

## Editorial • How Much is Enough?

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Occasionally on social media pages, optometric education gets blasted. Statements criticize how the colleges of optometry undervalue basic binocular function, pediatrics, and vision therapy. The purpose of optometric education is to teach a basic level of competence in a variety of topics. The number of topics has grown exponentially over the last 75 years, and even since I graduated in 2001, the amount of knowledge required for passing Boards is mind-blowing. This matters because the optometry program has been four years in length for all of that time and new knowledge must be incorporated. Every college of optometry has tackled the balancing act in their own way. Despite the fact that most of us reading this column live in the BV/VT world, creating well-rounded ODs is crucial to our longevity as a profession.

I can speak personally about the experiences at the two colleges at which I have taught, but to be more inclusive, I reached out to some friends to learn more about their VT/peds programs. Let's start with the didactic side of the equation first. At Southern College of Optometry (SCO), the total number of credit hours in the classroom and lab are 132.5. Classes related to BV in some way include vision sensation and perception, ocular motility, pediatrics, VT, and strabismus/amblyopia. The credits for those courses tally up to 15.5. Keep in mind that the topics of general BV testing also occurs in theory and methods classes, and case discussions happen in other courses but over 10% of the didactic load dedicated to BV/VT is not too shabby.

In looking at several other schools there is a range of course hours equivalents from 12 to 24.5. As with SCO, many testing topics and cases are included in other courses, but those counted are specific to the topics in question. In comparing the course catalogs, the quick and dirty average of credits landed in the 15-hour range. The 24.5 number was an outlier for sure.

In looking at the clinical side of the equation, this is really where the schools differ in the exposure that they provide. Some schools offer peds/VT as a 2nd/3rd year-only experience, while others offer it in 2nd, 3rd, and 4th years. Here are a few examples of how each program approaches the issue. I will leave off the names of the programs except, SCO, as I do not want to seem like I am calling out or alienating colleagues at other schools. As much you might be surprised, I do have friends at other schools!

At SCO, there are separate peds and VT services. Each 3rd year spends about 5-6 days in peds and 3-4 days in VT per semester, for a total of 15-18 days in peds and 9-12 days in VT for the year. In the 4th year, the students are on campus for one semester (13-15 weeks) and spend a day in peds and an average of 3/4 of a day in VT each week. They can of course choose an external rotation that offers these services as well. So, the students get a minimum of 45 days in these aspects of care. Most importantly, all 3rd and 4th years are required to provide care in these services.

Another school requires a rotation through peds/VT in the 3rd year for a single semester for half a day per week. In the 4th year, they can choose a BV/peds specialty rotation for their time on campus, which is 5 days a week, but this is by no means required. Yet another school offers peds/VT in the 2nd and 3rd years for a total of about 15 days, but they can avoid the service in the 4th years by choosing another rotation. A third school offers peds/VT, which includes specialty care like sports vision and autism, in the 3rd year for about 25 days of care and 30 days in 4th year.

While in my mind there can never be enough, I acknowledge that my opinion is biased. But seriously, how much clinical care in peds/VT is enough to provide a basic level competence? There really is no answer, of course from a college or accreditation level.

Another question of course is what does basic competency mean in the world of peds/VT? Is a 3-year-old with an esotropia basic level for pediatrics? Should students know how to program VT for an adult suffering from a brain injury? Or...is it enough that we expose the students to these scenarios during their 4 years of schooling?

Circling back to the online critics, the addition of materials, including advanced technology, minor surgical procedures, and lasers, into the curriculum, both in the classroom and clinic has been a challenge. The balancing act to ensure that all students get exposure is something but every college has attempted and still are addressing. Teaching these topics is needed to further the profession of course, but we must also make sure to allow students the opportunity to discover the benefits of care through pediatrics and VT.