APPENDIX 32.

COMPETENCY CURRICULA FOR
OPHTHALMIC CLINIC ASSISTANT
AND
OPHTHALMIC TECHNICIAN

APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

AUGUST 31, 1974

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OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)
**A System Approach to Navy Medical Education and Training**

**Office of Naval Research**
Department of the Navy
Arlington, Virginia 22217

**Purpose**
To develop a system of job analyses applicable to all system-wide health care manpower tasks. The study objective consisted of determining what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50...
currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.
The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.
Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.
Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

**Instructional Sub-System**

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.
Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.
The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Muscard, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.
OPHTHALMOLOGY

ASSISTANT
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**OPHTHALMIC CLINIC ASSISTANT**

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COMPETENCY UNIT I: CLINICAL PROCEDURES

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Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Clinical Procedures

MODULE 1: HISTORY TAKING

TASKS
a. Obtain chief complaint
b. Obtain history of present illness, especially pain, redness, discharge or decrease in visual acuity
c. Obtain past ocular history—glasses, contact lens, previous eye problems—with reference to previous eye medications
d. Obtain history of allergies, drug sensitivities and treatment for current medical problems
e. Record patient history

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for routine screening
(behavior) The OPHTA will obtain and record patient history including: complaints and symptoms of pain, redness, discharge, sudden decrease of vision or other disturbances; ophthalmic history (eye wear, medications, occupation), ascertain patient's allergic reaction to medications, and patient's social and family history
(Conditions) With limited supervision and subject to review by the physician
(Criteria) History must be accurate and concise
(Consequence) Provide recorded historical information for the physician
(Next Action) Inform physician of history taking information and follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

History taking principles
History taking techniques
Meaning of eye symptoms
Preparation of laboratory reports, exams and consultation forms
Communication techniques
Clarity in recording
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Clinical Procedures

MODULE 2: NURSING PROCEDURES

TASKS
a. Administer medication to eye/ear/nose, e.g., dilate pupils
b. Apply topical anesthesia
c. Apply topical medication to mucosal tissue, e.g., oral, eye, stoma
d. Patch eyes
e. Irrigate eyes

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will administer medications to the eye, apply topical anesthesia, apply topical medications, patch eyes and irrigate eyes
(Conditions) Minimal supervision as determined by the physician
(Criteria) Medication, patches and irrigations must be correct and performed as ordered
(Next Action) Record medications, patches and irrigations in patient's record and inform physician

KNOWLEDGES AND SKILLS

Techniques of administering eye medication
Irrigation procedures and techniques
Patching techniques and procedures
Ophthalmic pharmacology and toxicology
Techniques for applying medication, doing irrigation and patching eyes
Eye-hand coordination
Manual dexterity
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Clinical Procedures

MODULE 3: SPECIMEN PREPARATION FOR LABORATORY EXAMINATION

TASKS

a. Set up and maintain stowing procedures
b. Prepare/preserve specimen for forwarding
c. Prepare, label and send tissue specimens
d. Pick up/deliver specimens
e. Label/accession specimen containers, e.g., tubes, slides
f. Log specimens received
g. Assess completeness of laboratory reports
h. Prepare smears for microscopic analysis
i. Prepare, label and send culture specimens to laboratory
j. Disinfect instruments/materials/equipment
k. Assist physician in obtaining ocular specimens, e.g., conjunctival scrapings, chalazion curettings

PERFORMANCE OBJECTIVE

(Stimulus) When assigned the responsibility of initial specimen handling

(Behavior) The OPHTA will confirm proper identification of patient and specimen, ascertain test to be performed, label, log and ascertain as appropriate

(Conditions) Without supervision

(Criteria) Done in accordance with local laboratory directives for specimen collection

(Consequence) Will decrease laboratory errors resulting from improperly labeled specimens

(Next Action) Insure that specimens have been properly routed or mailed in appropriate containers

KNOWLEDGES AND SKILLS

Use of appropriate specimen containers
Preservation and handling of various specimens
Proper labeling procedures
Use of specimen log
Ocular specimen collection technique
Use of preservatives
Use of specimen labels
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Clinical Procedures

MODULE 4: PROVIDE INFORMATION FOR/IN TECHNICAL PROCEDURES

TASKS
a. Reassure/calm children for examination or treatment
b. Teach patient self-administration of medications
c. Teach family (i.e., parent) administration of medications
d. Review printed instructions with patient
e. Inform patient on side effects of medications

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders
(Behavior) The OPHTA will teach patient/family administration of medications, inform patient/family of symptoms of intolerance and review printed instructions with patient
(Conditions) Without supervision; using printed instructions containing necessary information on medication and side effects
(Criteria) Information must be correct and not misleading to the patient
(Consequence) Well-informed patient or family
(Next Action) Refer patient to physician concerning symptoms and disease

KNOWLEDGES AND SKILLS

Communication
Public relations
Ability to give clear instructions and confirm that they are understood
Tact
Expected drug actions and reactions
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Clinical Procedures

MODULE 5: HANDLING PATIENT'S QUESTIONS

TASKS
a. Identify the patient's needs
b. Respond to patient's questions

PERFORMANCE OBJECTIVE

(Stimulus) Upon inquiry by a patient

(Behavior) The OPHTA will answer the patient's non-technical or routine questions and advise the patient to ask the physician all questions related to diagnosis or treatment

(Conditions) Without supervision

(Criteria) Information must be accurate and not misleading to the patient

(Next Action) Refer patient's technical questions to physician

KNOWLEDGES AND SKILLS

Discriminate between routine and diagnostic/treatment questions
Communications
Ability to listen and give clear instructions
Tact
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Clinical Procedures

MODULE 6: PREVENTION OF BLINDNESS

TASKS
a. Instruct patient in the seven eye danger signals
b. Instruct patient in first aid for eye injuries

PERFORMANCE OBJECTIVE

(Stimulus) Upon inquiry by a patient or request of the physician
(Behavior) The OPHTA will distribute prepared printed information and answer the patient's questions on the seven eye danger signals and first aid for eye injuries
(Conditions) With minimal supervision
(Criteria) Information must be correct and not misleading to patient
(Consequence) Well-informed patient
(Next Action) None apparent

KNOWLEDGES AND SKILLS

Selected statistics on blindness
Seven eye danger signals:
1. Persistent redness of the eye
2. Continuing discomfort or pain, especially after injury
3. Loss of visual acuity
4. Crossing of the eyes, especially in children
5. Growths on the eye or eyelids, or opacities visible in the normally transparent parts of the eye
6. Continuing discharge, crusting or tearing of eyes
7. Pupil irregularities

First aid for eye injuries; patient/family administration

Communications
Ability to give clear instructions
Tact
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT II: Ophthalmic Optics

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Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Ophthalmic Optics

MODULE 1: OPTHALMIC OPTICS

TASKS
a. Perform preliminary refractive tests
b. Estimate optical refractive error with retinoscope
c. Operate automated refractometer
d. Estimate optical refractive errors with fogging technique (dials and cylinders)
e. Refine refractive error measurement with cross cylinder for cylinder and axis
f. Refine refractive error measurement with duochrome test for sphere
g. Record measurement data obtained

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will perform preliminary refractive tests and preliminary optical measurements and record findings on appropriate form, SF 600
(Conditions) With supervision
(Criterion) According to physician's instructions
(Consequence) Preliminary information for physician's determination of patient's refractive requirements

KNOWLEDGES AND SKILLS

Characteristics of light refraction and reflection
Metric system
Basic arithmetic:
  Algebra
  Fractions
  Decimal fractions
  Denominator and fractions
  Ratio and proportions
  Factors and roots
Diopter system
Optics: prisms and lenses; transposition
COMPETENCY: OPTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Optics

MODULE 2: PERFORMING LENSOLOGY

TASKS
a. Perform lensometry
b. Measure power of spectacles or contact lenses to determine sphere, cylinder, axis, prism
c. Detect presence of prism
d. Measure prism amount and direction

PERFORMANCE OBJECTIVE

(Stimulus) Given spectacles or contact lenses
(Behavior) The OPHTA will determine their optical characteristics
(Conditions) Without supervision; using the lensometer
(Criteria) An accurate measurement within range specified by physician or optometrist
(Next Action) Make measurements available to physician or optometrist

KNOWLEDGES AND SKILLS

Technique of using lensometer/vertometer
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT III: ORBIT

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COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Orbit

MODULE 1: ORBITAL SIGNS

TASKS
a. Observe/report presence or absence of redness
b. Observe/report presence or absence of swelling
c. Measure for/report presence or absence of ocular protrusion
d. Observe/report presence or absence of subcutaneous crepitus

PERFORMANCE OBJECTIVE

(Stimulus) Patient complaining of pain, redness or swelling in orbital area
(Behavior) The OPHTA will observe for presence or absence of redness, swelling or subcutaneous crepitus, measure for ocular protrusion and record findings in patient's record
(Conditions) With limited supervision by physician
(Criteria) Accurate observing and reporting of presence or absence of abnormal orbital signs
(Consequence) Will produce pertinent information regarding the presence or absence of orbital signs
(Next Action) Inform physician and follow his orders regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of orbit
Anatomy and physiology of accessory sinuses
External diseases of eye and adnexa--orbit
Meaning of eye symptoms--orbit
Differential diagnosis of "red eye"
Clarity in charting and recording
Accuracy in observation
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT IV: EYEBALL/SIGNS

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Eyeball/Signs

MODULE 1: EYEBALL/SIGNS

TASKS
a. Observe/report the presence or absence of tearing
b. Observe/report the presence or absence of redness of eyeball
c. Observe/report presence or absence of hemorrhage
d. Observe/report presence or absence of lacerations

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of symptoms of tearing, pain or redness of the eye or a history of trauma to the eye
(Behavior) The OPHTA will observe for the presence or absence of redness of the eyeball, tearing, hemorrhage or laceration and report immediately to the physician the presence of any of the above
(Conditions) With limited supervision by physician
(Criteria) Observations must be correct and not misleading to the physician
(Consequence) Will produce pertinent information regarding presence/absence of these signs
(Next Action) Follow physician's orders regarding patient care

KNOWLEDGES AND SKILLS

Internal diseases of the eyeball
Meaning of eye symptoms—eyeball
General anatomy and physiology of the eyeball/globe
Accuracy in observation
Clarity in recording and charting
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT V: EYELID

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Eyelid

MODULE 1: EYELID SIGNS

TASKS
a. Observe/report redness, swelling, crusting or drainage of eyelid
b. Observe/report eyelid lacerations and/or abrasions
c. Observe/report growth on eyelid

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of symptoms of ptosis or pain, drainage, redness, growths or abrasions and lacerations of the eyelid

(Behavior) The OPHTA will measure the degree of ptosis and observe and report redness, swelling, crusting or drainage of the eyelid; lacerations or abrasions of the eyelid and growths on the eyelid

(Conditions) Under limited supervision by the physician

(Criteria) Observations must be correct and not misleading to the physician

(Consequence) Will produce pertinent information regarding presence or absence of these signs

(Next Action) Follow physician's orders regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of eyelid
Meaning of eye symptoms--eyelid
External diseases of the eye and its adnexa
Clarity in recording and charting
Accuracy in observation
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Eyelid

MODULE 2: EYELID TESTS

TASKS
a. Measure vertical width of palpebral fissure
b. Measure length of palpebral fissure

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will measure vertical width of palpebral fissure; measure length of palpebral fissure
(Conditions) With limited supervision by the physician; using a flashlight, millimeter rule
(Criteria) Observations must be accurate
(Consequence) Information leading to determination of presence or absence of positional anomalies of the lid
(Next Action) Report by recording measurements on patient's record

KNOWLEDGES AND SKILLS

How to read millimeter ruler
Manual dexterity
Eye-hand coordination
Skill in reading and recording of measurements
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT VI: LACRIMAL SYSTEM

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Lacrimal System

MODULE 1: LACRIMAL SYSTEM SIGNS

TASKS
a. Observe and report for epiphora
b. Observe and report redness and swelling of lacrimal structures

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of symptoms of pain, tearing, redness of eyelid or lacrimal structures
(behavior) The OPHTA will observe for and report presence or absence of pain, tearing, redness of eyelid or lacrimal structures
(Conditions) With limited supervision; using a flashlight
(Criteria) Accurate recognition of these signs
(Consequence) Will produce pertinent information regarding presence/absence of these signs
(Next Action) Follow physician's orders regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of lacrimal system
Meaning of eye symptoms—lacrimal system
External diseases of eye and its adnexa—lacrimal system
Accuracy in observation
Clarity in recording and charting findings
Competency: OPHTHALMIC CLINIC ASSISTANT (OPETA)

Unit: Lacrimal System

MODULE 2: LACRIMAL SYSTEM TESTS

TASKS
a. Assist with tests for tear production e.g., Schirmer test
b. Assist with tests for lacrimal functions
c. Assist with tests for conjunctival defects
d. Assist with lacrimal irrigations

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders
(Behavior) The OPTRA will set up the materials and equipment and assist the physician with tests for lacrimal system functions and for conjunctival defects
(Conditions) With direct supervision
(Criteria) In accordance with physician's instructions
(Consequence) Completion of the tests by the physician in the most expedient and efficient way within a minimal amount of time
(Next Action) Report by recording the physician's examination findings

KNOWLEDGES AND SKILLS
Side effects of anesthetics, stains
Maintaining sterility of stains
Technique for Rose Bengal test (use rose bengal stain, topical anesthetic and eye irrigation solution)
Technique for lacrimal patency (use fluorescent stain strips, nasal speculum, cotton ball and cotton applicator)
Manual dexterity in handling delicate instruments
Eye-hand coordination
Physiology of tears
Diseases of the lacrimal system
Technique for measuring tear production (Schirmer test and others)
Technique for lacrimal irrigations
Competency: Ophthalmic Clinic Assistant (OPHTA)

Competency Unit VII: Conjunctiva

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)
Unit: Conjunctiva

MODULE 1: CONJUNCTIVA SIGNS

TASKS
a. Observe/report presence or absence of tearing
b. Observe and report presence or absence of redness of eyeball
c. Observe/report conjunctival lacerations
d. Observe/report conjunctival foreign body
e. Observe/record or describe characteristics of abnormal drainage from the eyes

PERFORMANCE OBJECTIVE
(Stimulus) Given a patient complaining of sudden onset of symptoms of tearing, pain, redness of the eye, history of trauma to the eye or foreign body sensation
(Behavior) The OPHTA will observe for conjunctival discharge, lacerations or foreign bodies and report to the physician
(Conditions) With limited supervision; using a flashlight
(Criteria) Accurate recognition of conjunctival lacerations and conjunctival foreign bodies
(Consequence) Will produce pertinent information regarding presence or absence of these signs
(Next Action) Follow physician's orders regarding further care

KNOWLEDGES AND SKILLS
Anatomy and physiology of conjunctiva
Meaning of eye symptoms--conjunctiva
External disease of eye and adnexa--conjunctiva
Accuracy in observation
Clarity in recording and charting findings
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Conjunctiva

MODULE 2: CONJUNCTIVA EXAMINATION

TASKS

a. Assist with slit-lamp biomicroscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the materials and equipment for examination of a patient with possible abrasions, lacerations, injury of eye, etc., and assist physician with examination
(Conditions) With direct supervision; using fluorescein strips, eye irrigation fluid, cobalt blue light and/or slit-lamp with cobalt blue light
(Criteria) In accordance with physician's directions
(Consequence) Completion of the test by the physician in the most expedient and efficient way within a minimal amount of time
(Next Action) Report by recording physician's examination findings

KNOWLEDGES AND SKILLS

Eye-hand coordination
Technique of fluorescein staining
Manual dexterity in handling delicate instruments
Proper positioning of patient for slit-lamp examination
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Conjunctiva

MODULE 3: CONJUNCTIVA TREATMENT

TASKS a. Assist in removal of foreign body

PERFORMANCE OBJECTIVE

(Stimulus) Upon the physician's orders
(Behavior) The OPHTA will set up the materials and equipment and assist physician with removal of conjunctival foreign body
(Conditions) With direct supervision
(Criteria) In accordance with the physician's instructions
(Consequences) Completion of the treatment by the physician in the most expedient and efficient way within a minimal amount of time
(Next Action) Apply topical medication, antibiotics and patch eye as directed by physician

KNOWLEDGES AND SKILLS

- Technique of removing conjunctival foreign body
- Eyes-hand coordination
- Manual dexterity in handling delicate instruments
- Technique of disposing of dirty instruments
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT VIII: CORNEA

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Cornea

MODULE 1: CORNEAL SIGNS

TASKS
a. Observe/report for corneal epithelial defects
b. Observe/report for foreign body
c. Observe/report corneal laceration

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of tearing, pain, redness of the eye or history of trauma to the eye

(Behavior) The OPHTA will observe for corneal epithelial defects, corneal foreign body or corneal laceration, and report to the physician

(Conditions) With limited supervision; using a flashlight

(Criteria) Accurate recognition of the signs

(Consequence) Will produce pertinent information regarding presence/absence of these signs

(Next Action) Follow the physician's orders regarding further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of cornea
Meaning of eye symptoms—cornea
External diseases of eye and adnexa—cornea
Accuracy in observation
Clarity in recording and charting findings
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Cornea

MODULE 2: CORNEAL KERATOMY TEST

TASKS
a. Calibrate keratometer
b. Measure corneal curvature (keratometry)

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will perform keratometry
(Conditions) With minimal supervision; using properly adjusted keratometer (ophthalmometer)
(Criteria) Upon technical review is judged correctly performed
(Consequence) Provide patient's keratometry findings
(Next Action) Report by recording these findings

KNOWLEDGES AND SKILLS

Technique of keratometry
Technique of calibrating keratometer (ophthalmometer)
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments
Eye-hand coordination
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Cornea

MODULE 3: CORNEAL TESTS

TASKS
a. Assist with corneal staining tests, e.g., fluorescein, rose-bengal
b. Assist with slit-lamp examination

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the materials and equipment and assist the physician with slit-lamp examinations and with corneal staining tests
(Conditions) With direct supervision; using fluorescein stain, rose bengal stain, etc. and slit-lamp
(Criteria) In accordance with physician's instructions
(Consequence) The completion of the exam and tests by the physician in the most expeditious and efficient way within a minimal amount of time
(Next Action) Report by recording the physician's exam findings

KNOWLEDGES AND SKILLS

Technique of corneal staining
Techniques of slit-lamp examination
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments
Eye-hand coordination
Competency:  OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit:  Cornea

MODULE 4:  CORNEAL TREATMENT

TASKS  a.  Assist with foreign body removal from cornea

PERFORMANCE OBJECTIVE

(Stimulus)  Upon physician's orders
(Behavior)  The OPHTA will set up the material and equipment and assist the physician with the removal of a corneal foreign body
(Conditions)  With direct supervision; using topical anesthetics, eye spud, #21 needle, slit lamp and/or magnifying lenses and light
(Criteria)  In accordance with physician's directions
(Consequence)  Completion of the test by the physician in the most expedient and efficient way
(Next Action)  Apply topical antibiotic and patch as directed by physician

KNOWLEDGES AND SKILLS

   Technique of removing corneal foreign body
   Eye-hand coordination
   Manual dexterity in handling delicate instruments
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT IX: SCLERA

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Sclera

MODULE 1: SCLERAL SIGNS

TASKS
a. Observe for presence or absence of redness of eyeball
b. Observe/report scleral lacerations
c. Observe/report scleral foreign bodies

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of tearing, pain or redness of the eye or a history of trauma to the eye

(Behavior) The OPHTA will observe sclera for redness of eyeball, lacerations and foreign bodies and report to physician

(Conditions) With limited supervision; using a flashlight

(Criteria) Accurate recognition of these signs

(Consequence) Will produce pertinent information regarding presence/absence of these signs

(Next Action) Follow physician's orders regarding further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of sclera
Diseases of eye and adnexa--sclera
Meaning of eye symptoms--sclera
Clarity in recording and charting
Accuracy in observation
Compentency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT X: ANTERIOR/POSTERIOR CHAMBER

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Anterior/Posterior Chamber

MODULE 1: ANTerior/POSTERIOR CHAMBER SIGNS

TASKS
a. Observe for presence or absence of redness of the eyeball
b. Observe for/report blood in anterior chamber

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of tearing, pain or redness of the eye or a history of trauma to the eye
(Behavior) The OPHTA will observe for and report redness of the eye or blood in the anterior chamber
(Conditions) With limited supervision; using a flashlight
(Criteria) Accurate recognition of these signs
(Consequence) Will produce pertinent information regarding presence/absence of these signs
(Next Action) Follow physician's instructions regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of anterior/posterior chamber
Internal diseases of the eye
Meaning of eye symptoms—anteriort/posterior chamber
Accuracy in observation
Clarity in recording and charting
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Anterior/Posterior Chamber

MODULE 2: ANTERIOR/POSTERIOR CHAMBER TESTS

TASKS
a. Assist with slit lamp biomicroscopy
b. Assist with making smear and culture of anterior chamber fluid (paracentesis)
c. Assist with gonioscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the materials and equipment and assist physician with slit-lamp biomicroscopy, making a smear and culture of chamber fluid, and gonioscopy exam
(Conditions) With direct supervision
(Criteria) In accordance with physician's instructions
(Consequence) Completion of the procedures by the physician in the most expedient and efficient way in a minimal amount of time
(Next Action) Report by recording physician's examination findings and forward anterior/posterior chamber material to appropriate laboratory

KNOWLEDGES AND SKILLS

Anatomy and physiology of anterior/posterior chambers
Gonioscopy techniques
Slit-lamp biomicroscopy techniques
Smear and culture techniques
Accuracy in recording and charting
Manual dexterity
Eye-hand coordination
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XI: IRIS AND PUPIL

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Unit: Iris and Pupil

Module 1: Iris and Pupil Signs

Tasks
a. Observe for presence or absence of redness of eyeball
b. Observe for/report inequality of pupils

Performance Objective

(Stimulus) Given a patient complaining of symptoms of tearing, pain or redness of the eye or a history of trauma to the eye

(Behavior) The OPHTA will observe for redness of eyeball and for inequality of pupils

(Conditions) With limited supervision; using a flashlight or ophthalmoscope

(Criteria) Accurate recognition of these signs

(Consequence) Will produce pertinent information regarding presence/absence of these signs

(Next Action) Follow physician's instructions for further patient care

Knowledges and Skills

Anatomy and physiology of iris and pupil
Meaning of eye symptoms--iris and pupil
Internal diseases of the eye--iris and pupil
Clarity in recording and charting
Accuracy in observation
COMPATENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Iris and Pupil

MODULE 2: IRIS AND PUPIL TESTS

TASKS

a. Observe and report if pupils react to light
b. Measure pupillary size
c. Observe and report if pupils respond to accommodation

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will observe and report if pupils respond to light and accommodation stimuli, directly and consensually, and will measure pupillary size

(Conditions) With direct supervision; using a millimeter rule, accommodation target and flashlight

(Criteria) Accurate estimation of pupil size and recognition of pupillary response

(Consequence) Will provide pertinent information to physician

(Next Action) Record findings and report to physician

KNOWLEDGES AND SKILLS

- Technique for determining pupil reaction to direct and consensual light stimulus
- Clarity in recording and charting
- Accuracy in observation
- Manual dexterity
- Technique for measuring pupillary size
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XII: CILIARY BODY/ANGLE STRUCTURE

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COMPETENCY: OPTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ciliary Body/Anklo Structure

MODULE 1: INTRAOCULAR TENSION TESTS

TASKS
a. Perform Schiotz tonometry
b. Perform applanation tonometry
c. Perform tonography

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders
(Behavior) The OPHTA will measure intraocular tension by Schiotz tonometry, applanation tonometry or tonography
(Conditions) With limited supervision; using a tonometer e.g., Berkaly; Tonometer Applanation AO, Tonometer Applanation Goldman, electric Tonograph
(Criteria) Measure intraocular tension tests in accordance with established standards
(Consequence) Estimated intraocular tension is obtained
(Next Action) Report by recording examination findings

KNOWLEDGES AND SKILLS
Techniques of determining intraocular tension by tonometry and tonography
Technique of performing water drinking tests
Ability to use tonometers and calibrate them
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments
Eye-hand coordination
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ciliary Body/Angle Structure

MODULE 2: CILIARY BODY/ANGLE STRUCTURE TESTS

TASKS a. Assist with gonioscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the equipment, position the patient and assist the physician with gonioscopy
(Conditions) With direct supervision; using various types of gonioscopic equipment
(Criteria) In accordance with physician's directions
(Consequence) The completion by the physician of the examination of the anterior chamber angle
(Next Action) Record physician's examination findings

KNOWLEDGES AND SKILLS

Use and operation of gonioscope
Accuracy in observation and reporting test
Manual dexterity in handling delicate instruments
Eye-hand coordination
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XIII: LENS

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COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Lens

MODULE 1: LENS SIGNS

TASKS
a. Observe for/report opacity of lens

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of decreased visual acuity
(Behavior) The OPHTA will observe for evidence of opacity of lens and report according to established procedures
(Conditions) Without supervision; using a flashlight or ophthalmoscope
(Criteria) Accurate recognition of this sign
(Consequence) Will produce pertinent information regarding presence/absence of this sign
(Next Action) Follow physician's orders for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of lens
Meaning of eye symptoms--lens
Definition and causes of cataracts
Clarity in reporting and charting
Accuracy in observation
COMPETENCY: OPTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT:

MODULE 2: VISUAL TESTS, ACCOMODATION

TASKS

a. Measure amplitude of accommodation using lenses
b. Measure range of accommodation using Prince rule

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will measure the patient's amplitude and range of accommodation
(Conditions) With limited supervision; using a Prince rule, minus lens and reading charts
(Criteria) Performed according to standard procedure
(Consequence) Will produce pertinent information regarding amount of accommodative ability
(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

Technique of testing amplitude of accommodation
Eye-hand coordination
Manual dexterity in using Prince rule, lenses and reading charts
Ability to read measurements accurately
Clarity in recording test results
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XIV: RETINA

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COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Retina

MODULE 1: VISUAL ACUITY RETINAL TESTS

TASKS
   a. Measure visual acuity

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will measure visual acuity with and without correction
(Conditions) Without supervision; utilizing eye charts (distance and near), Snellen charts, projector lamp, light intensity meter, projector chart, Lebensohn chart and occluder, having tested the illumination on the distant and near chart with light intensity meter to determine if there is seven or more foot candles of illumination
(Criteria) Performed in accordance with manufacturer's and BuMed manuals and with regard to reproducible results, and illumination of the charts
(Consequence) Measurement of the patient's visual acuity, distance and near, with and without correction
(Next Action) Report and record examination findings

KNOWLEDGES AND SKILLS

Application of principles of light and optics
Technique of visual acuity testing
Judgment
Accuracy in observation and reporting of tests
Manual dexterity in handling instruments
COMPETENCY: OPTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Retina

MODULE 2: VISUAL FIELD RETINAL TESTS

TASKS
a. Test field of vision confrontation
b. Measure central field of vision
c. Measure peripheral field of vision

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will measure central and peripheral visual fields
(Conditions) With minimal supervision; utilizing spectacles for central fields, without spectacles for peripheral fields, with spectacles for aphakic patients with light stimulus from target varied according to prerequisites of the test, but with standard of 7 foot-candles performed unilocularly with tangent screen or autoplat for central fields and Goldman perimeter or standard perimeter for peripheral fields
(Criteria) Performed in accordance with instructions and with regard to reproducible results
(Consequence) Accurate and reproducible measurement of central and peripheral visual fields
(Next Action) Record the fields on the appropriate chart

KNOWLEDGES AND SKILLS

Classification of type of field defects
Types of visual fields defects anticipated with various types of pathologic lesions
Accuracy in observation and reporting tests
Manual dexterity in handling instruments
Accuracy in performing reproducible visual field
Technique of visual field testing
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Retina

MODULE 3: COLOR PERCEPTION RETINAL TESTS

TASKS a. Perform color vision tests by various methods

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will perform color perception tests
(Conditions) Without supervision; utilizing color vision plates, lanterns and wool skeins, without spectacles, with standard illumination for color vision plates
(Criteria) Performed in accordance with manufacturer's instructions, BuMed manual and instructions written on the Farnsworth lantern and with regard to reproducible results
(Consequence) Accurate and reproducible measurements of color perception
(Next Action) Record by reporting examination findings

KNOWLEDGES AND SKILLS

Classification of types of defects
Sex and genetic patterns of color defects
Technique of color perception testing
Accuracy in observation and reporting tests
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Retina

MODULE 4: DARK ADAPTOMETRY RETINAL TESTS

TASKS
a. Perform dark adaptometry

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will perform dark adaptometry
(Conditions) Without supervision; utilizing prescribed equipment
(Criteria) Performed in accordance with manufacturer's specifications and with regard to reproducible results
(Consequence) Accurate and reproducible measurements
(Next Action) Record by reporting examination findings on the appropriate form (SF 88, SF 100)

KNOWLEDGES AND SKILLS

Practical aspects of night vision
Rules for most effective night vision
Technique of dark adaptometry
Accuracy in observation and reporting test
Mesopic, scotopic and photopic vision
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Retina

MODULE 5: OPHTHALMIC ARTERY PRESSURE TEST

TASKS a. Assist with ophthalmodynamometry

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the materials and equipment and assist the physician with ophthalmodynamometry
(Conditions) With direct supervision; using Baillard or other ophthalmodynamometers, topical anesthesia, direct and indirect ophthalmoscope, sphygmomanometer, stethoscope
(Criteria) In accordance with physician's instructions
(Consequence) Completion of the test by the physician in the most expedient, accurate and efficient way in a minimal amount of time
(Next Action) Record physician's examination findings

KNOWLEDGES AND SKILLS

Anatomy and physiology of ophthalmic artery and tributaries
Technique of ophthalmodynamometry
Manual dexterity in handling delicate instruments
Eye-hand coordination
Set up and calibrate ophthalmodynamometer for operation
Compentence: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Retina

MODULE 6: RETINAL TREATMENT

TASKS
a. Assist in cryotherapy
b. Assist in photocoagulation

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up the materials and equipment, position patient and assist the physician with cryocoagulation of retina and photocoagulation (laser including) of retina
(Conditions) With direct supervision; using one or all of the coagulators, eye irrigation solution, topical anesthetic, retrobulbar anesthesia, indirect ophthalmoscope, fluorescein angiography results
(Consequence) Completion of the treatment by the physician in the most expedient, accurate, efficient way in a minimum amount of time
(Next Action) Record treatment and follow physician's instructions

KNOWLEDGES AND SKILLS

Anatomy and physiology of retina, choroid, ciliary body, cornea, conjunctiva
Hazards of each instrument
Safety equipment required
Technique of cryocoagulation, photocoagulation and laser treatment
Manual dexterity in handling delicate instruments
Setting up instruments for operation
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XV: EXTRAOCULAR MUSCLES (MOTILITY)

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Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Extraocular Muscles (Motility)

MODULE 1: EXTRAOCULAR MUSCLES (MOTILITY) SYMPTOMS

TASKS
a. Report complaints of double vision, headaches or discomfort with use of eyes

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's order
(Behavior) The OPHTA will obtain and record history of double vision, headaches or discomfort with use of eyes
(Conditions) Without supervision
(Criteria) Accurate recognition of these symptoms
(Consequence) Will produce pertinent information regarding presence/absence of abnormalities
(Next Action) Follow physician's instructions regarding further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of extraocular muscles
Physiology of binocular vision
Classification of extraocular muscle deviations
Clarity in recording and charting
Accuracy in observation
Skill doing over test
Manual dexterity
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Extraocular Muscles (Motility)

MODULE 2: EXTRAOCULAR MUSCLES (MOTILITY) TESTS

TASKS

a. Operate fixation targets
b. Measure deviations in cardinal directions of gaze
c. Measure near point of convergence using millimeter ruler
d. Observe for extraocular muscle imbalance using cross cover test
e. Observe for ocular muscle imbalance using cover/uncover test
f. Measure vertical muscle imbalance
g. Measure horizontal muscle imbalance
h. Measure fusion
i. Perform red lens test

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will operate fixation targets and measure for vertical and horizontal muscle imbalance; perform red lens test and measure near point of convergence
(Conditions) With limited supervision; using fixation target, focal objects, red lens, flashlight, occluder and millimeter rule
(Criteria) Obtain accurate and reproducible test results as judged by the physician
(Consequence) Will provide pertinent information regarding presence/absence of abnormalities
(Next Action) Report and record test results

KNOWLEDGES AND SKILLS

Extraocular muscle evaluation techniques
Accuracy in observing and recording test results
Skill in performing tests
Manual dexterity
Eye-hand coordination
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XVI: ARMED FORCES VISION TESTER

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Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Armed Forces Vision Tester

MODULE 1: ARMED FORCES VISION TESTER (AFVT)

TASKS
a. Do visual acuity test using AFVT machine
b. Do heterophoria test using AFVT machine
c. Do color vision test using AFVT machine
d. Do depth perception test using AFVT machine

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or upon receiving a patient requiring visual testing
(Behavior) The OPHTA will do visual acuity, color vision test, depth perception and heterophoria tests
(Conditions) Without assistance; using an AFVT machine and lensometer
(Criteria) Performed and scored in accordance with manufacturer's instruction score sheet
(Consequence) Determine patient's visual acuity measured at near and far, with and without glasses: determine color vision deficiency if any, measure depth perception and determine if heterophoria is present and the amount of deviation present
(Next Action) Report by recording findings on the appropriate chart for the instrument

KNOWLEDGES AND SKILLS

Screening techniques
Technique of using AFVT (Armed Forces Vision Tester)
Manual dexterity
Accuracy in observing and recording test
**COMPETENCY UNIT XVII: OPHTHALMIC DRUGS AND MEDICATIONS**

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Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Ophthalmic Drugs and Medications

MODULE 1: DISPENSING AND ADMINISTERING OPTHALMIC DRUGS AND MEDICATIONS

TASKS
a. Issue filled prescriptions
b. Administer oral tablets, capsules and liquids of various types
c. Administer ophthalmic medications

PERFORMANCE OBJECTIVE

(Stimulus) When a medication is ordered
(Behavior) The OPHTA will identify the various ophthalmic pharmaceutical products from both the generic and trade names and issue and administer the medications
(Conditions) With limited supervision
(Criteria) The exact medication ordered is issued and/or administered
(Consequence) A pharmaceutical agent, as ordered by the physician, is dispensed or administered to the patient
(Next Action) Record the issue or administration of the medication

KNOWLEDGES AND SKILLS

Autonomic nervous system
Classification of ophthalmic drugs affecting autonomic nervous system
Similarities and dissimilarities of ophthalmic pharmaceutical agents
Correlation of ophthalmic pharmaceutical and generic names
How to read medication orders
How to label prepared medications
COMPETENCY UNIT XVIII: OPHTHALMIC PHOTOGRAPHY

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Competency: Ophthalmic Clinic Assistant (OPHTA)

Unit: Ophthalmic Photography

Module 1: External Photography

Tasks
a. Perform anterior segment photography

Performance Objective

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will perform anterior segment photography
(Conditions) Without technical assistance; using the appropriate anterior segment photographic equipment and materials
(Criteria) Performed in accordance with minimum standards, proper area, usable quality
(Consequence) Completion of procedure by the OPHTA in the most expedient and efficient way in a minimal amount of time
(Next Action) Send photos for processing

Knowledges and Skills

Film types and lighting requirements
External cameras, e.g., Bellows, Instamatic
Manual dexterity
Eye-hand coordination
Accuracy in recording and charting
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Ophthalmic Photography

MODULE 2: SPECIAL EXTERNAL/INTERNAL OPHTHALMIC PHOTOGRAPHY

TASKS
a. Assist with external photography
b. Assist with fluorescein photography
c. Assist with photoslitlamp photography
d. Assist with fundus photography

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTA will set up materials and equipment and assist physician with fundus and photoslitlamp photography and fluorescein angiography
(Conditions) Without technical assistance; using the appropriate fundus, fluorescein and photoslitlamp equipment and materials
(Criteria) In accordance with physician's orders
(Consequence) Completion of procedure by the physician in the most expedient and efficient way in a minimal amount of time
(Next Action) Send photos for developing

KNOWLEDGES AND SKILLS

Film types and lighting requirements
External cameras, e.g., Bellows
Slit-lamp cameras, e.g., Zeros
Fundus cameras, e.g., Zeiss, Mikon
Manual dexterity
Eye-hand coordination
Accuracy in recording and charting
Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XIX: OCULAR EMERGENCY/INJURY

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COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ocular Emergency/Injury

MODULE 1: OCULAR EMERGENCIES AND INJURIES

TASKS

a. Question patient for history of injury to eye or adnexa
b. Question patient for history of loss of vision
c. Check for chemical injury to the eye
d. Observe presence or absence of redness in eyeball
e. Irrigate eyes
f. Check for injuries due to foreign bodies in the eye
g. Measure visual acuity
h. Patch eye

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient complaining of loss of vision, blurred vision, trauma to the eye or other symptoms of impaired vision

(Behavior) The OPHTA will obtain a brief history and observe for evidence of ocular injury. In the absence of a physician he will irrigate the eye in cases of chemical injury or presence of foreign matter

(Conditions) Without supervision; using Snellen charts, flashlight, ophthalmoscope, accurate history, eye irrigating solution

(Criteria) Procedure is judged correctly performed by supervisor

(Consequence) Competent ophthalmic first aid

(Next Action) Patch eyes and notify the ophthalmologist or supervisor

KNOWLEDGES AND SKILLS

Classification of eye symptoms into immediate, urgent, routine care classification
Signs and symptoms of ocular emergencies and/or injuries
Irrigating solution utilized in the eye
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments
Eye-hand coordination
Technique of irrigating the eye for chemical injury
Competency: OPTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XX: OPTHALMIC DISPENSING

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COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 1: PRESCRIPTION INTERPRETATION

TASKS
a. Determine prescription as to single vision
b. Determine prescription as to multifocal
c. Determine prescription as to specialty—aphakic
d. Determine prescription as to specialty—occupational
e. Determine prescription as to specialty—subnormal vision
f. Determine prescription as to protective mask inserts
g. Determine if lenses are protected (heat-treated)

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving an optical prescription
(Behavior) The OPHTA will interpret the prescription to determine if the lenses specified are for single vision, multifocal, aphakic, occupational, subnormal vision or mask inserts
(Conditions) With minimal supervision
(Criteria) Upon technical review by prescribing physician or optometrist is judged correctly interpreted
(Consequence) Determine the type of spectacle lens and frame required
(Next Action) Determine facial measurements

KNOWLEDGES AND SKILLS

Lens classifications and characteristics
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Ophthalmic Dispensing

MODULE 2: FACIAL MEASUREMENTS

TASKS
a. Measure interpupillary distance
b. Determine facial asymmetry
c. Measure eye size
d. Measure bridge size
e. Measure temple length
f. Determine temple styles
g. Calculate vertex distance with distometer for appropriate frame
h. Measure multifocal/bifocal segment heights

PERFORMANCE OBJECTIVE

(Stimulus) Upon determining type of spectacle/lens and frame required
(Behavior) The OPHTA will measure pupillary distance, eye size, bridge size, temple length and segment height for the appropriate frame and temple type/style. If necessary he will calculate the vertex distance with a distometer for the appropriate frame

(Conditions) With limited technical supervision; using a millimeter rule, BLPD meter, distometer and sample frame

(Criteria) Upon technical review the calculated vertex distance and measurements of pupillary distance, eye size, bridge size and temple length must be correct

(Next Action) Enter measurements on appropriate form (SF 600) and determine frame specifications

KNOWLEDGES AND SKILLS

Pupillary distances
Occupational spectacle types
Vertex distance
Frame style
Temple styles/sizes
Eye size
Bridge sizes
Multifocal lenses and segment heights
Eye-hand coordination
Manual dexterity
Use of millimeter rule
Use of BLPD meter
Use of distometer
Ability to read measurements accurately
Clarity in recording measurements
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 3: FRAME SPECIFICATIONS

TASKS
a. Evaluate the fitting triangle, determine facial configuration
b. Evaluate the fitting triangle, cosmetic consideration
c. Determine frame PD
d. Determine temple specifications
e. Determine if rocking pads required
f. Determine the specifications for protective mask inserts

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of facial measurements of the patient
(Behavior) The OPHTA will evaluate the fitting triangle in order to choose the appropriate frame type, and determine frame PD, temple specification, whether or not rocking pads are required, and specifications for protective mask inserts
(Conditions) With limited technical supervision
(Criteria) The frame must be of the proper type for lens ordered
(Consequence) Frames that have a comfortable fit and good cosmetic appearance
(Next Action) Order spectacles

KNOWLEDGES AND SKILLS

Occupational spectacle types
Frame specifications
Protective mask specifications
Indication for various spectacle types
FDA and ANSI regulations
Eye-hand coordination
Manual dexterity
Use of millimeter rule
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 4: ORDERING SPECTACLES

TASKS
a. Interpret spectacle prescription as transcribed on SF 600, DD 771, or other optical prescription
b. Do lens prescription transposition (flat and cross cylinder)
c. Determine amount of decentration of lenses with relation PD
d. Learn to complete DD 771 eye wear prescription
e. Verify manufactured spectacles with DD 771

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of frame specification or receiving a DD 771 or SF 600 for reorder of prescription

(Behavior) The OPHTA will interpret the spectacle prescription and facial measurements as transcribed on the SF 600 or DD 771. He will then complete a new DD 771, transposing the prescription when necessary and determining the amount of decentration required in relation to patient's pupillary distances; when manufactured spectacles are received verify them with accompanying DD 771, noting manufacturer's limitations, if any, on occupational spectacles

(Conditions) With minimal technical supervision

(Criteria) DD 771 must be complete and correct upon review by the prescribing physician and verification with original spectacle prescription

(Consequence) Receipt of proper and appropriate spectacles as requested by the prescribing officer

(Next Action) Fitting of spectacles to patient

KNOWLEDGES AND SKILLS

Diopter system
Transposition
Single vision/multivision lenses
Principles of decentration
Elementary optics
Prescription interpretation
Algebra and signed numbers
Typing
Ability to interpret spectacle prescription
Ability to calculate amount of decentration
Ability of lens with relation to PD
Interpret prescription in relation to measuring and prescribing vertex distance
COMPETENCY: OPTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 5: FITTING SPECTACLES

TASKS
a. Adjust frame-bridge, pantoscopic, angle
b. Adjust temples-spread
c. Adjust nose pads
d. Instruct patient on care of plastic lenses

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient picking up previously ordered spectacles

(Behavior) The OPHTA will fit and adjust the spectacles to the patient by adjusting the frame, temples and nose pads. If the lenses are plastic he will also instruct the patient on the care of plastic lenses

(Conditions) With minimal supervision; using salt pan, spectacle (optical) hand instruments

(Criteria) Spectacles must be comfortable to the patient

(Consequence) Patient will have spectacles that are fitted to his or her facial contours

(Next Action) None apparent

KNOWLEDGES AND SKILLS

Care of plastic lenses
Fitting techniques
Knowledge of appropriate instruments required for fitting of spectacles
Ability to comfortably fit spectacles to patient
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 6: NEUTRALIZATION AND BASE CURVES OF LENSES

TASKS
a. Neutralize with lensometer (vertometer)
b. Identify lens by hand (plus, minus or cylinder)

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient's spectacles for neutralization and/or determination of base curves

(Behavior) The OPHTA will neutralize the lenses in either plus or minus cylinder form and/or determine base curves

(Conditions) With minimal technical assistance; using the lensometer, trial lens set and/or lens clock

(Criteria) Upon technical review is judged correctly performed with regard to equipment standards (each piece of equipment has standards as set in specific manual, e.g. calibrate lensometer before using)

(Consequence) Determine power and/or base curve and make entry on appropriate form (e.g., SF 88, SF 600, DD 771)

(Next Action) Determine characteristics of spectacle lenses

KNOWLEDGES AND SKILLS

Neutralization principles – sphere, cylinder, axis prism
Base curve of lenses
Knowledge of appropriate instruments
Ability to accurately read measurements
Clarity in recording test results
COMPETENCY: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

UNIT: Ophthalmic Dispensing

MODULE 7: CHARACTERISTICS OF SPECTACLE LENSES

TASKS
a. Determine if spectacles are glass or plastic
b. Determine if glass spectacles are heat treated, laminated, coated or tinted
c. Determine type multifocal segment height
d. Determine type of occupational spectacles

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving patient's spectacles for determination of lens characteristics
(Behavior) The OPHTA will examine lenses to determine if they are glass or plastic, determine if they are laminated, coated or tinted, determine multifocal segment height and whether lenses are heat treated with a polariscope
(Conditions) Without supervision; using a polariscope
(Criteria) Within ANSI and FDA standards and in accordance with SecNav and BuMed instructions
(Consequence) Make entry of lens characteristics in patient's record
(Next Action) Inform physician

KNOWLEDGES AND SKILLS

Spectacle lens standards (ANSI and FDA)
Lens classification and characteristics
Polariscope
Lens tints
BuMed/SecNav instructions
Use of polariscope
Compency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

Unit: Ophthalmic Dispensing

MODULE 8: MINOR REPAIR OF SPECTACLES

TASKS
a. Make minor spectacle repairs and adjustments
b. Replace temple
c. Replace lens in new spectacle frames (insertion)
d. Make temporary eyewear

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of spectacles for repair or adjustment
(Behavior) The OPTHA will make minor adjustments to frames and temples and make minor repairs including replacing temples and replace lenses into new frames
(Conditions) With minimal supervision; using spectacle screwdriver, riveter, anvil, lens warmer, frame stretcher, spectacle pliers and salt pan
(Criteria) Replacement lenses, frames and temples must be the correct power or size
(Next Action) Return a wearable pair of spectacles to the patient

KNOWLEDGES AND SKILLS

Minor repair and adjustment techniques
Repair equipment
Ability to use spectacle screwdriver, riveter, anvil, lens warmer, frame stretcher, axis pliers, spectacle pliers, and salt pan
OPHTHALMOLOGY

TECHNICIAN
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COMPETENCY CURRICULUM FOR
OPHTHALMIC TECHNICIAN

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COMPETENCY UNIT I: CLINICAL PROCEDURES

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Clinical Procedures

MODULE 1: PROVIDE INFORMATION FOR/ON TECHNICAL PROCEDURES

TASKS
a. Elicit information to ascertain patient's understanding
b. Explain x-ray procedures to patient
c. Answer patient inquiries regarding nonprescription drugs
d. Answer inquiries regarding drug reaction
e. Explain major surgical procedure/operation to patient
f. Teach patient/family nursing care procedures e.g. installation of ophthalmic medication

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with questions about technical procedures, medications, treatment
(Behavior) The OPHTT will provide information regarding technical procedures, medications (prescription and nonprescription) or other treatment
(Conditions) Without technical supervision, and with approval of the physician
(Criteria) Upon technical review is judged correctly performed
(Consequence) An informed patient/family regarding specific technical procedures, medications and treatment

KNOWLEDGES AND SKILLS
X-ray procedures
Surgical procedures
Prescription and nonprescription drugs
Drug reactions
Nursing care procedures
Ability to give clear instructions
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Clinical Procedures

MODULE 2: NURSING PROCEDURES

TASKS
a. Remove sutures
b. Insert/remove ocular prosthesis

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with sutures or ocular prosthesis
(Behavior) The OPHTT will remove sutures, insert or remove ocular prosthesis
(Conditions) With minimal supervision; using appropriate instruments
(Criteria) Performed in accordance with minimum acceptable standards
(Consequence) Record suture removal on patient's record
(Next Action) Inform physician

KNOWLEDGES AND SKILLS

Types of ocular prostheses
Wound healing
Eye-hand coordination
Technique of removing ocular sutures
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT II: ORBIT

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Orbit

MODULE 1: ORBITAL SIGNS AND SYMPTOMS

TASKS
a. Obtain and record detailed history of orbit

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of orbital symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any orbital abnormalities and enter findings on patient record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the orbit and nasal accessory sinuses
Differential diagnosis of "red eye"
Meaning of orbital symptoms and signs
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT III: EYEBALL/GLOBE

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Eyeball/Globe

MODULE 1: EYEBALL/GLOBE SIGNS AND SYMPTOMS

TASKS
a. Obtain and record detailed history of eyeball/globe abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complain of eyeball/globe symptoms
(Behavior) The OPHTT will obtain a detailed history (present and past) of any eyeball/globe abnormalities and enter findings on patient's record
(Conditions) Without technical supervision
(Criteria) Performed in accordance with physician's directions
(Consequence) Will provide pertinent information
(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

- Anatomy and physiology of the eyeball/globe
- Meaning of eyeball signs and symptoms
- Internal diseases of the eyeball/globe
- Ability to obtain detailed history
- Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT IV: EYELID

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Competency: OPTHALMIC TECHNICIAN (OPHTT)

Unit: Eyelid

MODULE 1: EYELID SIGNS AND SYMPTOMS

TASKS

a. Obtain and record detailed history of eyelid abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of eyelid symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any eyelid abnormalities and enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of eyelids
Meaning of eyelid symptoms and signs
External diseases of eye and adnexa – eyelid
Judgment
Ability to obtain detailed history
Clarity in recording and charting
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Eyelid

MODULE 2: EYELID TESTS

TASKS
a. Assist in ptosis evaluations
b. Assist in tensilon injection

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders
(Behavior) The OPHTT will assist in ptosis evaluation and in tensilon injections
(Conditions) With minimal technical supervision; using a syringe, needles, millimeter rule, IV tensilon
(Criteria) Will set up materials and assist physician as directed
(Consequence) Complete test by physician in the most expedient and efficient way in a minimum amount of time
(Next Action) Record physician's exam findings on patient's record

KNOWLEDGES AND SKILLS
- Anaphylactic shock treatment
- Judgment
- Ability to accurately interpret physician's orders
- Clarity in recording and charting
- Manual dexterity
COMPETENCY UNIT V: LACRIMAL SYSTEM

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Module 1: Lacrimal System Signs and Symptoms

Tasks
a. Obtain and record detailed history of lacrimal system

Performance Objective
(Stimulus) Upon physician's orders or having a patient complaining of lacrimal system symptoms
(Behavior) The OPHTT will obtain a detailed history (present and past) of any lacrimal system abnormalities and enter findings on patient record
(Conditions) Without technical supervision
(Criteria) Performed in accordance with physician's directions
(Next Action) Follow physician's instructions for further patient care

Knowledges and Skills
Anatomy and physiology of lacrimal system
Meaning of lacrimal system symptoms and signs
External diseases of eye and adnexa - lacrimal system
Judgment
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT VI: CONJUNCTIVA

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Conjunctiva

MODULE 1: CONJUNCTIVAL SIGNS AND SYMPTOMS

TASKS
a. Obtain and record detailed history of conjunctival abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of conjunctival symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any conjunctival abnormalities and enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of conjunctiva
Meaning of conjunctival signs and symptoms
Ability to obtain detailed history
External diseases of eye and adnexa - conjunctiva
Clarity in recording and charting
Competency: Ophthalmic Technician (OPHTT)

Unit: Conjunctiva

Module 2: Conjunctival Test (Fluorescein)

Tasks
   a. Do fluorescein of conjunctiva

Performance Objective

(Stimulus) Upon physician's orders
(Behavior) The OPHTT will evaluate conjunctiva by fluorescein staining
(Conditions) With minimal assistance; using fluorescein with slit
(Criteria) Will do staining as directed by physician
(Consequence) Will produce pertinent information regarding presence or absence of conjunctival pathology
(Next Action) Report and record

Knowledges and Skills

Accuracy in observing and recording
Eye-hand coordination
Technique of fluorescein staining
Manual dexterity
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Conjunctiva

MODULE 3: CONJUNCTIVAL TEST (ROSE BENGAL)

TASKS

a. Assist in rose bengal staining

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(behavior) The OPHTT will assist in rose bengal staining
(Conditions) Using rose bengal
(Criteria) As directed by physician
(Consequence) Will produce pertinent information regarding presence or absence of conjunctival pathology
(Next Action) Report by recording physician's examination findings

KNOWLEDGES AND SKILLS

Technique of rose bengal staining - conjunctiva
### COMPETENCY UNIT VII: CORNEA

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Cornea

MODULE 1: CORNEAL SIGNS AND SYMPTOMS

TASKS

a. Obtain and record a detailed history of cornea

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of corneal symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any corneal abnormalities and enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of cornea
Meaning of corneal signs and symptoms
Ability to obtain detailed history
Clarity in recording and charting
External disease of eye and adnexa - cornea
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Cornea

MODULE 2: CORNEAL TESTS

TASKS
a. Do fluorescein staining
b. Check blink reflex
c. Do Placido's disc
d. Do pachometry (measurement of thickness or depth)
e. Do keratoscopy
f. Evaluate for wetting of the cornea

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTT will evaluate the cornea by fluorescein staining, a Placido's disc, keratoscopy, measure corneal thickness, check blink reflex and evaluate for wetting of the cornea
(Conditions) With minimal technical assistance; using slit-lamp, Placido's disc, keratoscope, fluorescein, cotton wisp
(Criteria) Must be performed in accordance with physician's orders
(Consequence) Provide pertinent information regarding presence or absence of corneal pathology
(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

- Technique of keratoscopy
- Technique of blink reflex
- Technique of pachymetry
- Eye-hand coordination
- Manual dexterity
- Accuracy in observing and recording test results
- Skill in performing tests
Competency: OPTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT VIII: SCLERA

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Sclera

MODULE 1: SCLERAL SIGNS AND SYMPTOMS

TASKS

a. Obtain and record detailed history of scleral abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complain of scleral symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any scleral abnormalities and enter findings on patient record

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the sclera
Meaning of scleral signs and symptoms
External diseases of the eye and its adnexa - sclera
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Sclera

MODULE 2: SCLERAL TEST

TASK a. Examine sclera

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or when presented with a patient with an inflamed or traumatized eye

(Behavior) The OPHTT will examine the sclera

(Conditions) Without supervision; with slit-lamp

(Criteria) The OPHTT must be able to recognize scleral pathology

(Consequence) Will provide physician with pertinent information regarding presence/absence of scleral pathology

(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

- Slit-lamp examining techniques
- Accuracy in observing and reporting
- Eye-hand coordination
- Manual dexterity
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT IX: PUPIL AND IRIS

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COMPETENCY: OPTHALMIC TECHNICIAN (OPHTT)

UNIT: Pupil and Iris

MODULE 1: PUPIL AND IRIS SIGNS AND SYMPTOMS

TASK

a. Obtain and record a detailed history of iris and pupil abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of pupil or iris symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any pupil and iris abnormalities and enter findings on patient records

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of iris and pupil
Meaning of pupil and iris signs and symptoms
Ability to obtain detailed history
Internal diseases of the eye - iris and pupil
Clarity in recording and charting
Competency: Ophthalmic Technician (OPHT)

Competency Unit X: Ciliary Body/Angle Structure

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Ciliary Body/Angle Structure

MODULE 1: CILIARY BODY/ANGLE STRUCTURE SIGNS AND SYMPTOMS

TASK a. Obtain and record a detailed history of ciliary body/angle structure abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining of ciliary body/angle structure symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of any ciliary body/angle structure abnormalities, e.g. glaucoma

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the ciliary body/angle structure, anterior chamber
Definition of glaucoma
Classification of glaucoma
Physiology of aqueous humor
Pathology-physiology of glaucoma
Meaning of eye symptoms—ciliary body/angle structure
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XI: LENS

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COMPETENCY: OPTHALMIC TECHNICIAN (OPHTT)

Unit: Lens

MODULE 1: LENS SIGNS AND SYMPTOMS

TASKS
a. Obtain and record a detailed history of lens abnormalities

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders or having a patient complaining of lens symptoms, e.g. cataracts
(Behavior) The OPHTT will obtain a detailed history (present and past) of any lens abnormalities
(Conditions) Without technical assistance
(Criteria) Performed in accordance with physician's directions
(Consequence) Will provide pertinent information
(Next Action) Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the lens
Meaning of lens signs and symptoms
Definition of cataract
Causes of cataracts
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPTHALMIC TECHNICIAN (OPHTT)

Unit: Lens

MODULE 2: LENS TEST, SLIT-LAMP

TASKS a. Observe/report for cataracts

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPPTT will observe and report for signs of cataracts
(Conditions) Without supervision; with slit-lamp
(Criteria) Recognize signs immediately
(Consequence) Will produce pertinent information regarding presence/absence of these signs
(Next Action) Report and record these signs

KNOWLEDGES AND SKILLS

Anatomy and physiology of lens
Cataracts
Slit-lamp examining techniques
Accuracy in observing and reporting
Eye-hand coordination
Skill in using slit-lamp
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XII: VITREOUS BODY

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Vitreous Body

MODULE 1: VITREOUS BODY SIGNS AND SYMPTOMS

TASKS

a. Obtain and record detailed history of vitreous body abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complain of vitreous body symptoms
(Behavior) The OPHTT will obtain a detailed history (present and past) of any vitreous body abnormalities
(Conditions) Without technical assistance
(Criteria) Performed in accordance with physician's directions
(Consequence) Will provide pertinent information
(Next Action) Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the vitreous body
Meaning of vitreous body signs and symptoms
Internal diseases of the eye - vitreous body
Ability to obtain detailed history
Clarity in recording and charting
COMPETENCY UNIT XIII: RETINA

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Retina

MODULE 1: RETINAL SIGNS AND SYMPTOMS

TASKS

a. Obtain and record a detailed history of retinal abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with retinal symptoms
(Behavior) The OPHTT will obtain a detailed history (present and past) of retinal abnormalities and enter findings on patient's record
(Conditions) Without technical assistance
(Criteria) Performed in accordance with physician's instruction
(Consequence) Will provide pertinent information
(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the retina
Meaning of retinal signs and symptoms
Internal diseases of the eye - retina
Ability to obtain detailed history
Clarity in recording and charting
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Retina

MODULE 2: RETINAL AND NEUROPHYSIOLOGIC TESTS

TASKS
a. Do static perimetry testing
b. Do flicker fusion testing

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTT will perform static perimetry and flicker fusion fields testing
(Conditions) With minimal technical supervision; using a Goldman perimeter
(Criteria) Will perform perimetry as directed by physician
(Consequence) Will produce pertinent information regarding presence or absence of retinal pathology
(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

Goldman perimeter, use and operation
Techniques of static perimetry with Goldman perimeter
Techniques of flicker fusion fields testing
Visual field defects
Eye-hand coordination
Skill in recording findings
Manual dexterity
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XIV: EXTRAOCULAR MUSCLE/STRABISMUS

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COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Extraocular Muscle/Strabismus

MODULE 1: EXTRAOCULAR MUSCLE STRABISMUS SIGNS AND SYMPTOMS

TASKS
   a. Obtain and record a detailed history of extraocular muscle abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with extraocular muscle symptoms

(Behavior) The OPHTT will obtain a detailed history (present and past) of extraocular muscle abnormalities, e.g. strabismus, and enter findings on patient's record

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of extraocular muscles
Extraocular signs and symptoms
Definition of strabismus
Classification of strabismus
Ability to obtain detailed history
Clarity in recording and charting
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Extraocular Muscle/Strabismus

MODULE 2: EXTRAOCULAR MUSCLE/STRABISMUS TESTS

TASKS
a. Test muscle action in 9-card gaze
b. Determine amount of deviation with cover, cross cover and prisms
c. Test prism convergence/divergence
d. Perform Worth four-dot test, distance/near
e. Do depth perception test, e.g., Verhoff, AFVT
f. Determine cyclodeviation using double Maddox NOD
g. Do Bagolini striate lens test

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders
(Behavior) The OPHTT will perform depth perception testing, determine cyclodeviation, determine prism convergence/divergence
(Conditions) Using appropriate instruments and test devices, e.g., stereo fly, Wirt stereo dots, synoptophore, major and minor amblyoscope, telebinocular, Maddox wing, double Maddox NOD, Stevens stereometer
(Consequence) This action will test extraocular muscles and determine degree of strabismus
(Next Action) Record results of tests in patient records
Competency: OPTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XV: OPTHALMIC MEDICATIONS

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Competency: Ophthalmic Technician (OPHTT)

Unit: Ophthalmic Medications

Module 1: Preparation of Medications

Tasks
a. Prepare ophthalmic solutions
b. Prepare local anesthetic solutions for use
c. Answer personnel inquiries regarding mixing/administering

Performance Objective

(Stimulus) When a medication is ordered
(Behavior) The OPHTT will prepare medication as ordered
(Conditions) Without technical assistance; he will dilute or mix powder medications or pour and draw out medications when given the appropriate equipment such as medicine glass, container, syringe and needle and the appropriate medication and the method for dilution if needed; a sterile technique must be maintained for injectables
(Consequence) Properly prepared medications
(Next Action) The medication is to be administered

Knowledge and Skills

Autonomic nervous system
Classification of ophthalmic drugs and the autonomic nerves
Type of injectable and topical anesthetic used in ophthalmology and signs and symptoms of toxicity
Manual dexterity to measure and prepare small quantities of powder or liquid materials
Kind, dose and method of administering drugs to be prepared
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XVI: PHOTOGRAPHY

This unit includes the following Modules:

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Comptency: OPPITALMIC TECHNICIAN (OPHTT)

Unit: Photography

MODULE 1: OPPITALMIC EXTERNAL PHOTOGRAPHY

TASKS
a. Do specialized external photography of the eye
b. Do fundus photography
c. Do photoslit-lamp photography, e.g. Zeiss
d. Do specialized external photography

PERFORMANCE OBJECTIVE
(Stimulus) Upon physician's orders
(Behavior) The OPHTT will do specialized external photography of the eye, do fundus photography, photoslit-lamp photography, e.g. Zeiss; do specialized external photography of lens
(Conditions) With minimal technical assistance; using external camera, fundus camera, photoslit-lamp camera
(Criteria) Must be able to locate and photograph area ordered by physician
(Consequence) Provide prints/slides that will document information regarding presence or absence of ocular pathology
(Next Action) Send film in for processing

KNOWLEDGES AND SKILLS

Film type and lighting requirements
External cameras, use and operation
Fundus cameras, use and operation
Photoslit-lamp camera, use and operation
Care and maintenance of cameras
Eye-hand coordination
Skill in handling delicate cameras
Skill in locating and photographing areas as ordered
Techniques of external photography
Techniques of fundus photography
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Photography

MODULE 2: OPHTHALMIC FLUORESCIN PHOTOGRAPHY

TASKS

a. Assist with fluorescein fundus photography

b. Assist with fluorescein photography of the iris

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will assist in fluorescein fundus photography and fluorescein photography of the iris

(Conditions) With minimal technical assistance; using fluorescein, external camera, fundus camera, photoslit-lamp camera, and IV fluorescein or other equivalent dye injected by physician

(Criteria) Must be able to locate and photograph area ordered by physician

(Consequence) Provide prints/slides that will document information regarding presence or absence of ocular pathology

(Next Action) Send film for processing

KNOWLEDGES AND SKILLS

- Film type and lighting requirement
- External cameras, use and operation
- Fundus cameras, use and operation
- Photoslit-lamp camera, use and operation
- Fluorescein techniques: angiography
- Care and maintenance of cameras
- Eye-hand coordination
- Skill in handling delicate cameras
- Skill in locating and photographing areas as ordered
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XVII: OCULAR TRIAGE

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Ocular Triage

MODULE 1: TRIAGE OF PATIENTS WITH OCULAR SIGNS AND SYMPTOMS

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with signs or symptoms of ocular pathology

(Behavior) The OPHTT will perform triage of patients into emergency, urgent or routine case by signs and symptoms

(Conditions) Without technical supervision; with use of accurate history, Snellen charts, slit-lamp, flashlight, ophthalmoscope

(Criteria) Upon technical review is judged correctly performed by supervisor

(Consequence) Categorize patient in emergency, urgent or routine categories

(Next Action) Notify the physician and/or supervisor about the presence of the patient with the symptoms and/or signs

KNOWLEDGES AND SKILLS

Meaning of eye symptoms
Accuracy in observation and reporting
Competency: OPTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XVIII: OPTHALMIC DISPENSING

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Module 1: Contact Lens Dispensing

Tasks
a. Do and record keratometry
b. Measure and record width of palpebral fissure
c. Measure and record width of cornea
d. Insert trial lens
e. Determine if fit is appropriate

Performance Objective
(Stimulus) Having a patient desiring contact lenses and upon approval of the prescribing physician
(Behavior) The OPHTT will obtain the appropriate measurements
(Conditions) Upon approval of the prescribing physician the appropriate trial lens is inserted and fluorescein stain and slitlamp are used to determine whether the lens fits
(Criteria) Upon review is judged correctly performed with regard to correct fit
(Consequence) The patient with appropriate lens in his eye is ready for inspection and prescription of the contact lens
(Next Action) Make appropriate entry on chart

Knowledges and Skills
Techniques of fitting, inserting and removing contact lens
Types of contact lenses
Techniques for measuring width of palpebral fissure, cornea
Technique of keratometry
Technique of inspecting contact lens
Manual dexterity
Ability to record measurement accurately
Clarity in recording measurements
Eye-hand coordination
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Ophthalmic Dispensing

MODULE 2: CONTACT LENS MODIFICATION

TASKS
a. Change lens power
b. Modify lens fit

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's order or having patient with contact lenses requiring minimal modification
(Behavior) The OPHTT will change power of the lens or modify fit of lens utilizing the contact lens modification unit
(Criteria) According to physician's specifications
(Consequence) Corrected lens ready for inspection by physician

KNOWLEDGES AND SKILLS

Technique of using contact lens modification unit
Technique of modifying lens fit
Technique of modifying lens power
Competency: OPTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XIX: BASIC OPTHALMOLOGIC SURGICAL PROCEDURES

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Basic Ophthalmologic Surgical Procedures

MODULE 1: SUBOPHTHALMIC SURGICAL EXAMINATION UNDER ANESTHESIA

TASKS
a. Eye exam under anesthesia - Circulate
b. Eye exam under anesthesia - Scrub

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks
(Behavior) The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technician acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports.
(Conditions) With minimal supervision; using appropriate instruments and equipment for procedure as noted on scrub card.
(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic technique.
(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out.
(Next Action) Patient is transferred to the recovery room.

KNOWLEDGES AND SKILLS

Anatomy and physiology
Manual dexterity
Eye-hand coordination
Anticipating needs of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate O.R. forms.
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Basic Ophthalmologic Surgical Procedures

MODULE 2: SPECIAL OPHTHALMOLOGY INSTRUMENTATION

TASKS
a. Cryopexy photo or cryocoagulation - Scrub
b. Cryopexy photo or cryocoagulation - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating the surgeon’s needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports

(Conditions) With minimal supervision; using appropriate instruments and equipment for procedure as noted on scrub card

(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic techniques

(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Cryopexy principles and techniques
Instruments and equipment used for cryopexy
Anticipating need of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate forms
Judgment
COMPETENCY: OPHTHALMIC TECHNICIAN (OPHTT)

UNIT: Basic Ophthalmologic Surgical Procedures

MODULE 3: MICROSURGERY

TASKS
a. Set up and focus operating microscope
b. Drape operating microscope
c. Do photography through operating microscope

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders prior to and during surgical procedures
(Behavior) The OPHTT will focus and take photo with the operating microscope or, as scrub technician, will drape the microscope
(Conditions) With technical supervision; using a microscope, drape
(Criteria) Upon technical review judged correctly performed with regard to safe patient care and aseptic technique
(Consequence) Expedite the efficiency and effectiveness with which the surgical procedure is carried out

KNOWLEDGES AND SKILLS

Operation and use of operating microscope
Photographic principle
Anticipating needs of physician
Handling delicate instruments
Judgment
Competency: OPTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XX: OPTHALMIC SURGICAL PROCEDURES

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Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Ophthalmic Surgical Procedures

MODULE 1: EXTRAOCULAR SURGERY

TASKS
a. Orbital surgery - Scrub
b. Orbital surgery - Circulate
c. Eyelid surgery - Scrub
d. Eyelid surgery - Circulate
e. Lacrimal system - Scrub
f. Lacrimal system - Circulate
g. Conjunctiva - Scrub
h. Conjunctiva - Circulate
i. Eyeball surgery - Scrub
j. Eyeball surgery - Circulate
k. Extraocular muscle/strabismus surgery - Scrub
l. Extraocular muscle/strabismus surgery - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks
(Behavior) The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports
(Conditions) With minimal supervision; using instruments for extraocular procedures in addition to appropriate instruments and equipment for procedures as noted on scrub card
(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic technique
(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out
(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of:
- Repair of blow-out of fracture of eye orbit
- Open reduction of zygomatic arch
- Repair of orbital fracture e.g., rim scrub
Technique of: Excision of neoplasm of lid
Excision of chalazion
Plastic repair of entropion/ectropion
Blepharoplasty
Plastic repair of eyelid (cosmetic)
Electrocautery of eyelid
levator resection
Frontalis sling

Technique of: Nasolacrimal duct probing
Dacryocystorhinostomy

Technique of: Excision of pterygium
Excisional biopsy of conjunctival tumor
Removal of foreign body

Technique of: Evisceration
Enucleation

Technique of: Resection of extraocular muscles
Recession of extraocular muscles
Advancement of extraocular muscles
Tenectomy of extraocular muscles
Myectomy of extraocular muscles
Myotomy of extraocular muscles

Anatomy and physiology of eye and adnexa
Instruments and equipment trays used for extraocular surgery
Manual dexterity
Eye-hand coordination
Anticipating the need of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate operating room forms
COMPETENCY:
OPTOMETRIC TECHNICIAN (OPHTT)

UNIT:
Ophthalmic Surgical Procedures

MODULE 2: INTRAOCULAR SURGERY

TASKS
a. Removal of intraocular foreign body - Scrub
b. Removal of intraocular foreign body - Circulate
c. Scleral surgery - Scrub
d. Scleral surgery - Circulate
e. Anterior/posterior chamber - Scrub
f. Anterior/posterior chamber - Circulate
g. Pupil/iris - Scrub
h. Pupil/iris - Circulate
i. Ciliary body/angle structure - Scrub
j. Ciliary body/angle structure - Circulate
k. Lens - Scrub
l. Lens - Circulate
m. Vitreous body - Scrub
n. Vitreous body - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports

(Conditions) With minimal supervision; using instruments for intraocular procedures in addition to appropriate instruments and equipment for procedures as noted on the scrub card

(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic technique

(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of:
- Repair of scleral laceration
- Scleral transplant
- Sclerectomy
- Removal - scleral foreign body
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Anatomy and physiology of eye and adnexa
Instruments and equipment trays used for intraocular surgery
Anticipating the needs of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate operating room forms
COMPETENCY: OPHTHALMIC TECHNICIAN (OPTHtT)

UNIT: Ophthalmic Surgical Procedures

MODULE 3: CORNEAL SURGERY

TASKS
a. Corneal trauma surgery - Scrub
b. Corneal trauma surgery - Circulate
c. Corneal transplant - Scrub
d. Corneal transplant - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks
(Behavior) The OPTHtT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports
(Conditions) With minimal supervision; using instruments for corneal procedures in addition to appropriate instruments and equipment for procedures as noted on scrub card
(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic technique
(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out
(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of: Removal of corneal foreign body
Repair of corneal laceration

Technique of: Lamellar graft
Penetrating graft

Anatomy and physiology of eye and adnexa

Instruments and equipment trays used for corneal surgery

Anticipating the needs of physician/surgical team

Skill in handling delicate instruments

Skill and accuracy in recording information on appropriate operating room forms
Competency: OPHTHALMIC TECHNICIAN (OPHTT)

Unit: Ophthalmic Surgical Procedures

MODULE 4: RETINAL SURGERY

TASKS
a. Repair of retinal detachment - Scrub
b. Repair of retinal detachment - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks
(Behavior) The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment anticipating the surgeon’s needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating room forms and reports
(Conditions) With minimal supervision; using instruments for retinal procedures in addition to appropriate instruments and equipment for procedures as noted on scrub card
(Criteria) Upon technical review is judged correctly performed with regard to safe patient care and aseptic technique
(Consequence) Expedites the efficiency and effectiveness with which the surgical procedure is carried out
(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Anatomy and physiology of eye and adnexa
Instruments and equipment trays used for retinal surgery
Anticipating the needs of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate operating room forms