

The University of Arizona Pediatric Residency Program

Primary Goals for Rotation

Ophthalmology

1. **GOAL:** Understand the pediatrician's role in preventing ophthalmic disease, injury and dysfunction through counseling, screening and early intervention.
2. **GOAL:** Differentiate normal from pathologic eye conditions.
3. **GOAL:** Evaluate and appropriately treat or refer commonly presenting ophthalmologic signs and symptoms.
4. **GOAL:** Diagnose and manage patients with common ophthalmologic conditions that generally do not require referral.
5. **GOAL:** Recognize, provide initial management and refer appropriately conditions that usually require ophthalmologic referral.
6. **GOAL:** Recognize various signs of ophthalmologic pathology that may be manifestations of systemic disorders.
7. **GOAL:** Perform diagnostic and screening procedures associated with pediatric ophthalmology.
8. **GOAL:** Demonstrate high standards of professional competence while working with patients under the care of a subspecialist.

1. GOAL: Understand the pediatrician's role in preventing ophthalmic disease, injury and dysfunction through counseling, screening and early intervention.

A. Counsel patients and families regarding prevention strategies related to the eyes, including:

1. Prophylaxis in the neonatal period for ophthalmia neonatorum
2. Importance of protective eye wear for sports, chemical splashes, ultraviolet light exposure and other activities that warrant eye protection (e.g., helmet with cage or face mask, goggles)
3. Full-time eye protection for children with irreversible poor vision in one eye

B. Provide routine screening for visual acuity and eye disorders in the newborn nursery, office and school setting. Screen for:

1. Physical findings (white pupil, etc.)
2. Visual acuity
3. Strabismus/amblyopia

C. Screen for and routinely refer infants with family history of any of the following conditions:

1. Pediatric cataract
2. Pediatric glaucoma
3. Retinoblastoma
4. Strabismus/amblyopia

D. Screen for and provide routine ophthalmology referral for children with medical conditions associated with eye disease, including:

1. Juvenile rheumatoid arthritis
2. Extreme low birth weight
3. Prematurity
4. Suspected shaken baby syndrome
5. Severe head trauma

2. Goal: Differentiate normal from pathologic eye conditions.

A. Explain to parents the normal development of visual acuity and visual tracking in children.

B. Distinguish normal or clinically insignificant eye findings from potentially serious ones, including:

1. Variations in pupil size
2. Variations in eyelid structure
3. Coloration of the conjunctiva
4. Coloration of the iris
5. Appearance of the optic disk
6. Variation of tearing and minor eye discharge
7. Pseudostrabismus
8. Pseudostrabismus vs. strabismus

C. Demonstrate ability to do a good funduscopic examination on children, using mydriatics if needed.

- D. Request or perform and interpret the following clinical studies useful in evaluating eye conditions: conjunctival swab for culture and chlamydia FA, fluorescein eye exam, radiologic studies of head and orbit, including plain film, CT and MRI.

3. GOAL: Evaluate and appropriately treat or refer commonly presenting ophthalmologic signs and symptoms.

- A. Create a strategy to determine if the following presenting signs and symptoms are caused by an ophthalmologic condition, and if so, treat or refer appropriately:

1. Red eye (painless or painful)
2. Strabismus (exotropia, esotropia, pseudoesotropia, lazy eye, crossed eyes)
3. White light reflex
4. Scleral pigmentation
5. Eyelid swelling
6. Proptosis
7. Decreased visual acuity
8. Asymmetric pupillary size or light response
9. Unequal red reflex
10. Unequal visual acuity or fixation
11. Blurry or indistinct optic disc margins (papilledema, optic neuritis)

4. GOAL: Diagnose and manage patients with common ophthalmologic conditions that generally do not require referral.

- A. Diagnose and manage the conditions listed below:

1. Non-herpetic viral and non-gonococcal bacterial conjunctivitis
2. Corneal abrasion
3. Periorbital cellulitis
4. Hordeolum (stye) and chalazion
5. Simple congenital nasolacrimal duct obstruction in the first year of life
6. Uncomplicated foreign bodies of the conjunctiva
7. Minor lid lacerations not involving the lid margin, lacrimal system or ptosis
8. Small subconjunctival hemorrhage (unless 360 degrees)
9. Periocular ecchymosis

5. GOAL: Recognize, provide initial management and refer appropriately conditions that usually require ophthalmologic referral.

- A. Recognize, provide initial evaluation and management of, and appropriately refer these conditions:

1. Amblyopia
2. Cataract
3. Corneal opacity or edema
4. Ectopia lentis
5. Chemical burns/conjunctivitis

6. Complicated and intraocular foreign bodies
7. Decreased visual acuity
8. Sight-threatening ptosis
9. Strabismus and nystagmus
10. Glaucoma
11. Herpetic conjunctivitis/keratitis
12. Gonococcal conjunctivitis
13. Uveitis
14. Red eye and/or corneal ulcer in the contact lens-wearer
15. Aniridia
16. Orbital cellulitis
17. Retinopathy of prematurity in at-risk neonates
18. Acute infantile dacryocystitis with cellulitis
19. Significant eye trauma manifested by hyphema, extraocular muscle palsy
20. Globe penetration, irregular pupil, iritis, or orbital fracture
21. White, black (absent), or significantly asymmetric pupillary reflex
22. Congenital malformations of the eye or periocular structures (e.g., periorbital hemangiomas)
23. Orbital tumor (e.g., rhabdomyosarcoma with proptosis)
24. Papilledema

- B. Discuss the role and scope of practice of optometrists, pediatric and general ophthalmologists, and ophthalmology subspecialists (e.g., retina, cataracts); describe situations where referral is indicated to an individual with pediatric expertise; work effectively with these professionals in the care of children.

6. GOAL: Recognize various signs of ophthalmologic pathology that may be manifestations of systemic disorders.

- A. Recognize these signs as potential manifestations of systemic disorders and manage and refer when appropriate:
1. Retinal hemorrhages (e.g., child abuse, leukemia)
 2. Iritis (e.g., juvenile rheumatoid arthritis, inflammatory bowel disease)
 3. Cataracts (e.g., metabolic disorders, genetic malformation syndromes)
 4. Papilledema (e.g., increased intracranial pressure)
 5. Chorioretinitis (e.g., toxoplasmosis, cytomegalovirus)
 6. Subconjunctival hemorrhage (e.g., pertussis, thrombocytopenia, covert suffocation)
 7. Periorbital ecchymosis (e.g., neuroblastoma)
 8. Ectopia lentis (e.g., Marfan syndrome, homocystinuria)
 9. Nystagmus (e.g., central nervous system abnormalities, chemical poisoning)
 10. Incomplete eye movements (e.g., VI cranial nerve palsy due to increased intracranial pressure, metastatic tumor to orbit)
 11. Painful red eye (e.g., endophthalmitis due to sepsis or meningitis, orbital involvement of leukemia, thyroid eye disease)

7. GOAL: Perform diagnostic and screening procedures associated with pediatric ophthalmology.

A. Develop proficiency in the following procedures:

1. Vision screening (acuity and strabismus; color blindness)
2. Fluorescein dye test to detect corneal abrasion
3. Conjunctival swab for bacteria and chlamydia
4. Removal of simple corneal foreign body
5. Contact lens removal
6. Lid eversion
7. Funduscopic exam
8. Eye irrigation

B. Request and interpret (with the radiologist) results of common imaging procedures used in the diagnosis and management of ophthalmologic conditions (orbital radiographs, head CT, head MRI).

8. GOAL: Demonstrate high standards of professional competence while working with patients under the care of a subspecialist.

A. **Competency 1: Patient Care.** Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Use a logical and appropriate clinical approach to the care of patients presenting for specialty care, applying principles of evidence-based decision-making and problem-solving.
2. Describe general indications for subspecialty procedures and interpret results for families.

B. **Competency 2: Medical Knowledge.** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Acquire, interpret and apply the knowledge appropriate for the generalist regarding the core content of this subspecialty area.
2. Critically evaluate current medical information and scientific evidence related to this subspecialty area and modify your knowledge base accordingly.

C. **Competency 3: Interpersonal Skills and Communication.** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Provide effective patient education, including reassurance, for a condition(s) common to this subspecialty area.
2. Communicate effectively with primary care and other physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.
3. Maintain accurate, legible, timely and legally appropriate medical records, including referral forms and letters, for subspecialty patients in the outpatient and inpatient setting.

D. Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Identify standardized guidelines for diagnosis and treatment of conditions common to this subspecialty area and adapt them to the individual needs of specific patients.

2. Identify personal learning needs related to this subspecialty; systematically organize relevant information resources for future reference; and plan for continuing acquisition of knowledge and skills.

E. Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate personal accountability to the well-being of patients (e.g., following up on lab results, writing comprehensive notes, and seeking answers to patient care questions).

2. Demonstrate a commitment to carrying out professional responsibilities.

3. Adhere to ethical and legal principles, and be sensitive to diversity.

F. Competency 6: Systems-based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

1. Identify key aspects of health care systems as they apply to specialty care, including the referral process, and differentiate between consultation and referral.

2. Demonstrate sensitivity to the costs of clinical care in this subspecialty setting, and take steps to minimize costs without compromising quality

3. Recognize and advocate for families who need assistance to deal with systems complexities, such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.

4. Recognize one's limits and those of the system; take steps to avoid medical errors.

Procedures

A. GOAL: Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

1. Conjunctival swab
2. Eye: contact lens removal
3. Eye: irrigation
4. Eye: eyelid eversion
5. Eye: patch
6. Eye: fluorescein eye exam
7. Foreign body removal (simple): conjunctiva

B. GOAL: Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

1. Radiologic interpretation: CT of head
2. Vision screening

Adapted From

Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb.