

Re:View

Keeping excellence in your sights | June 2016 | Issue 26



Getting back on course

Did you choose the right course? It's a question that most student DOs will ask themselves at some point as they wrangle family life, work and study.

Fortunately it is now possible to shift from the FBDO diploma course to the degree course if you feel you need more of a challenge, and it is also possible to move from the degree to the diploma if everything is too much and something has to give. In this article we hear from Anthony Blackman, senior lecturer in vision science at Canterbury Christ Church University about what to do if you want to change course.

Now that the degree course has been running at ABDO College for a number of years, it is clear that some students who signed up for the diploma have the potential to achieve a degree. Anthony Blackman says, "Sometimes people join the diploma course after a break from study. For others, they haven't enjoyed learning at school or college, and pick the diploma as the easier option. When they start to study they find that the work is interesting and well within their capabilities. We have started a new transfer pathway for anyone who says,

degree'." There is significant overlap in the professional topics studied for both degree and diploma, but students on the

'Actually, I wish I'd done the

degree track also have to complete an essay for

each module. If you think you would like to switch from diploma to degree, you need to speak to your tutor as soon as possible. In this first year, Anthony explains how the transfer pathway has worked: "The tutors checked the progress report on weekly assignments in December. We wanted to be proactive about this new pathway, so we wanted to identify those who are doing well. Eight students received a letter inviting them to consider moving onto the degree course. They had January and February to discuss this with their employer and fill in an application form. Some of the students had degrees already so didn't feel the need to do the extra work, but those that took up the offer started an extra module in March."

The extra module that allows students to switch from diploma to degree is called 'Foundations for Learning'. It teaches academic skills around referencing and how to write an essay. Anthony says, "You get academic credits for this module and then start at the same level as everyone else in year two. In that year you work towards a foundation degree. After that you can choose again to go on to the BSc (Hons) level, or step back into the diploma programme." Currently there are no further costs for the extra module.

The current students who are taking the Foundations for Learning module will

go to the university exam board in June to confirm that they can move to the degree. Anthony says, "This is the first year that the transfer pathway has been offered. Working with this group we have a better idea of the process, the info needed by employers and the issues that arise when making the move from one course to another." There is a small additional cost for the degree course over and above the diploma: £54 per month at time of writing.

Studying and working can make for a busy life, as any student DO will know. Sometimes, though, life can get just too busy, particularly if family crises loom. For others the coursework itself can seem tough, particularly the essays that the degree students have to write for each module. So, occasionally students who have opted for the degree find that they need to cut back. It is possible to decide to just do the professional element and achieve the FBDO qualification with ABDO College. Anthony advises, "If you are struggling, speak to your personal tutor. If you have a short term issue we can rearrange assignments and give you an extension. If you decide that, in the longer term, you need to move to the diploma we can guide you through the process."

If you have concerns about keeping up with the degree you'll be glad to know that the option to switch to the diploma can be taken at any time.

Anthony says, "We have had some students that switch after just a few weeks, others later in the year. Talk to us and we will work with you to assess the best time for a switch. Once we have

Anthony Blackman

Choice and flexibility

decided on a path of action, talk to your employer. ABDO College will also liaise with them to ensure that invoices are all correct." He continues, "In an average year we get one or two switching from degree to diploma, for a range of reasons. If a student falls pregnant, we advise them to step out for a year, and they can step back in where they left off. In fact, with any type of personal crisis you can step out of the course and subsequent return exactly where you left off. Another issue that occasionally arises is if you have to leave your job mid-way and need a new employer. There's no need to panic that you will have to stop the course: ABDO College can support you through that process of changing jobs while continuing on the course. We are always happy to give confidential advice and speak informally. We have student support services which can help you and provide more advice for you."

So, if you are considering which course to take to become a DO, remember that while it is great to pick the right course first time, there is always the option to change. Do call or email the College for advice and support whether you are considering starting and not sure which course to choose, or whether you want advice on switching courses. Contact the ABDO College Courses Team on 01227 738 829 (Option 1) or email info@abdocollege.org.uk.



Welcome to this latest issue of Re: View, in which there are several articles that outline the choices available to students on the route to

becoming a qualified dispensing optician. There's a choice between diploma and Foundation Degree/BSc (Hons) courses, with flexibility to switch courses based on your individual abilities and/or lifestyle demands.

In the profile feature on Jessica Murphy we hear how the degree programme

completely changed her views of so many things and we publish an overview of her research into Charles Bonnet Syndrome.

Since its inception Jo Underwood has been the figurehead of ABDO College and in her interview she outlines the milestones of her career and her wishes for the future of optical education.

Finally, I'd like to thank everyone who visited our busy stand at Optrafair, and the tutors who attended the successful workshop held alongside the show.

Angela McNamee

BSc(Hons) MCOptom FBDO (Hons) CL FBCLA Cert Ed Chairman, ABDO College Board of Trustees

Contents

- **2–3** Diploma or FD/BSc (Hons) course? How to choose
- **2** ABDO College at Optrafair 2016
- **4–5** Profile feature on Charlotte Jessica Murphy
- **4** The Principles of Ophthalmic Lenses (5th Edition)
- **6–7** Charles Bonnet Syndrome: prevalence, pathogenesis and the implications to low vision patients
- **8–9** Interview with Jo Underwood

ABDO College

Godmersham Park, Godmersham, Canterbury, Kent CT4 7DT tel: 01227 738 829 option 1 | fax: 01227 733 910 info@abdocollege.org.uk | www.abdocollege.org.uk



Diploma or FD/BSc (Hons) course? – How to choose



If you're thinking of training to become a dispensing optician, did you know that there are two options available? You can enrol for the Fellowship Dispensing Diploma course leading to the FBDO qualification, or you can aim for FBDO and Bachelor of Science Degree qualifications via the FD/BSc (Hons) programme. In this article we weigh up

the similarities and differences to help you choose.

ABDO College offers two routes to become a dispensing optician, a university degree course in association with Canterbury Christ Church University, or the Fellowship Dispensing Diploma course. These are both 'blended learning courses', they are both delivered by ABDO College and they both lead to the ABDO Level 6 FBDO qualification and registration with the General Optical Council as a dispensing optician.

The degree is made up of a two-year Foundation Degree (FD) course followed by a third year BSc Degree in Ophthalmic Dispensing course – leading to BSc (Hons) and ABDO FBDO qualifications.

The duration of the Fellowship Dispensing Diploma course is three years and prepares students for the ABDO Final Qualifying Examinations. The course is made up of units of work on paper, assignment questions, block release

study and practice-based learning. The application requirements for both courses are the same: you need to have five GCSEs of grade C or above in English, mathematics, science and two other subjects. You need to have evidence of recent study (within the last five years) and/or experience in practice of five years or more.

If you opt for the BSc you need to complete extra work, while studying the same topics as those working towards the diploma. Haydn Dobby, college lecturer, explains: "The BSc course involves doing an extra six academic assessments per year, essays and exams. This is on top of all the normal weekly assignments. Upon successful completion of it all you will have the FBDO Level 6 Diploma (which lets you work as a DO) and a BSc Hons in Ophthalmic Dispensing." When working towards the degree, every student has to complete a dissertation. You can make this research topic relevant to a work project so the practice gets some benefit. The BSc has applied for exemption from some of the FQE theory exams, so the extra work counts towards qualification (the two exemptions applied for are the Anatomy exam and Contact Lens exam). As part of the BSc students submit PQP case records for most of the professional modules; which gives BSc students feedback on their portfolio of records. Whichever route you take, both courses lead towards practising as a registered dispensing optician.

There are some plus points in having a degree. It can makes it easier if you want to go on to further study such as

ABDO College at Optrafair 2016

ABDO College and ABDO College Bookshop exhibited 9-11 April at Optrafair 2016. The ABDO College team welcomed visitors to the busy College stand and discussed the latest developments in optical education.





On Sunday 10 April, to coincide with the show, the College held a successful workshop for tutors.

a MSc or PhD: most of these courses will ask for degree level study as a basic application requirement. Applying on the basis of the professional qualification only may require you to complete further interviews. A degree is also essential if you want to go into teaching or lecturing. Additionally, while no-one starts training with the aim of leaving the profession, however some people do change careers

dispensing standards manager at Boots Opticians, says, "My experience is that those that successfully completed the degree make better managers as a result of developing better critical thinking skills. This makes them more in demand and I'd estimate that they are achieving £28k as a DO to £30k as a DO manager plus benefits, compared with FBDO wages which would be £24k to £27k with a

Rae-Maxine Morrison, DO at Duncan and Todd qualified last summer after completing the BSc. She says, "I think it was a brilliant decision to do the degree. The way the essays are structured and marked helped me change the way I think about information I'm given. I don't take anything at face value and I always question the validity and accuracy of the information (even outside the practice). I'm sure this is a process we all do to some measure but I think the BSc helps tremendously with critical thinking skills. I'm also currently thinking about going on to do optometry and I have no doubt that already having a degree will help me get another!"

"The BSc is intended to make you a more thoughtful practitioner and is a transferable qualification. If you ever want to go into research, teaching or maybe another industry entirely, the BSc lets you do this. It also gives you an edge should you choose to do further study to become a CLO or optometrist. We also don't know what the GOC may decide in the future in terms of regulation. Other medical professions like nursing or dentistry are degree level professions. It is more work on the BSc course but I believe it's worth it." Haydn Dobby

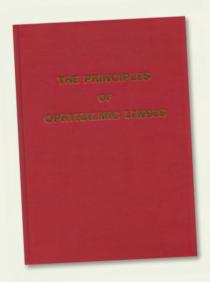
further down the line, and a degree qualification can help you when applying for work in fields where the Fellowship Dispensing Diploma is not known.

A degree isn't essential to get into management, but it can give you an advantage over other candidates when applying for a promotion. Peter Black, similar level of experience. The degree certainly seems to command a premium."

Finance can be a factor when deciding between the two courses. For some people, their employer may only fund the Fellowship Dispensing Diploma. You may be able to make up the difference. Based on course fees for 2015–6 it only costs an extra £54 per month to complete the degree. And many people aren't aware that exam fees are included in the fees for the BSc course, but are extra for the diploma. As BSc students are students of both ABDO College and CCCU, then they are entitled to an NUS card and the associated discounts. You can get a student loan for the FD/BSc (Hons) course but not for the Fellowship Diploma course, which may make a difference to you if you are not sponsored by your employer. Student DO Natalie Price from Specsavers in Warrington says, "I'm currently on the degree course, I did it as student finance only covers the degree. If you're going to do three years you may as well do the degree and better your qualification, I'm glad I ended up doing it this way, I feel being out of school for a while it has helped me find my feet again and I have learnt so much."

Even if you apply for the diploma, there is a chance at the end of the first year to switch to the degree. If you are doing well at the diploma, you simply need to complete one extra module during March-May and put together a portfolio of evidence in June (which the College will help you with) to upgrade to the degree. At any stage of the degree you can switch to the diploma (see the 'Getting back on course' feature).

Having read this article, if you want to find out more about your choices, visit http://abdocollege.org.uk/courses/ or call the ABDO College Courses Team on 01227 738 829 (Option 1) to chat to someone and explore which option is best for you.



The Principles of Ophthalmic Lenses 5th edition

The new 5th edition of The Principles of Ophthalmic Lenses, by Professor Mo Jalie, is now available from the ABDO College Bookshop.

The 5th edition includes four new chapters, plus five appendices and all other chapters have been updated and modernised with the latest technology being described in detail.

The Principles of Ophthalmic Lenses can be ordered online at: http://abdocollege.org.uk/product/ principles-of-ophthalmic-lenses/

Jessica Murphy

We find out about Jessica and her research

Jessica Murphy recently completed her degree in ophthalmic dispensing with ABDO College and Canterbury Christ Church University. She practices in Jones and Murphy in Carmarthen, South West Wales. As part of her final year studies she wrote her dissertation on Charles Bonnet Syndrome, a condition that is attracting more and more media coverage. In this article you can read more about Jessica, and on the following the pages find out more about Chares Bonnet Syndrome, and how to apply knowledge of this condition in practice.

Jessica worked in optics as a receptionist as one of her first positions. She explains, "My father has a practice and I went to work with him as a receptionist when 20. I became manager and did the buying. He suggested I did a couple of courses with a view to dispensing, and I started my studies but my marriage broke down and I couldn't leave the children. I had an interest in opening my own business and after that I ran a clothing and eyewear store for about five years – I still did the accounts and buying for Jones and Murphy and the two premises were opposite each other. Some years down the line, my dad had a locum who was interested in a partnership. He explained that he'd like me back in the business on a more permanent basis. This was the perfect timing for me as my children were teenagers, so I went for it."

Like many students Jessica had some qualms about starting the course. She says, "It was a little bit daunting when I first arrived, especially being older. I made friends as soon as I arrived with someone who was as nervous as me, which helped a lot and we have supported each other all the way through." Although she was returning after a break from optics, Jessica had kept her study skills up to scratch. She says, "I'd done a certificate in legal studies with the Open University, so I knew I could still do the work. I enjoyed being employed again, and that made it easier to get back into study by block



release." The location of ABDO College was a big plus for Jessica. She says, "When I saw the beautiful environment that I was going to learn in, it was great. There is a superb team of lecturers. Sally cheered us along, Gillian was like a mum, Haydn was very funny, and Stuart was straight talking and easy to listen to."

Jessica found support at home for her studies too. She says, "At the same time as I was studying, my children were doing their A levels and GCSEs. Even my mum was doing a degree so we could all support each other."

Looking back at her time at ABDO College, Jessica says. "I learnt so much: it completely changed my views of so many things. You put so much effort in and you are always rewarded, whether it is by a good mark or feedback from the tutors. If you haven't done the course you can't understand the amount of hard work involved, especially when combined with full time work and a home life, I was studying every evening and weekend. My first and second year were hard: by the third year I knew what I had to do to get the grades I wanted and I pushed myself. Getting a first was what I wanted, and I worked so hard to achieve that, and it's mine for ever."

Every third year degree student focuses on a topic for their dissertation, and Jessica explains how she chose hers: "There were two reasons I picked Charles Bonnet Syndrome. I feel that there is a current focus on mental health and the stigmas attached to it. Hallucinations are an extreme issue,

and this got me interested in how the brain works. I tied this in with my interest in low vision and thought how horrific it would be to have your vision failing and to 'see' imaginary things. The DO who works in low vision is in a unique position. There is trust between the DO and the patient which means that there is an opportunity for DOs to provide help with this difficult condition."

Jessica's study was entitled, 'Charles Bonnet Syndrome: prevalence, pathogenesis and the implications to "For any DO, it's important to know that Charles Bonnet Syndrome doesn't depend on a particular eye condition; it can happen to anyone with low vision. I'd like to think that it could become a standard to explain to anyone with low vision that Charles Bonnet Syndrome can be present, that it can be relatively common to see things that aren't there. DOs need to be prepared to say, 'If this sounds like you we can chat about it and I can give you more information to help put your mind at rest.""

'For any DO, it's important to know that Charles Bonnet Syndrome doesn't depend on a particular eye condition; it can happen to anyone with low vision. I'd like to think that it could become a standard to explain to anyone with low vision that Charles Bonnet Syndrome can be present, that it can be relatively common to see things that aren't there.'

low vision patients'. She says, "There is a fair amount of research out there, and it is quite diverse. I had to hunt for common denominators. I read around the subject, looking at factors like how the patients were approached, the criteria for inclusion, how they were spoken to, etc. I went to a lecture by a consultant, and we had a lovely chat about Charles Bonnet Syndrome: I'd done my research by then so I could understand what he was speaking about." Looking at what she discovered during her dissertation, Jessica says,

Looking at the future, Jessica says, "I want to continue my studies. I've read about the new MSc course from ABDO College and CCCU, and I would be interested in a PhD. The consultant that I spoke to has areas that I could investigate related to Charles Bonnet Syndrome." Jessica is clear that there is a positive future for the profession too. She says, "DOs aren't sales people – we dispense and have a great relationship with patients and we shouldn't be overlooked. We have the initiative to look outside the box."

Charles Bonnet Syndrome: prevalence, pathogenesis and the implications to low vision patients

By Jessica Murphy BSc(Hons) FBDO

INTRODUCTION

When conducting research into the physiological and psychological effects of vision loss relating to Age-Related Macula Degeneration (AMD), an article was found concerning the expressionist artist Edvard Munch, infamous for his painting 'The Scream'. The depiction of visual loss due to a right ocular haemorrhage was seen in his paintings, where the symptoms of photopsia and central field scotoma manifested into the changed perception of his visual world (Marmor 2000). Living with severe visual impairment cannot be truly understood by emmetropes or those whose ametropia may be corrected by mechanical means. For the elderly, it may be a truly frightening experience, one that is perhaps unable to be expressed adequately. How more horrifying to the already sight impaired, would the presence of Charles Bonnet Syndrome (CBS) be, where the sufferer may experience horrifying visual hallucinations?

CBS as an eponym was created in 1936 by the neurologist Georges de Morsier, who read the documented experiences written by Charles Bonnet of the visual disturbances experienced by his grandfather (O'Farrell *et al* 2010). It is suggested that Charles Bonnet – a philosopher whose works included writing of the parthenogenesis of the aphid – experienced similar hallucinations due to his own poor vision.

METHOD

Four main articles were chosen for review and surrounding research articles relevant to the topic used for discussion and comparison.



DISCUSSION

Prevalence

The diagnosis of CBS depends on the inclusion and exclusion criteria applied to the patient population. Of the four articles, two specified that hallucinations must be of a complex nature, for example, of objects, figures, buildings or faces. One allowed patterns to be included only if they are complex and kaleidoscope in nature. The other survey includes simple types of patterns. The inclusion of complex may be mandatory, as predominantly visions of human



figures, birds, landscapes and buildings are what Charles Bonnet had documented his grandfather as having seen (Hedges 2007).

Though CBS may manifest in a variety of pathologies, macular degeneration is considered the most common (Geuke *et al* 2012). The aetiological statistics found, corresponded with the view of other authors that older age is a pre-requisite in most cases O'Farrell *et al* (2010), Teunisse *et al* (1999), Boxerman and Wittich (2015). Gender disposition also found dominance towards female sufferers as found by Teunisse *et al* (1999) and Yacoub and Ferrucci (2011).

Pathogenesis

The visual system is highly complex, and when a part of it suffers damage, complications can occur that may disastrous to its function (Huxlin 2008). Hallucination is a visual experience that may be perceived to be true yet occurs without outside stimulation, and may even be eidetic

with a profound photographic quality (Menon et al 2003). In the articles encountered, some subjects have maintained that their hallucinations have seemed more vivid and of greater quality than actual vision (Santhouse et al 2000), and were also more intense in colour (Yacoub and Ferrucci 2011).

There are several hypotheses relating to CBS hallucinations, the two most popular relating to Cogan's (1973) de-afferentation (or denervation) theory and West's (1975) perceptual release theory. De-afferentation – simply stated – is the lack of sensory input stemming from damage to the visual pathway, causing spontaneous neuronal discharge resulting in the promotion of hallucinatory output (Ashwin and Tsaloumas 2007). Perceptual release is described as the lack of sensory input due to damage, causing the brain to release irrelevant subconscious images. Impairment fuels the release of previously constrained perceptions and even traces of memory instead, in the form of hallucinatory phenomena (Kumar et al 2009).

Speculatively, could profound replication of media be attributed to unreal experiences such as cinema, kept stored in the brain and released as a massive output from a disconnected and damaged system? This may account for the types of images that a small number of sufferers describe in minute and vivid detail. For example, Santhouse *et al* (2000) attributed that in their hallucinating subjects, 47 per cent of all faces seen were ugly or gargoyle like, 26 per cent of faces were cartoon like and of 41 instances of figures, and descriptions included looking like belonging to cavalier or roundhead armies.

Implications

There is an association between depression and visual loss which may produce more severe consequences when accompanied with older age (Boxerman and Wittich 2015). Geuke et al (2012) study on subjects with low vision, concluded that the patients with CBS had greater anxiety levels.

In the Cox and Ffytche survey, of the 492 diagnosed, 40 per cent felt that CBS had an effect on their lives. Of the affected subjects the authors denote negative experience (33

per cent) to fear, longer and more frequent episodes while positive pleasant episodes accounted for 7 per cent. In the Vukicevic and Fitzmaurice study, of the thirty-three patients diagnosed in the low vision group, 30.3 per cent found symptoms severely stressful, 18.2 per cent moderate and 51.5 per cent mild. In the Teunisse *et al* (1995) study, of the patients diagnosed, stress relation due to CBS was not stated within a scale, though it was acknowledged that visual impairment itself has a negative effect on patients.

Many articles have highlighted a recognisable problem, that there is a lack of knowledge about visual hallucinations in low vision patients, and that greater awareness may remove the potential misdiagnosis of mental health problems (Abbott et al 2007, Menon et al 2003). Education to patients may come in the form of comparison to phantom limb syndrome which may reassure patients (Yeager 2013) as it is a more widely known phenomenon and easier to understand. O'Farrell et al (2010) found that it is especially important that CBS is a known quantity in those individuals involved in visual rehabilitation, as does Yacoub and Ferrucci (2011) who regard wider knowledge as a responsibility. As the Macular Society (2015) estimates that by 2020 there will be 700,000 Britons with late stage AMD, the sooner the knowledge of CBS is more commonly appreciated, the better it would be for all of those involved.

CONCLUSION

For the qualified dispensing optician, an eye care practitioner who is closely involved with patients, knowledge on this subject can only help already vulnerable people with low vision, who may confess symptoms during an empathetic conversation. If there is one person in every practice who knows about Charles Bonnet Syndrome, then this is the first step that may provide relief and support to patients so that awareness limits the frightening experience.

REFERENCES

Abbott. E., J., Connor. G., B., Artes. P., H. and Abadi. V. Visual Loss and Visual Hallucinations in Patients with Age-Related Macular Degeneration (Charles Bonnet Syndrome) *Investigative Ophthalmology & Visual Science*, vol.48, pp. 1416–1423. [Online] Available at: http://iovs.arvojournals.org/article.aspx?articleid=2126455

Ashwin, P. & Tsaloumas, M.D. 2007, "Complex visual hallucinations (Charles Bonnet syndrome) in the hemianopic visual field following occipital infarction", *Journal of the neurological sciences*, vol. 263, no. 1–2, pp. 184–186. [Online] Available at: http://www.sciencedirect.com/science/article/pii/S0022510X07003863

Boxerman, H., Wittich, W. & Overbury, O. (2015). "Charles Bonnet syndrome in older adults with age-related macular degeneration: Its relationship to depression and mild cognitive impairment", The British Journal of Visual Impairment, vol. 33, no. 1, pp. 19–30. [Online] Available at: http://jvi.saqepub.com/content/33/1/19.full

Cox, M. T, and Ffytche. D., H. (2014). "Negative outcome Charles Bonnet Syndrome", *British Journal of Ophthalmology*, vol. 98, no. 9, pp. 1236. [Online] Available at: http://bjo.bmj.com/content/98/9/ 1236.full

Geueke, A., Morley, M.G., Morley, K., Lorch, A., Jackson, M., Lambrou, A., Wenberg, J. & Oteng – Amoako, A. (2012). "Anxiety and Charles Bonnet Syndrome", Journal of Visual Impairment & Blindness, vol. 106, no. 3, pp. 145–153. [Online] Available at: http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=a6deb8f8-ab56-49b6-8078-127 f0bc51570%.40sessionmar4003&vid= 1&hid=4204

Hedges, T.R. (2007). "Charles Bonnet, His Life, and His Syndrome", Survey of ophthalmology, vol. 52, no. 1, pp. 111–114. [Online] Available at: http://www.sciencedirect.com/science/article/pii/ S0039625706001767

Hou, Y. & Zhang, Y. (2012). "The prevalence and clinical characteristics of Charles Bonnet syndrome in Chinese patients", *General hospital psychiatry*, vol. 34, no. 5, pp. 566–570. [Online] Available at: http://www.sciencedirect.com/science/article/pii/S0163834312001508

Kumar, S., Soren, S. & Chaudhury, S. (2009). "Hallucinations: Etiology and clinical implications", *Industrial Psychiatry Journal*, vol. 18, no. 2, pp. 119 -126. [Online] Available at: http://www.industrialpsychiatry.org/article.asp?issn=0972-6748; year=2009;volume=18;issue=2;spage=119;epage=126;aulast=Kumar

Marmor, M.F. (2000) "A Brief History of Macular Grids: From Thomas Reid to Edvard Munch and Marc Amsler", *Survey of ophthalmology*, vol. 44, no. 4, pp. 343–353. [Online] Available at: http://www.sciencedirect.com/science/article/pii/S0039625799001137

Menon, G.J. (2003). "Complex Visual Hallucinations in the Visually Impaired: The Charles Bonnet Syndrome", *Survey of ophthalmology*, vol. 48, no. 1, pp. 58–72. [Online] Available at: http://www.sciencedirect.com/science/article/pii/S0039625702004149

O' Farrell, L., Lewis, S., McKenzie, A. & Jones, L. (2010). Charles Bonnet Syndrome: A Review of the Literature. [Online] Available at: http://web.a.ebscohost.com/ehost/detail/detail?sid=cadd9240-48c2-4fdf-aa3c-b25a20bbea6e%40sessionmgr4005&crlhashurl= login.aspx%253fdirect%253dtrue%2526scope%253dsite%2526db%253dc8h%2526AN%253d2010652450%2526msid%253d-419381708&hid=4204&vid=0&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=c8h&AN=2010652450

Santhouse, A.M., Howard. R., J. & Ffytche. D., H. (2000). "Visual hallucinatory syndromes and the anatomy of the visual brain", *Brain*, vol. 123, no. 10, pp. 2055–2064. [Online] Available at: http://brain.oxfordjournals.org/content/123/10/2055.full

Teunisse, R. & C. (1995). "The Charles Bonnet syndrome: a large prospective study in The Netherlands: A Study of the Prevalence of the Charles Bonnet Syndrome and Associated Factors in 500 Patients Attending the University Department of Ophthalmology at Nijme", British Journal of Psychiatry, vol. 166, no. 2, pp. 254–257. (Online] Available at: http://ovidsp.uk.ovid.com/sp-3.16.0a/ovidweb.cgi

Teunisse, R.J., Cruysberg, J.R., Hoefnagels, W.H., Kuin, Y., Verbeek, A.L. & Zitman, F.G. (1999), "Social and psychological characteristics of elderly visually handicapped patients with the Charles Bonnet Syndrome", Comprehensive psychiatry, vol. 40, no. 4, pp. 315–319. [Online] Available at: http://ac.els-cdn.com/S0010440X99901335/1-s2.0-50010440X99901335-main.pdf?_tid=d5e8c658-23ef-11e5-a60d-00000aacb35f&acdnat=1436195049_49d88a05f81caae43d2 hc6f81032861e

The Macular Society (2014) Age-Related Macular Degeneration. [Online] Available at: http://www.macularsociety.org/about-macular-conditions/Age-related-macular-degeneration

Vukicevic, M. & Fitzmaurice, K. (2008). "Butterflies and black lacy patterns: the prevalence and characteristics of Charles Bonnet hallucinations in an Australian population", *Clinical & experimental ophthalmology*, vol. 36, no. 7, pp. 659–665. [Online] Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1442-9071.2008.01814. x/epdf

Yacoub, R. & Ferrucci, S. 2011, "Charles Bonnet syndrome",

Optometry – Journal of the American Optometric Association,

vol. 82, no. 7, pp. 421–427. [Online] Available at:

http://www.sciencedirect.com/science/article/pii/S1529183911000133

Yeager, J.J. (2013). "Delirium superimposed on Charles Bonnet syndrome: A case study", *Geriatric nursing*, vol. 34, no. 6, pp. 453–456. [Online] Available at: http://www.sciencedirect.com/science/article/pii/S0197457213002504?np=y



Interview with Jo Underwood

Jo Underwood MSc BSc(Hons) FBDO (Hons) CL (Hons) SLD FEAOO SMC(Tech) PGCE has been head of ABDO College since its inception. In this interview we find out more about Jo's journey through optics and the world of optical education.

Entering the world of optics was a well-planned decision for Jo Underwood. She says, "At my grammar school I studied maths, physics and biology at 'A' level. I loved them all, and looked at opportunities for using all three in a future career. I came up with a number of professions such as optics, radiography and occupational therapy. I contacted my local hospital and asked if I could attend the various departments and see what the roles involved. I spent time in the optometry department, and that interested me the most."

Jo studied dispensing optics full time at City College, and then completed her pre-registration year with Scrivens Opticians in the Midlands. She says, "Being in practice was a big change from being a full time student, especially in the first few months, but I really enjoyed it. I loved putting all my new skills into practical use." It wasn't long before Scrivens agreed that Jo could enrol on the contact lens course, which she studied by day release at City College, and this is where her move into optical education began. She says, "At City College I was asked if I had thought of teaching as there was a job being advertised. I had taught dancing for some years, so I was used to teaching and knew I enjoyed it. I decided I would

apply and see if I was shortlisted. I was called for interview, along with three or four other people. We were asked to wait until everyone had been seen. I was then called back in: I thought this was for further questions, but instead they said, 'We'd like to offer you the job.' I was so surprised – I thought I would hear by post and have time to discuss it with my father! I said yes and it was one of the best decisions I have ever made."

Jo took up the post at City, and continued to work part time for Scrivens in London's Regent Street, in order to complete the case records needed for her contact lens honours exams. She says, "Mo Jalie always encouraged his staff to undertake the spectacle lens design honours course, so that they would have a greater understanding of ophthalmic lenses. The Inner London Education Authority also desired a teacher training qualification. I completed these qualifications and was content for a while. However I became interested in the idea of undertaking some research and an MSc. At the time dispensing optics was not a degree qualification. I wrote to a number of universities who were not interested because they did not think that my professional qualifications equated to a degree. The University of Greenwich, however, invited me for an

interview. My difficulty with accessing further study opportunities led me to thinking that I would like to see dispensing optics offered as a degree." Jo was accepted at the University of Greenwich to study for the MSc in Science Education, where her research involved comparing exam performance of full time, day release and distance learning students. Jo says, "It may seem that my findings were common sense: full time dispensing students performed better in theory exams, whilst day release and distance learning students did better in practical exams – but the point was that no-one had researched this: it was the first research project of its type." This was one of the foundations of Jo's desire to contribute to building an evidence base for interventions in dispensing optics, something she is still passionate about for her students today.

It was a few years later that ABDO decided that it wanted to set up its own training institution. Jo explains how she became involved: "As a member of ABDO Council at that time I helped to work on the logistics of what staff and equipment they would need, to determine set up costs. When the building at Godmersham was identified I was offered the post of Principal. I was not expecting the offer but it has been the most exciting opportunity it is so rare to be able to start with a completely clean slate and set something up from scratch. I was employed from September 2000 to develop materials and source suitable staff and equipment. We planned to start teaching in September 2001, but actually took a

small group of 20 students on their first block in February 2001." Jo continues, "In September 2001 all ABDO distance learning students transferred to us: some students were unhappy at having to travel, but we were soon able to turn that negativity into a positive experience through the knowledge, commitment and quality of our teaching staff."

In the fifteen years that the College has been in existence, Jo has realised her dream of a BSc in ophthalmic dispensing. She says, "I am really pleased that we have the BSc programme running alongside our diploma so that students have choice and some can become involved in research in the field of dispensing. It was hard to develop the course, but Canterbury Christ Church University (CCCU) has been very supportive all the way through the process. At Canterbury we have found the ideal location and academics who talk our language. We have had hands on support, which we needed at the start when we had to prepare all the materials for the validation event. I didn't get any sleep the night before that major hurdle which we needed to pass to offer our BSc programme."

When the BSc started there were two versions: the standard version for new students, and a BSc top up programme for those with the FBDO qualification who wanted to obtain a BSc. Jo says, "All of the teaching staff, including myself, and some of the tutors, completed the course. I did so partly because I wanted to trial it, but also because I didn't want to tell staff they had to achieve this yet duck out myself. I loved it." Jo loves to

study, and when the SMC (Tech) was introduced as fast track option for FBDOs, she also completed that. She says, "It took me back to when I used to teach ophthalmic lenses to technicians at City College. The course filled in gaps in my knowledge."

Reflecting on developments in optical education, Jo says, "Our BSc students now have the entry qualifications to embark on an MSc, ABDO College's most recent project. Our graduates can enter the new inter-professional Health and Wellbeing MSc programme offered by CCCU, which has a strong emphasis on the public health agenda. The graduates can agree their own pathway and timescale. There are compulsory taught modules and modules involving work in practice can be negotiated. If sufficient modules are related to a particular theme then an endorsement to the MSc title can be granted, for instance MSc Health and Wellbeing -Contact Lenses." The most recent changes for the College have been incorporating the new ABDO syllabus into the programmes, accepting students who have completed the Specsavers level 4 optical assistants programme into year 2 of the dispensing diploma programme, and now moving all materials across to an electronic format/learning platform.

Jo's job is all engrossing, but she retains a love of travel. She says, "At City I used to back pack every summer. Now my husband and I have shorter holidays but we always like to talk about where we will go next. I used to do a lot of embroidery but

I still enjoy sewing and adapting or modifying clothes. I also love reading – during term time it is only articles and text books, but on vacation I like a good novel: and my only chance to dance now is at the ABDO gala dinner."

Looking at the future of optical education, Jo says, "I would like to see more students embark on an MSc or PhD path. Our degree students always have to choose a research question for their individual study area. Currently there is more research in optometry and ophthalmology, and little in the field of dispensing that is not funded by companies. I would really like to see more research in those areas... and of course more students on the BSc programme to feed into that. Ultimately, I want all our students, whether on a degree or diploma route, to reach the level that they desire."

Looking back, Jo says, "My highlight of the last fifteen years is very much the success of our students, both in terms of exam results, their good clinical and dispensing skills, but also the way they know how to communicate these skills to patients. Optics has been a great profession for me





WCSM Courses

Available through ABDO College

A comprehensive education programme focused on driving up skill levels among the non-regulated workforce within the optical sector

WCSM courses range from Level 2 Optical Support to Level 4 Optical Technicians (and soon to be available a Level 4 Diploma for Optical Assistants). The programme also includes Fast Track Technician Training for FBDOs.

WCSM courses now available from ABDO College:

- Level 2 & Level 3 Optical Support
- Level 2 & Level 3 Diploma in Optical Retail Skills
- Level 2 & Level 3 Diploma in Manufacturing Spectacles
- Level 4 Diploma for Optical Assistants
- Level 4 Diploma for Optical Technicians
- Fast Track Technician Training for FBDOs

Qualifications Accredited in Scotland

• Level 5 & Level 7 Certificate in Optical Care

For further information and application forms, or to request a copy of the WCSM Courses info@abdocollege.org.uk



