Era University

CURRICULUM & EVALUATION SCHEME

OF

BACHELOR OF OPTOMETRY (B.OPTOM)

[APPLICABLE W.E.F. ACADEMIC SESSION 2023-27]



ERA UNIVERSITY Hardoi Road, Lucknow, Uttar Pradesh Website: www.erauniversitv.in

About Optometry:

The Ministry of Health and Family Welfare, accepted in its entirety the definition of an allied and healthcare professional based on the afore-mentioned report, though the same has evolved after multiple consultations and the recommended definition is now as follows-

'Allied and healthcare professionals (AHPs) includes individuals involved with the delivery of health or healthcare related services, with qualification and competence in therapeutic, diagnostic, curative, preventive and/or rehabilitative interventions. They work in multidisciplinary health teams in varied healthcare settings including doctors (physicians and specialist), nurses and public health officials to promote, protect, treat and/or manage a person('s) physical, mental, social, emotional, environmental health and holistic well-being.'

Since the past few years, many professional groups have been interacting and seeking guidance on all those who would qualify under the purview of "allied and healthcare professionals". In the healthcare system, statutory bodies exist for clinicians, nurses, pharmacists and dental practitioners; but a regulatory structure for around 50 professions is absent in India. Currently, the Government is considering these professions (as listed Annex-1) under the ambit of the allied and healthcare system. However, this number is subject to changes and modifications over time, particularly considering how quickly new technologies and new clinical avenues are expanding globally, creating newer cadres of such professionals.

Scope and Need for Allied and Healthcare Professionals in the Indian Healthcare System

The quality of medical care has improved tremendously in the last few decades due to the advances in technology, thus creating fresh challenges in the field of healthcare. It is now widely recognized that health service delivery is a team effort involving both clinicians and non-clinicians, and is not the sole duty of physicians and nurses.1Professionals that can competently handle sophisticated machinery and advanced protocols are now in high demand. In fact, diagnosis is now so dependent on technology, that allied and healthcare professionals (AHPs) are vital to successful treatment delivery.

Effective delivery of healthcare services depends largely on the nature of education, training and appropriate orientation towards community health of all categories of health personnel, and their capacity to function as an integrated team. For instance in the UK, more than 84,000 AHPs, with a range of skills and expertise, play key roles within the National Health Service, working autonomously, in multi-professional teams in various settings. All of them are first-contact practitioners and work across a wide range of locations and sectors within acute, primary and community care. Australia's health system is managed not just by their doctors and nurses, but also by the 90,000 university-trained, autonomous AHPs vital to the system.

As the Indian government aims for Universal Health Coverage, the lack of skilled human resource may prove to be the biggest impediment in its path to achieve targeted goals. The benefits of having AHPs in the healthcare system are still unexplored in India. Although an enormous amount of evidence suggests that the benefits of AHPs range from improving access to healthcare services to significant reduction in the cost of care, though the Indian healthcare system still revolves around the doctor-centric approach. The privatization of healthcare has also led to an ever-increasing out-of-pocket expenditure by the population. However, many examples assert the need of skilled allied and healthcare professionals in the system, such as in the case of stroke survivors, it is the support of AHPs that significantly enhance their rehabilitation and long term treatment ensures return to normal life. AHPs also play a significant role to care for patients who struggle mentally and emotionally in the current challenging environment and require mental health support; and help them return to well-being. Children with communication difficulties, the elderly, cancer patients, patients with long term conditions such as diabetes people with vision problems and amputees; the list of people and potential patients who benefit from AHPs is indefinite.

Thus, the breadth and scope of the allied and healthcare practice varies from one end to another, including areas of work listed below:

Across the age span of human development from neonate to old age;

With patients having complex and challenging problems resulting from systemic illnesses such as, in the case of diabetes, cardiac abnormalities/conditions and elderly care to name a few;

Towards health promotion and disease prevention, as well as assessment, management and evaluation of interventions and protocols for treatment;

In a broad range of settings from a patient's home to community, primary care centers, to tertiary care settings; and

With an understanding of the healthcare issues associated with diverse socioeconomies and cultural norms within the society.

Learning Goals And Objectives For Allied And Healthcare Professionals

The handbook has been designed with a focus on performance-based outcomes pertaining to different levels. The learning goals and objectives of the undergraduate and graduate education program will be based on the performance expectations. They will be articulated as learning goals (why we teach this) and learning objectives (what the students will learn). Using the framework, students will learn to integrate their knowledge, skills and abilities in a hands-on manner in a professional healthcare setting. These learning goals are divided into nine key areas, though the degree of required involvement may differ across various levels of qualification and professional cadres:

- 1. Clinical care
- 2. Communication
- 3. Membership of a multidisciplinary health team
- 4. Ethics and accountability at all levels (clinical, professional, personal and social)
- 5. Commitment to professional excellence
- 6. Leadership and mentorship
- 7. Social accountability and responsibility
- 8. Scientific attitude and scholarship (only at higher level- PhD)
- 9. Lifelong learning

ERA UNIVERSITY

Study of Evaluation Scheme Bachelor of Optometry (B.Optom)

Programme : Bachelor of Optometry(B.optom)

Duration : Four years Full time(Eight semesters)

Including one year compulsory Internship

Medium : English

Minimum Required Attendance : 75%

Total Credits : 200

Assessment

Internal	External	Total		
30	70	100		

Internal Evaluation (Theory

Papers):

Class Presenta tion	Care Marks	Atten dance	Assignment	Mid Term Exam	Total
04	06	04	04	12	30

Evaluation of Practical/Dissertations & Project Reports:

Internal	External	Total	
30	70	100	

Duration of Examination:

Internal	Extern	al
01 Hrs	03	Hrs

To qualify a course/subject the student is required to secure a minimum of 40% marks in aggregate including the semester examination and teachers continuous evaluation. (i.e. both internal and external). A candidate who secures less than 40% of marks in a course shall be deemed to have failed in that course. The student should have secured at least 50% marks in aggregate to clear the semester. The subject marked with asterisk (*) in Semester-I &II are noncore papers.

Eligibility for admission:

Selection procedure:

1. He/she has passed the Higher Secondary (10+2) or equivalent examination recognized by any Indian University or a duly constituted Board with pass marks in Physics, Chemistry, Biology

OR

Diploma in Optometry after completing 12th class/ 10 +2 of CBSE or equivalent with minimum aggregate of 50% marks in physics chemistry and biology provided the candidate has passed in each subject separately.

- 2. Candidates who have studied abroad and have passed the equivalent qualification as determined by the Association of Indian Universities will form the guideline to determine the eligibility and must have passed in the subjects: Physics, Chemistry, Biology and English up to 12th Standard level.
- 3. Candidates who have passed the Senior Secondary school Examination of National Open School with a minimum of 5 subjects with any of the following group subjects.
- A. English, Physics, Chemistry, Botany, Zoology
- B. English, Physics, Chemistry, Biology and any other language
- 4. He/she has attained the age of 17 years as on (current year) & maximum age limit is 30 years.
- 5. He/she has to furnish at the time of submission of application form, a certificate of Physical fitness from a registered medical practitioner and two references from persons other than relatives testifying to satisfactory general character.
- 6. Admission to B.Opto course shall be made on the basis of eligibility and an entrance test to be conducted for the purpose. No candidate will be admitted on any ground unless he/she has appeared in the admission test and interview.
- A. Entrance test, to be conducted by the university as per the syllabus under 10 +2 scheme of CBSE, subject-wise distribution of questions will be as 30% in Physics, 30% in biology, 30% in Chemistry, 5% in English (Language & Comprehension) and 5% in General Awareness about health related methods.
- B. . Successful candidates on the basis of written Test will be called for the interview & shall have face an interview board. The interview board will include the Head of the Department of medical imaging (Chairman of the Board) along with the Principal / chief faculty as well

as Chief of MRIT apart from other nominees, whose recommendations shall be final for the selection of the students..

- C. During subsequent counseling (s) the seat will be allotted as per the merit of the candidate depending on the availability of seats on that particular day.
- D. Candidate who fails to attend the Medical Examination on the notified date(s) will forfeit the claim for admission and placement in the waiting list except permitted by the competent authority under special circumstances.
- E. The name of the student(s) who remain(s) absent from classes for more than 15 days at a stretch after joining the said course will be struck off from the college rolls without giving any notice.

Provision of Lateral Entry:

Lateral entry to second year for allied and healthcare science courses for candidates who have passed diploma program from the Government Boards and recognized by State/Central University, fulfilling the conditions specified and these students are eligible to take admission on lateral entry system only if the same subject have been studied at diploma level.

Duration of the course

Duration of the course: 4 years or 8 semesters including 1440 hours of internship.

Medium of instruction:

English shall be the medium of instruction for all the subjects of study and for examination of the course.

General information:

1. Attendance:

A candidate has to secure minimum 80% attendance in overall with at least-

- A. 75% attendance in theoretical
- B. 75% in Skills training (practical) for qualifying to appear for the final examination. No relaxation, whatsoever, will be permissible to this rule under any ground including indisposition etc.

2. Assessment:

Assessments should be completed by the academic staff, based on the compilation of the student's theoretical & clinical performance throughout the training programme. To achieve this, all assessment forms and feedback should be included and evaluated. Student must

attain at least 40% marks in each Theory, Internal assessment and Practical independently / separately for each individual subject.

>70% Distinction

60%-First Division

50-59% Second Division

40-49% Third Division

- **3.** Aggregate passing marks 40%.
- **4.** Practical exam must be completed within 15 days after the theory exam.
- **5.** 15 Days summer vacation and 7 days winter vacation.
- **6.** A candidate who is fails in all subject will be termed as year back and if candidate passes in 50% of subject then he will be promoted in next semester and if candidate passes his/her in all subject then it will be termed as all clear.
- **7.** Abbreviation used:
 - L- Lecture
 - P-Practical
 - T-Tutorial
 - H-Hospital posting

INTERNSHIP

Internship is a phase of training where a student is expected to conduct actual practice of clinical optometry and acquire skills under supervision so that he/she may become capable of functioning independently.

INTERNSHIP DURATION: ONE YEAR

Every candidate will be required after successfully completing the final Bachelor in Optometry Examination, to undergo compulsory rotator internship to satisfaction of the University for a period of 6 months so as to be eligible for the award of the degree.

The University shall issue a provisional degree of Bachelor in Optometry on passing the final examination after the completion of internship on demand by the candidate.

The internee shall be entrusted with optometry responsibilities under direct supervision of Senior Optometrist. They shall not be working independently.

Internee will not issue certified copy of investigation reports or other related documents under their signature.

ASSESMENT OF INTERNSHIP

The Internee shall maintain the record of work, which is to be verified and certified by the senior Optometrist under whom he/she works. Apart from scrutiny of record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during at the end of training. Based on the record of work and date of evaluation The Director/Principal shall issue certificate for satisfactory completion of training following which the university shall award the degree of Bachelor in Optometry to the candidate.

- Satisfactory completion shall be determined on the basis of the following.
- Proficiency of knowledge required for each Optometry techniques.
- The competency and skills expected to manage each optometry technique.
- Responsibility, punctuality works up of optometry techniques, involvement in special procedures and preparation of reports.
- Capacity to work in a team (behavior with colleagues, nursing staff and relationship with medical and paramedical).
- Initiating, **participating** in discussions and developing research aptitude.

• Only 12 leaves are allowed to an internee during the period of his/her internship. If he/she extend his/her leave in the duration of internship, the period the internship shall be extended by double the days for which the student was absent.

Leave Rule

Summer Vacation: - 15 Days

Winter Vacation: - 7 Days

Preparation Leave: - 7 Days

Internship Log Book

The Log Book Submitted by the candidate will be duly verified & a viva voce shall be conducted on the same at the time of Practical Examination of final year.

S.N.	TOPIC	NO. OF CASES
1	Clinical Observation and Report writing	5
2	Visual Acuity – Distance + Near	5
3	History taking General Specific Conditions	5
4	Visual Acuity – Distance + Near (log MAR) Pinhole acuity	5
5	Extra ocular Motility	5
6	Cover test	5
7	Push up test (Amplitude of Accommodation)	5
8	Push up test (Near point of Convergence)	5
9	Stereopsis test	5
10	Tear Break up time	5
11	Amsler's Grid test	5
12	Color vision test	5
13	Schirmer's test	5
14	Confrontation visual field test	5
15	Slit lamp examination	5
16	Digital tonometry	5
17	Schiotz Tonometry	5
18	Von Herick Grading of Anterior chamber depth	5
19	Accommodative facility(+ 2.00 D)	5
20	Corneal Sensitivity test	5
21	IPD measurement	5
22	Proptosis evaluation	5
23	Ptosis evaluation	5
24	Pupillary evaluation Direct Consensual RAPD	5
25	Maddox rod (Phoria)	5

26	Retinoscopy- Static, Dynamic and Cycloplegic Retinoscopy	5
20	Cyclopiegic Ketinoscopy	
27	Keratometry	5
	Subjective Refraction	5
28	JCC	
	Duo chrome	
29	Visual Field chart interpretation	5
30	B scan observation	5
31	A scan chart Interpretation	5
32	Case Analysis	5
33	Contact Lens	5
34	Low Vision care Clinic	5
35	Binocular Vision clinic	5
36	Ophthalmology clinic (Common eye conditions)	10

Programme Structure 2023

Bachelor of Optometry (Total Credits -

B.Optom Semester- I (First Year)

First Semester

s.no.	Subjects (Theory)	Paper	Hrs. per Week		ek Maximum Ma		Aarks
		code	Actual	Credit	I.A.	Exam	Total
1.	General Anatomy	BOT-101	03	03	30	70	100
2.	General Physiology	BOT-102	03	03	30	70	100
3.	General	BOT-103	02	02	30	70	100
	Biochemistry						
4.	Geometrical Optics-I	BOT-104	03	03	30	70	100
5.	Nutrition	BOT-105	02	02	30	70	100
6.	English &	ENG-	02	02	30	70	100
	Communication	101					
	Skill						
	Total		15	15	180	420	600

s.no.	Subjects	Paper	Hrs. per Week		Maximum Marks		
	(Practical)	code	Actual	Credit	I.A.	Exam	Total
1.	General Anatomy	BOP-	02	01	30	70	100
		101					
2.	General	BOP-	02	01	30	70	100
	Physiology	102					
3.	General	BOP-	02	01	30	70	100
	Biochemistry	103					
4.	Geometrical	BOP-	02	01	30	70	100
	Optics-I	104					
	Total		08	04	120	280	400

Page
4.0

B.Optom Semester- II (First Year)

s.no.	Subjects (Theory)	Paper	Hrs. per Week		Maximum Marks		
		code	Actual	Credit	I.A.	Exam	Total
1.	Ocular Anatomy	BOT-201	03	03	30	70	100
2.	Ocular Physiology	BOT-202	03	03	30	70	100
3.	Ocular Biochemistry	BOT-203	02	02	30	70	100
4.	Geometrical Optics-	BOT-204	03	03	30	70	100
	II						
5.	Physical Optics	BOT-205	02	02	30	70	100
6.	Basic of Computers	BOT-206	02	02	30	70	100
	Total		15	15	180	420	600

s.no.	Subjects	Paper	Hrs. per Week		Maximum Marks		
	(Practical)	code	Actual	Credit	I.A.	Exam	Total
1.	Clinical	BOP-201	06	03	30	70	100
	Optometry-I						
2.	Basic of Computers	BOP-202	02	01	30	70	100
	Total		08	04	60	140	200

B.Optom Semester- III (Second Year)

Third Semester

s.no.	Subjects (Theory)	Paper	Hrs. per Week		Maximum Marks		Aarks
		code	Actual	Credit	I.A.	Exam	Total
1.	Ocular Microbiology	BOT-301	02	02	30	70	100
2.	Visual Optics-I	BOT-302	02	02	30	70	100
3.	Optometric Optics-I	BOT-303	02	02	30	70	100
4.	Optometric	BOT-304	02	02	30	70	100
	Instruments						
5.	Ocular Disease-I	BOT-305	03	03	30	70	100
6.	Clinical Examination	BOT-306	02	02	30	70	100
	of Visual System						
7.	Indian Medicine &	BOT-307	02	02	30	70	100
	Tele Medicine						
	Total		15	15	210	490	700

s.no.	Subjects	Paper	Hrs. pe	r Week	Maximum Marks			
	(Practical)	code	Actual	Credit	I.A. Exam		Total	
1.	Clinical Optometry-	BOP-301	06	03	30	70	100	
	II							
	Total		06	03	30	70	100	

B.Optom Semester- IV (Second Year)

Fourth Semester

s.no.	Subjects (Theory)	Paper	Hrs. pe	r Week	Max	Maximum Marks			
		code	Actual	Credit	I.A.	Exam	Total		
1.	Optometric Optics-	BOT-401	02	02	30	70	100		
	II & Dispensing								
	Optics								
2.	Visual Optics-II	BOT-402	03	03	30	70	100		
3.	Ocular Disease-II	BOT-403	03	03	30	70	100		
4.	Pathology	BOT-404	02	02	30	70	100		
5.	Basic & Ocular	BOT-405	03	03	30	70	100		
	Pharmacology								
6.	Introduction to	BOT-406	02	02	30	70	100		
	Quality & Patient								
	Safety								
7.	Medical Psychology	BOT-407	02	02	30	70	100		
	Total		17	17	210	490	700		

s.no.	Subjects	Paper	Hrs. pe	r Week	Maximum Marks			
	(Practical)	code	Actual	Credit	I.A. Exam		Total	
1.	Clinical	BOP-408	08	04	30	70	100	
	Optometry-III							
	Total		08	04	30	70	100	

B. Optom Semester- V (Third Year)

Fifth Semester

s.no.	Subjects (Theory)	Paper	Hrs. pe	r Week	Maximum Marks			
		code	Actual	Credit	I.A.	Exam	Total	
1.	Contact Lens-I	BOT-	03	03	30	70	100	
		501						
2.	Low Vision Care	BOT-	02	02	30	70	100	
		502						
3.	Geriatric & Paediatric	BOT-	03	03	30	70	100	
	Optometry	503						
4.	Binocular Vision-I	BOT-	03	03	30	70	100	
		504						
5.	Systemic Disease	BOT-	03	03	30	70	100	
		505						
6.	Research	BOT-	03	03	30	70	100	
	Methodology &	506						
	Biostatistics							
	Total		17	17	180	420	600	

s.no.	Subjects	Paper	Hrs. pe	r Week	Maximum Marks			
	(Practical)	code	Actual	Credit	I.A.	Exam	Total	
1.	Clinical Optometry-	BOP-501	08	04	30	70	100	
	IV							
	Total		08	04	30	70	100	

B.Optom Semester- VI (Third Year)

Sixth Semester

s.no.	Subjects (Theory)	Paper	Hrs. pe	r Week	Max	imum N	Aarks
		code	Actual	Credit	I.A.	Exam	Total
1.	Contact Lens-II	BOT-	03	03	30	70	100
		601					
2.	Binocular Vision-II	BOT-	03	03	30	70	100
		602					
3.	Public Health &	BOT-	02	02	30	70	100
	Community	603					
	Optometry						
4.	Practice Management	BOT-	02	02	30	70	100
		604					
5.	Occupational	BOT-	02	02	30	70	100
	Optometry	605					
6.	Optometric Law &	BOT-	02	02	30	70	100
	Ethics	606					
	Total		14	14	180	420	600

s.no.	Subjects	Paper	Hrs. pe	r Week	Maximum Marks			
	(Practical)	code	Actual	Credit	I.A.	Exam	Total	
1.	Clinical Optometry-	BOP-601	08	08 04		70	100	
	V							
2.	Research Project	BOP-603	03	03	30	70	100	
	Total		11	07	60	140	200	

SIXTH SEMESTER (3rd year)

COURSE/ PAPER -CONTACT LENS II

PAPER CODE- BOT-601	L	T	P	C	
	3		2	4	

Learning Objective – The objective of the course is to provide suitable knowledge to them students regarding theoretical as well as practical aspects of Contact Lenses **Learning outcome**: At the course of the course the student will be able to understand the basics, types ,properties, design and adverse effects of contact lenses.

UNIT 1

- SCL Materials & Review of manufacturing techniques
- · Comparison of RGP vs. SCL
- Pre-fitting considerations for SCL

UNIT 2

- Fitting philosophies for SCL
- Fit assessment in Soft Contact Lenses: Types of fit Steep, Flat, Optimum
- Calculation and finalising SCL parameters 6.1 Disposable lenses
- · Advantages and availability

UNIT 3

- Soft Toric CL- Stabilization techniques, Parameter selection
- Fitting assessment
- Common Handling Instructions- Insertion & Removal Techniques, Do's and Don'ts

5

 Care and Maintenance of Soft lenses Cleaning agents & Importance

UNIT 4

• Rinsing agents & Importance

- Disinfecting agents & importance
- Lubricating & Enzymatic cleaners
- Follow up visit examination
- Complications of Soft lenses

UNIT 5

- Therapeutic contac lenses- Indications
- Fitting consideration
- Specialty fitting Aphakia
- Pediatric
- Post refractive surgery
- Management of Presbyopia with Contact lenses

Practical

- 1. Examination of old soft Lens
- 2. RGP Lens fitting
- 3. RGP Lens Fit Assessment and fluroscein pattern
- 4. Special RGP fitting (Aphakia, pseudo phakia&Keratoconus)

6

- 5. RGP over refraction and Lens flexure
- 6. Examination of old RGP Lens
- 7. RGP Lens parameters
- 8. Fitting Cosmetic Contact Lens
- 9. Slit lamp examination of Contact Lens wearers
- 10. Fitting Toric Contact Lens
- 11. Bandage Contact Lens
- 12. SPM &Pachymetry at SN During Clinics

• Specialty Contact Lens fitting (at SN during clinics)

TEXT BOOKS:

- 1. IACLE modules 1 10
- 2. CLAO Volumes 1, 2, 3
- 3. Anthony J. Phillips: Contact Lenses, 5thedition, Butterworth-Heinemann, 2006
- 4. Elisabeth A. W. Millis: Medical Contact Lens Practice, Butterworth-Heinemann, 2004
- 5. E S. Bennett ,V A Henry :Clinical manual of Contact Lenses, 3rd edition, Lippincott Williams and Wilkins, 2008



Department of Optometry Era University, Lucknow

Course Outline Effective From:2023-24

ame of the	e Program	Bachelor of optomet	try		Year/Semester:	6T	Ή			
ourse Nan	ne		Course Code:	BOT- 601	Type: Semester					
redits			3		Total Sessions Hours:	45				
valuation	Spread	Internal Contineuous Assessment:			End Term Exam:					
ype of Cou	ırse	C Compulsory	Core		C Creative	O L	ife Skill			
ourse Obj	ectives	To enable the stude Contact Lenses	ents to have	e knowled	lge in both theoretical and	practical	l aspects of			
ourse Out tributes:	Outcomes(CO): After the successful course completion, learners will develop following es:									
urse tcome(
01					neir property, selection of p		r			
02		•		_	eteristics and evaluation of	_				
03		_			ation techniques and applic	cation				
04		t complication and t			soft contact lenses					
05	Understand	ing about specialty	contact len	ises						
edagogy	Class Ro Differen	classroom station (Whole and Grou tiated Learning aal Learning	ip)							
valuatio Mode	Class test+ weekly assignment									
nitNO.	Title of the	unit	Topic of u	unit	6		Hours	Ma ppe d CO		

Init1	 SCL Materials & Review of manufacturing techniques Comparison of RGP vs. SCL Pre-fitting considerations for SCL 	8	CO1
Init2	 Fitting philosophies for SCL Fit assessment in Soft Contact Lenses: Types of fit Steep, Flat, Optimum Calculation and finalising SCL parameters 6.1 Disposable lenses Advantages and availability 	10	CO2
Init3	 Soft Toric CL- Stabilization techniques, Parameter selection Fitting assessment Common Handling Instructions-Insertion & Removal Techniques, Do's and Don'ts Care and Maintenance of Soft lenses Cleaning agents & Importance 	10	CO3
Init4	 Rinsing agents & Importance Disinfecting agents & importance Lubricating & Enzymatic cleaners Follow up visit examination Complications of Soft lenses 	8	CO4
Init 5	- Therapeutic contac lenses- Indications Fitting consideration - Specialty fitting Aphakia	9	CO5

- Pediatric	
 Post refractive surgery Management of Presbyopia with Contact lenses 	

CO-PO	CO-PO and PSO Mapping													
CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6
CO1	1	3	1	2	-	-	-	1	2	2	1	1	1	2
CO2	1	3	2	2	-	-	-	1	2	2	1	1	1	2
CO3	1	3	1	2	-	-	-	1	2	1	1	1	1	2
CO4	2	3	1	2	-	-	-	1	2	2	1	1	1	2
CO5	1	3	1	2	-	-	-	1	2	1	1	1	1	2
Strong con	tribution-	3,	Avera	age contri	bution-2,	L	ow contrib	ution-1,						
Suggested Readings:														
Text-Re	noks	4	TACT	г	1 1 1	10								

- 4. IACLE modules 1 10
- 5. CLAO Volumes 1, 2, 3
- 6. Anthony J. Phillips: Contact Lenses, 5thedition, Butterworth-Heinemann, 2006
- 7. Elisabeth A. W. Millis: Medical Contact Lens Practice, Butterworth-Heinemann, 2004
- 8. E S. Bennett ,V A Henry :Clinical manual of Contact Lenses, 3rd edition, Lippincott Williams and Wilkins, 2008

Reference **Books**

- 1. Contact Lenses Dr. V.K. Dada.
- 2. Contact Lenses Practice Robbert B. Mandell
- 3. Contact lens primer by Monica Chaudhary, Jaypee Brothers medical publishers (P) Ltd
- 4. IACLE Contact lens modules.
- 5. Contact lens primer by Monica Chaudhary, Jaypee Brothers medical publishers (P) Ltd.
- 6. Contact Lenses- Anthony Phillips, Lynne Speedwell.

Para Text Unit1: Unit2: Unit3: Unit4: Unite5; Recapitulation &Examinati		n
Internal Continuous Assess		
Component	Marks	Pattern
Mid Semester	12	12 marks theory(including MCQ, SHORT NOTE , LONG QUESTION)
Class Test	5	Short note
Online Test/Objective Test	5	MCQ
A sei a una sud (Dusa sud sti	4	A'
Assignment/Presentation	4	Assignment(2 MARKS) +Presentation(2MARKS)
Attendance	4	65-75 % 1 MARKS 75-85 2 MARKS 85-95 3 MARKS MORE THAN 95 % 4 MARKS
Total Marks	30	

Course created by: Jamshed Ali (AP)	Approved by:
Signature:	Signature:

SIXTH SEMESTER

COURSE/ PAPER -BINOCULAR VISION-II

PAPER CODE-BOT-602

L	T	P	С
3	•	2	4

Learning objective- The objective of this course is to inculcate the student with the knowledge of different types of strabismus, its etiology, clinical features, necessary investigations and management.

Learning outcome- At the end of the course the student will be able to perform all the investigations to check retinal correspondence, state of Binocular Single Vision, angle of deviation and special investigations for paralytic strabismus.

UNIT 1

- Neuro-muscular anomalies- Classification and etiological factors
- History recording and significance.

UNIT 2

Convergent strabismus- Accommodative convergent squint-Classification, Investigation and Management, Non accommodative Convergent squint- Classification, Investigation and Management

Divergent Strabismus-Classification, A& V phenomenon, Investigation and Management

UNIT 3

Vertical strabismus-Classification, Investigation and Management

Paralytic Strabismus--Classification, Investigation and Management

Distinction from comitant and restrictive Squint

UNIT 4

Investigations

- History and symptoms
- Head Posture

6

- Diplopia Charting
- Hess chart
- PBCT

- Nine directions
- Binocular field of vision
- Amblyopia and Treatment of Amblyopia
- Nystagmus

UNIT 5

- · Non-surgical Management of Squint
- Restrictive Strabismus
- Features
- Musculo- fascical anomalies
- Duane's Retraction syndrome
- Clinical features and management
- Brown's Superior oblique sheath syndrome
- Strabismus fixus
- Congenital muscle fibrosis
- Surgical management

Practical

Deals with hand-on session the basic binocular vision evaluation techniques.

TEXT BOOKS:

- 1. Pradeep Sharma: Strabismus simplified, New Delhi, First edition, 1999, Modern publishers.
- 2. Fiona J. Rowe: Clinical Orthoptics, second edition, 2004, Blackwell Science Ltd
- 3. Gunter K. Von Noorden: BURIAN- VON NOORDEN'S Binocular vision and ocular motility theory and management of strabismus, Missouri, Second edition, 1980, C. V. Mosby Company
- 4. Mitchell Scheiman; Bruce Wick: Clinical Management of Binocular Vision Heterophoric, Accommodative, and Eye Movement Disorders, 2008, Lippincot Williams & Wilkins publishers



Department of Optometry Era University, Lucknow

Course Outline

Effective From: 2024-25

Name of the	B.Sc. (OPTOMETRY)				Year/ Semester:	rd Vear/ 6 th		
Program	. .	T			TO .	Semester		
Course	Binocular	Cour		BOT-602	Type:	Theory		
Name	Vision-II	Code:						
Credits	04 (L-3, T-1, P	-0)			Total Sessions Hours:	40 Hours		
Evaluation Spread	Internal Continuous Assessment:		30 Marks		End Term Exam:	70 Marks		
Type of								
Course	C Compulsory		⊙ Co	ore	C Creative	C Life Skill		
Course Objectives	of diffinvest The sinvest retina The scorres	ferent tigatio tudent tigate I corre tudent sponde	types ons and ton co and diespond tshoulence, s	of strabism also manage completion of iagnose cast lence and bid d be able to state of Bin	us its etiology signs and gement. of the course should be e of strabismus with conocular single vision. perform all the investigns in the course should be expected by the course of t	ent with the knowledge d symptoms, necessary able to independently comments in respect to gations to check retinal angle of deviation and		
Course Outcome (CO)	To familiarize stu approaches for str			he causes, s		ethods, and management		
CO1	1 0				trabismus, such as cong trauma, and systemic of	·		
CO2		y clin	ical sig	gns of strab	ismus, including misali			
CO3	_		_		like visual acuity assess s to confirm strabismus	sments, cover tests, ocular diagnosis.		
CO4	vision therapy, pr managing strabis	rism gl mus.	lasses,	and surgica	ions available, including interventions, and the	ir respective roles in		
CO5	application				nowledge it teaches the	clinical aspects and		
Pedagogy	Interactive, discus	ssion-l	bases,	student-cen	tered, presentation.			
Internal	Mid-term Examir	nation:	: 12 M	arks Class 6				
Evaluation	test((Participation							
Mode	Class Presentation	n:04	Marks					
	Assignments/Pres Attendance: 04 M Bed side Behavio	Iarks		Marks				

Session Details		Торіс]	Hours	Ma	pped CO
Unit 1		Neuro-muscular anomalies- Classification and etiological factors History, recording and significance.										06		CO1
		History – recording and significance.												
Unit 2		 Convergent strabismus- Accommodative convergent squint-Classification, Investigation and Management, Non accommodative Convergent squint-Classification, Investigation and Management Divergent Strabismus-Classification, A& V phenomenon, Investigation and Management 										10	CO	02
Unit 3		 Vertical strabismus-Classification, Investigation and Management Paralytic StrabismusClassification, Investigation and Management Distinction from comitant and restrictive Squint 								on	10	CO3		
Unit 4		Invest	_	D P: n• A	iplopia BCT •	Chart Nii pia and	mptom ting • ne direct	H ctions		art • cular		08	C	CO4
Unit 5										CO5				
CO-PO a									1	1	1			
CO	PO	PO	PO	PO4	PO5	PO	PO	PO 8	PSO	PSO	PSO 3	PSO 4	PSO 5	PSO6
CO1	1	3	<u>3</u>	2	-	-	7	1	2	2	2	2	-	-
CO2	2	3	2	2	-	-	-	1	2	2	1	1	-	-
CO3	1	3	1	2	-	-	-	1	2	1	2	2	-	-
CO4	2	3	1	2	-	-	-	<u>1</u>	2	2	3	3	-	-
CO5	1	3	1	2	-	-	-	1	2	1	2	2	-	-
Strong co Suggeste	ntribut	10n-3,	Avera	ige con	tributio	n-2	Lo	w contr	ibution	-1,				

Text- Books Pradeep Sharma: Strabismus simplified, New Delhi, First edition, 1999, Modern publishers. 2. Fiona J. Rowe: Clinical Orthoptics, second edition, 2004, Blackwell Science Ltd 3. Gunter K. Von Noorden: BURIAN- VON NOORDEN'S Binocular vision and ocular motility theory and management of strabismus, Missouri, Second edition, 1980, C. V. Mosby Company 4. Mitchell Scheiman; Bruce Wick: Clinical Management of Binocular Vision Heterophoric, Accommodative, and Eye Movement Disorders, 2008, Lippincot Williams & Wilkins publishers Binocular Vision and Ocular Motility: Theory and Management of Strabismus" by Reference Gunter K. von Noorden and Emilio C. Campos **Books** Clinical Management of Binocular Vision: Heterophoric, Accommodative, and Eye Movement Disorders" by Mitchell Scheiman and Bruce Wick Pediatric Ophthalmology and Strabismus" by Kenneth W. Wright and Peter H. Spiegel Binocular Anomalies: Diagnosis and Vision Therapy" by John R. Griffin and Ronald Gall Clinical Strabismus Management: Principles and Surgical Techniques" by Arthur L.

Rosenbaum and Alvina Pauline Santiago

Recapitulation & Examination Pattern

Internal Continuous Assessment:

Component	Marks	Pattern
Mid Semester :	12	Section A: Contains 10 MCQs/Fill in the blanks/One Word Answer/ Each question carries 04 Marks. Section B: Contains 02 Short questions out of which 03 questions are to be attempted. Each question carries 02 Marks. Section C: Contains 01descriptive questions are to be attempted &
		Question carries 04 Marks
Class Test :	04	Contains 05 descriptive questions. Each question carries 04 Mark.
Class Presentation:	04	Contains 10 multiple choice questions. Each question carries 1
		Marks.
Assignment/ Presentation :	04	Assignment to be made on topics and instruction given by subject teacher
Attendance:	04	As per policy
Bed side Behavior:	02	As per policy
TOTAL	30	

Course Created by:- Mrs. Namrata Srivastava	Course Approved by:- Mr. Sunil Kumar Gupta
Assistant Professor	Asst. Prof. & Incharge
Signature :	Signature :

SIXTH SEMESTER

COURSE/ PAPER -PUBLIC HEALTH AND COMMUNITY OPTOMETRY

PAPER CODE- BOT-603	L	T	P	C	
PAPER CODE- BOT-003					
	2	-	-	2	

Learning objective- The Objective of this course is to provide proper knowledge about the prevalence of various eye diseases and community based eye care system in India.

Learning outcome- At the end of the course the student will have enough knowledge about health education programs and Vision screening for various eye diseases in the community for different age groups.

UNIT 1

- Public Health Optometry: Concepts and implementation, Stages of diseases
- Dimensions, determinants and indicators of health
- Levels of disease prevention and levels of health care patterns
- Epidemiology of blindness Defining blindness and visual impairment

UNIT 2

- Eye in primary health care
- Contrasting between Clinical and community health programs
- Community Eye Care Programs
- Community based rehabilitation programs

UNIT 3

7

• Nutritional Blindness with reference to Vitamin A deficiency

- Vision 2020: The Right to Sight
- Screening for eye diseases
- National and International health agencies, NPCB

UNIT 4

- Role of an optometrist in Public Health
- Organization and Management of Eye Care Programs Service Delivery models
- Health manpower and planning & Health Economics
- Evaluation and assessment of health programmes

UNIT 5

- Optometrists role in school eye health programmes
- Basics of Tele Optometry and its application in Public Health
- Information, Education and Communication for Eye Care programs

TEXT BOOKS:

- 1. GVS Murthy, S K Gupta, D Bachani: The principles and practice of community Ophthalmology, National programme for control of blindness, New Delhi, 2002
- 2. Newcomb RD, Jolley JL: Public Health and Community Optometry, Charles C Thomas Publisher, Illinois, 1980
- 3. K Park: Park's Text Book of Preventive and Social Medicine, 19th edition,
- 4. Banarsidas Bhanot publishers, Jabalpur, 2007

REFERENCE BOOKS:

 MC Gupta, Mahajan BK, Murthy GVS₇3rd edition. Text Book of Community Medicine, Jaypee Brothers, New Delhi, 2002



Course Outline Effective From:2023-24

ame of the	e Program	Program Bachelor of optometry			Year/Semester:	3 rd /6 th	3 ¹⁴ /6 ¹⁴		
Course Nan	ourse Name Public H Commun Optomet		Course BOT- Type: Code: 603		Type:	Regular			
redits			2		Total Sessions Hours:	30			
valuation Spread		Internal Continuous Assessment:	30		End Term Exam:	70			
ype of Cou	urse	C Compulsory	Core		C Creative	C Life Skill			
	Course Oute	various eye diseases comes(CO): At the	and comm	e course	de proper knowledge about the degree eare system in India.	knowledge	about		
	nealth educat nge groups.	ion programs and Vi	ision screer	ning for va	rious eye diseases in the comm	ınity for dif	ferent		
ourse utcome(O)									
O) C O1		_			h's dimensions, determinants a		dicators.		
CO2		• •	-		ommunity based rehabilitation				
203		_			ening strategies and manageme	ents			
CO4	Learn abou	it the role of optome	trist in pub	olic health	community				
CO5	Understand	ling about role of an	d optometi	rist in sch	ool screening programmes				
edagogy	Class Ro Differen Contexto	classroom otation (Whole and Grou tiated Learning ual Learning	ıp)						
nternal valuatio Mode	Class test+ w Attendance Tutorial Role play Active learning	reekly assignment							
nitNO.	Title of the	unit	Topic of u	ınit		Hours	Maped		
				 -	7	110015	CO		

nit1	INTRODUCTION OF PUBLIC HEALTH	 Public Health Optometry: Concepts and implementation, Stages of diseases Dimensions, determinants and indicators of health Levels of disease prevention and levels of health care patterns Epidemiology of blindness – Defining blindness and visual impairment 	6	CO1
Init2	PRIMARY EYE HEALTH CARE IN COMMUNITY	 Eye in primary health care Contrasting between Clinical and community health programs Community Eye Care Programs Community based rehabilitation programs 	6	CO2
Init3	NUTRITIONAL BLINDNESS	 Nutritional Blindness with reference to Vitamin A deficiency Vision 2020: The Right to Sight Screening for eye diseases National and International health agencies, NPCB 	6	CO3
Init4	ROLE OF AN OPTOMETRIST IN PUBLIC HEALTH	 Role of an optometrist in Public Health Organization and Management of Eye Care Programs – Service Delivery models Health manpower and planning & Health Economics Evaluation and assessment of health programmes 	6	CO4
		,		

EYE HEAL	ROLE OF AN OPTOMETRISTS IN SCHOOL EYE HEALTH PROGRAMMES					 Optometrists role in school eye health programmes Basics of Tele Optometry and its application 							
						blic Hea	lth						
				3. Information, Education and Communication for Eye Care programs									
G0 D0 11	20.35											1	
CO-PO and F			DO4	DO.	DO.	DO#	DOO	PGO1	DGO A	PGO2	DCO.4	PGO 5	DCC (
CO PO1 CO1 1	PO2	PO3	PO4 2	PO5	PO6	PO7	PO8	PSO1 2	PSO2	PSO3	PSO4	PSO5	PSO6 2
CO2 1	3	2	2	-	-	-	1	2	2	1	1	1	2
CO3 1	3	1	2	-	-	-	1	2	1	1	1	1	2
CO4 2	3	1	2	-	-	-	1	2	2	1	1	1	2
CO5 1 Strong contribution	3	Aver	2 age contrib	oution-2	- 1	ow contrib	ıtion-1	2	1	1	1	1 1	2
Suggested Re			age comme	<u> </u>									
	comb R metry, (rk: Park rsidas E	for con D, Jol Charle C's Tex Bhanot Iahajar	ntrol of ley JL s C Th kt Bool publis	shers, Ja Turthy G	Healublish ventive balpu	th and her, Illinger and Str., 200°	Commois, 1 Social 7 on. Tex	nunity 980 Medic		th editio	on,		
Reference Books Recapitulatio	1. n &Exa	Book Delhi,	of Com , 2002			me, sayı	bee Br	ouners,	THEW .				
Books Recapitulatio Internal Cont	n &Exa	Book Delhi, aminati	of Com , 2002 on Pattement:	ern		me, sayı	bee Br	others,	INCW				
Books Recapitulatio Internal Cont Component	n &Exa	Book Delhi, aminati	of Com , 2002 on Patte ment: Marks	ern s Pa	ttern					ave			
Books Recapitulatio	n &Exa	Book Delhi, aminati	of Com , 2002 on Pattement:	ern s Pa	ttern marks	s theory				SHO	RT NO	OTE ,	LONG
Books Recapitulatio Internal Cont Component	n &Exa	Book Delhi, aminati	of Com , 2002 on Patte ment: Marks	ern s Pa	ttern	s theory				SHOI	RT NO	OTE ,	LONG
Recapitulatio Internal Cont Component Mid Semester	n &Exa	Book Delhi, aminati Assessi	of Compatible of	ern S Pa 12 QU Sh	ttern marks JESTIC	s theory				SHOI	RT NO	OTE ,	LONG
Recapitulatio Internal Cont Component Mid Semester Class Test Online Test/O	n &Exa	Book Delhi, aminati Assess	of Com., 2002 on Pattement: Marks 12 5	ern S Pa 12 QU Sh	ttern marks JESTIC ort note	s theory DN)	(incl	luding	MCQ,			OTE ,	LONG
Recapitulatio Internal Cont Component Mid Semester Class Test	n &Exa	Book Delhi, aminati Assess	of Com, 2002 on Pattement: Marks 12	ern S Pa 12 QU Sh	ttern marks JESTIC ort note	s theory	(incl	luding	MCQ,			OTE ,	LONG
Books Recapitulatio Internal Cont Component Mid Semester Class Test Online Test/O	n &Exa	Book Delhi, aminati Assess	of Com., 2002 on Pattement: Marks 12 5	ern S Pa 12 QU Sh Me As 65- 75- 85-	ttern marks JESTIC ort note CQ signme -75 % -85	nt(2 MA	(incl ARKS) RKS RKS ARKS	luding) +Prese	MCQ,			OTE ,	LONG

Course created by: SUNIL KUMAR GUPTA (AP)

Signature:

Signature:

SIXTH SEMESTER

COURSE/ PAPER -PRACTICE MANAGEMENT

PAPER CODE-BOT-604

L	Т	P	С
2	-	-	2

Learning objective-The objective of this course is to provide knowledge regarding business, accounting, taxation, professional values, and quality and safety aspects of optometry practice management.

Learning Outcome- At the end of the course, student would have gained knowledge on various aspects of private optometric practice from Indian perspective.

7

UNIT 1

- Business Management:
- Practice establishment and development
- Stock control and costing
- Staffing and staff relations
- Business computerization

UNIT 2

- Accounting Principles
- Sources of finance
- Bookkeeping and cash flow

UNIT 3

• Taxation and taxation planning

UNIT 4

- Professionalism and Values
- Professional values- Integrity, Objectivity,

Professional competence and due care, Confidentiality.

UNIT 5

- Personal values- ethical or moral values
- Attitude and behaviour- professional behaviour, treating people equally
- Code of conduct, professional accountability and responsibility, misconduct
- Differences between professions and importance of team efforts
- Cultural issues in the healthcare environment

TEXT BOOKS: Faculty to recommend

REFERENCE BOOKS: Faculty to recommend



Department of Optometry

Era University, Lucknow

Course Outline Effective From: 2023-24

Name of the Program	B.Sc. (OPTOMI	ETRY)		Year/ Semester:	6	th Semester						
Course Name	PRACTICE MANAGEMENT	Course Code:	BOT604	Type:	T	Theory						
Credits	02 (L-2, T-0, P-	0)		Total Sessions Hours:	30) Hours						
Evaluation Spread	Internal Continuous Assessment:	30	0 Marks	End Term Exam:	70	Marks						
Type of Course	C Compulsory											
Course Objectives	The objective of this course is to provide knowledge regarding business, accounting, taxation, profession values, and quality and safety aspects of optometry practice management.											
attributes:	mes (CO): After the successful course completion, learners will develop following											
Course Outcome (CO)	-	Understanding the concepts of Business Management and Practice Establishment. Attributes										
CO1		•		ss Management and Pra								
CO2	business.			cts of Stocking, staffing netry Clinic, Optical out								
CO3	Understanding, Planning.	Analyzing	and Apply	ing various aspects of Ta	axation an	d Taxation						
CO4				nd Confidentiality in the	workplace	establishment.						
CO5	Understanding, integrity, objects values, teamwor	Analyzin ivity, perso k, etc. in ru	g and A nal nning a bu	Applying various asp siness efficiently.	ects of p	orofessionalism,						
Pedagogy	Interactive, discus	sion-bases,	student-c	entered, presentation.								
Internal	Mid-term Examin	ation: 12 M	Iarks Class	S								
	test((Participation): 04 Marks	S									
Mode	Class Presentation	•										
	Assignments/Pres		4 Marks									
	Attendance: 04 M Bed side Behavior		S									
Session Details		T	opic		Hours	Mapped CO						

Unit 1	Business Management:		
	Practice establishment and development	8	CO1
	Stock control and costing		
	Staffing and staff relations		
	Business computerization		
Unit 2	Accounting Principles		
	Sources of finance	4	CO2
	Bookkeeping and cash flow		
Unit 3	Taxation and taxation planning		
		2	CO3
Unit 4			
Omt 4	Professionalism and Values		CO4
	Professional values- Integrity, Objectivity,		
	Professional competence and due care, Confidentiality.		
		6	
Unit 5	Personal values- ethical or moral values		
	Attitude and behaviour- professional behaviour, treating people equally	10	CO5
	Code of conduct , professional accountability and responsibility, misconduct		
	Differences between professions and importance of team efforts		
	Cultural issues in the healthcare environment		
CO-PO and	PSO Mapping		

CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6
CO1	2	3	-	2	1	-	-	-	1	1	-	1	2	1
CO2	1	3	-	2	-	-	-	-	1	-	-	1	2	1
CO3	2	3	-	2	-	-	-	-	1	1	-	1	2	1
CO4	1	3	-	1	-	-	-	-	1	-	-	1	2	1
CO5	2	3	-	1	-	-	-	-	1	-	-	1	2	1
Strong C	ontwibs	Ition 4	1 11010	are en	ntwibut	1011	1 01	II COM	wihutio	10				

Strong contribution-3, Average contribution-2, Low contribution-1, Suggested Readings:

Text- Books

Reference Books

1 Facultyto recommend

* Latest editions of all the suggested books are

recommended

Recapitulation & Examination Pattern

Internal Continuous Assessment:

Component	Marks	Pattern
	Mains	
Mid Semester :	12	Section A: Contains 10 MCQs/Fill in the blanks/One Word
		Answer/ Each question carries 04 Marks .
		Section B: Contains 02 Short questions out of which 03
		questions are to be attempted. Each question carries 02 Marks .
		Section C: Contains 01descriptive questions are to be attempted
		& Question carries 04 Marks
Class Test:	04	Contains 05 descriptive questions. Each question carries 04
		Mark.
Class Presentation:	04	Contains 10 multiple choice questions. Each question carries 1
		Marks.
Assignment/ Presentation:	04	Assignment to be made on topics and instruction given by subject
_		teacher
Attendance:	04	As per policy
Bed side Behavior:	02	As per policy
TOTAL	30	

Course Created by:- Jamshed Ali **Assistant Professor**

Signature:

Course Approved by:- Mr. Sunil Kumar Gupta Asst. Prof. & Icharge

Signature:

COURSE/ PAPER -OCCUPATIONAL OPTOMETRY

PAPER CODE- BOT-605

L	T	P	C
2		•	2

Learning objective-The objective of this course is to provide knowledge of general aspects of occupational health, Visual demand in various jobs, task analyzing method, visual standards for various jobs, occupational hazards and remedial aspects.

Learning Outcome-At the end of the course the students will be knowledgeable in visual requirements of jobs, effects of physical, chemical and other hazards on eye and vision; and will also be able to prescribe suitable corrective lenses and eye protective glasses.

UNIT 1

Introduction to Occupational health, hygiene and safety, international bodies like ILO, WHO, National bodies etc. - Acts and Rules - Factories Act, WCA, ESI Act.

UNIT 2

Electromagnetic Radiation and its effects on Eye

Light – Definitions and units, Sources, advantages and disadvantages, standards

Color – Definition, Color theory, Color coding, Color defects, Color Vision tests

UNIT 3

Occupational hazards and preventive/protective methods

Task Analysis

UNIT 4

Industrial Vision Screening – Modified clinical method and Industrial Vision test

5

Vision Standards – Railways, Roadways, Airlines

UNIT 5

- Visual Display Units
- Contact lens and work

TEXT BOOKS:

- 2 PP Santanam, R Krishnakumar, Monica R. Dr. Santanam's text book of Occupational optometry. 1st edition, Published by Elite School of optometry, unit of Medical Research Foundation, Chennai, India, 2015
- 3 R V North: Work and the eye, Second edition, Butterworth Heinemann, 2001

REFERENCE BOOKS:

- 1. G W Good: Occupational Vision Manual available in the following website: www.aoa.org
- 2. N.A. Smith: Lighting for Occupational Optometry, HHSC Handbook Series, Safchem Services, 1999
- 3. J Anshel: Visual Ergonomics Handbook, CRC Press, 2005
- 4. G Carson, S Doshi, W Harvey: Eye Essentials: Environmental & Occupational Optometry, Butterworth-Heinemann, 2008



Department of Optometry Era University, Lucknow

Course Outline Effective From:2023-24

ame of the	e Program	Bachelor of optome	try		Year/Semester:	61	6TH				
ourse Nar	ne	OCCUPATIONAL OPTOMETRY	Course Code:	BOT- 605	Type: Semester						
redits		3	30	L	Total Sessions Hours:	30					
valuation	Spread	Internal Contineuous Assessment:			End Term Exam:						
ype of Co	urse	C Compulsory	Core		C Creative	O L	ife Skill				
ourse Obj	jectives	The objective of this co	ourse is to provide knowledge of general aspects of occupational health, Visual								
		demand in various jo	bs, task analyzing method, visual standards for various jobs, occupational								
		hazards and remedial a	spects.								
ourse Out ttributes:	tcomes(CO):A	After the successful co	urse comple	etion, learn	ers will develop following						
ourse utcome(O)											
01	Understandin Acts and Rul	g the concept of Introdu es - Factories Act	ection to Occ	upational he	alth, hygiene and safety, and,	internation	al bodies like	e ILO, WHO,			
O2	and coding.	•			ffects on Eye. Unit and source	•	d about the o	color theory			
O3	To understand	d different types of Occu	ıpational haz	zards and wh	nat are preventive/protective n	nethods.					
O4	To understand Airlines	d Modified clinical meth	od and Indu	strial Vision	test, and what are visual stance	lards of – R	ailways, Roa	dways,			
O5	To understand	the Visual Display Unit	s which we	sue in occup	ational optometry and occupa	tional Con	tact lens and	how it works			
edagogy	Flipped classroom Class Rotation (Whole and Group) Differentiated Learning Contextual Learning										
nternal valuatio Mode	Class test+ w Attendance Tutorial Role play Active learning	reekly assignment									
nitNO.	Title of the	unit	Topic of t	unit	7		Hours	Ma ppe d CO			

Init1	Introduction	 Occupational health, hygiene and safety, international bodies like ILO, WHO, National bodies etc. Acts and Rules Factories Act, WCA, ESI Act. 	6	CO1
nit2	Electromagnetic Radiation Light	 Electromagnetic Radiation and its effects on Eye Definitions and units, Sources, advantages and disadvantages, standards 	6	CO2
	Color	- Definition, Color theory, Color coding, Color defects, Color Vision tests		
Init3	Occupational hazards	- Occupational hazards and preventive/protective methods	6	CO3
	Task Analysis			
nit4	Industrial Vision Screening	- Modified clinical method and Industrial Vision test.	6	CO4
	Vision Standards	- Railways, Roadways, Airlines		
nit 5	Visual Display Units Contact lens and work	Visual Display UnitsContact lens and work	6	CO5

СО	PO1	SO Ma PO2	PO3	PO4	PO5	PO6	PO7	PO8	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6	
CO1	1	3	1	2	-	-	-	1	2	1	2	-	1	2	
CO2	2	3	2	2	-	-	-	1	2	2	1	-	2	2	
CO3 CO4	2	3	1	2	-	-	-	1	2	2	3	-	2	2	
Strong con	tribution-		Avera	age contri	bution-2,		ow contrib	oution-1,				1			
Suggest	ed Rea	adings:													
Γext-Bα	ooks	9.					akumaı								
					-	-	ptometi	_				•			
			Schoo	ol of	optom	etry ,	unit c	of Me	dical 1	Resear	ch Fo	undatio	on,		
			Chen	nai, Ind	dia , 20)15									
		10	. R V 1	North:	Work a	and the	eye, S	econd	edition	n, Butte	erwortl	n Heine	emann,	, 2001	
Refer							ccupation				-				
Boo	JKS			a	vailabl	e in the	e follov	ving w	ebsite:						
				<u>W</u>	ww.ac	a.org									
				6. N	.A. Sn	nith: Li	ighting	for O	ccupati	onal O	ptome	try,			
			HHSC Handbook Series, Safchem Services, 1999												
				7. J	Anshe	l: Visu	al Ergo	nomic	s Hand	dbook,	CRC I	Press, 2	2005		
				0 0		a D	1 . **	, , , ,	-						
							oshi, W vironme				al				
							itterwo			-					
Para	Text	Unit1:													
1 al a	ICAL	Unit2:													
		Unit3:													
		Unit4:													
		Unite5													
		Omics	,												
 Recapit	ulation	ı &Exa	minati	on Patt	ern										
Interna	l Conti	inuous	Assessi	ment:											
Compo				Mark	s Pa	ttern									
Mid Ser				12	12		theory	y(incl	luding	MCQ,	SHOI	RT NO	OTE ,	LON	
Class Te	est			5	Sh	ort note	;								
Online 7	Γest/Ob	ojective	Test	5	M	CQ									
Assignn	nent/Pr	esentati	on	4	As	signme	nt(2 M.	ARKS)	+Prese	entation	n(2MA	RKS)			
Attenda	nce			4		75 %	1 MA								
						-85		ARKS							
						.95		ARKS		TZ C					
					Μ(JKE TI	HAN 95	%	4 MAR	KS					

Course created by: Mr. Vishwdeep Mishra (AP)

30

Signature:

Total Marks

Approved by:

Signature:

COURSE/ PAPER-OPTOMETRY LAW AND ETHICS

PAPER CODE-BOT-606

L	T	P	С
2	•	•	2

Learning Objective- To enable the students to have ample knowledge regarding the medical laws and ethics regulating medical practice.

Learning Outcome-At the end of the course, the students will be competent enough to understand the legal framework increasing awareness about the rights of patients in a medical setup.

UNIT 1

- Medical ethics Definition Goal Scope
- Introduction to Code of conduct

UNIT 2

- Basic principles of medical ethics –Confidentiality
- Malpractice and negligence Rational and irrational drug therapy

UNIT 3

- Autonomy and informed consent Right of patients
- Care of the terminally ill- Euthanasia

UNIT 4

- Organ transplantation
- Medico legal aspects of medical records –Medico legal case and type- Records and document related to MLC ownership of medical records Confidentiality Privilege communication Release of medical information Unauthorized disclosure retention of medical records other various aspects.

UNIT 5

- Professional Indemnity insurance policy
- Development of standardized protocol to avoid near miss or sentinel events
- Obtaining an informed consent.

TEXT BOOKS: Faculty to recommend

REFERENCE BOOKS: Faculty to recommend



Department of Optometry Era University, Lucknow Course Outline Effective

From:2023-24

ame of the	e Program	Bachelor of optomet	try		Year/Semester:	6T	Ή			
ourse Nan	ne	OPTOMETR Y LAW AND ETHICS	Course Code:	BOT- 606	Type: Semester					
redits		3	30		Total Sessions Hours:	30				
valuation	Spread	Internal Contineuous Assessment:			End Term Exam:					
ype of Cou	urse	C Compulsory	Core		C Creative	O L	ife Skill			
ourse Obj	ectives	planning patient car legal framework, community at large,	re. Advance increasing now result	es in medic awareness in frequen	nly believed to be an integral sciences, growing soph of human rights and chart occurrences of healthcare ng from daily practice.	istication nanging m	of the mode	ern society's		
ourse Out ttributes:	comes(CO):A	er the successful course completion, learners will develop following								
ourse utcome(O)										
O) O1	attitude and among the c	communication olleague and patients.	_		nedicine and have abundan					
O2	attitude and among the c	communication olleague and patients.	C		nedicine and have abundan					
О3	attitude and among the c	communication olleague and patients.			nedicine and have abundan					
O4	attitude and among the c	communication olleague and patients.			nedicine and have abundan					
O5	Students wi attitude and among the c	ll abide by the rule a communication olleague and patients.	nd regulation	on of the n	nedicine and have abundan	t knowled	ge on profe	ssional		
edagogy	Class Ro Differen	classroom otation (Whole and Grov tiated Learning ual Learning	p)							
nternal valuatio Mode	Class test+ w Attendance Tutorial Role play Active learning	eekly assignment								
LUNIO	T241 6 41	:24	T	•4			TT			
nitNO.	Title of the	unit	Topic of t	unit	1		Hours	Ma ppe d CO		

nit1	MEDICAL ETHICS	 Medical ethics, Definition, Goal, Scope. Introduction to Code of conduct. Basic principles of medical ethics, Confidentiality. Malpractice and negligence, Rational and irrational drug therapy. 	6	CO1
nit2	RIGHT OF PATIENT	 Autonomy and informed consent. Right of patients Care of the terminally ill Euthanasia Organ transplantation, ethics and law 	6	CO2
nit3	MEDICO LEGAL ASPECTS	 Medico legal aspects of medical records, Medico legal case and type. Records and document related to MLC ownership of medical records. Confidentiality Privilege communication, Release of medical information. Unauthorized disclosure, retention of medical records, other various aspects 	6	CO3
nit4	PROFESSIONAL INDEMNITY INSURANCE POLICY	 Professional Indemnity insurance policy. Development of standardized protocol to avoid near miss or sentinel events obtaining aninformed consent. 	6	CO4
nit 5	EMERGENCY CAREAND LIFE SUPPORT	 Basics of emergency care and life support skill. Vital signs and primary assessment, Basic emergency care, first aid and triage. Ventilations including use of bag-valve-masks (BVMs), Choking, rescue breathing methods. One and Two rescuer CPR, using an AED (Automated external defibrillator), Managing an emergency including moving a patient. 	6	CO5

CO-PO	CO-PO and PSO Mapping													
CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6
CO1	-	-	-	-	-	2	-	2	-	-	1		-	2
CO2	-	-	-	-	-	2	-	-	-	-	-	-	-	2
CO3	-	-	-	-	-	2	-	1	-	-	-	-	-	2
CO4	-	-	-	-	-	2	2	-	-	-	-	-	-	2
Strong cont	Strong contribution-3, Average contribution-2, Low contribution-1,													
Suggest	Suggested Readings:													

Text-Books

Reference	9. 1. Kennedy I, Grubb A. Medical law.
Books	London: Butterworths 2000.
	10. 2. Jackson E. Medical law: text, cases, and
	materials. Oxford University Press.
	11. 3. Recent Trends in Medical Imaging (CT,
	MRI and USG).

	12. 4	Bontrager KL, Lampugnano J.				
	Bontrager's Handbook of Radiographic					
	P	Positioning and Techniques-E-BOOK. Elsevier Health Sciences; 2017 Feb 10. 13. 5. Frank ED, Long BW, Smith BJ. Merrill's Atlas of				
	Е					
		Radiographic Positioning and Procedures-E-Book.				
		evier Health Sciences; 2013 Aug 13.				
Para Text Uni						
Uni						
Uni	t3:					
Uni	t4:					
Uni	te5;					
Recapitulation & F	Examination Patt	ern				
Internal Continuo	us Assessment:					
Component	Mark	s Pattern				
Mid Semester	12	12 marks theory(including MCQ, SHORT NOTE , LONG QUESTION)				
Class Test 5		Short note				
Online Test/Objective Test 5		MCQ				
Assignment/Presen	tation 4	Assignment(2 MARKS) +Presentation(2MARKS)				
Attendance 4		65-75 % 1 MARKS				
		75-85 2 MARKS				
		85-95 3 MARKS				
Total Marks	20	MORE THAN 95 % 4 MARKS				
Total Marks	30					

Course created by: Jamshed ali	Approved by:
Signature:	Signature:

COURSE/ PAPER-PRACTICAL-CLINICAL OPTOMETRY -- V

Credit: 4

PAPER CODE-BOP-601

The course is the final series of five directed clinical courses. The student will complete the clinical training by practicing all the skills learned in classroom and clinical instruction. Practical aspects of Binocular vision II, public health & community optometry, and occupational optometry will be covered under the studentship.

Module: 1

Unit of competency: Contact lens II

- The ability to select and fit the most appropriate lens for the planned use
- The ability to Identify and manage after care
- The ability to understand the techniques used in fitting complex contact lenses and advises patients requiring complex visual corrections.

Module: I

Unit of competency: Pediatric and geriatric optometry:

Pediatric:

- 1.Assess ocular health and systemic health conditions.
- Identify risk factor of systemic diseases based on ocular findings.
- Assess VA, ocular motility, pupil, Objective and subjective refraction.
- 4.Pediatric prescribing decision and their purpose. E.g. early onset myopia
- investigation and management of children presenting with anomalies of binocular vision.

Geriatric:

- 1.Evaluate the functional status of the eye, vision system and account special demands and needs.
- 2.Assess ocular health and systemic health conditions.
- 3.Detect and diagnose ocular abnormalities and disease
- 4.Counsel and educate the patients regarding their visual, ocularand related systemic health care status including recommendations for treatment, management and future care.

Module III:

Unit of competency: Squint Evaluation:

- The ability to assess binocular status using objective and subjective tests
- The ability to investigate and manage a patient presenting with heterophoria or heterotropia.
- The ability to manage a patient presenting with an incomitant deviations
- Demonstration of following Orthoptic instruments/methods and their uses –
- Orthoptic Investigative & Therapeutic Procedure.
- Cover and uncover test: Differentiate from phoria and tropia.
- Measurement of angle of deviation: Subjectively(Synoptophore) and objectively(PBCT/ Modified Krimsky)

Module: IV : Vision Therapy:

The ability to understand different eye exercise procedure

Restoration of vision and maintain ocular alignments by means of different eye exercise

Module V: Comprehensive eye examination

Evaluation Scheme:

Attendance	Record file	Written test	Viva	Practical	Total
10	20	20	30	20	100

Text book/ Reference Book

- Grosvenor, Primary Care Optometry, Butterworth-Heinemann,
- A K Khurana: Comprehensive Ophthalmology, 4th edition, New age international (p) Ltd. Publishers, New Delhi, 2007
- D B. Elliott :Clinical Procedures in Primary Eye Care,3rd edition, Butterworth-Heinemann, 2007
- BHVI modules

COURSE/ PAPER -RESEARCH PROJECT 1

PAPER CODE- BOP-603

L	T	P	С
		3	2

Team of students will be doing a research project under the guidance of a supervisor (who could be optometrists/vision scientists/ ophthalmologist). Student will get the experience of doing a research in systematic approach – identifying the primary question, literature search, identifying the gaps in the literature, identifying the research question, writing up the research proposal, data collection, data analysis, thesis writing and presentation

Project is spread through sixth to eighth semester.

Practical