDER A DISPENSE AS A CASE?

Why should you consider looking at an optical appliance dispense as a case; what is the benefit? The main reason to identify a dispense as a case is to provide the opportunity to learn from it. If we go to work every day, dispensing our patients and never taking the time to think about what we have done, are we really doing the best job we can and are we serving our patients well?

As several of our previous CPD articles have covered, we have to become reflective healthcare practitioners to really do the job properly. So, by writing the dispense up as a case we can then look at it more objectively, reflect on what we did and what the patient outcome was. Having completed reflection on a case you are then in a



*Maybe you had an interesting paediatric dispensing case?*

position to decide if you need to do something differently next time or confirm you did the job perfectly. Often case reflection will enable you to identify some simple steps that mean your next encounter with a similar situation means you are better prepared. For example, it may be that you realise you could do with brushing-up on some knowledge of frame material properties, or you identify the practice is missing access to some vital product information that would have helped in your advice to the patient.

### WHAT MAKES A CASE?

Our day-to-day dispensing covers a very broad range of clinical areas such as: paediatric fitting, single vision, progressive, bifocal, occupational lens dispensing, problem solving, tints, filters, protective eyewear, sports appliances and so on. The list is almost endless. We have no limit to the number of cases we encounter – but which ones are worth taking a second, reflective look at?

This will depend on the individual circumstances but normally you will know them already. These are the complex cases, the ones that required you to do something different, the ones where you didn't have all the answers to start with, or the ones you may question if you had all the answers at the end. Importantly, they are also the ones where you were really successful in providing the correct solution for your patient.

We also need to think of dispensing situations where the clinical side may be simple but there is a complication elsewhere. Maybe you identified that patient communication was a challenge or maybe practice protocols, or lack of, caused problems. All sorts of areas may be worth taking time to reflect on.

You may have done a fabulous dispense for a patient with age-related macular degeneration who was really pleased with their spectacles, but you were unable to answer their questions regarding nutrition and didn't

know how to manage their questions or signpost them to find the answers.

Reflection is one element of how we can use our dispensing cases; discussion with peers is another. There are many opportunities to be gained, for you and for your peers, by presenting a case to others for discussion. Allowing others to look at your case and then discuss the circumstances and outcomes with you is highly valuable as a learning tool. Not only does it help you, as they may offer experience and advice you could integrate into your clinical practice to support good patient outcomes, but it may also help them to talk through a circumstance they have not encountered. The saying ‘two heads is better than one’ certainly applies here.

One study looking at UK optometrists participating in case-based discussion, showed that participants self-reported an impact on their clinical practice<sup>3</sup>. A few points to consider when discussing cases with peers include the following:

1. Share ‘successful’ cases as well as the challenging ones. This allows colleagues to provide improved care themselves.
2. Consider the circumstances of where you are sharing your case regarding patient confidentiality. You may be discussing a patient you dispensed with the optometrist that performed the eye examination and use the actual record card as a point of reference. However, as soon as you wish to discuss cases outside those involved in the patient’s care, you must ensure confidentiality by fully anonymising your case.
3. Look at inter-professional learning. A lot can be gained from having different professionals involved in the discussion. Remember that the patient journey usually involves encountering many people within practice. Reviewing cases from the patient’s perspective can highlight areas of learning for the whole team. Even though optical support staff may not have regulation requirements for professional learning, they may still learn all the same and have valuable input into the discussion.

### WHAT SHOULD BE IN A DISPENSING CASE?

There is no right and wrong as to what you include in your reflection or peer review, although if you are considering using it in an approved CET peer review session there may be some requirements. There are, however, some basic overall areas of information that are common to most dispenses and, therefore, including them can ensure you have all the facts down when you review or reflect on the case.

As many of you will have experienced, the ABDO Level 6 Diploma in Ophthalmic Dispensing, final qualifying practical examination requires the student to complete a portfolio – and a template is provided for this purpose. Much of the space in the template is devoted

to allowing the student to ‘justify’ their dispensing decision making, and this should be similar with any post-qualifying dispensing case reflection or review.

ABDO CET has modified a template to produce a basic version that may support you in writing up your own cases. All the particulars of the case should be available from your practice records, paper or electronic. The act of transferring this information to another form can ignite the reflective process as you may start to realise what information you are lacking or what is not relevant.

The main bulk of your case should be in discussing why you made the decisions you did, and this should include justification of your advice to your patient. This may take into consideration the prescription and frame/ facial measurements you are recording in your case, or how the patient’s occupation, lifestyle or presenting history and symptoms were influencing factors. It may also include other considerations that have not yet been recorded but which are vital to the decision making process.

### SUMMARY

As our professional industry moves towards a more continuing professional development (CPD) approach to lifelong learning, which is expected to be supported by changes to the mandatory GOC registration scheme in the next cycle, it is time we all consider introducing case reflection and discussion. Speak to colleagues and other peers to see how you can introduce regular case reviews in practice, and consider how personal case reflection might support your professional practice.

### RESOURCES

Visit the Professional Development Toolbox within the ABDO CET pages to access the case template and accompanying guidance, as well as other supporting documents on reflection. Also within the CET pages you can find helpful advice if you are considering setting up your own GOC approved peer review CET session (see box below).

### REFERENCES

1. General Optical Council. Continuing Education and Training (CET). A guide for registrants in the 2019-21 CET cycle. Available at: <https://www.optical.org/en/Education/CET/index.cfm>
2. General Optical Council. View from GOC. *Optician Online* 16 August 2019. Accessed 11 December 2019. Available at: <https://www.opticianonline.net/opinion/view-from-goc>
4. Bullock A, Barnes E, Ryan B et al. Case-based discussion supporting learning and practice in optometry. *Ophthalmic Physiol. Opt.* 204;34:614-21.

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