

DEC 5 2007

Indiana University

Bloomington Campus

Course Change Request

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [ ] Professional credit [x] 81

1. School/Division: Optometry
2. Academic Subject Code: OPT
3. Current Course Number: V756
4. Current Credit Hours: 2
5. Current Title: Clinical Assessment I
6. Effective Semester/Year for changes listed below: FALL 08
7. Instructor:

Type of Change Requested (Check appropriate boxes and indicate changes)

- 8. Change course number to: (must be cleared with University Enrollment Services)
9. Current course title: Change to: Recommended abbreviation (optional) (Limited to 32 Characters including spaces)
10. Current credit hours fixed at: 2 or variable from: to
11. Current lecture contact hours fixed at: or variable from: to
12. Current non-lecture contact hours fixed at: or variable from: to
13. Is this course currently graded with S-F (only) grades? Yes No
14. Does this course presently have variable title approval? Yes No
15. Is this course being discontinued? For all campuses or for this campus only
16. Current course description

Change course description to (not to exceed 50 words)

17. Justification for change: Curriculum Revision (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library?
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: Joseph A. Bonanno Date 12/3/07
Department Chairman/Division Director

Approved by: Donald H. South Date 12/3/07
Dean

Dean of Graduate School (when required) Date

Chancellor/Vice-President Date

University Enrollment Services Date

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

**V756 Clinical Assessment I**  
**Neil A. Pence, O.D. ([pence@indiana.edu](mailto:pence@indiana.edu))**  
**Fall 2008**

**Guest Lecturers: Drs. Kohne, Peabody, Tonekaboni, Harris, Kovacich,  
Henderson, others TBA**

<b>August 29</b>	Introduction to Clinical Assessment
<b>September 5</b>	Introduction to Basic Analysis Format Review of Basic Examination Procedures
<b>September 12</b>	External Rotations Review – Dr. Hitzeman
<b>September 19</b>	Analysis of Distance Visual Complaints; Near Visual Complaints
<b>September 26</b>	Add determination; Management of Hyperopes
<b>October 3</b>	Analysis of the Reduced Acuity Patient; Dispensing Tips, Pointers
<b>October 10</b>	Referral Letters / Professional Communication Red Eye Analysis – Dr. Kovacich
<b>October 17</b>	Review of Retinal Mapping – Dr. Harris
<b>October 24</b>	No class (American Academy of Optometry)
<b>October 31</b>	External Rotations II;
<b>November 7</b>	Contact Lens Related Assessment Dilation Considerations, Rx Writing, Medications Review
<b>November 14</b>	TBA
<b>November 28</b>	3 <sup>rd</sup> Party Billing, Insurance, Coding, etc. – Dr. Henderson
<b>December 5</b>	TBA

**Grading:**

Explanation of a Clinical Condition or Finding	Due September 26	10%
Referral Letter	Due November 7	15%
Analysis of a Clinical Case/Record	Due December 3	15%
Retinal Mapping Exercise	Due October 31	15%
Week to Week Assignments		10%
Class Participation		10%
Quizzes		25%

**Class Assignments:**

1. Participate in class discussions.
2. Write an explanation of a clinical finding in patient friendly terms.
3. Write a referral letter, based on a case you have participated in. This can be to a secondary provider, the patient's MD, a teacher or school nurse, etc.
4. Review an examination record from our clinic, but one you did not perform. Present the pertinent findings (CC; Hx; data; Plan), evaluate the appropriateness of any actions or recommendations given, and rate the quality of care delivered. Patient names should not appear, but list the file number and date of the exam.
5. Draw a retinal map of the condition assigned in class.