LOW VISION
Reflection and discussion

In this series, we have previously looked at the possibility of writing up both dispensing and contact lens patient interactions as cases for discussion or reflection. This month, we shall concentrate on interactions with patients with low vision, and look at how it may be possible to use these for discussion or reflection to support continuing professional development (CPD).

Although low vision is a core competency for all dispensing opticians (DOs), it is my personal experience that many practising DOs express low confidence levels when it comes to talking about managing low vision patients. Anecdotal feedback suggests this low confidence may stem from the fact that many DOs either feel that they do not encounter low vision patients day-to-day, or that they do not have the capacity in their working environment to manage low vision patients.

We'll look at what may be considered 'a low vision patient interaction', which may help some members identify when low vision is a viable aspect of their day-to-day work. Whether these interactions are used for personal reflection or for case discussion, both of these actions should help with increasing confidence in these areas.

By highlighting areas of good practice, as well as shining a spotlight on specific areas where confidence is low, reflection and discussion can create an opportunity to look for further activities that may increase knowledge or skills. This, in turn, builds confidence levels and ultimately improves patient care.

IDENTIFYING LOW VISION CASES

When 'low vision' isn't on the radar day-to-day, it can often be reduced to only thinking about the provision of magnifiers. Though this is an important aspect of low vision support for many patients, it is only one area. Low vision support for patients encompasses so much more, and it is likely that some patients you might not identify as 'low vision' could, in fact, be considered as such.

In this month's CET article, Gaynor Whitehouse describes low vision in layman's terms as: "People who still can't see what is needed for their lifestyle, even when wearing their spectacles or with their contact lenses in". This broad description of low vision may help you think about interactions with patients where you are providing a range of solutions to help them make the best out of their available vision.

This provision may include magnifiers, but may also be the spectacles solutions you are dispensing. You may be providing multiple pairs or sourcing occupational options to help someone safely make the most of their available vision for certain tasks. You may be offering specific filters, coatings or tints to assist them. Additionally, and very importantly, DOs are very well placed to provide advice on lighting, contrast and non-optical aids, as well as signpost patients to external agencies that can provide additional support.

All of these actions can be considered as working with patients with low vision, and could be deemed suitable to learn from by reflection or discussion. Those who feel they do not encounter patients with low vision may consider revisiting this concept. Although niche practices exist, which don't see low vision patients, for the vast majority of practices, they are there. Have a look at the clinics in your practice and into the patient records; it would be surprising if you did not see any patients with reduced visual acuities (VAs), reduced fields or some pathology that will have a negative impact on their vision.

WHICH CASES TO CHOOSE

So, if we can identify our low vision patient interactions, we can consider using some of these experiences to help our CPD, by either reflecting on them or discussing them with peers and colleagues. As with dispensing or contact lens cases, there is a need to consider which patient encounters to write up as a case for low vision.

Consider sharing cases with colleagues where you have been particularly successful in supporting the patient. This may assist their professional practice and hopefully help other patients in turn. Conversely, when you may not have been able to assist a patient satisfactorily, use this type of case for discussion with peers too. This allows them to share their knowledge and experience with you, to help you develop your practice to better support patients in the future.

Available to download in the Professional Development Toolbox, in the CET pages of the ABDO website, is the CET Peer Review Dispensing Case Template. Although this template was specifically designed to help with writing up spectacle dispense cases, it can also be used for low vision cases providing the opportunity to record basic patient details, the prescription, VAs, prescriber notes, and a large area for additional details along with a description and justification of your actions.

Possible pathologies

Some aspects of low vision that you may want to consider in your case are: patient's pathology or cause of low vision; what pathology or pathologies are present; and how these impact the patient's vision. The full list of possible pathologies is long, but the most commonly encountered are age-related macular degeneration, glaucoma, cataract and diabetic retinopathy[1]. Additionally, you may encounter

retinitis pigmentosa and myopic maculopathy as well as low vision related to corneal complications, trauma and neurological complications. Each of these pathologies will affect the patient's vision in a different way – and many patients may have more than one pathology present. Considering the impact on vision is important when planning how to support the patient.

Patient need

Looking at patient need, consider what in particular you were seeking to support the patient with. Although in general DOs provide optical aids to help people see better, in low vision (as with all dispensing) understanding patient need is key to selecting the best way to satisfy and support the patient. Part of understanding patient need is also understanding the patient's current solutions/correction methods, and confirming if these are fit for purpose and adequate for their circumstances, or if their needs have changed.

Additional circumstances

Additional circumstances may be present and taken into consideration with any patient. However, additional circumstances with some low vision patients must be part of the reflection process when looking back on our encounters. Adults with learning disabilities are 10 times more likely to have a serious sight problem than other people[2].

Other additional circumstances to consider include co-morbidities, such as systemic diseases or dementia that may impact a patient's life. Carers may be involved; financial considerations may have an impact on the case outcome; whether the patient was referred; are they at a higher risk of falls, and so on.

Advice and signposting

Management of advice and signposting is an area that is worth spending time reflecting on. When looking back at a case, were you confident that you had all the resources needed to support your patient – including referring them elsewhere? It is the author's experience that this varies greatly between members and practices. **Figure 1** shows four performance criteria taken from the General Optical Council's (GOC) Standards of Practice[3].

In relation to low vision, it is possible to take from these standards the understanding that we should be able to support our patients in practice as much as we are able to, but to ensure that when we recognise we are not able to, refer them to another appropriate person who can whether in practice or externally.

We can also consider where informal referrals are important. This may be referring a patient to a local charity or to a support group. We must understand what support is available for people in the local hospital eye service. Is there an eyecare liaison officer present? Are you aware of what support is available online? Where might a patient purchase non-optical aids to assist them around the home?

- 2.6.1 Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.
- 2.6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety, and make appropriate referrals.
- 2.10.1 Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective.
- 2.10.2 Refer a patient only where this is clinically justified, done in the interests of the patient and does not compromise patient care or safety. When making or accepting a referral it must be clear to both parties involved who has responsibility for the patient's care.

Figure 1: Excerpt from the GOC Standards of Practice for optometrists and dispensing opticians

SHARING YOUR CASES

Whether you choose to use your case for personal reflection, or to share it with your colleagues in practice to help all the team potentially provide better for low vision patients, you may also want to consider sharing it with ABDO members.

Dispensing Optics invites members to submit case studies for consideration. Low vision cases can be a beneficial learning resource to help our profession raise the general stand of care we all provide our low vision patients in practice.

REFERENCES

1. RNIB. Eye health and sight loss stats and facts. (April 2018). Available at: **https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf** [Accessed 7 July 2020].
2. SeeAbility. Adults with learning disabilities and visual impairment. Available at: **https://www.seeability.org/faqs/adults-visual-impairment** [Accessed 7 July 2020].
3. General Optical Council Standards for optometrists and dispensing opticians. Available at: **https://standards.optical.org/wp-content/uploads/2019/10/standards_of_practice_web.pdf** [Accessed 7 July 2020].

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The Professional Development Toolbox is available on the CET pages of the ABDO website **https://www.abdo.org.uk/dashboard/events-cet/professional-development-toolbox/** Here you will find an array of resources to support your CPD in areas such as reflection, case review and professional development planning. Previous articles in the CPD series are also available to download here.