

Virtual teaching clinics during COVID-19 at a university optometry school-lessons learnt

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Learning outcomes

- ▶ To understand the teaching challenges that arose as a result of COVID-19 on a clinical subject
- ▶ To understand the mechanisms put in place to facilitate safe and effective teaching on a clinical subject
- ▶ To understand the advantages and disadvantages of virtual teaching clinics using service users

Background

- ▶ Optometry- Three year UG degree
- ▶ Clinical teaching in all three years
- ▶ Public facing clinics- third year of the programme at City Sight



Background

- ▶ Primary Eye Care Clinics
- ▶ Contact Lens Clinics
- ▶ Binocular Vision Clinic
- ▶ Paediatric Clinic
- ▶ Visual Impairment Clinic



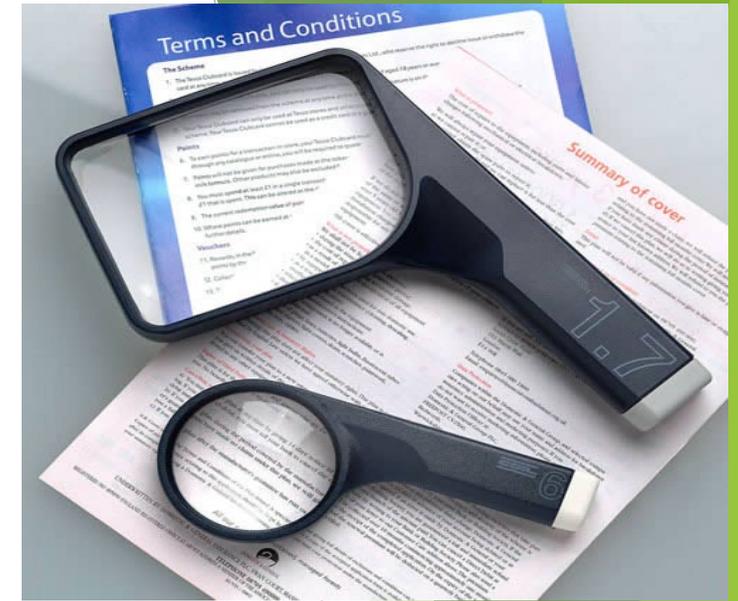
Visual Impairment/Low Vision Clinics

- ▶ Specialist clinic
- ▶ Sight cannot be improved with conventional methods (e.g. glasses, contact lenses)
- ▶ Low Vision Aids- Magnifiers
- ▶ Technology advice
- ▶ Signposting- local charities
- ▶ Typical patient- Elderly

R N I B

See differently

RNIB Helpline
0303 123 9999



COVID restrictions guidance

- ▶ Clinical- *‘All face-to-face outpatient activity should be postponed unless patients are at high risk of rapid, significant harm if their appointment is delayed’*
- ▶ Teaching-Where possible teaching should be carried out online except for practical teaching which can be face to face

Constraints

- ▶ Visual Impairment clinic typically run with volunteers- appointments not essential
- ▶ Vulnerable nature of typical visual impairment patients
- ▶ Space constraints- due to social distancing rules

What did we do?

- ▶ Previous literature: Some examples on remote (telephone or video based) visual impairment assessments

Bittner AK et al. Telerehabilitation for people with low vision. Cochrane Database Syst Rev 2020; 2: CD011019.

Bittner AK et al. Feasibility of telerehabilitation for low vision: satisfaction ratings by providers and patients. Optom Vis Sci 2018; 95: 865-872.

- ▶ Positive findings- clinicians and participants although small scale study (n=10)
- ▶ Volunteer consultation
 - ▶ Positive about video consultation

Solution

- ▶ Video based visual impairment clinics- Zoom
- ▶ NHS X guidance on virtual clinics was followed



How did it work?

Service users

- ▶ Recruited through the clinic's volunteer database
- ▶ Contacted in advance to explain what would happen during the session and to practice using Zoom.
- ▶ Also provided an opportunity to answer questions

Students

- ▶ Students received a synchronous tutorial about the structure of the clinic, including expectations during the clinic (e.g. videos need to be on)
- ▶ Joined the virtual clinic 15 minutes prior to its start to revisit the structure and expectations

How did it work?

- ▶ During the clinic students took it in turn to ask questions (history)-order decided in advance
- ▶ Measurements of visual function were made using tests that had been posted in advance to the service user (Crossland et al, 2021; Optima)
- ▶ At the end of the clinic advice was given to the service user
- ▶ Once the service user left students received feedback

S V

O R K Z

N O H V

C D V N

Z C S R

Code: RFD-CAM

BLUE SKY

N104 = +52d (14x)

Golden Sand

N80 = +40d (11x)

Jack leaned on

N72 = +36d (10x)

the stone wall as
he gazed out to sea.

N56 = +28d (8x)

He could just see a small
yellow sailing boat in the

N40 = +20d (6x)

Reflections

- ▶ Virtual teaching clinics received good student feedback

Advantages

- ▶ No clinic cancelled
- ▶ Only one student absence across entire year
- ▶ Increased flexibility (e.g. clinic timing)

Disadvantages

- ▶ Not all service users could participate
 - ▶ Unable to check service user glasses
 - ▶ Unable to handle low vision aids
 - ▶ Internet problems
- ▶ Self-directed learning/Grand rounds
 - ▶ Exam performance

Tips

- ▶ More time commitment
 - ▶ Running
 - ▶ Organising
- ▶ Timetabling of sessions- Zoom invite calendar and reminder
- ▶ Set expectations at the outset- students and the service users
- ▶ Debrief session prior to the start of the clinic
- ▶ Feedback session once clinic has finished
- ▶ Allow students to ask questions privately and offer to help if the student gets 'stuck'

Where next?

- ▶ Next year- virtual clinics but alongside FTF
- ▶ Important to understand advantages and disadvantages of each model so that we can maximise students learning experiences in line with what is happening in the wider profession
- ▶ Some clinics are likely to continue remotely into the future
- ▶ Audit of reflections from FTF and virtual clinic- Comparing virtual and face to face visual impairment clinics using student reflections- are they equivalent?

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Any questions

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