

BLINDNESS REHABILITATION

Department of Clinical Affairs
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General Description

Elective Rotation

This rotation is an elective experience for students at the end of 3rd year or 4th year in the College of Osteopathic Medicine. The usual length of this clinical rotation shall be two (2) weeks although some students may elect to take this rotation for longer periods of time. All clinical rotations are intended to further develop the student's decision-making, cognitive skills, and continue to allow application of didactic material in a clinical setting. A post-rotation examination is not required for this elective rotation.

A grade for the rotation will not be given, or posted to the student transcript until all post rotation paperwork and requirements are completed and received in the DMU Office of Clinical Affairs.

Purpose

Clinical experiences are intended to assist the student's transition from didactics to integrated clinical evaluation, decision making, and management of patients. In addition, the student should continue to develop skills in systematic clinical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have reached certain broad goals, including:

- Continued development of systematic medical problem solving and patient management abilities;
- Expanded knowledge of disease processes, gender disparity, transitional epidemiology and emerging health issues;
- An understanding of patient health and wellness issues;
- Improved clinical skills, including both diagnostic and therapeutic procedures
- A better understanding of health professions workforce issues, funding mechanisms, cultural issues, technology and health statistics.

COURSE OBJECTIVES

General Overview

We recognize that 2 weeks is an insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic materials. Therefore, each of the following sections contains relatively broad, basic educational objectives.

Affective Objectives

At the completion of this rotation, the student should:

1. Have a better understanding of the multiple and varied responsibilities of physicians, especially in assisting patients who have lost their vision.
2. Recognize the value of continuity in the physician-patient relationship.
3. Be able to relate to and deal with patients as individuals.
4. Understand the value of a team-oriented approach in current osteopathic medical practice.

Basic Psychomotor Objectives

At the completion of this rotation, the student should demonstrate development and expansion of competence in the following:

1. A basic understanding of the use of visual adaptive devices.
2. Perform and record a more complete, appropriate history and physical examination, including social and family histories when working with blind or visually impaired patients. The data will be recorded systematically, legibly, and in acceptable terminology.
3. Work with patients in the various departments of the rehabilitation center.
4. Experience time as a blinded person.
5. Gain some understanding of the development of realistic plans for patients who have lost their vision, including the return to employment.

Basic Cognitive Objectives

At the completion of this rotational experience, the student should be able to:

1. Understand the scope and limitations of the rehabilitation program.
2. Demonstrate strong communication and interactive skills for dealing with patients and other members of the health care team.
3. Integrate the osteopathic philosophy of wellness and holistic care.
4. Recognize opportunities, methods, and limitations of primary prevention of vision loss.
5. Incorporate evidence-based medicine.
6. Discuss societal and environmental issues as they affect this specific patient group (e.g. elderly, indigent patients, etc.).

Implementation

Course objectives are to be accomplished at the Iowa Department for the Blind, or in the field with employees of this department, under supervision. Basic objectives **must** be covered during the rotation to prepare the student for entry level postgraduate residency programs and to give the student a basic understanding of how to better serve their patients who experience a visual loss, no matter what medical or surgical specialty they enter.

The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- Reading assignments
- Lectures
- Computer-assisted programs (if available)
- Student attendance at/participation in formal presentations by staff

Clinically oriented teaching methods may include:

- Supervised and critiqued interaction with patients in the various departments.
 - Orientation Center
 - Vocational Rehabilitation Program
 - Independent Living Rehabilitation Center
 - Iowa Library for the Blind and Physically Handicapped
- Assignment of limited co-management responsibilities under supervision.

Three levels of achievement are identified:

- Familiarity with the variety of rehabilitation services available through discussion and readings.
- Observation and assisting in the Department services
- Awareness of how these services can be used to serve patients from the community and physician's practice.

Competencies

- 1. Patient Care** – Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to learn how to:
 - a. Identify patients with visual loss and provide the appropriate medical and surgical referrals.
 - b. Educate patients regarding their health care.
 - c. Acknowledge when appropriate treatment has been exhausted and referral to rehabilitation is warranted.
- 2. Medical Knowledge** – Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Students are expected to:
 - a. Demonstrate knowledge of the basic science principles necessary to understand the clinical aspects of disease, or conditions leading to blindness.
 - b. Understand and explain the pathophysiology, clinical manifestations, and treatment options for the common diseases, or conditions leading to blindness.
- 3. Practice-Based Learning and Improvement** – Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Students are expected to develop skills and habits to be able to:
 - a. Identify and perform appropriate learning activities
 - b. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
- 4. Systems Based Practice** – Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Students are expected to:
 - a. Work effectively in various health care delivery settings and systems.
 - b. Coordinate patient care within the health care system.

5. **Professionalism** – Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:
 - a. Compassion, integrity, and respect for others.
 - b. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. **Interpersonal and Communication Skills** – Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Students are expected to:
 - a. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
 - b. Communicate effectively with physicians, other health professionals, and health related agencies.

7. **Osteopathic Principles and Practice-** Students must demonstrate the use of osteopathic principles, including a caring for the entire patient even when manual therapy may not be indicated or warranted. This includes evaluation and treatment of the mind, body, and soul.

Evaluation

Evaluation of the student should be completed using the E*Value on-line system within one week from completion of the rotation. On the last day of service, the supervising adjunct faculty should review the student's performance with the student. If a student signs an evaluation, the signature simply indicates that the student has received a grade directly from the faculty; it does not indicate agreement with the grade received. The submitted evaluation may be a composite evaluation with input from multiple staff and individuals.

REQUIRED READING

While specific texts have not been addressed for this rotation, the student is advised to acquire appropriate reference materials from the on-site Library. These materials may include specific textbooks, journal articles, audiovisual and computer materials.

ATTENDANCE POLICY

Each student is expected to be in attendance and participate as per the DMU Clinical Guidelines Manual. Patient Logs should be filled out for each day of the rotation with information about the patients and educational activities for that day.