

# **Comprehensive Eye Care Section Diplomate Candidate Guide**

## **Requirements for Diplomate of the Comprehensive Eye Care Section Status**

Diplomate of the Comprehensive Eye Care Section status will be granted only following successful completion of parts I through VI. No "grandfathering" of Academy Fellows into active Diplomate of the Comprehensive Eye Care Section Status will occur.

### **PART I REQUIREMENTS FOR REGULAR DIPLOMATE STATUS**

A prospective applicant for the diplomate program must be a Fellow in good standing of the American Academy of Optometry.

### **PART II APPLICANT STATUS**

#### **1. Submit the Online Application**

#### **2. Curriculum Vitae**

A current curriculum vitae shall accompany the completed application form. The curriculum vitae should be as complete as possible and should include information on educational background, professional experience, publications, speaking activities, optometry organizations, honors, and certifications.

#### **3. Application Fee**

A \$100 application fee should accompany the completed application. The materials described in #1 through #2 will be reviewed for completeness, and additional information will be requested as needed. Favorable review of these materials by the Diplomate Program Committee will result in the assignment of Candidacy Status to the applicant. The Candidate has five years from the time of granting of Candidacy Status to complete Parts III through VI. It is anticipated that the entire Comprehensive Eye Care Section Diplomate process will take 2-3 years to complete. If the five-year period lapses without successful attainment of Diplomate of the Comprehensive Eye Care Section Status, the application process, including payment of the current application fee, must be re-initiated.

### **PART III CANDIDATE STATUS AND CASE REPORTS**

Each Candidate will complete seven (7) written case reports selected from the case category/topic listing that follows. Each case report must represent a patient directly examined and managed by the Candidate and must be separate and different from any of the cases that were previously submitted for the Fellowship process. The quality and depth of each completed case report should clearly be appropriate to the level of Diplomate of the Comprehensive Eye Care Section Status and should be well above the complexity of cases prepared for Academy Fellowship. Note: Completion of a minimum of one (1) case report is required within each category (A, B, and C). No duplications of topic (indicated by Roman numerals) are allowed. However, due to the breadth of the

categories, some cases could be placed in more than one topic. The Diplomate Committee will provide guidance to the Candidate. Communication is encouraged.

**Category A: Clinical Optometry (minimum of 1 topic)**

**Topic I. General Optometry**

Examples: Geriatric case, Special population case (mental, physical, cognitive, or developmental disabilities), Unusual refractive case

**Topic II. Contact Lens**

Examples: Significant ametropia, Trauma, Post-operative, Therapeutic case

**Topic III. Functional Vision**

Examples: Sports vision case, Diagnosis and management of binocular/accommodative disorder, Vision training/visual perception case, Amblyopia case, Pediatrics case

**Topic IV. Vision Rehabilitation/Neuro-Optometric Rehabilitation**

Examples: Traumatic brain injury, Low vision case

**Topic V. Public Health**

Examples: Environmental vision/occupational case, Health promotion/disease prevention-related case, Management of a disease or condition from a group or population-based perspective

**Category B: Ocular Disease/Surgery (minimum of 1 topic)**

**Topic I. Glaucoma**

Examples: Diagnosis and management of glaucoma

**Topic II. Peri-Operative Management of Ocular Surgery**

Examples: Diagnosis & peri-operative management of cataract, strabismus, lid anomalies (excluding refractive surgery)

**Topic III. Management of Refractive Surgery Complication**

Examples: Corneal ectasia, DLK

**Topic IV. Diagnosis & Management of Ocular Disease-Anterior Segment**

Examples: Keratitis, Recurrent corneal erosion, Trauma, Anterior uveitis, Disorders of the lids, lacrimal system, conjunctiva, cornea, and iris

**Topic V. Diagnosis & Management of Ocular Disease-Posterior Segment**

Examples: AMD, ICSC, Disorders of the vitreous, retina, choroid, sclera, and optic nerve

**Category C: Related Systemic Disease (minimum of 1 topic)****Topic I. Neuro-Optometry**

Examples: Diagnosis and management of related neurological disease, cranial nerve palsy, tumor, migraine, Horner syndrome, cerebrovascular disease, pseudotumor cerebri

**Topic II. Oral Pharmaceuticals**

Examples: Diagnosis and treatment of disease with prescription oral medication, diagnosis and management of an adverse reaction to a systemic medication, or clinical ocular toxicology case

**Topic III. Principles of Diagnosis**

Examples: Diagnosis & management of patient utilizing laboratory testing, imaging, visual fields (excluding glaucoma), OCT, corneal topography, VEP, new diagnostic technologies

**Topic IV. Systemic/Ocular Disease**

Examples: Diagnosis & management of ocular-related systemic disease (cardiovascular, dermatological, endocrine, infectious, rheumatologic/inflammatory disorders, etc.), vascular diseases both systemic and ocular, HTN, retinal emboli, rosacea, DM, thyroid dysfunction, HIV/AIDS, HZV, GCA, Sjogren syndrome, etc.

**CASE REPORT INSTRUCTIONS FOR DIPLOMATE CANDIDATES****I. Title Page**

Full title, each author's name, highest academic degree, affiliation, department and institution where case study was performed. Specify the general category (A, B, or C) and include the topic roman numeral.

**II. Abstract** Include a structured abstract (200 words or less) with the following four headings:

- A. Introduction
- B. Case Report
- C. Discussion
- D. Conclusion

### III. Text

Number the pages of the report consecutively and include line numbers. The report should be double-spaced. Restrict abbreviations to those that are widely used and understood (i.e. avoid abbreviations that have meaning only within the context of the specific manuscript). Introduce each abbreviation in parentheses after the first appearance of the expanded term. Abbreviations of standard measure used with number quantities (mm, Hg, cm, and ml) are used without initial expansion. Each major section does not need to start on a new page. Each case report should be concise, yet complete based upon the complexity of the case.

### IV. References

Number references consecutively in the order of their citation in the text and identify by superscript numbers. Do not insert references as footnotes. Candidates are responsible for making sure that each reference is correctly cited and listed. It is strongly recommended that candidates use a reference management system such as Endnote. References must be in the form currently used in the OVS Journal. A file containing the journal's format for references is available at <http://edmgr.ovid.com/ovs/accounts/ifaauth.htm>

### V. Tables

Data that can be stated in the text in one or two sentences should not be presented in table format. Each table should have a brief, self-contained title understandable without reference to the text. Assign a short heading to each column in the table.

### VI. Legends for Figures and Illustrations

Figure legends should be double-spaced and numbered consecutively.

### VII. Correspondence

Any correspondence with other practitioners that assists or corroborates the candidate's diagnosis or treatment plans must be included and/or attached to the case report.

### VIII. Previously Published Articles

Published articles in peer-reviewed journals may be substituted for up to three (3) of the seven (7) written case reports. Published manuscripts are subject to review by the committee; they are not automatically accepted. To be considered, the candidate must select the category (A, B, or C) and topic Roman numeral for which he/she is submitting the publication. If the candidate is not the first author, a separate document must be submitted to the Diplomate Committee specifying the contributions of the candidate to the paper. If the article is over five years old, it may be acceptable, but a brief paper describing what changes have taken place on the topic since it was published may also be requested. For published case reports, the candidate must have participated in the clinical care of the patient(s). A maximum of one of the published manuscripts may be a research paper. However, submission of a research paper does not relieve the

candidate of submitting at least one case report from each of the three major categories of case reports.

**All completed case reports must be uploaded to the web portal for review.**

Diplomate examinations take place during the Annual Meeting of the American Academy of Optometry. Candidates are eligible for the Written Examination (part IV) upon acceptance of two case reports. Candidates are eligible for the Clinical Case-Based Simulation Examination (Part V) upon acceptance of four Case Reports. All 7 Case Reports must be accepted for the Candidate to complete the Oral Examination (Part VI). Three referees will review each case report; additional information or revisions may be requested. The Candidate is encouraged to wait for approval of the first two Case Reports before proceeding with the remaining 5 to ensure that his/her efforts are directed appropriately.

#### **PART IV: WRITTEN EXAMINATION**

Following successful completion of two case reports as described above, the Candidate is eligible to take the Written Examination during the Annual Meeting. The primary purpose of the examination is to assess the Candidate's skills in clinical diagnosis, pathophysiology, data analysis, and patient management/co-management. Additionally, some aspects of the written examination may test the candidate's knowledge of basic science relevant to clinical care such as optics, anatomy, physiology, pathology and pharmacology. The Written Examination is constructed to determine if the candidate practices Comprehensive Eye Care beyond the entry level and at a level of excellence consistent with Diplomate Status.

Practitioners are expected to understand and to coordinate, in the best interest of their patients, management plans that may be technically beyond their current scope of direct care as allowed by state law. In addition to the patient scenario questions, multiple choice questions pertaining to state-of-the-art information for the Comprehensive Eye Care practitioner will be included.

The written examination consists of two sections. The first section is a two-hour multiple choice examination that consists of 120 questions or 40 questions per category as follows:

- Clinical optometry: Contact lenses, low vision, binocular vision, refraction
- Ocular disease: Anterior and posterior segment, glaucoma, lens and refractive surgery
- Ocular-related systemic disease: neuro-ophthalmic disorders, clinical pharmacology, laboratory testing, diagnosis and management of ocular manifestations of systemic disease

The candidate must achieve a 70% on each individual category.

The second section of the written examination is the Clinical Correlations examination. This is a one-hour short answer examination with a photographic identification module

(12 pathological slides) that assesses how well a candidate can analyze and solve a clinical problem. This is NOT a multiple-choice examination format, as candidates must provide a written response to the questions on each of the slides. The general structure of each item format will be as follows:

- I. Patient scenario: including demographic data, history, initial data results
- II. Examination questions: pertaining to pathophysiology, additional test findings, differential diagnoses, treatment and management/co-management
- III. Comment: the Candidate may comment on the nature of his/her responses to the exam questions

Candidates must achieve at least 70% on every individual section of the test to pass. If the candidate fails to achieve 70% on an individual section, the candidate will only have to repeat that one (or more) section(s) at the next meeting.

Concerning the textbook sources for the questions, more than 70% of the questions on the written examination are referenceable to Ophthalmology (Yanoff, M, Duker, J., 4th Ed. St. Louis, MO., Mosby 2014). There will be no questions drawn from part 1 and 8 of Yanoff's Ophthalmology textbook.

Less than 30% of the questions on the written examination are drawn from the following textbooks:

- Clinical Manual of Contact Lenses (Bennett ES, Henry VA (Eds). Philadelphia: Lippincott Williams & Wilkins; 2014)
- Contact lens Complications (Efron, N. London: Elsevier Saunders; 2012)
- Clinical Management of Binocular Vision: Heterophoric, Accommodative, and Eye Movement Disorders (Mitchell Scheiman and Bruce Wick, 2014)
- Essentials of Low Vision Practice (Brilliant, R.L., Boston, MA, Butterworth - Heinemann 1999)

The AOA Optometric Clinical Practice Guidelines are a useful resource for the contact lens and pediatric sections; however, more than 95% of the questions are referenceable to the above textbooks.

## **PART V: CLINICAL CASE-BASED SIMULATION EXAMINATION**

Following successful completion of four case reports the candidate is eligible to take the Clinical Case-Based Simulation Examination. This examination will be given during the Annual Meeting of the Academy. During this examination, the Candidate will be tested on clinical case-based scenarios developed by the Committee in the topics of anterior segment disease, posterior segment disease, contact lenses, binocular vision, and low vision. The candidate will select three case-based scenarios; the topics will be unknown to the candidate. The candidate may be asked about clinical history, diagnosis, treatment, and management of the selected cases.

## **PART VI: ORAL EXAMINATION**

Following successful completion of all seven case reports, 3-5 members designated by the Diplomate Oral Examination Committee will interview the Candidate. The examination is a two-step process. The first step is to review interesting aspects of the case reports and ask questions of the candidate regarding current standards of care related to their case report, clinical skills, diagnoses and treatment modalities. The second step of the interview process comes after all the other steps have been completed. This "exit" interview provides the candidate and the Diplomate Committee members a chance to briefly review the entire process. This interview is meant to be more informative rather than an examination. The Committee will discuss with the Candidate his/her strong and weak points on all parts of the Diplomate process.

**DIPLOMATE STATUS** The Candidate will be notified as to whether Diplomate Status has been achieved either during the exit interview, or shortly thereafter. New Diplomates will be formally recognized and introduced at the Annual Banquet. Diplomate Status will begin immediately.

### **Inactive Diplomate Status**

Inactive Status applies to the Diplomate who is, for good reason, in a state of hiatus from his/her full time clinical activity. Reactivation of Regular Status will occur when full time practice resumes, subject to fulfillment of all other requirements. A written request for Inactive Status must be made to the Diplomate Program Chair.

### **Emeritus Diplomate Status**

Emeritus Status applies to the earned Regular Diplomate who permanently retires from patient care activities and is otherwise entitled to Regular Status. To be eligible for Emeritus Diplomate Status, a Diplomate must first be eligible for and become an Emeritus Fellow in the Academy. A written request for Emeritus Diplomate Status must be made to the Diplomate Program Chair.

### **Maintenance of Diplomate Requirements**

Upon successful completion of the Diplomate process, a maintenance of status is required. The Diplomate renewal period occurs every 5 years; 25 points must be achieved. The American Academy of Optometry website includes an online portal for submission of activities completed which must be approved by the Diplomate Renewal Chair. Points may be acquired for annual Academy meeting attendance, participation in Section activities and leadership roles, lecturing, and other scholarly, and professional activities. A detailed outline of the point system is available on the Academy website.