abdo COLLEGE

Re:View

Keeping excellence in your sights | February 2019 | Issue 35

When and how to say no in practice

Amblyopic patients research review

The role of supervisor

A fond farewell and a welcome hello

In this issue of *Re:View*, I'm very sad to have to say farewell to our head of operations, Jill Kemp, who is leaving us in April. It's difficult to believe that she has only been with us for four years, as her contribution has been so great in that time. We wish her a long and happy retirement. Happily, the assistant head of operations, Steve Hertz, is ready to step into her shoes, and we know that he'll do a great job.

In this issue, Steve tells us all about what's involved in supervising a trainee DO in practice, drawing on those in the know to share their experiences. This edition also includes some valuable advice from DO and former student, Mark Nevey, on how to say 'no' in some difficult practice situations.

Be sure to have a look at the interesting dissertation by former student, Sophie Pattinson, who qualified as a DO last year. Her research paper, '*The impact of video game intervention on visual acuity in amblyopic patients beyond the critical period*,' certainly gives food for thought.

Hopefully many of you visited us at 100% Optical in January, and we're now looking forward to Optrafair at the NEC Birmingham next month, when ABDO College and the College Bookshop will be there to share the latest information on optical education and to support our students. If you are going to the show, we do hope you will come and see us there.

Finally, I would like to extend a warm welcome to our new staff member, George Whatley, who has joined us as lab technician. George is already settling into his new role well, and you can read more about him inside.

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News

That's show business

ABDO College got into the movie business with the launch of a new video at the first major UK trade show of the new year, 100% Optical. Filmed with students, the video was shown for the first time at the event at London's ExCeL Centre between 12 and 14 January and put the spotlight on what makes ABDO College so special – from its historic location to its high standards and helpful staff.

The new film will continue to be used on the ABDO College website and on social media throughout 2019. It features aerial shots of the College's iconic building, as seen on the cover of this edition of *Re:View* and right.

ABDO head of communications, Antonia Chitty, said: "It has been great to put ABDO College on film. The College is visually stunning and the team from Echo Video have done a great job, including using a drone for some overhead shots. Many thanks to the staff and students who took part in the video."

ABDO College Bookshop also made its debut at 100% Optical 2019, offering far more than just books. Bookshop manager, Justin Hall, explained: "We took a full range of optical titles covering dispensing, anatomy, contact lenses and low vision, as well as various rules and gauges essential for study and practice."

The bookshop ran an event discount offering free postage on all orders meaning that delegates did not have to carry their purchases around the show. Justin added: "Our prices are already some of the lowest in the country and coupled with the free postage, this was an offer not to be missed. Visitors could place their order at the show, knowing that their books, rules and gauges would be processed to the address of their choice by first class Royal Mail or by Parcelforce on a 24-hour service." ABDO College additionally launched a new-look prospectus with the full details of all ABDO College courses, from optical support through to DO/CLO, in one place for the first time.

Steve Hertz, assistant head of operations at ABDO College, told *Re:View*: "This was the first year with a dedicated area for ABDO College at the show, so we enjoyed being really easy to find for those with enquiries and for those colleagues, old and new, to pop along for a catch up on all things Godmersham."

In another first, students on ABDO College's BSc (Hons) Vision Science course shared research posters on their practice-based research projects. The researchers were also there at the show at set times to answer questions and to talk about what they had done.

College staff supported the show in force and were able to answer enquiries on several areas, including for the most recent intakes on optical support and access courses in January.

Graduation celebration

The annual ABDO Graduation and Prize Giving Ceremony took place at Canterbury Cathedral on 21 November 2018. This very special evening celebrates the achievement of all those passing ABDO qualifications such as Ophthalmic Dispensing, Contact Lenses and Low Vision, many of whom were from ABDO College.

With dignitaries from across the profession, hundreds of proud relatives and friends and, crucially, no rain, the spectacular Cathedral naive and grounds saw the next generation of professionals formally recognised for their years of hard study, both in and out of practice.

Congratulations to all the prizewinners, especially Christopher Clarke, Adam Mason and Laura Williams and all the ABDO College students who graduated this year. You're all stars!

News

Change in operations


Jill Kemp

Head of operations at ABDO College, Jill Kemp, will be retiring in April, after four busy and successful years. She will be succeeded by Steve Hertz who joined the operations department just over a year ago to prepare for the role.

Jill said: "During the last four years, ABDO College and the Operations Department have been through a huge amount of change, and it has been my pleasure and privilege to have been able to lead and support the team through these.

"The appointment of Steve Hertz as assistant head of operations enabled me to do a good hand over, and I am really confident that he will be able to drive forward with the current projects and future developments."

Steve said: "Jill has worked incredibly hard in her time at the College to create a positive and efficient department. Her enthusiasm and humility make her a joy to work with and I could not have wished for a better mentor and leader.

"She will be sorely missed by everyone here, and we all wish her the very best for a well-deserved, fantastic retirement."

ABDO general secretary, Sir Anthony Garratt, commented: "Jill has made a huge contribution to the development of the Operations Department over the past four years. I am personally very sorry to see her go but wish her a long and happy retirement.

"Steve has already made great impact on the organisation and I am sure he will make a significant impact on our future growth and development. I look forward to working with him in the years ahead," he concluded.

Reflecting on his new role, Steve added: "My aim as the new department head will be to carry on the great work begun with Jill to make the education offered by the College as accessible and effective for our students as possible.

"As a DO, a previous student of ABDO College and having worked in optics for 14 years, I am truly passionate about the profession and industry as a whole. To have the opportunity to help drive the College forward and extend its already world class reputation as an education provider is something I will not take lightly."

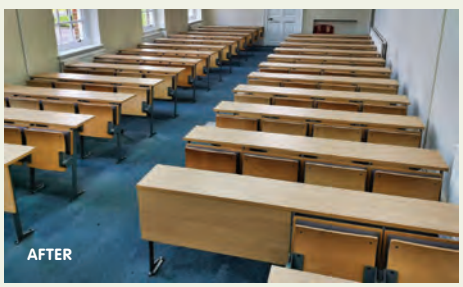
Take your seats please

ABDO College is pleased to announce that the planned revamp of the Lecture Theatre took place over the Christmas period. The new layout and seating has increased the capacity of the room from 60 to over 100, which means that entire block groups can now attend lectures at the same time and larger peer group discussions can take place.

Head of operations, Jill Kemp, said: "We have been looking forward to our new lecturing facilities and it's great that the team undertaking the project managed to get the work completed over the Christmas break."

She added: "The increased capacity will allow the College to receive greater numbers of students, as well as much more flexibility when it comes to timetabling and staff availability. Students attending the College in this semester will have a lovely surprise when they arrive."


BEFORE


AFTER

Your questions answered

College technician Mark Turner FBDO SMC (Tech) answers some of your questions.

It appears I have misplaced my pencil case, can I buy stationery at the College?
Yes, we have a good selection of stationery such as pens, notepads and protractors which you can purchase in reception. We will provide an ABDO rule and mono-PD rule for practical lessons.

Can we walk in the College grounds during lunchtime?
Yes, it is a great way to unwind after a morning of study. There is plenty to see, though I would not recommend walking on the lawns during the winter months.

Has block release changed much since your time as a student?
Not a great deal with regards to content, although the syllabus was changed in 2015. However, obviously the technology has moved on and the College has invested in this over the last few years. For example, students now have access to YouTube videos, so they can go over Stokes construction, prismatic effects constructions, ray tracing, etc, at their leisure. Also, I don't think we had as many coloured handouts, dare I say, it was all in black and white. But I do think the requirements in relation to the amount of effort required to complete the course have not got any easier and good time management skills are still essential.

George Whatley interview

George Whatley joined ABDO College as lab technician in early September, when the new term started and the first block of third-year students started their final year. In this article, find out more about George and his new job.

What does your role entail?
As a technician working alongside Mark Turner, my role is mostly setting up the labs and classrooms for the students and looking after some equipment that is used. However, every day is different and there can be times where I may need to help a lecturer or other members of staff around the College.

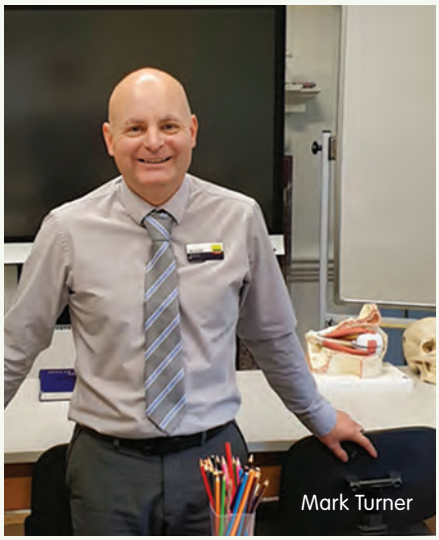
What attracted you to the job?
I first saw the role advertised online and I was looking to move on from my job of five years at Sainsbury's. The College looked like a very unique place to work, no more than 20 minutes away from home, and the job was definitely something I could see myself enjoying.

What are your optical qualifications?
I currently have no optical qualifications, however, I may start the SMC Tech course at some point in 2019.

What do you enjoy about the role?
It's something completely different from my previous job and it's good to learn new skills. Every day is different and I like the variety.

Are there any challenges?
The challenges are mostly equipment and lab-related. Sometimes I may not know how to fix something, or I need to set up a certain lab in a short space of time while a new group of students are waiting. Generally speaking there is a lot to learn, so that can be very challenging too.

What do you like about the College?
I enjoy working with friendly faces and meeting students. I like the variety of each day and it's a nice place to have started work at.


Mark Turner

Your questions answered continued

Do you have any tips that helped you while on block release?
I found it was not possible to learn all that was said during classes, so I made my own notes to go over again later. It is also very easy to over-think things, so know when to take a break during studying.

What do you enjoy most about working at the College?
Without doubt – the annual Graduation and Prize Giving Ceremony. It is such a great occasion each year to see all the students smiling in their caps and gowns, supported by members of their family. It is a privilege to watch them grow from their first block in year one to becoming a fully qualified FBDO. The other thing I enjoy most is the silence in the classroom just before I bring out the eyes for dissection…

How to have the willpower to say no in practice

Mark Nevey graduated from Northampton University with a degree in English and a keen desire to write. Seven years ago, he unexpectedly found himself on an optical career path. The former ABDO College student is now a qualified dispensing optician and a practice manager at Specsavers. In this feature, Mark shares his advice for dealing with the difficult situations that often arise in practice.

The position of dispensing optician carries a lot of responsibility, and through professional guidance and advice, we know what we should be saying to a patient. However, in practice this can often be difficult. When we are dealing with paediatric patients our sense of responsibility should be at the forefront, yet children can often put us in the most difficult positions.

We've all been in situations such as when an irate parent wants their six-year-old daughter's glasses repaired now while she is at school. It can feel all too easy to just satisfy the parent's demands by agreeing to diffuse a difficult situation, yet it's in this kind of situation that we need to have the willpower to say no.

Strict guidelines from the NHS state that a child must be present when we carry out any repair, dispense or final


Mark Nevey

collection of spectacles. It is important for us to make sure that the spectacles are fitting correctly, that they are positioned in the right way and that the child is seeing clearly through them. This is especially important with a repair,

'It's simply not good enough for you to know the right approach in your own mind, but then fail to take that approach with the patient.'

since the reason the spectacles have broken could be as a result of a poor fit.

Many of us have also found ourselves in the situation where a child has chosen a frame that is too small for them, but is insisting that this is the one and only frame they want. It's in situations like this that we need to have the willpower to say no. We might upset the parent or the child, and we might even lose a sale, but we have a responsibility to say no when it is in the patient's best interest.

In these circumstances, it can be useful to tactfully explain to the parent the professional guidelines that we have to follow as dispensing opticians. The easiest way to highlight the importance of a good-fitting frame is to discuss the potential ramifications of dispensing ill-fitting spectacles. All you need to point out is that their child is still growing and that a frame that is too tight may inhibit that growth somewhat.

Additionally, you could emphasise that such a frame would tend to slide down their nose, which would result in the child looking over the top and they would therefore not get the benefits of wearing glasses. You can also point out that if the frame is uncomfortable, the child probably won't even wear their glasses. Never forget that as a professional, you owe it to the child and their parent to provide the most suitable advice and guidance.

Another common situation where adult patients can become frustrated and angry is when being refused a copy of their prescription upon request. One reason for this can be that their eye examination wasn't carried out in your practice.

If there is no feasible reason why the patient can't request it from the practice in which the exam was carried out, we must have the resolve to refuse them. It's not uncommon to face backlash from the patient we have inconvenienced, but once again, we can cite the reasons for not fulfilling their request. In most cases, this should convince the patient to respect our decision.

Contact lens patients are notorious for wanting things to be done extremely quickly, but there are frequent circumstances when it is impossible to avoid inconveniencing them.

It is not uncommon to have to deal with at least one contact lens wearer a day who wants to buy their contact lenses right away, but whose check-up is at least a year overdue. A difficult conversation often ensues about how they require a check-up before we can supply them with more contact lenses.

Again, there is potential for this to be overcome by explaining to the patient why it is in their best interest to have a check-up and why we have a responsibility to follow the guidelines set out for us regarding the supply of contact lenses.

'The best way to diffuse a difficult situation is to be confident, undaunted and candid with the patient.'

A clean break?

Staying with the topic of contact lenses, there are also times when saying no must be used as much to protect ourselves as it is to safeguard the patient. In the past, I have experienced patients whose general hygiene, cleaning regime and overall handling of contact lenses have been so poor that they've been at high risk of severely endangering their sight.

Where no amount of guidance or advice will improve their habits, it is important for us as healthcare professionals to safeguard their eyesight by emphasising the dangers of them wearing contact lenses and strongly advise against it. We know that it could be us who finds ourselves in trouble if such a patient returns with a severe, sight-threatening eye infection.

From the above examples, it should be clear that often the best way to diffuse a difficult situation is to be confident, undaunted and candid with the patient. It's simply not good enough for you to know the right approach in your own mind, but then fail to take that approach with the patient. The overall aim is to help them to understand why your no response is in their best interest. If you can justify your response in terms that the patient understands, there is no reason why it should be difficult for you to say no.

Practice experience first

In their final year, ABDO College degree students are all required to complete a dissertation which focuses on a research question of their own choice. Dispensing optician Sophie Pattinson qualified last year. In this feature, you can read about Sophie and her research paper, *'The impact of video game intervention on visual acuity in amblyopic patients beyond the critical period.'*

Sophie Pattinson now works as a dispensing optician for Razvi Opticians in Stoke-on-Trent. Explaining how she got into optics, she says: "I was unsure about what course to do at uni and was taking a year out when I saw a job advertised for a receptionist at an opticians and applied for it. They said they had someone for that job but wanted someone to become a trainee DO."

Sophie started work in October and had notched up 10 months of experience by the time she started her course. She says: "The first thing I learnt was glazing and I spent a lot of time in the lab as I really enjoyed it. I like making things and found that the work could be quite relaxing, but there was also pressure trying to keep on top of the lab jobs, as well as dispensing. However, working in the lab really helped me with dispensing because I understood, and was sensitive to, checking that the lenses fitted well in the frames and other elements."

Sophie completed her first few assignments for the distance learning part of the degree before setting off for her first fortnight at ABDO College. She

Sophie Pattinson

says: "Despite having worked in the practice, starting the course felt very much like being thrown in at the deep end – but going on the first block release was a massive relief.

"The first month or so, you are on your own and it feels a bit overwhelming. I hadn't found the ABDO Facebook page, so I hadn't found anyone else on the course. When I went on block release, I stayed in the ABDO accommodation, so I got to know other people studying for the degree and the lectures clarified all the things I had been looking at in my assignments at home. It made such a difference going on block release and I would tell anyone who is thinking about dropping out in the first few weeks to hang in for block release."

Group effort

Sophie met up with a number of people who were studying the degree and staying in the student accommodation. She says: "We could all talk about how we were getting on and which bits we found hard. We made a Facebook group of our own and we have had that group from the start. We still talk and support each other now."

Sophie had studied maths at A-level and found that her favourite parts of the course were the maths and physics. She says: "I found it really interesting studying light, refraction and things like Snell's law." Everyone finds some part of the course hard as Sophie highlights: "The hardest bits for me were low vision, understanding which magnifier is best for different conditions. I think this was because I wasn't used to it as I wasn't doing a lot of it in practice. It was useful that it was on the course though, because I got some knowledge which I wouldn't have got elsewhere."

As part of the degree, every student must choose a topic to review in depth in their third year. Explaining her choice, Sophie says: "In practice I noticed I was coming across quite a few children who were having their first eye examination after their critical period. One child who

stuck in my mind had come in after she had told her mother that the vision in one eye was blurred. She had a 7D difference in prescription between the two eyes. Unsurprisingly, one eye was amblyopic. She was 11.

"I came across other children with a similar prescription and I wanted to research if it was possible for amblyopia to be improved after the critical period. Around that time, a younger girl and her mum came in and mentioned a video game clinical trial for amblyopia which sparked my interest too."

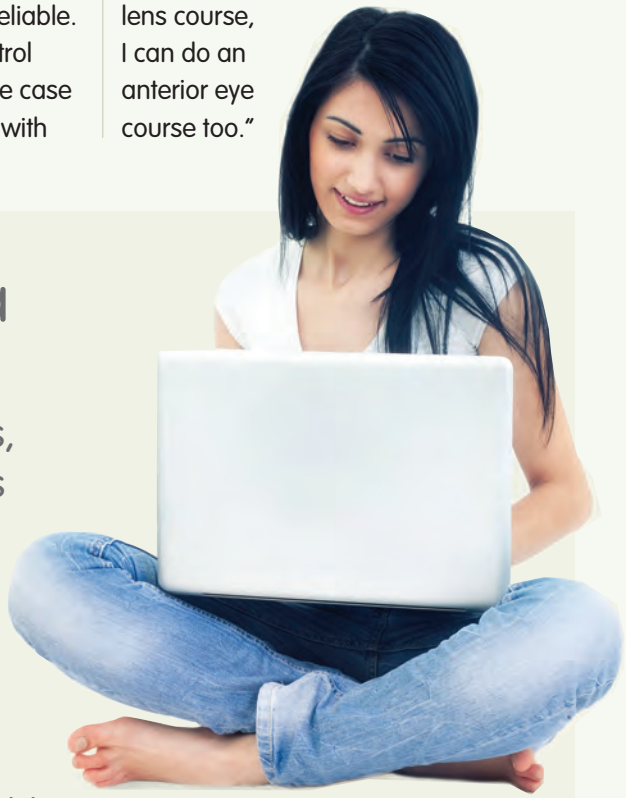
Sophie's project asked the question, 'What is the impact of video game intervention on visual acuity in amblyopic patients beyond the critical period?'

'I found it really interesting studying light, refraction and things like Snell's law.'

She highlights: "Video game studies tended to be the most recent studies. A lot of the research was not so reliable. I only found one randomised control trial [RCT]. A lot of the studies were case control studies. Many were done with only a few subjects which impacted the accuracy of the results."

Summing up her research, Sophie says: "The more reliable RCT did not find a significant impact on visual acuity. However, the other studies that were lower in the hierarchy of evidence found improvement. This shows that more RCTs are needed in the area."

Looking to the future, Sophie says: "I'm now qualified and have got my General Optical Council number which makes it all official. Thinking about the future, optometry interests me quite a lot. In my area, if I do the contact lens course, I can do an anterior eye course too."



ABDO College on social media

ABDO College is now active on social media. You'll find news about current and future courses, and everything from dates of manufacturer visits to application deadlines and revision tips. Do like, follow, share and invite colleagues:

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The impact of video game intervention on visual acuity beyond the critical period

By Sophie Pattinson, FBDO

INTRODUCTION

Amblyopia is a developmental disorder that is caused by unequal visual input from both eyes. This can be caused by strabismus, anisometropia or visual deprivation in one or both eyes. Unilateral amblyopia is clinically specified as a difference in visual acuity of two lines or more. Bilateral amblyopia is often classified as a visual acuity of 6/12 or 20/40 in both eyes.

In the past, it has been understood that amblyopia is irreversible beyond the critical period due to a lack of visual plasticity. Recent studies have shown that the sensitive period for the development of amblyopia is not the same as the sensitive period for treatment and this may extend throughout adulthood.

Traditionally, amblyopia treatment has involved patching the other eye to force use of the amblyopic eye, but this treatment has been linked to reduced stereopsis. This treatment was often used as amblyopia was considered as structurally monocular, but it is now apparent that many amblyopic individuals still have the capacity for binocular vision and new treatment methods have therefore been developed. Video games are one of these recent methods and could hence be a simpler approach to alternative methods based on this concept.

Few studies specifically investigate the effects of this treatment after the critical period rather than during and in practice, adults are frequently left untreated. This may be due to the assumption that they are unable to improve in visual function, tolerate conventional treatments or due to the lack of clinical trials. It is therefore important to examine potential treatments for these patients.

METHODS

Initially a spider diagram was created to establish the information required and how studies should be selected. A matrix grid was then created with inclusion and exclusion criteria. Four studies were found that met the inclusion criteria.

FINDINGS

Li, Ngo and Levi included an amblyopic study population of 18, consisting of eight adults in the video game group and 10 in the comparison group. The age range included was 18 to 78 years. Li, Ngo and Levi used a comparison group and these subjects wore an eye patch over their dominant eye like the video game group. However, the comparison group performed other visually demanding activities. This was to rule out that any improvement could be related to the patching alone. A mean LogMAR acuity improvement was noted of approximately 1.5 lines, while no significant improvement was noted in the comparison group.

Li *et al* had a sample size of 20 amblyopic patients, ranging in age from 15 to 61 years. The participants were divided into three intervention groups with 10 in the action video game group, three were in the non-action video game group and seven were in a crossover control group of conventional occlusion therapy.

They found that after 40 hours of game intervention, acuity improved by 1.6 and 1.4 lines on a crowded and uncrowded LogMAR chart. On average, an improvement of 1.5 lines and 0.8 lines on a crowded and uncrowded LogMAR chart was recorded for the participants who played the non-action game. Conversely, no significant change was found in the control group.

Vedemarthy *et al* recruited 38 amblyopic adults ranging in age from 19 to 66 years. Vedamurthy *et al* used a comparison group who watched a movie while their non-amblyopic eye was occluded. A total of 23 were assigned to the video game group and 15 were in the movies group. They found that the video game group improved, on average, by 1.4 lines in LogMAR acuity. In comparison, the movies group improved by 0.7 lines.

Gao et al had 115 amblyopic participants in their study, with a mean age of 21.5, plus or minus 13.6 years. The study was a home-based trial. A total of 56 participants were randomly allocated to the action video game group and 59 were allocated to the non-action video game group (placebo).

After six weeks in the active group, the mean improvement in visual acuity was 0.6 lines and 0.7 lines in the placebo group. These results are substantially dissimilar to the above studies. Unlike the other studies, these findings were established as statistically non-significant. No significant differences in visual acuity were noted, between the active and placebo groups. However, only 36 (64 per cent) in the active group and 49 (83 per cent) in the placebo group met the study definition of compliance.

DISCUSSION

Three of the studies sample sizes were all small, ranging from 18 to 38 subjects. On the contrary, Gao *et al* used a sample of 115 subjects. A small sample size was not justified in any of the three studies. According to Creswell, this means that there is a higher potential for error, or in other words, the sample results will not reflect

in amblyopic patients

that of the overall population. This is known as sampling error. This means therefore, that the results are likely to be biased and lack generalisability.

All the studies obtained approval from ethical committees before the research was carried out. They all also obtained informed consent from all of the participants involved.

The studies all used a LogMAR chart to measure VA. This chart is seen as clinically superior to the Snellen chart, which has many design flaws and therefore LogMAR charts are recognised as more precise and are more reliable in terms of repeatability.

Three studies were a cohort design. These included the studies by Li, Ngo and Levi, Vedamurthy *et al* and Li *et al*. All the studies measured the VA pre- and post-intervention. Only Vedamurthy *et al* and Gao et al carried out follow-up assessments. However, these studies discussed issues with participants withdrawing from the study. Vedamurthy *et al* had a high drop-out rate and an uneven number was left between both groups. They carried out a secondary statistical analysis to ensure there was no bias caused by the drop-out rate.

Li, Ngo and Levi and Li *et al* did not discuss any drop-outs. The study by Gao *et al* was a randomised controlled trial. This type of study is considered the gold standard for reliability in clinical research. However, they suffered multiple participant withdrawals which was not accounted for and may have biased the results.

Vedamurthy *et al* concluded that their study showed marked improvements in VA with game training, compared with patching or occlusion therapy. They suggested that their study highlighted potential methods for improving amblyopia in adults, but they did not discuss any limitations in their study.

Likewise, Li, Ngo and Levi and Li *et al* also concluded that action video game play resulted in VA improvement in amblyopia and therefore suggested that these findings could have important implications clinically.

Li *et al* noted the limitations of their study. These included a lack of randomisation, uneven group numbers and distribution, as well as small sample sizes. They established that larger sample sizes are necessary for future studies to form solid conclusions. Conversely, Gao *et al* concluded that there was no evidence that game playing improved VA. However, they acknowledged that they were unable to monitor the participants' attention when at home and whether they were carrying out the test procedure correctly. They added that this may nullify or reduce the effects of the game treatment.

In addition, they used a falling blocks game which may have been less engaging than the action video games used by the other studies. This may explain the contrasting results. Gao *et al* also carried out their study in a home-based environment in comparison to the other three studies which based their study within a laboratory.

CONCLUSION

Despite seemingly reliable study designs, all the studies appear to have major limitations affecting their application. This greatly impacts the reliability and generalisability of the findings.

The studies by Li, Ngo and Levi, Li *et al* and Vedamurthy *et al* all found a significant improvement in VA after action video game intervention. These three studies were all carried out in a laboratory.

Gao *et al* based their experiment in a home-based environment, including a large sample, which arguably should produce more realistic findings. Their findings, however, were not favourable towards video game intervention. Gao *et al* highlighted that, as the study was home-based, the participants could not be monitored, therefore the test procedure may not have been carried out correctly.

These differing results highlight that more research is needed, preferably randomised control trials. The studies should also be home-based as this will provide more representative results. A large sample size is also required to improve generalisability, reliability and validity. This is in order that solid conclusions can be made and to decide whether this innovative treatment can be recommended and implemented in clinical practice.

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Supervision: the foundation for success

Throughout every stage of life, professionally or personally, there are people who influence us to do great things through an appreciation of our goals and a drive to help us get there. For many students, that person is their supervisor. Steve Hertz FBDO takes us through the role and talks to those 'in the know' about their experiences.


Steve Hertz

What is supervision?

When discussing the term supervision, it is important to highlight the distinct differences between being the responsible practitioner on site when delegated tasks are carried out by those not professionally qualified and/or registered to do them – and being a registered supervisor of a student dispensing optician or trainee contact lens optician/low vision practitioner. The former is a position of responsibility that should be mutually agreed between the registrant and the practice staff and management. The latter is a more formalised role, agreed between the registrant, the student and their educational institute.

The supervisor acts as a mentor to aid the trainee's educational journey and works closely with both the trainee and the practice team to help promote a positive environment for all. However, there are overlaps.

In both cases, the registrant retains overall clinical responsibility for the tasks completed, yet the role of supervisor in educational terms can, and should be, one that reaches much further than the associated GOC standards.

A good supervisor can make all the difference to creating a confident, highly motivated and skilled practitioner. A positive relationship between supervisor and trainee is based on open and regular communication, which can create an atmosphere whereby mutual learning and development become the norm and as an inevitable result, patient care reaches an excellent standard. So, what does this look like in reality?

Clearly, there is no set check list to tick off when it comes to what good looks like. Practice environment, company policies, hours of work and clinic management will all have a bearing on how the role looks in each scenario. There are, however, principles that ABDO College would expect to see present throughout our community of supervisors.

Supervisors should act as a role model in both behaviour and in clinical dedication. The supervisor should have a good understanding of the student's education and the elements required to ensure a successful outcome. Regular communication between supervisor and trainee is key to gauging progress and when further support or advice may be needed. Arguably, most importantly, there needs to be respect and trust in the supervisor's guidance and the trainee's attitude to learning.

The relationship is built over the years of study and can be hugely rewarding for both parties, believes Rae Morrison. Rae is lead dispensing optician for a large group of practices in Scotland and co-ordinates resources and training for the students in their practices. "My favourite part of the role is simply hearing about the students enjoying the course. Hearing them talk passionately just makes me happy," explains Rae. "I love the feeling when you explain a concept in a different way to a student and they have that lightbulb moment. It's amazing."

A joined-up approach

One of the key issues often raised by students while at the College is how their practice environment can have a huge impact on their progress. Many feel like their journey through the course

can easily become separated from their day-to-day role in practice. The reality, of course, is that the two are intrinsically linked. The adage that you get out what you put in is a fundamental aspect of a student's learning, however, it is often overlooked from the perspective of the employer or management group, as Claire Walsh highlights.

Claire is a DO/CLO in an independent practice in Hertfordshire and has supervised and tutored many students over the years, through both the FBDO and contact lens programmes. "Employers must recognise the demands and stresses of full-time work, combined with a high-level study. It is hard," emphasises Claire. "Students often face 15 or more hours of study per week on top of their hours in practice. Many also have families and responsibilities at home that don't stop as soon as the textbooks open."

> 'Tell me and I forget, teach me and I may remember, involve me and I learn.'
>
> **Benjamin Franklin**

A well supported trainee working in a positive, open environment is much more likely to be a motivated, loyal and productive asset to the practice, both during training and when qualified. As Rae says: "One of the most important things I believe that managers and employers can contribute to the student's environment is time. Planned in catch-ups are crucial and being too busy cannot be excuse to miss them."

A feature of the ophthalmic dispensing, contact lens and low vision programmes is the requirement for students to complete many practical tasks in practice, alongside the need to attain experience in dealing with specific patient needs. These are recorded as case records in the pre-qualification portfolio (PQP). Many of the prescriptions required are not your standard everyday varieties so an awareness throughout the practice on the kind of patients required by the trainee is very helpful. During my training, I vividly remember running up and down the High Street between the two practices I worked at as colleagues phoned me with the prescriptions they were encountering which I needed. Had my colleagues not been aware of my requirements, and been so supportive, completion of my portfolio would have

Supervision and the GOC

GOC standard nine applies to supervision and is as follows:

Ensure that supervision is undertaken appropriately and complies with the law. This applies to the supervision of pre-registration trainees and unregistered colleagues undertaking delegated activities. The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor and those being supervised.

Adequate supervision requires you to:

- Be sufficiently qualified and experienced to undertake the functions you are supervising
- Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity
- Be on the premises, in a position to oversee the work undertaken and ready to intervene, if necessary, to protect patients
- Retain clinical responsibility for the patient. When delegating, you retain responsibility for the delegated task and for ensuring that it has been performed to the appropriate standard
- Take all reasonable steps to prevent harm to patients arising from the actions of those being supervised
- Comply with all legal requirements governing the activity
- Ensure that details of those being supervised, or performing delegated activities, are recorded on the patient record


Claire Walsh


Rae Morrison

immeasurably tougher. The little things really can add up to help you to succeed.

One journey, mutual benefit

The focus of any training course has to be the student and their progression towards achieving their goals, however, there are also great personal benefits to be attained from taking on the role of supervisor.

Claire feels that supervisors can gain a lot from re-exposure to topics potentially studied many years before, or being questioned on new theories and techniques. She says: "It is very easy to get stuck in habits through years of doing things the same way. Having a trainee ask the simple question 'why?' often provokes great conversation and an exchange of ideas."

In her role as lead dispensing optician, Rae is in regular communication with all of her company's supervisors and finds one of the overriding skills that improves throughout the course is management. "It's great practice in management skills," she emphasises. "The courses can be stressful at times for the students and it's a great opportunity for the supervisor to help manage the situation. This could be co-ordinating a plan of action and implementing it, or simply calming the student down through empathy and understanding."

Changing lives and giving back

According to Claire, the best things about being a supervisor go above the academic and practical side of the role. "When I trained, my own mentor was amazing so I had a great example from the start. I get real satisfaction and a personal boost from knowing that I was responsible for aiding a student's career. There is a real sense of achievement from seeing your trainee develop into a confident, highly skilled professional."

Rae echoes that sentiment: "Being an approachable, interested and engaging supervisor will earn the appreciation of any student. It can be so rewarding, from experiencing your student finally grasp a concept they've been wrestling with for weeks, to being with them when

'A well supported trainee working in a positive, open environment is much more likely to be a motivated, loyal and productive asset to the practice.'

Rules for supervisors

ABDO College requires the following conditions to be fulfilled to accept someone as a student's supervisor:

- The individual must be GOC registered as a dispensing optician, contact lens optician or an optometrist
- They must have at least two continuous years of full GOC registration before beginning to supervise a student.
  This must be post-qualification in their discipline or speciality
- The individual must be registered with the GOC at the same practice address as the student
- They must not be supervising more than two students at the same time at any point, on any optical programme

they get their confirmation of passing exams. Knowing you had a hand in their success is an excellent feeling," she concludes.

Here to help

One area that is often overlooked by supervisors already in the role, or considering taking up the position, is that of the large amount of support that currently exists to help them along the way. ABDO College recently launched the Supervisor Zone through the College website (www.abdocollege.org.uk) as an online resource for supervisors across all the courses. It provides a one-stop-shop for information on course structures, dates and responsibilities of both supervisors and students, as well as contact details for the groups relevant to particular areas.

The Supervisor Zone will be updated and added to as policies are amended and guidance changes. We are always looking for feedback though, so please drop us a line at the College if you feel you have an idea of how we can improve it. On that subject, the courses team in Godmersham is always available for queries from supervisors and students alike, so if you would like advice around an issue you are facing, we are here to help.

It's worth noting though, that practices will often have a person, or department, responsible for the training and development of their employees and we would always advise contacting them as a first port of call as it may be that your query is related to policies that are enforced on a company basis.
As a guide, listed below are the various sources of advice that can be accessed by practice supervisors, along with the areas of the courses that the particular body deals with.

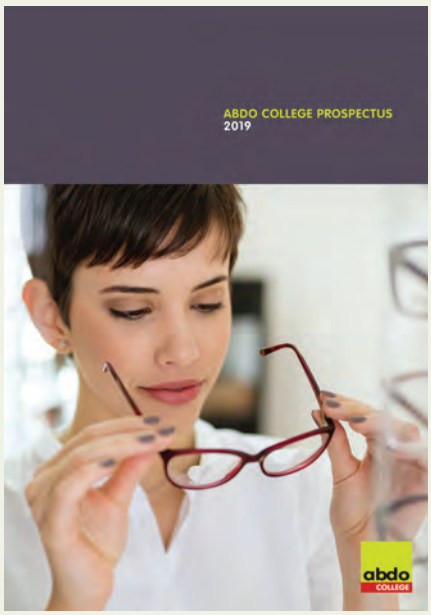
ABDO College – support areas include coursework, learning support, Practical Training Timetables (PTT), timekeeping and residential blocks. Contact details: info@abdocollege.org.uk or 01227 738 829

ABDO Examinations – support areas include Pre-Qualification Portfolios (PQP), exams, resits and contact lens case recording. Contact details: exams@abdo.org.uk or 01227 732 921

GOC – support areas include legalities in practice, Code of Conduct and registration. Contact details: goc@optical.org or 0207 580 3898

About the author

Steve Hertz is assistant head of operations for ABDO College and is always looking for feedback and ideas on how the role of supervisor can be supported. Please contact him by emailing shertz@abdocollege.org.uk with your thoughts and suggestions.



New ABDO College prospectus

ABDO College specialises in distance and blended learning education for the optical profession. It is the only college in the UK devoted solely to the teaching of ophthalmic dispensing and its related specialist areas.

Offering a range of courses including optical support, technician training, access, foundation degree, diploma, degree, advanced and honours, ABDO College provides quality programmes leading to ABDO examinations and qualifications.

To obtain a copy of the ABDO College prospectus please visit www.abdocollege.org.uk

NEW COURSES STARTING SOON

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Access courses from ABDO College February 2019

If you want to train to become a dispensing optician, an Access Course from ABDO College could be just what you need.

To apply for the Ophthalmic Dispensing course you need 5 GCSEs grade 4–9 (Grade C or above) including English, maths and a science. An ABDO College Access Course can replace one GCSE.

ABDO College Access Courses are available in English, General Science, Human Biology, Mathematics, Optics and Dispensing.

If you have been out of education for some time, ABDO College Access Courses provide an ideal way to refresh your study skills and get back into learning.

Access Optics and Dispensing is a useful course for new staff induction and for practice reception staff.

Access courses run once a year starting in February and each course takes approximately 20 weeks so you can apply to enter a dispensing courses in September.

Access Courses are currently assessed by continuous assessment only and students are required to achieve an average mark of 70 per cent in their coursework assignments in order to pass.

For further information and application forms for these and other courses, visit **www.abdocollege.org.uk**

KEEPING EXCELLENCE IN YOUR SIGHTS