
CLINICAL ASSOCIATE

REQUIREMENTS AND PHASES OF THE PROCESS

2016



SIODEC

What does it mean to be a Clinical Associate?

Clinical Associate is one of the membership categories that Siodec offers. The status of Clinical Associate means that Siodec guarantees this member has proven training and clinical experience in the field of behavioural optometry and vision therapy in line with the criteria established in the association's statutes and internal regulations.

Clinical Associates have the right to appear in the public part of the web. Only Clinical Associates will be eligible for access to the Fellowship process that SIODEC will introduce in the future.

Requirements for becoming a Clinical Associate

The following requirements must be satisfied in order to become and remain a Clinical Associate:

- To have been a member in good standing of SIODEC for the previous two years
- To have accrued at least 2 years' experience in the field of Optometry and Behavioural Vision Therapy.
- The following are the requirements in terms of training:
 - At least 200 hours of training over the last 5 years, broken down as follows:
 - 60 hours of Clinical Optometry: Paediatric Optometry, Binocular vision, injury, special contactology, low-vision...
 - 140 hours of Development and Cognition with at least:
 - 20 hours of Motor Development.
 - 20 hours of Visual Perception.
 - 20 hours of Vision Therapy.
 - 10 hours of training in other areas such as: pathology, hearing, nutrition, etc...
 - A total of 140 hours in the first 3 bullet points is allowed (providing a minimum of 20 hours has been completed in each area) and/or supplemented by 10 hours in other areas.

You must:

- Satisfy all the requirements outlined in the section on “Requirements for becoming a Clinical Associate”.
- Complete the application form requesting entry to the Clinical Associate process and send it to info@siodec.org
- Send a CV in together with the form, covering your professional trajectory and training courses. This must include any postgraduate training courses you have completed with the dates, subjects, teachers and number of hours, as well as your professional experience, the name of the company and the areas you have worked in.
- Once SIODEC has received your application and checked that it meets all the criteria, they will contact you so that you can start the process of becoming a Clinical Associate by submitting a clinical case study.
- In terms of the clinical case:
 - You must submit a clinical case which will be assessed by the Review Panel.
 - The case must be successful.
- As soon as the clinical case is approved you will change from being a General Member to becoming a Clinical Associate.

The process of submitting the clinical case study

- The reason you are asked to submit a clinical case is so that we can understand the type of clinical work you do and assess whether it satisfies the minimum criteria in terms of diagnosis and treatment, for SIODEC to endorse it.
- It is intended to be a learning process and we hope that if you decide to take the step of submitting a case, it will be a positive and rewarding experience for you on a professional level.
- SIODEC provides you with a mentor to help you in this process. The first thing you need to do is to choose a mentor from those available. Once SIODEC has checked that you satisfy all the requirements, we will contact you to inform you and to ask you to choose a mentor.

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- SIODEC has a team of mentors who will guide you through the process of submitting the case study.

They are not the reviewers but they are very familiar with the process of becoming a Clinical Associate having gone through it themselves, and they will offer you all the help and advice you need when it comes to writing up the case. This way, when your clinical case is ready they will advise you to send it in to be reviewed.

- You may choose your mentor from the mentors available at that time.
- If you wish, you can ask to see the mentors CVs to help you make your choice.
- You will also need to choose the type of clinical case you wish to submit from the 3 options SIODEC offers:
 - Vision problems relating to performance and learning: The case must detail problems processing visual information coupled with problems of visual efficiency. Cases where only visual efficiency is affected will not be accepted in this section.
 - Amblyopia: The case must focus on monocular or binocular amblyopia.
 - Strabismus: It may be any kind of constant strabismus, near or far. Cases of intermittent strabismus will not be accepted.

- Once your case is ready to be submitted and it satisfies all the submission requirements for the case (these are outlined later in this document and your mentor is familiar with them), you should send it to info@siodec.org so that the Executive Director can send it, anonymously, to the Review Panel.

- The Review Panel receives your case anonymously to ensure the review process is as objective as possible.

- The Review Panel is made up of 3 reviewers accredited by the COVD (College of Optometry in Vision and Development), two of whom will review your case individually. Finally, the head of the Review Panel will summarise the findings and you will receive one of the following three possible responses within a maximum of 30 working days (with the exception of the month of August when no reviews will be carried out):

- Your case study is not eligible because: it does not satisfy the submission requirements, it is not anonymous or it does not meet the standard required. In this case it will be returned to you so that you may make changes and adjust it to better meet the requirements needed.
- Your case study is eligible and has been admitted, however the reviewers require more information. This does not mean that there is anything wrong with the case study, but that the reviewers wish to pose different questions about points which are unclear or which they wish you to elaborate on. If this is the case, they will send you questions via the Executive Director. You must complete the questions, (the reviewers will indicate whether or not you should continue to work with your mentor), and send the answers to info@siodec.org within a maximum of 15 days and the Executive Director will forward them to the Panel who will re-evaluate them on

an individual basis. This is the most common option and there are often multiple submissions of questions and answers. It is very important that the answers are sent in the stipulated time frame so that the case study may continue the process.

- Your case study is eligible and the Panel has no questions.
- Once your case has successfully completed the process, the President of the Review Panel will contact you personally to confirm that you are now a Clinical Associate.
- Subsequently SIODEC will include your name on the list of Clinical Associates on the public part of the web and the SIODEC membership will be informed there is a new Clinical Associate. This is done in January of the year after you complete the process.

Timing of the process

- The start and end dates for the process of accepting case studies are announced each year.
- Generally, and unless specified otherwise, these will be as follows:
 - 1st of June: deadline for submitting case studies to the Review Panel. This is the deadline for accepting cases for the current year.

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- 31st of December: deadline for completing the process. This is the time limit you have to complete all the phases of the questions put to you by the reviewers.
 - 2nd of January: the candidates who have successfully passed the process are revealed.
 - 31st January: The names of the new Clinical Associates are published on the web.

Requirements for the clinical case study

The clinical case study must satisfy the following requirements. It is important that you read them carefully and ask your mentor everything you need to know as the degree to which you meet these criteria will influence the outcome.

- The clinical case study will be submitted in a Word or PDF format.
- The only form of identification on the document will be your ID number which should figure on the top right-hand corner of all the pages.
 - You must avoid any references to names of cities, places of work, hospitals, etc. that might reveal your identity.
 - Case studies will be no longer than a maximum of 10 pages written on one side. The font must be Arial 12 (annexes such as inter-professional reports, for example, will not count towards the 10 pages). Cases which are longer than this will not be reviewed.
 - They must be written in formal, straightforward, professional language in a suitable style.
 - The patient's name will not be included in the case study. He or she may be referred to by their initials or as "the patient".
 - The study must contain the following sections:

An outline of the case

1. TYPE OF CASE

- The type of case study must fall into one of the following three categories:
 - Learning: A case in which the patient has performance difficulties associated with a problem processing visual information coupled with a problem of efficiency. Both diagnosis and treatment shall be discussed in the case study.
 - Amblyopia: It can be any kind of amblyopia. The case study will discuss the diagnosis and

both active and passive (occlusion, filters, etc.) treatments.

- Strabismus: The case submitted must focus on constant near and far strabismus and must include both the diagnosis and active and passive treatments.

2. CASE HISTORY

- The case history must include only information relevant for diagnosis and treatment.
- The patient's name must not appear in any section of the case. The patient must be referred to by their initials or as "the patient".
- The following sections of the case history should be completed in order to ensure the success of the application:
 - Chief Complaint: This section must clearly state why the patient visits the practice. When quoting the family verbatim you must use speech marks. In the event of a case of strabismus you must state if the chief complaint is aesthetic or functional.
 - Signs and symptoms.
 - Development: Include relevant information only.
 - Medical history: Include only relevant information that affects the diagnosis or prognosis of the treatment.
 - Ocular history: Include relevant information that may affect the diagnosis, differential diagnosis and treatment: previous treatments.

3. OPTOMETRIC EXAMINATION:

- The results of the initial examination must be listed in an orderly fashion and in the sequence they were carried out. This section is key to the success of the case study process.
 - Each test must be listed by name. For example: retinoscopy, amplitude of accommodation....

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- Both the target values and, if deemed important for diagnosis, subjective notes on what was observed in each test should be included.
 - Where necessary the test results should be interpreted. For example: if the cover test is neutralized with 10 BE, it is not admissible to put: Cover test: 10 BE. Rather, you should indicate 10 endophoria or endotropia as appropriate.
 - The test results must be in standard nomenclature. If a different type of nomenclature is used the meaning should be specified.

4. DIAGNOSIS:

- The results of the vision examination should be interpreted in this section.
- The diagnosis must be substantiated by the tests, the case history and the subjective observations made.
- If necessary the differential diagnosis should be shown.
- The diagnosis must be written in a clear, simple style. Firstly the diagnosis and then the substantiation of the diagnosis.
- You may use the scheme below:
 1. Refractive state.
 2. Binocular state.
 3. State of visual information processing..
 4. Ocular health.

5. PROGNOSIS:

- In this section you must show the prognosis established at the outset of treatment, the estimated duration and the likelihood of success.
- If the estimated prognosis does not coincide with the final prognosis, this must be explained in the critical study section.
- Make a list with the patient's goals, the family's goals and the optometric goals.
- The goals must be specific, achievable and measurable.

6. TREATMENT:

- This section is key to the success of the case study process.
- All the therapeutic measures prescribed, active and passive must be included in this section.
 - Lenses, prisms, filters, syntonioptometry, vision therapy, etc....
- You must indicate the frequency of visits and the total number of visits as well as the guidelines for the programme to be carried out at home.
 - The treatment must be summarised in such a way that it shows the overall sequence and the general lines of treatment are clear. It is not necessary to specify particular exercises unless they are very important to the treatment. For example, in a case of strabismus, you may discuss a procedure that was significant for the change in angle.
 - We recommend you describe areas of work rather than procedures.
For example, in the first 5 sessions we worked on monocular spatial location, binocularity with prisms and periphery in order to achieve....
 - You must show the most important therapy milestones based on the diagnosis. For example, if there is a spasm of accommodation you must mention the procedures used to relax the accommodation and control the accommodative system.

7. CONCLUDING THE CASE:

- This section should set out your impressions of the results obtained.
- The overall results of the treatment.
- Whether the goals of the patient, his/her parents and the optometrist have been reached.
- In this section you can discuss: significant changes in patients' performance: changes observed at the practice and performance changes the parents have commented on.

8. ASSESSMENT OF PROGRESS MADE

- This section should provide the final optometric results obtained at the last visit that led to the decision to discharge the patient.

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- It might be interesting to compare the normalized outcome data with the abnormal baseline data.
 - The presentation of results should follow the criteria set out in section 3.
 - You should also provide the instructions given to the patient, the proposed maintenance programme and the protocol for scheduled reviews.

9. CRITICAL STUDY:

- The aim of this section is for you to critique the case yourself.
- The objective is for the candidate to present a well-reasoned case, not a perfect one. In other words, it could be that the candidate did not carry out an important vision test, in which case they need to discuss why this was not done here.
 - It is possible that whilst the case was underway you were unfamiliar with techniques, treatments or tests which it would have been interesting to perform. You may comment on this here.
 - If you used a procedure then, that you would not use now, or if, because of your current know-how you would have used a different treatment, you should comment on this here.
 - You may discuss what you have learned during the case.

10. REPORTS FOR THE FAMILY.

- This section you should attach the relevant reports submitted to the family as annexes. If no report was provided at the time, you will need to prepare one now.
 - These reports should not contain either the patient's or the optometrist's details or any details that might reveal the identity of the candidate.
 - This report does not count towards the 10 pages of the case study presentation.

Conclusion

We hope that this document will have helped you to familiarise yourself with the submission process for Clinical Associates. If you have any questions or require any clarification, please contact SIODEC at info@siodec.org

We would encourage you to submit your case study and become a Clinical Associate of SIODEC.