

The Enhanced Student Training Program (TEST)

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The “clerkship program” at the New England College of Optometry is the clinical component of the second-year curriculum. The primary goal of the program is to involve the second-year students in patient care with specific responsibility for basic testing skills, ultimately preparing them to enter the third-year clinical assignment where they will have full patient care responsibilities. A major challenge in developing a robust second-year clinical program is offering the evolving student a meaningful clinical experience without negatively impacting the efficiency of patient care. This is especially true at the New England College of Optometry, where local external affiliates often provide the patient care experience for our students. As part of the clerkship assignment, second-year students are typically assigned to work alongside other students or provide support through ancillary testing. Although considered generally successful, the clerkship program suffered from a lack of uniformity. These inconsistencies typically resulted from the second-year student being an “add on” to the clinical session and the student-to-student and preceptor-to-student synergy. The end result was that students were not being held to uniform expectations nor were they being offered a uniform clinical experience from clinical site to clinical site. An additional concern was that the model of this program made it possible for weaker students to deflect their clinical responsibilities. This brought into question the ability of the

program to function as an early identifier of students who might run into clinical performance issues in the third and final years of their optometric education.

The Enhanced Student Training (TEST) program is a modified version of the clerkship program that aims to both increase and standardize the clinical responsibility of second-year students across a wide range of clinical sites without negatively impacting patient flow and satisfaction. It is our belief that increased responsibility will result in increased motivation, enhanced self-learning and ultimately second-year students who can function in a clinical setting at a higher level. For AY 2013-2014, the TEST program accounts for 25% of our second-year clinical assignments, and plans to expand for all second-year students by 2015 are in motion.

There are several subtle but impactful differences between the clerkship program and the TEST program. First, second-year students are assigned their own room and work directly with the clinical preceptor. This places the responsibility of clinical care directly on the shoulders of the second-year student, which we believe increases motivation for independent learning. Additionally, documents outlining the goals and expectations for the program are communicated to students and preceptors simultaneously so that each knows the other is well versed in the expectations for the program. This dispels any possible confusion over what

the students are capable of doing and what the students should be prepared to do. Lastly, students in the TEST program are given the same clinical assignment with the same preceptor for the entire second year instead of different assignments each semester. This creates a more obvious clinical mentor relationship between the preceptors and students and increases the accountability of the preceptors to prepare the students for the third year or identify them through the grading process as in need of additional tutoring.

TEST students can be expected to perform a set of defined clinical procedures within an allotted time. Furthermore, it can be expected that proficiency and efficiency will increase throughout the assignment and additional responsibilities may be added. The basic and additional responsibilities will change depending on the fall or spring assignment, and a general guideline is provided to both the student and the preceptor. (Table 1) Although the emphasis is on clinical skill development, it is expected that the attending eyecare professional will incorporate case discussion and review into the experience at a level consistent with the student’s developing knowledge base.

The basic premise of the TEST program is to allow students no more than 20-30 minutes with the patient before the preceptor finishes the exam. Preceptors should consider this a teaching moment and an opportunity to model proficient clinical testing for techniques that are required for the student to

achieve the next level of expectations. We believe this paradigm allows ample time for teaching and an opportunity for the student to accomplish meaningful clinical testing, but will keep the overall exam time within a reasonable time frame. Students should progressively be able to accomplish more in the allotted time frame with guidance from the preceptor, increased clinical exposure, observing preceptors perform clinical techniques and additional didactic training throughout the year.

The end goal of the TEST program is to have second-year students performing complete eye exams up to the dilated fundus evaluation by the middle of the spring semester. Although anecdotal, our experience thus far with the program has been overwhelmingly positive according to reports from clinical preceptors and participating students. In most cases, second-year students are functioning at the level of third-year students by March of the second year. In many cases, students are self-learning and receiving instruction from the preceptors that allows them to perform techniques not yet formally presented in the didactic curriculum and achieving the goal of performing full eye exams earlier than expected. Furthermore, students who have finished the TEST program and are now in their third year are standing out for their confidence and efficiency.

We are encouraged by the preliminary results of the TEST program. We feel confident that we have demonstrated the feasibility of this model and are actively looking into more objective outcome measures to better understand the long-term impact this program may

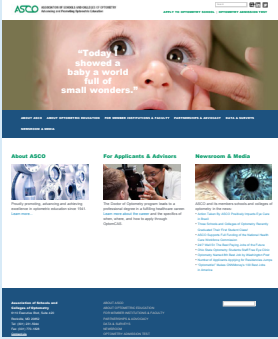
Table 1
Clinical Expectations for Fall Semester TEST Program

Time Frame	Techniques to be Completed in < 30 Minutes*	Comments and Skills Preparation
Fall Semester Day 1	Section 1: 5 minutes <ul style="list-style-type: none"> greet patient, review initial case history lensometry Section 2: 15 minutes <ul style="list-style-type: none"> visual acuity, EOMS, CT, pupils, FCF color vision, stereopsis testing, amsler testing Section 3: 10 minutes <ul style="list-style-type: none"> keratometry, retinoscopy** 	During the semester, students should be invited to observe the preceptor complete the examination and interact with the patient Additional skills students are prepared to perform: automated refraction, alternative VA testing (i.e., LEA, LogMAR, Feinbloom, ETDRS), non-contact tonometry, direct ophthalmoscopy, phoria and vergences, Bruchner/Hirschberg and Worth 4 Dot
Fall Semester Midterm	Section 1: 5 minutes <ul style="list-style-type: none"> greet patient, review initial case history lensometry Section 2: 10 minutes <ul style="list-style-type: none"> visual acuity, EOMS, CT, pupils, FCF color vision, stereopsis testing, amsler testing Section 3: 15 minutes <ul style="list-style-type: none"> keratometry, retinoscopy and subjective refraction 	It is expected that more "difficult" refractions may take more time, and students may need assistance from their preceptors It is expected that more "difficult" refractions may not be completed in the allotted time or with consistent accuracy
Fall Semester Final	Section 1: 5 minutes <ul style="list-style-type: none"> greet patient, review initial case history lensometry Section 2: 10 minutes <ul style="list-style-type: none"> visual acuity, EOMS, CT, pupils, FCF color vision, stereopsis testing, amsler testing Section 3: 10 minutes <ul style="list-style-type: none"> keratometry, retinoscopy and subjective refraction Section 4: 5 minutes <ul style="list-style-type: none"> check cornea, angles, tonometry, dilation 	Preceptor should encourage student to complete as much of the exam as possible; after 30 minutes, if student is not up to dilation, preceptor should step in (and help the student to understand what slowed them down) Additional skills students are prepared to perform: lacrimal testing and pachymetry

*Timing is suggested only; exact tests and order of testing may differ from site to site.
 **Some sites may require additional skills such as tonometry and drop instillation. Students assigned to these sites will receive additional training in tonometry, and all students will be provided with a drop instillation summary sheet that they will be expected to learn.

offer. Student evaluations, performance on clinical proficiencies, national board test scores and customized surveys are all being considered as the students advance through this new model of second-year clinical education.

ASCO recently redesigned its Web site to reflect the association's long-term goals, which include promoting Doctor of Optometry degree programs to a broad range of audiences, increasing awareness and understanding of the profession and ASCO, and increasing the number, quality and diversity of applicants to the schools and colleges. In addition to a more modern, clean and dynamic design, the site illustrates diversity and communicates that Doctors of Optometry improve the lives of real people. To navigate from the new home page to the journal, click on Newsroom & Media and then ASCO's Online Journal: Optometric Education in the drop-down menu.



The home page of the redesigned ASCO Web site.

INVITATION TO PARTICIPATE: INTERPROFESSIONAL EDUCATION

Optometric Education is announcing a future theme edition, which will focus on all aspects of interprofessional education (IPE). The deadline to submit articles for this theme edition is June 30, 2014. The theme edition is tentatively scheduled for publication in November 2014. For additional information, contact Dr. Aurora Denial at deniala@neco.edu.