



UNDERSTANDING OF OPTOMETRIC SCOPE OF PRACTICE BY FIRST YEAR OSTEOPATHIC MEDICINE, DENTAL, AND PHARMACY STUDENTS

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PURPOSE

Healthcare is moving toward an increase in interprofessional collaborative practice (ICP) as a goal of enhancing quality of care.¹ Optometry should not be exempt. To our knowledge, there are no studies examining the understanding of optometric scope of practice by health professional students (HPS). The purpose of this study was to determine what various HPS currently understand about the scope of practice of optometry and their perceived confidence in that knowledge.

METHODS

443 students aged 20 to 45 (M=24.26, SD=±3.35) years completed an optional paper survey. The survey was distributed during a single course lecture given to a combined group of first year osteopathic medicine, dental medicine, and pharmacy students in the winter quarter of 2015 at Midwestern University in Downers Grove, Illinois. Without external aids, HPS were given 5 minutes to answer questions including: “How well do you feel you have been informed of the different eye care providers and their scope of practice?” A 7-point Likert-type scale ranging from Very Weak to Very Strong was used (Fig. 1). HPS also selected which functions they believed a licensed optometrist within the United States could perform out of a list of 14 eye care related functions, in which 10 were considered part of the optometric scope of practice (71.4%) (Fig. 2).

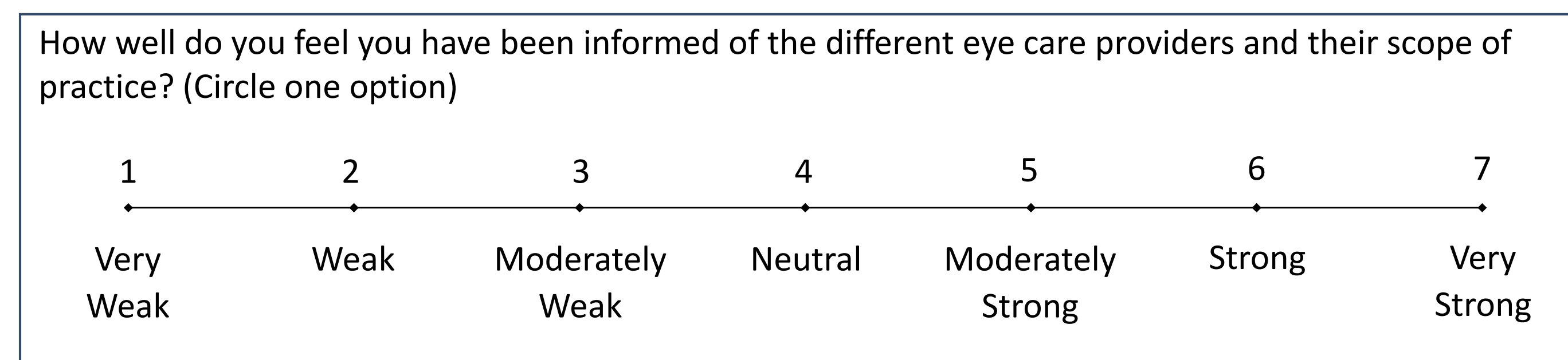


Fig. 1: Question posed with 7-point Likert-type scale to determine self-assessed levels of confidence in level of informed knowledge of eye care providers and scope of practice.

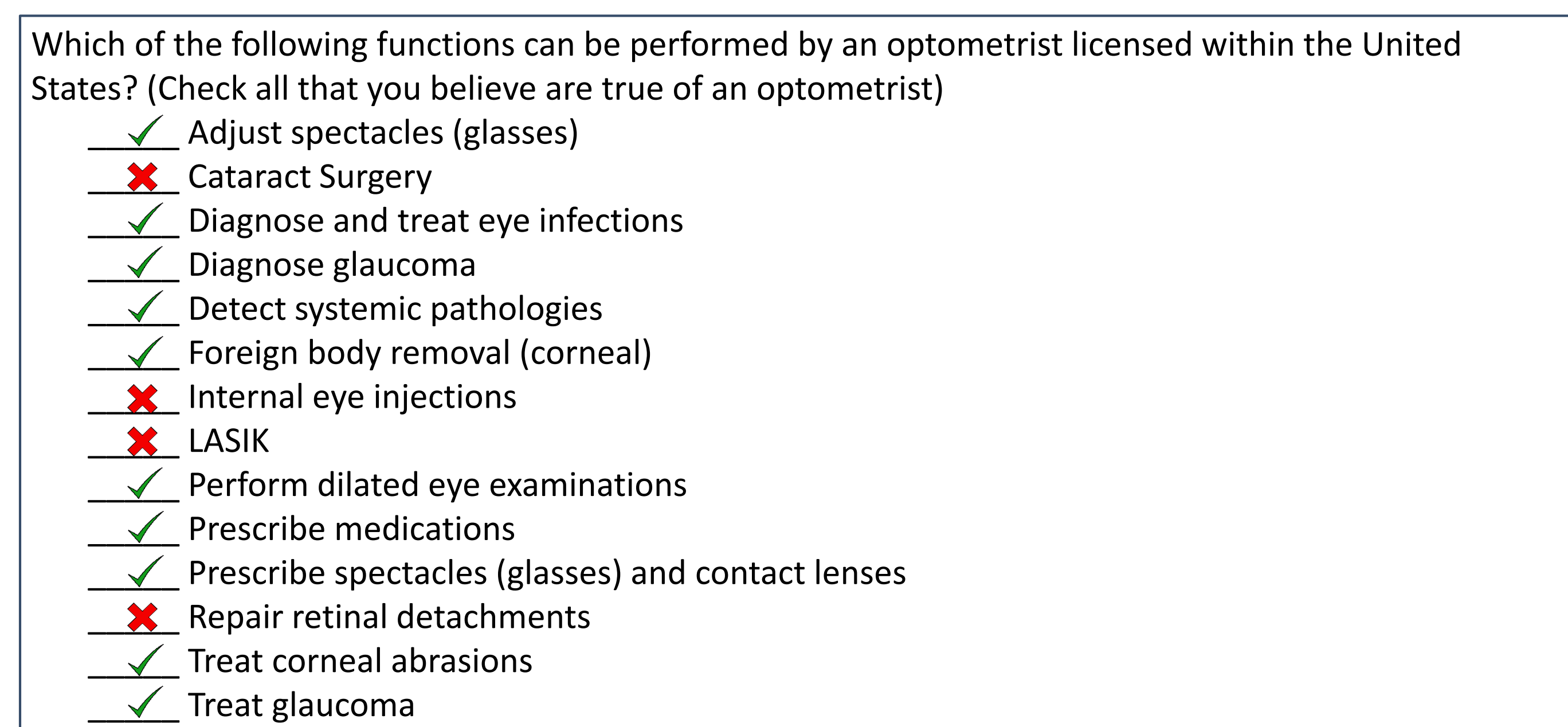


Fig. 2: Eye care related functions, 10 of 14 (71.4%) of which are within the optometric scope of practice.

DISCLOSURES

No financial disclosures or conflicts of interest.

RESULTS

Of the 443 students that completed the survey, 114 were enrolled in dental medicine, 171 in osteopathic medicine, and 153 in pharmacy. The overall majority (258; 58.24%) of students reported below ‘Neutral’ responses to how well they feel they have been informed of the different eye care providers and their scope of practice with only 81 (8.28%) reporting above neutral. This did not vary significantly between programs (Fig. 3).

When scoring the accuracy of responses for which functions can be performed by an optometrist licensed within the United States, a correct response was a positive response to functions considered part of optometric scope of practice, and no response to functions not considered part of scope of practice. The number of correct responses ranged from a minimum of 4 correct to a maximum of 14 with an average of 9.74 ± 1.9819 with 10 correct responses as the most common.

Comparing these scores to the level of confidence on how well they feel they are informed on the subject resulted in a correlation coefficient of +0.0685 ($r^2 = 0.0047$).

Figure 4 seen below shows the percentage of students in each program that believed the listed function was indeed part of the optometric scope of practice.

DISCUSSION

HPS who believe they are more informed about eye care are scoring no higher than those that do not. Amongst all HPS, confidence was low. This campus has not yet integrated optometric education on campus due to the recent addition of the program. Ideally, we believe that confidence as well as knowledge of optometry will be shown to have improved after this occurs.

Functions in which HPS believed were within the optometric scope of practice were the most reflective on the knowledge of optometry by those about to enter the healthcare field. As Figure 4 shows, there is clearly a lack of understanding on various significant aspects of what optometrists *can* perform (ie. detecting systemic pathology, treating glaucoma) as well as functions optometrists can *not* perform (cataract surgery, LASIK, intraocular injections, & repair of retinal detachments).

To improve this study in the future, inclusion of functions from more professions to minimize guessing/checking all functions off.

These results may indicate there are opportunities to increase the confidence and knowledge of HPS on the scope of practice of optometry. This is beneficial in ensuring that with the growth of ICP, optometry will be included.

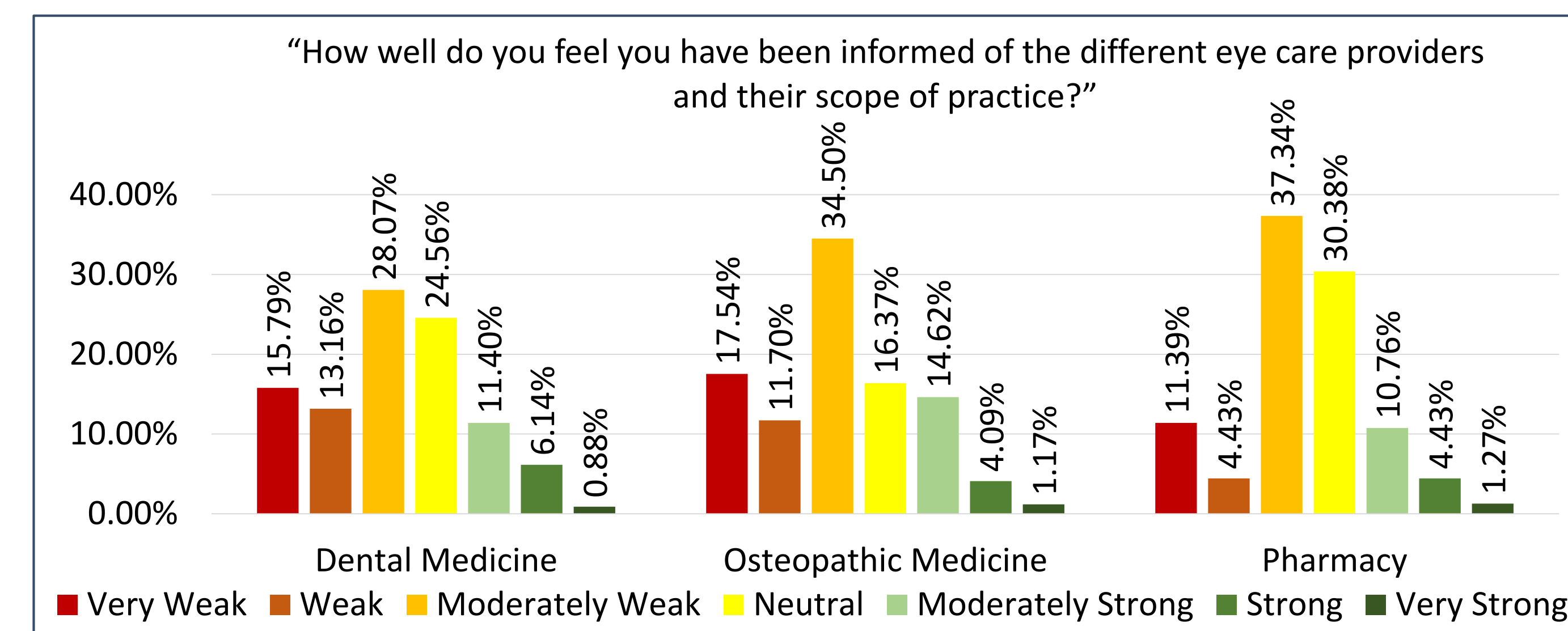


Fig. 3: Responses to Fig. 1 question. Note the generally below neutral responses for each program with the largest group responding with “Moderately Weak”.

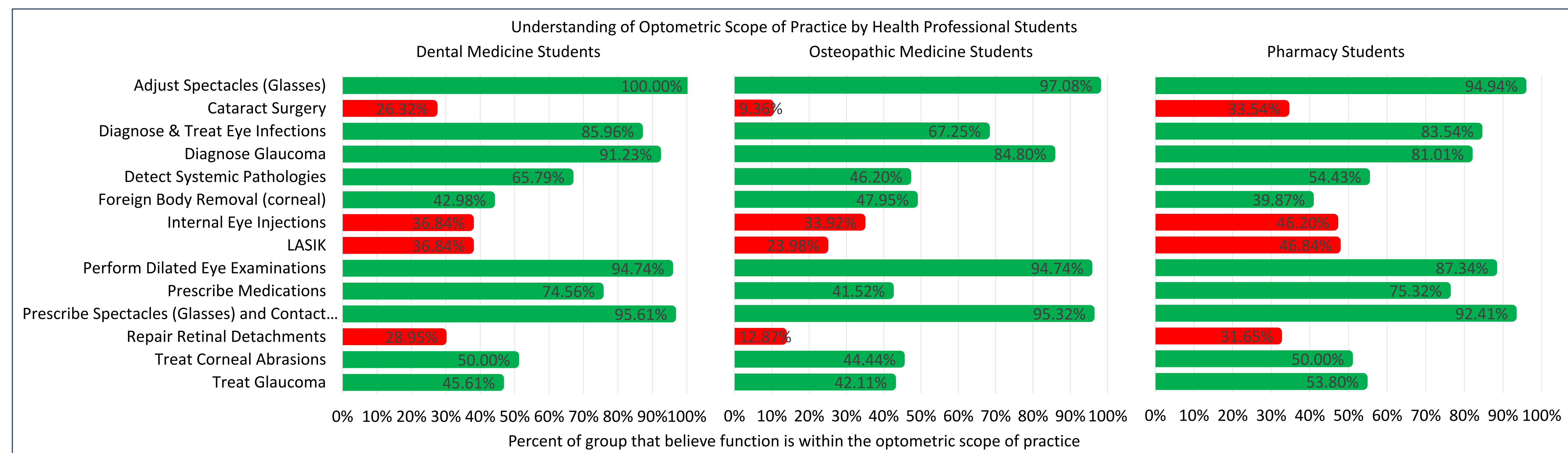


Fig. 4: Percentage of dental, osteopathic medicine, and pharmacy students that believe these functions can be performed by an optometrist licensed within the United States. Red bars are functions not within the optometric scope of practice and ideally should be at zero percent. Green bars are functions within the optometric scope of practice and ideally should be at 100%.



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REFERENCE

1. World Health Organization. (2010). *Framework for action on interprofessional education & collaborative practice*. Retrieved from http://www.who.int/hrh/resources/framework_action/en/