

**THE SECTION ON CORNEA AND CONTACT LENSES
CLINICAL TRACK CANDIDATE'S GUIDE
Revised October 2008**

BECOMING A DIPLOMATE

This guide contains the requirements and the procedures for becoming a Diplomate in the Section on Cornea and Contact Lenses of the American Academy of Optometry.

Please note that this guide supersedes all previous information and instructions.

Fellows of the American Academy of Optometry become Diplomates of the Section on Cornea and Contact Lenses when they have demonstrated a required level of knowledge and expertise in contact lens practice. Completing these requirements shows a broad base of knowledge in all phases of contact lens practice. This section also welcomes candidates who have expertise in cornea or contact lenses but do not provide patient care. These individuals are eligible for the research diplomate award.

We welcome you as an applicant. We believe that the learning experience you will go through during this process is a rewarding one. We, who have preceded you, have all found it to be so. Not only will you profit from the added knowledge of your studies, but you will also achieve satisfaction in the recognition of your competency. You will also meet colleagues who share mutual interest and concerns from all parts of the world to whom you may refer patients and discuss research with confidence. After you have successfully completed your candidacy, we hope your interest will keep you curious about new contact lens advances and that you will accept new responsibilities and other leadership activities in lecturing, writing, and teaching within the section and among our colleagues.

OUTLINE

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Application

To apply as a Diplomate candidate, you must:

1. Be a Fellow in good standing of the American Academy of Optometry.
2. Submit an application form (see attachment) indicating your desire to become a Diplomate of the Section. The application should be returned prior to June 15th of the year in which any part of the requirements will be undertaken with an application fee of \$100 (made payable to the AMERICAN ACADEMY OF OPTOMETRY) and a photograph of yourself to:

Diplomate Award Program

Section on Cornea & Contact Lenses
American Academy of Optometry
6110 Executive Blvd., Suite 506
Rockville MD 20852 USA

REQUIREMENTS FOR CLINICAL DIPLOMATE

I. CASE REPORTS

This part involves submission and acceptance of ten written case reports on designated areas. All patients reported on should have been followed for a minimum of six months unless otherwise indicated. The case reports are the most arduous and time-consuming part of the examination process and are the only parts not conducted at the Annual Academy Meeting.

A. GENERAL INFORMATION

1. The purpose of the case reports requirement is not only to demonstrate your knowledge and expertise in various areas of cornea and contact lenses but also to demonstrate your skill in communicating that knowledge. This requirement serves to inform the Diplomate Award Committee about your mode of cornea and contact lens patient care and serves as a basis for the oral examination.
2. Please submit your first case report to the Case Reports Chair as soon as confirmation of your application is received from the Diplomate Award Chair. **DO NOT SEND ALL 10 CASE REPORTS IN AT ONCE.** Once the Case Reports Chair returns your first report to you, you can begin work on the rest of the case reports. If it is returned for revision, the comments and critique from the referees often save considerable time and effort in revision. All reports must be submitted to the Case Reports Chair 10 weeks prior to the start of the Annual Meeting, in order to be considered for that year's Annual Meeting. (Early submission is strongly encouraged to allow adequate time for revision. Revisions are frequently necessary and must then be regraded. Allow for, at minimum, four weeks for each grading cycle.)

B. Current Case Report Requirements (select any 10 of the 15 options):

1. A contact lens fitting for the correction of more than 8.00D of myopia utilizing a rigid lens design.
2. A contact lens fitting for the correction of more than 3.00D of hyperopia or aphakia utilizing a rigid lens design.
3. A contact lens refitting in which at least one specific problem or related complication is solved by a significant design/material change (i.e. extended wear complication). One or more of the following entities are acceptable: corneal edema, giant papillary conjunctivitis, infiltrative keratitis, ulcerative keratitis, superior limbic keratoconjunctivitis, significant corneal abrasion, corneal warpage, significant 3 & 9 staining, or severe allergic or toxic reaction related to the care system.
4. A contact lens fitting in which a back surface toric or bitoric lens is used to fit an astigmatic cornea of more than 3.00D of toricity utilizing a rigid lens design.
5. A contact lens fitting to correct residual astigmatism utilizing a toric front surface/spherical base curve rigid lens or a soft toric lens.
6. A contact lens fitting following corneal surgery (i.e. refractive surgery, penetrating keratoplasty, repair of a corneal laceration or other significant corneal trauma) or the complete pre- and post-operative care of a patient who has had a refractive procedure where a contact lens is not indicated.
7. A contact lens fitting of a keratoconic cornea or pellucid marginal degeneration utilizing a rigid gas permeable or specialty lens design.
8. A unique case, which may be any of the following:
 - a. a scleral lens fitting,
 - b. a cosmetic lens fitting for a congenital or acquired disfigurement
 - c. an unusual contact lens design
 - d. an out of the ordinary contact lens treatment.

NOTE: You are required to contact the Case Reports Chair regarding any unique case.

9. A contact lens fitting for the correction of presbyopia utilizing a bifocal lens design, rigid or soft.
10. The treatment and management of a corneal condition in which a therapeutic option not necessarily limited to a therapeutic lens is employed (i.e., treatment of ulcerative keratitis and recurrent corneal erosion). NOTE: If you do not have a therapeutic license, please contact the Case Reports Chair.

NOTE: For options 11 - 15, the patient does not have to be a contact lens **wearer**.

11. The treatment and management of a patient with severe dry eye or lacrimal apparatus disease.

12. Treatment of a patient with severe ocular allergy.

13. Treatment of a patient with corneal dystrophy or degeneration (other than keratoconus, keratoglobus, or pellucid marginal degeneration).

14. Management of a patient with systemic disease with corneal findings.

15. Treatment of a refractive surgery patient with complications.

If you have a question about the appropriateness of a case, please contact the Case Reports Chair for an opinion.

C. Substitution of published articles/papers

1. You may substitute an article, paper, or chapter in a textbook of which you are the principal author, in place of a written case report. The article or paper must have been published in a refereed journal. A maximum of five substitutions of publications for case reports is allowed. A paper must relate to the area addressed in the requirement for which the paper is being submitted (i.e., a paper on keratoconus may be substituted for case report #7, the fitting of a keratoconic cornea.) The Case Reports Chair and his/her referees will decide whether or not a published article/paper is acceptable and meets the substitution requirements.

2. Consideration will be given to applicants pursuing the Clinical Diplomate Award who no longer see patients or do not have files that might satisfy a specific case report requirement. In lieu of writing a case report, a topic will be assigned relating to that particular requirement.

D. Updating requirements

From time to time, the Section Executive Committee will make changes to specific case report requirements. You will be required to satisfy the new requirement(s) if you have not previously done so. An exception will be made if the committee is aware that you are currently working on a case report to satisfy that particular requirement, or if you have previously submitted a report to satisfy that particular requirement and are preparing that report for resubmission.

E. Case report format

1. The only allowable method of submission is by e-mail.

2. Case reports should be typed, double-spaced using Microsoft Word or Word Perfect, with pages numbered. Graphic images should be attached as jpeg or power point files. Total file should not exceed 2MB in total.

2. Your name and address should appear in the body of the email only, or on the cover letter of

written cases, but NOT on the case reports. The Case Reports Chair will assign each report a coded number and will forward the reports to two referees who are Diplomates in the Section. This requirement will insure that the referees do not know the author of the report they are grading, and will guard against any individual bias.

3. Write in a clear, concise manner. PLEASE PROOFREAD YOUR REPORTS CAREFULLY.

F. Case report specifics (A SAMPLE CASE IS POSTED ONLINE)

1. Do not assume that the readers know what you are thinking. You must explain everything in detail, especially with regard to diagnosis, fitting method and treatment. You are demonstrating your skill and expertise. Reports that solve problems and encounter difficult situations are generally more acceptable than mundane reports where everything is perfect.

2. Record data in a manner that is easily understood by everyone. It is acceptable to record findings as "within normal limits" (WNL), if those findings have no bearing on the contact lens fitting. Readers from a different background than yours may not understand your contact lens "shorthand" or conventions. Do not include extraneous information.

3. All case reports must contain the following information:

a. Patient information: HIPAA compliant patient identification, age, gender, occupation and hobbies. Dates of all visits.

b. History: complete general history (including family) with a list of diseases and medications. Visual and ocular history with details relating to contact lenses. Ocular injuries and surgeries should be detailed in full. Describe visual requirements and reasons for desiring contact lenses or refractive surgery. Patient's symptoms should also be properly investigated and described.

c. Diagnostic testing, including the following areas:

i. External examination, including lids and other adnexa.

ii. Ophthalmoscopy.

iii. Keratometry - record as follows: 43.00 at 180, 44.00 at 90; or topography

iv. Manifest refraction.

v. Visual acuities, distance and near, aided and unaided.

vi. Binocular function.

vii. Intraocular pressures.

viii. Biomicroscopy (detailing all structures examined).

d. Diagnosis: including differential diagnosis for cases 11 - 15.

e. Treatment options:

i. Complete discussion of all treatment options for this patient, delineating advantages and

disadvantages.

ii. Description of course of treatment and justification for this patient.

iii. Please include information that you shared with the patient and the patient's response.

f. Diagnostic contact lens fitting for contact lens patients:

i. Full description of fitting philosophy and techniques; detail why you selected each parameter.

ii. Complete diagnostic lens specifications.

iii. Evaluation of lens performance including fluorescein patterns for rigid lenses, centration, movement, visual acuities, and over-refraction for all diagnostic lenses.

iv. Include reasons for final lens selection, calculation of lens power (vertex distance) and complete specifications of final lens design ordered.

g. Dispensing or prescription information:

i. Evaluation of lens performance.

ii. Visual acuities and over-refraction.

iii. Modifications, if necessary.

iv. Instructions to patient, including wearing schedule, care (including solution regimen) and handling.

v. For cases 11 -15, include prescription information and justification as needed.

h. Follow-up visits - describe at least two in detail:

i. Dates, wearing times.

ii. History, symptoms.

iii. Visual acuity with contact lenses, over and post-refractions.

iv. Evaluation of fit.

v. Biomicroscopy with and without contact lenses, including lens performance, condition of cornea. Other test results.

vi. Modifications, reasons for them and techniques.

vii. Advice to patient and changes in treatment plan.

i. Discussion, summary and conclusions:

Discuss why you selected the specific contact lens and methods that you used for this patient, your fitting philosophy and the types of problems normally associated with this type of fitting that

you may or may not have encountered. Include a discussion of whether you would have approached this case differently had you had materials and/or lens designs that were not available when you started this case. For all cases where any disease is discussed (contact lens related or not), discuss the pathophysiology relevant to the case.

4. Case reports required

*** CASE REPORT PROGRESS IS REQUIRED BEFORE PROCEEDING TO THE OTHER EXAMINATION PARTS.**

You must have, at minimum, one case report (not a substituted published paper) accepted before you will be allowed to attempt the written, slide, or practical examinations. The initial case report must be submitted at least 10 weeks prior to the Annual Meeting in the year in which you would prefer to take the written, slide, and/or practical examinations. However, keep in mind that revisions are frequently necessary and each grading cycle may take up to four weeks. Therefore, if you wish to have the case report passed before the Annual Meeting, the case report should be submitted as early as possible to allow time for revisions.

II. Orientation Meeting

All prospective and active candidates should attend the Orientation Meeting, which is scheduled for first morning of the annual meeting at either 6:30 or 7:00 AM, prior to the Lectures & Workshops. Please confirm the date, time and place of this meeting with the Diplomate Award Chair prior to making your firm hotel and airline reservations. At the meeting, members of the Diplomate Award Committee will help further acquaint you with the goals of the Section and with the requirements and procedures for achieving diplomacy. It is important that the Diplomate Award Chair knows your hotel location so he/she can contact you during the Annual Meeting. Meeting time and location will also be noted on the meeting "green sheet".

III. Scheduling Examinations

IF YOU ARE TAKING AN EXAMINATION FOR THE FIRST TIME OR ARE REPEATING PARTS OF THE EXAM, YOU SHOULD NOTIFY THE DIPLOMATE AWARD CHAIR OF YOUR INTENT PRIOR TO THE ANNUAL MEETING AND SCHEDULE YOURSELF ACCORDINGLY.

*You may take all parts of the examination in one year or may elect to do any part or parts of the examination you wish, as long as the above requirements are met.

IV. THE WRITTEN EXAMINATION

A. The written examination is designed to evaluate your knowledge of all aspects of the contact lens field. The examination format typically is multiple choice, but some calculations may be required. **The written examination will be given the second day of the annual meeting.** It is typically conducted at the meeting headquarter's hotel, the exact location will be announced at the Orientation Meeting and listed on the "green sheet". **Two hours are allotted for this examination.**

The following is a guide to studying for the written examination:

1. Basic cornea and contact lens knowledge.

2. Familiarity with current contact lens literature.
3. Familiarity with all types of contact lens materials and care systems.
4. Pathology related to contact lens practice.
5. Major historical developments in contact lenses.
6. *Pertinent anatomy, physiology and disease of the cornea and ocular adnexa especially as related to contact lens practice.*
7. The influence of contact lenses on the metabolism, transparency and integrity of the cornea and conjunctiva.
8. Prognosis and contraindications of contact lenses.
9. Biomicroscopy as applied to contact lens practice.
10. Clinical application of the optics of contact lenses and its comparison to the spectacle lens correction of the refractive error.
11. Design, construction and fitting techniques of modern soft and rigid lenses.
12. Fitting of specialty lenses like torics, bitorics, bifocals, etc.
13. Management of the contact lens patient, including training, wearing schedules, post-fitting care, complications, etc.
14. Fitting philosophies of all types of contact lenses.
15. Pharmacology and hygiene related to contact lens practice.
16. Understanding of topographical analysis of the cornea as it relates to contact lens care and refractive surgery.
17. Principles of other refractive technologies (e.g., laser surgery, refractive implants, corneal reshaping).

V. THE SLIDE EXAMINATION

The slide examination tests and evaluates your knowledge and skill in fitting contact lenses, as well as in related corneal physiology, pathology of the anterior segment and refractive technologies. Questions referring to projected slides and relating to pathological conditions, corneal topography and fluorescein studies may be covered. Hydrogel and rigid corneal and scleral lenses may be covered in this portion of the examination as well as conditions of interest and importance to contact lens patient care. Familiarity with recent and historical lens types and fitting philosophies will be helpful. The slide examination will be held the second day of the annual meeting. Two hours are allotted for this examination.

VI. THE PRACTICAL EXAMINATION

The practical examination is designed to evaluate your knowledge of clinical corneal findings and procedures and skill in fitting contact lenses. It will cover identification and measurement of contact lenses, use of contact lens instrumentation, biomicroscopic evaluation of patients, including those with anterior segment disease, corneal topography, and evaluation of lenses in situ. The practical examination will be given on the first day of the annual meeting. It is typically conducted at one of the optometric offices or clinics in the area. The exact location and information about transportation to and from the site will be provided at the Orientation Meeting and listed on the "green sheet". Four-to-Five hours are usually allocated for this examination.

VII. THE ORAL EXAMINATION

After successful completion case reports and all other tests, you are eligible to take the oral examination. This oral examination allows you to defend your case reports, review your performance in the various segments of the examination. It is usually given by three Diplomates in a private setting. Typically, there will be a past Section Chair, an educator, and a clinician on the examining committee. The oral examination will be scheduled before noon on the day of the Section Diplomate reception in the meeting's headquarters hotel.

VII. Repeating Examinations

Failure of any one part of the examination necessitates a repetition of that entire part of the examination at a subsequent meeting of the Academy. Those parts of the examination completed successfully need not be repeated unless your application period has expired. If any portion of the written, slide and practical examinations are not successfully completed, you must make additional progress on the case reports before you will be allowed to retake the remaining examination sections the following year. Such progress is defined as having one additional case report accepted prior to the Annual Meeting.

IX. Interview

All candidates active in the examination process will have an interview scheduled during the Annual Meeting. You should contact the Diplomate Award Chair in the Cornea & Contact Lens Section's Suite at the Annual Meeting Headquarters Hotel to schedule this interview. Few candidates complete all phases of the examination in one year. Upon completion of the requirements, you will be nominated for the Diplomate in the Section on Cornea & Contact Lenses, which is granted by the Board of Directors of the American Academy of Optometry. When you complete your requirements, it is requested that you will attend the Cornea & Contact Lens Section Reception for new Diplomates and the Annual Banquet, where you will be introduced as a new Diplomate.

X. Application Period

All requirements must be completed within a five-year year period from the date of acceptance of the application. Failure to satisfy the requirements during that period will necessitate a re-submission of your application including a non-refundable fee and retaking all five parts of the examination. Candidates are encouraged to take any and all parts of the examination whenever possible, in order to advance toward diplomacy.

