

Diploma in the Assessment and Management of Low Vision Syllabus 2019

Conditions of Admission

Theoretical and Practical Assessment Requirements

Level 6 Diploma in Low Vision

Foreword

On completion of the qualification the candidate will achieve a postgraduate qualification and receive the suffix FBDO (Hons) LV or if a candidate completing the course does not hold the FBDO Diploma will achieve the suffix ABDO (Hons) LV.

The course aim

To develop enhanced skills beyond that of what would be the standard core competencies required to become a GOC registrant. The application of a clear framework of providing care and advice to the visually impaired patient and their families and managing their rehabilitation by adapting to produce appropriate solutions to the patient's requirements. Understanding your role in multidisciplinary teams; including professional limitations, and referring to those teams where appropriate. Understand the importance of certification and registration to the patient and public health.

Conditions of admission

The minimum entry standard is FBDO or an equivalent professional qualification recognised by the ABDO (e.g. Optometrist). The maximum number of attempts at a unit of the syllabus taken as a whole or in parts is four. Candidates should be aware that there is a seven-year rule in effect of examination results where the diploma has not been awarded. This ruling commences from the date that the first examination was sat. ABDO will endeavour to contact candidates who are at risk of results expiring.

The syllabus is reviewed on a quinquennial basis. Any changes to the examination content or format will be published in the optical press and affected students will receive direct correspondence from ABDO to the address on the membership database. Four successive attempts will be offered at the current syllabus during the two-year changeover period.

Board of Examiners

There are two examination boards that contribute to the awarding of the Level 6 Diploma in The Assessment and Management of Low Vision, in accordance with the published assessment regulations. The ABDO Examination Board for theory examinations is responsible for all theory results and the ABDO Examination Board for practical examinations is responsible for all practical results.

Schedule of Work and Experience

To be able to achieve this qualification ABDO lays down a schedule of work and experience, which candidates must undergo during the course of their studies. The schedule is sent to the candidate and will involve gaining experience within low vision services from within the candidate's local directory of services.

Closing dates

The closing dates for examination applications are published on the examinations section of the ABDO website. Application forms can be downloaded.



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Syllabus Unit Titles Practical Syllabus

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Examination format

Unit	Title	Format	Time allowed
Theory Examinations			
1	Optics	A mixture of MCQ and short answer questions	2 hours
2	Practice and Physiology	A mixture of MCQ and short answer questions	2 hours
Practical Examination			
3	Advanced Visual Impairment Practice	A combination of oral and practical examinations	2 hrs 30 mins

Theoretical syllabus for the assessment and management of Low Vision



The following units will require personal research and study to cover the topics required.

Unit 1 - Definitions

The expected learning outcome is that the candidate should be able to define terms related to low vision and their significance for the visually impaired:

- 1a) Low vision, visual acuity and visual field
- 1b) Criteria for sight impaired/severely sight impaired certification
- 1c) Difference between certification and registration

Unit 2 - Epidemiology of Low Vision

The expected learning outcome is that the candidate should be able to describe the main causes of low vision:

- 2a) Macular degeneration
 - Dry AMD
 - Wet AMD
 - Other types
- 2b) Glaucoma
 - Primary open angle
 - Acute
 - Secondary
 - Other types
- 2c) Diabetic Retinopathy
 - Background diabetic retinopathy
 - Proliferative diabetic retinopathy (PDR)
 - Non- Proliferative diabetic retinopathy (NPDR)
- 2d) Cataract
 - Age related
 - Traumatic
 - Congenital
 - Other types
- 2e) Corneal disease
 - Congenital
 - Acquired
 - Trauma
- 2f) Nystagmus
- 2g) Other/genetic disorders

Unit 3 - Theory of Magnification

The expected learning outcome is that the candidate should be able to

- 3a) Demonstrate comprehensive knowledge of the optics of magnifiers and telescopes
- 3b) Understand angular, nominal and maximum magnification - definition, derivation of formulae and calculations
- 3c) Understand the significance of accommodation with the use of magnifiers
- 3d) Understand the significance of the correction of refractive error
- 3e) Understand the effect of aberrations of low vision aids
- 3f) Understand field of view, depth of field, and range of focus of magnifiers and telescopes
- 3g) Understand the use and limitations of both binocular and monocular appliances

Unit 4 - Technology and Non-Optical Low Vision Devices

The expected learning outcome is that the candidate demonstrates an awareness of the assistive technology and non-optical appliances available to the visually impaired patient

- 4a) Availability of technology accessible to the patient
 - Smart phones and tablets
 - Assistive technology
 - Speech-to-text
 - Demonstrate awareness of technology and optical aid and non-optical aid advancements
- 4b) Availability of non-optical devices
 - Sensory replacement
 - Lighting
 - Audio

Unit 5 - Illumination, Contrast Sensitivity and Filters

The expected learning outcome is that the candidate is able to demonstrate

- 5a) The understanding of the role of illumination
 - Illumination intensity
 - Types of illumination
 - The effect of discomfort glare
 - The effect of disability glare
- 5b) An understanding of the importance of contrast sensitivity function and the impact on the patient
- 5c) To be able to select and provide advice on the appropriate use of filters and tints

Unit 6 - Theory of Low Vision Assessment

The expected learning outcome is that the candidate is able to demonstrate an understanding of

- 6a) Theory and design of test charts
- 6b) The assessment of acuity

Unit 7 - General Assessment Procedure

The expected learning outcome is that the candidate is expected to demonstrate

- 7a) Case record design and use with particular reference to:
 - Patient expectations
 - Reason for appointment
 - Date and details of last sight test
 - Patients' level of acceptance and understanding of visual impairment
 - Previous ocular history
 - General health
- 7b) Assess current visual acuity, distance and near fields
- 7c) Assessment of magnification required for desired task

- 7d) Suitability of monocular and/or binocular appliances
- 7e) Demonstration, provision and fitting of appropriate low vision device
- 7f) Instruction in use and care and maintenance of supplied low vision device
- 7g) Onward referral where appropriate
 - Referral for registration
 - Referral to other supportive agencies
- 7h) Setting appropriate follow-up appointments
- 7i) Aftercare
- 7j) Adapting personal routine for patients with additional needs
 - Paediatrics
 - Patients with dementia
 - Patients with additional clinical or social requirements

Unit 8 - Commissioning

The expected learning outcome is that the candidate has an understanding of

- 8a) Local low vision services commissioning processes
- 8b) Costings and operational issues of low vision clinics

Practical syllabus for the assessment and management of Low Vision



The following units will require personal research and study to cover the topics required.

Unit A - Effective Communication

The expected learning outcome is that the candidate should be able to communicate effectively with the patient and any other appropriate person involved in the care of the patient.

- A1 Communication directly with the patient
- A2 Communicate effectively with patients with additional clinical and social needs
- A3 Communicate effectively with parents, carers and guardians
- A4 Understanding the psychological impact of vision loss
- A5 Effectively guide a patient with visual impairment

Unit B - Low Vision Assessment Procedures

The expected learning outcome is that the candidate will competently conduct a low vision assessment including:

- B1 Case history and symptoms
- B2 Objective and subjective refraction
- B3 How to measure acuity:
 - What charts are available
 - Range of near reading charts
- B4 Contrast sensitivity charts
- B5 How to assess visual fields
- B6 The impact of the presenting pathology on the patient's vision and lifestyle

Unit C - Availability, Training and Maintenance of Low Vision Appliances

The expected learning outcome is that the candidate will be able to demonstrate clear knowledge of low vision appliances available

- C1 Magnifiers
- C2 Telescopes
- C3 Spectacle mounted
- C4 Technology available
- C5 Non-optical
- C6 Practical examples of daily near vision tasks (i.e. knitting pattern)
- C7 Maintain knowledge with advancements in technology and appliances
- C8 The application of training and the use of appliances

Unit D - Illumination

The expected learning outcome is that the candidate demonstrates knowledge of the impact of illumination

- D1 Impact and range of illumination and colour
- D2 Awareness of lighting applicable to everyday tasks
- D3 Glare management

Unit E - Maximisation of Residual Vision

The expected learning outcome is that the candidate understands the relevance of

- E1 Maximising use of
 - Residual vision
 - Steady eye strategy
 - Eccentric viewing
 - Contrast polarity

Unit F - Rehabilitation

The expected learning outcome is that the candidate can provide further advice and refer appropriately on

- F1 Daily living skills
- F2 Home adaptations
- F3 Advice on falls risk
- F4 Mobility training
- F5 Access to work and education
- F6 Certification and registration
- F7 Aftercare

Unit G - Practitioner Self-Care

The expected learning outcome is that the candidate will

- G1 Practise practitioner self-care

Unit H - Preparation of Case Records

The expected learning outcome is that the candidate will produce 10 case records from the following categories:

- H1 Compulsory case records:
 - 2 x The psychological impact of sight loss
 - 3 x AMD
 - 2 x Glaucoma/visual field loss
- H2 A choice of 2 from the following categories:
 - Vascular incidence
 - Diabetic retinopathy
 - Paediatrics/adolescents
 - Working age
 - Dual sensory loss
 - Additional clinical and social needs
- H3 1 x Directory of services for your area

Low Vision Examinations

Theoretical

Candidates will be expected to complete two, two-hour written papers:

UNIT 1 - OPTICS

A mixture of MCQ and short answer questions

2 hours total

Candidates will be expected to complete two, two-hour written papers:

Questions may cover any aspect of the low vision syllabus predominantly those concerned with the theory of magnification, illumination contrast sensitivity and filters, the optics of low vision and low vision aids.

UNIT 2 - PRACTICE AND PHYSIOLOGY

A mixture of MCQ and short answer questions

2 hours total

Questions may cover any aspect of the low vision syllabus predominantly those concerned with definitions, epidemiology, technology, optical and non-optical devices

Each 2-hour paper holds an individual overall pass mark of 60%. Marks are not aggregated.

Low Vision Examinations

Practical

It is expected that candidates entering this section will possess a significant level of experience in the assessment of low vision patients. It is unlikely that sufficient experience will have been gained if a candidate has only assessed the minimum number of patients.

Case records should be submitted to ABDO Examinations at least **21 calendar days** before the examination date. Submitted records must demonstrate assessment procedures, selection and fitting of the aid, advice and an aftercare regime for a minimum period of **three months** after initial assessment.

There are two sections of the practical examination, one 1hr 30 mins and one 1hr section. Each practical section holds an overall pass mark of 60%.

UNIT 3 - ADVANCED VISUAL IMPAIRMENT Practice

A combination of oral and practical examinations

SECTION 1 - PATIENT ASSESSMENT

1 hour 30 minutes

Candidates will be allocated a patient who has a visual impairment and will be expected to:

- Take relevant notes and record patient history
- Assess the current refraction
- Conduct a visual assessment and assess the patient 's needs
- Take relevant measurements
- Suggest suitable appliances
- Provide adequate instruction in the use of the appliances
- Explain the assistance of appropriate outside agencies

The examiner will ask questions based on the candidate's assessment and the rationale behind decisions made during the last 15 minutes of the examination.

A selection of low vision charts and appliances will be provided.

SECTION 2 - CASE RECORDS

1 hour

The examiners will discuss with the candidate the content of *all previously submitted* case records, which must be authentic, and the sole work of the candidate. Records are not required to be direct copies of the practice record as it is appreciated that the practice or clinic record format may not demonstrate the candidate's full potential.

Compulsory case records:

- 2 x The psychological impact of sight loss
- 3 x AMD
- 2 x Glaucoma/visual field loss

A choice of 2 from the following categories:

- Vascular incidence
- Diabetic retinopathy
- Paediatrics/adolescents
- Working age
- Dual sensory loss
- Additional clinical and social needs

Complete local directory of services

Attention should be paid to:

- Completeness and legibility
- Recognition of patient expectations
- Assessment method
- Advice given to the patient
- Selection of appliances and justification
- Aftercare procedures
- Multi-disciplinary approach and onward referral

Revision notes





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