

COURSE DAT	A			
Data Subject				
Code	34302		1.	
Name	Paediatric optome	try		
Cycle	Grade			
ECTS Credits	4.5			
Academic year	2018 - 2019			
Study (s)				
Degree	± <	Center	Acad. Period year	
1207 - Degree in Op	otics and Optometry	Faculty of Physics	3 First term	
Subject-matter				
Degree	486 38%	Subject-matter	Character	
1207 - Degree in Optics and Optometry		12 - Optometry	Obligatory	
Coordination				
Name		Department		
HERNANDEZ ANDRES, ROSA MARIA		280 - Optics and Optometry and Vision Sciences		

# SUMMARY

The first years of life is a very dynamic period in which the individual is acquiring each of the visual functions, not present at birth. Over the course will be presented in that time the individual reaches the values of adult visual function and the importance of this in clinical practice. On the other hand, thepediatric patient has a number of features that make it different from adult patient and logically have a great importance in exploring these patients, so inthis course will explain how to scan a patient optometric according to thepediatric age and clinical findings differ from the non-normal normal.



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# PREVIOUS KNOWLEDGE

#### Relationship to other subjects of the same degree

There are no specified enrollment restrictions with other subjects of the curriculum.

#### **Other requirements**

It is recommended that the student has passed the exams: OPTOMETRY I, OPTOMETRY II, OPTOMETRY III,

# OUTCOMES

#### 1207 - Degree in Optics and Optometry

- Desarrollar habilidades de comunicación, de registro de datos y de elaboración de historias clínicas.
- To have and to understand the fundamentals of Optometry for its correct clinical and healthcare application.
- Knowing how to apply the knowledge acquired to professional activity, knowing how to solve problems and develop and defend arguments.
- Being able to gather and interpret relevant data to make judgments.
- Being able to transmit information, ideas, problems and solutions to both a specialized and nonspecialized audience.
- Development of learning skills necessary to undertake further studies with a high degree of autonomy.
- To acquire the skills for the interpretation and clinical judgment of the results of visual tests, to establish the most appropriate diagnosis and treatment.
- Ability to measure, interpret and treat refractive and binocular errors.
- To know the sensory and oculomotor mechanisms of binocular vision.
- To know the principles and to have the skills to measure, interpret, and treat accommodative and binocular vision abnormalities.
- Ability to prescribe, control and monitor optical corrections.
- To acquire the ability to examine, to diagnose and to treat visual abnormalities with special emphasis on differential diagnosis.
- To acquire the clinical skills necessary for the examination and treatment of patients.
- To know the nature and organization of the different types of clinical care.



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- To know the different protocols applied to patients.
- To know and to apply visual screening techniques applied to different populations.
- To know and to apply new technologies in the field of optometric clinic.
- Ability to act as a primary visual care agent.

# LEARNING OUTCOMES

• Interpreting the results of visual tests, and obtaining clinical trial to establish the diagnosis and appropriate treatment.

- Ability to communicate information, ideas, problems and solutions to an audience both specialist and non specialist in language committed to gender equality
- Ability to prescribe, control and monitoring of optical corrections.
- Knowledge of the differences in refractive treatment and diagnosis of pediatric patients.
- Ability to examine, diagnose and treat visual abnormalities with emphasis on differential diagnosis
- Managing the different protocols applied to pediatric patients
- Knowledge and application of visual screening techniques.
- · Ability to act as a visual primary care in the pediatric patient

## **DESCRIPTION OF CONTENTS**

#### **1. THE VISUAL SYSTEM OF THE CHILDREN**

Item 1. The visual and psychomotor development in children.

Item 2. Eye health in children. Prevalence of eye diseases in the pediatric population.

#### 2. VISUAL SYSTEM EFFICIENCY. VISUAL SYSTEM ANALYSIS OPTOMETRIC IN CHILD.

- Item 3. Visual examination adapted to the child.
- Item 4. Visual acuity in children. Measurement and control.
- Item 5. Refraction in children.
- Item 6. Oculomotor evaluation.
- Item 7. Binocular vision.
- Item 8. Accommodation.



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## 3. Visual information processing

9. Visual perception

## 4. DIAGNOSIS, TREATMENT AND PREVENTION.

Item 10. Diagnosis and treatment in children.

- Item 11. The information and interdisciplinary work.
- Item 12. Notes on visual ergonomics and hygiene.

# WORKLOAD

ACTIVITY	Hours	% To be attended
Theory classes	30,00	100
Tutorials	7,50	100
Laboratory practices	7,50	100
Attendance at events and external activities	2,00	0000000
Development of group work	9,00	0
Development of individual work	9,00	0
Study and independent work	20,00	0
Readings supplementary material	5,00	0
Preparation of evaluation activities	5,00	0
Preparing lectures	10,00	0
Preparation of practical classes and problem	5,00	0
Resolution of case studies	2,50	0
TOTA	AL 112,50	

# **TEACHING METHODOLOGY**

1. Lectures: on-campus classes, which taught the theoretical content of the material. Be enhanced using visual methodology that more clearly exemplify the theoretical and examples to develop.

2. Small Group Theory sessions: sessions are dedicated to student work in smaller groups, with proposals of real case studies to be analyzed and studied by the group. In addition to the basic theoretical concepts of matter, will develop practical exercises of the theoretical (problem based learning). Also reinforce theoretical concepts through the study of scientific articles of interest directly related to the subject.

Interrelationship be sought through group oral presentations in the classroom, under the supervision of the teacher.





3. Individual works protected: are jobs that are assigned to each student, allowing you to deepen individually in a specific subject. While the teacher can keep track of work individually.

4. Laboratory practical classes: in which in a practical manner theoretical concepts developed in various fields, including screening in schools, revisions to children or adolescents in clinical settings, etc.

## **EVALUATION**

The assessment system will be based on this subject:

A) Written evaluation (60%), by allowing theoretical questions verify theoretical assimilation of matter and issues theory and practice which evaluates the student's ability to perform

real applications of the techniques and models studied. Always be assessed critical ability of the student, and the correction argument and justifications proposals. It may consist of a series of multiple choice questions and / or short questions.

B) Continuous assessment (25%), established from different indicators, such as allocation and development of custom work interactively issues in the classroom. Also there will be group work/individual work that will be assigned and evaluated.

C) Assessment of the practical part of the course (15%) by the practices in a differents places (schools, Optometry Clinic, etc.), allow to analyze the evolution of the skills of the student; therefore assisting these practices will be obligatory for all students.

Qualified to pass the course will be 50%. Basic requirement is to have a minimum score half points in each of the sections.

The necessary qualification to pass the subject will be 50%. In addition it is basic requirement to have a minimum score of half points in each of the sections.

A person who can not attend at least 5 Seminars (for justified reasons) must communicate at the beginning of the term to the teacher in order to have another differents Seminars.

## REFERENCES

Basic	
- Referencia b1:	Montés Micó R. optometría: Aspectos avanzados y consideraciones Especiales.
Elsevier. 2011:	ISBN: 978-84-8086-890-7
Referencia b2:	Rosenfield M. Logan N. Optometry. Science, Techniques and clinical Management.
2 <sup>a</sup> edition	
Referencia b3:	Grosvenor T. primary Care optometry. Butterworth-Heinemann. 5 <sup>a</sup> edition (2006)
Referencia b4:	
Montés Micó R.	Optometría. Principios básicos y aplicación clínica. 2011. Elsevier ISBN: 978-84-8086-
822-8	
Referencia b5	Ferré J. Aribau, E. (2002): El desarrollo neurofuncional del niño y sus trastornos,



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Barcelona, Lebón

10.2 Referencias Complementarias

Referencia C1: Optometría Pediátrica. Xàtiva, Ulleye (2004).

Referencia c2: Benjamin W.J.: Borish's Clinical Refraction.Missouri, Butterworth Heinemann. (2006)

Referencia c3: Buckingham T. Visual Procedures in childhood. Oxford. 1993

Referencia c4: Press, L.J. Moore, B. D. (1993): Clinical Pediatric, Butterworth-Heinemann.

Referencia c5: Scheiman MM, Wick B.(1996): Tratamiento clínico de la visión binocular: disfunciones heterofóricas, acomodativas y oculomotoras. Madrid, Lippincott-Ciagami.

