Comprehensive Eye Care Section Diplomate Program:
Candidate Guide

WELCOME! We welcome you as a candidate to the Comprehensive Eye Care Diplomate Program. We are happy you have chosen to pursue Diplomate status! The journey is not easy, but we hope that you will find it to be a rewarding learning process. To help you succeed, we will be assigning a mentor. Please notify the Diplomate Chair if you would like a new mentor at any time. Close communication is recommended, as your mentor will help you plan your case reports and can be an asset when developing a study plan for exams.

PART I: REQUIREMENTS FOR DIPLOMATE STATUS

A prospective applicant for the Diplomate Program must be a Fellow in good standing of the American Academy of Optometry.

Diplomate of the Comprehensive Eye Care Section Status will be granted only following successful completion of Parts I through VI. No "grandfathering" of Academy Fellows into active Diplomate of the Comprehensive Eye Care Section Status will occur.

PART II: APPLICATION

1. Submit the Online Application:
https://aaopt.org/membership/sections-special-interest-groups-alt/become-a-diplomate/#comprehensive_eye_care
(Note: all additional documents/guides referenced below can also be found at this webpage.)

2. Curriculum Vitae: A current Curriculum Vitae shall accompany the completed application form. The Curriculum Vitae should be as complete as possible and should include information on educational background, professional experience, publications, speaking activities, optometry organizations, honors, and certifications.

Within the CV please include a section discussing the candidate's practice mode, any specialties, and information about the types of patients seen (pediatrics, specialty contact lens, disease, etc).

3. Application Fee: A $100 application fee shall accompany the completed application.

The CV and application fee will be reviewed for completeness, and additional information will be requested as needed. Favorable review of these materials by the Diplomate Program Committee will result in the assignment of Candidacy Status to the applicant. The Candidate has five years from the time of granting of Candidacy Status to complete Parts III through V. It is anticipated that the entire Comprehensive Eye Care Section Diplomate process will take 2-3 years to complete. If the five-year period lapses without successful attainment of Diplomate of the Comprehensive Eye Care Section Status, the application process, including payment of

the current application fee, must be re-initiated.

4. Written Works Proposal: Upon acceptance of the diplomate application and CV, the candidate will be asked to submit a written works proposal within 30 days. This document can be found at the website listed above. Once this proposal is accepted, the candidate may begin writing case reports for Part III.

So that the Diplomate Committee can provide guidance to the candidate, the candidate must complete the Written Works Proposal before beginning to write case reports. This document is designed to help the candidate develop an outline for completing the required case report topics. Upon completion, the proposal will be reviewed by the candidate's mentor to ensure it matches the candidate's practice mode, specialties, and strengths. Communication with both the committee and assigned mentor is encouraged to help the candidate succeed.

PART III: CASE REPORTS

Each Candidate will complete seven (7) written case reports selected from the case category/topic listing that follows. Each case report must represent a patient directly examined and managed by the Candidate and must be separate and different from any of the cases that were previously submitted for the Fellowship process. The quality and depth of each completed case report should clearly be appropriate to the level of Diplomate of the Comprehensive Eye Care Section Status and should be well above the complexity of cases prepared for Academy Fellowship.

Topics: Completion of a minimum of one (1) case report is required within each category (A, B, and C) is required. No duplications of topic (indicated by Roman numerals) are allowed. However, due to the breadth of the categories, some cases could be placed in more than one topic.

Category A: Clinical Optometry (minimum of 1 topic)

<u>Topic I.</u> **General Optometry**

Examples: Geriatric case, Special population case (mental, physical, cognitive, or developmental disabilities), Unusual refractive case

<u>Topic II.</u> **Contact Lens**

Examples: Significant ametropia, Trauma, Post-operative, Therapeutic case

<u>Topic III.</u> **Functional Vision**

Examples: Sports vision case, Diagnosis and management of binocular/accommodative disorder, Vision training/visual perception case, Amblyopia case, Pediatrics case

<u>Topic IV.</u> **Vision Rehabilitation/Neuro-Optometric Rehabilitation**

Examples: Traumatic brain injury, Low vision case

<u>Topic V.</u> **Public Health**

Examples: Environmental vision/occupational case, Health promotion/disease prevention-related case, Management of a disease or condition from a group or population-based perspective

Category B: Ocular Disease/Surgery (minimum of 1 topic)

<u>Topic I</u>. Glaucoma

Examples: Diagnosis and management of glaucoma

<u>Topic II</u>. Peri-Operative Management of Ocular Surgery

Examples: Diagnosis & peri-operative management of cataract, strabismus, lid anomalies (excluding refractive surgery)

<u>Topic III</u>. Management of Refractive Surgery Complication

Examples: Corneal ectasia, DLK

<u>Topic IV.</u> Diagnosis & Management of Ocular Disease-Anterior Segment Examples: Keratitis, Recurrent corneal erosion, Trauma, Anterior uveitis, Disorders of the lids, lacrimal system, conjunctiva, cornea, and iris

<u>Topic V.</u> Diagnosis & Management of Ocular Disease-Posterior Segment Examples: AMD, ICSC, Disorders of the vitreous, retina, choroid, sclera, and optic nerve

Category C: Related Systemic Disease (minimum of 1 topic)

<u>Topic I.</u> Neuro-Optometry

Examples: Diagnosis and management of related neurological disease, cranial nerve palsy, tumor, migraine, Horner syndrome, cerebrovascular disease, pseudotumor cerebri

<u>Topic II</u>. Oral Pharmaceuticals

Examples: Diagnosis and treatment of disease with prescription oral medication, diagnosis and management of an adverse reaction to a systemic medication, or clinical ocular toxicology case

<u>Topic III</u>. Principles of Diagnosis

Examples: Diagnosis & management of patient utilizing laboratory testing, imaging, visual fields (excluding glaucoma), OCT, corneal topography, VEP, new diagnostic technologies

<u>Topic IV.</u> Systemic/Ocular Disease

Examples: Diagnosis & management of ocular-related systemic disease (cardiovascular, dermatological, endocrine, infectious, rheumatologic/inflammatory disorders, etc.),vascular diseases both systemic and ocular, HTN, retinal emboli, rosacea, DM, thyroid dysfunction, HIV/AIDS, HZV, GCA, Sjogren syndrome, etc.

CASE REPORT INSTRUCTIONS FOR DIPLOMATE CANDIDATES

Formatting and Requirements

Review the **Writing Guide, Reviewing Rubric** and the **example case reports** on the CECS website for more information on required contents and proper formatting of case reports. Candidates are encouraged to email their mentor or the Case Report Chair with any questions.

The Candidate is encouraged to wait for approval of the first two case reports before proceeding with the remaining five to ensure that their efforts are directed appropriately.

Previously Published Articles

Published articles in peer-reviewed journals may be substituted for up to three (3) of the seven (7) written case reports. Published manuscripts are subject to review by the committee; they are not automatically accepted. To be considered, the candidate must select the category (A, B, or C) and topic roman numeral for which they are submitting the publication. If the candidate is not the first author, a separate document must be submitted to the Diplomate Committee specifying the contributions of the candidate to the paper. If the article is over five years old, it may be acceptable, but a brief paper describing what changes have taken place on the topic since it was published may also be requested. For published case reports, the candidate must have participated in the clinical care of the patient(s). A maximum of one of the published manuscripts may be a research paper. However, submission of a research paper does not relieve the candidate of submitting at least one case report from each of the three major categories of case reports.

Plagiarism

The AAO is implementing an Academic Honesty Policy in the near future. In the meantime, CECS will be using the plagiarism detection software iThenticate for all incoming case reports to check for plagiarism and use of AI. Regarding use of AI, we do allow and encourage the use of Grammerly.com as an online grammar checker. However other uses of AI to write case reports are banned.

Submissions may be screened using iThenticate to detect similarity with existing publications. Submissions determined to be plagiarized or judged as having too much similarity to existing published content will be rejected with no right to appeal. Responsible authors may be subject to penalties laid out by the Ethics Committee of the American Academy of Optometry. Self-plagiarism should also be avoided as original published text from authors may be under copyright at previous journals.

Case Report Submission

Beginning in 2024, candidates will be required to **send all case reports to their mentor** for initial review and approval before the report is submitted to the case report committee for official review. If the mentor has not reviewed the case report before the review committee receives it, it will be automatically rejected. Both the mentor and the case report committee will

be using the reviewing rubric to analyze the case report; candidates are encouraged to make use of this document while writing reports.

Once the candidate's mentor has approved the case report, the candidate should email the report to CECSdiplomate@gmail.com, rather than uploading it to the AAO portal. The portal is under construction and candidates will be notified when it is ready.

Beginning in 2024, case reports will be reviewed anonymously by the case report review committee. The candidate's name will no longer be on the case report title page; the candidate number will be used for identification instead. This number will be assigned once the candidate's application is approved.

EXAMINATIONS: Diplomate examinations take place during the Annual Meeting of the American Academy of Optometry. Candidates are eligible for the Written Examination (Part IV) upon acceptance of two case reports. Candidates are eligible for the Clinical Examination (Part V) upon acceptance of four case reports. All seven case reports must be accepted for the Candidate to complete the Oral Examination (Part VI).

Exam schedules and deadlines to qualify for the current calendar year:
- May 1: required case reports must be submitted for review by the committee.
- July 1: required case reports/revisions must be accepted by the committee; schedule exams.
- Month of August: Clinical exam and Oral exam testing will be administered in a virtual format.
- The written exam will be administered at the conference in October or November each year.

PART IV: WRITTEN EXAMINATION

Following successful completion of two case reports as described above, the Candidate is eligible to take the Written Examination during the Annual Meeting. The primary purpose of the examination is to assess the Candidate's skills in clinical diagnosis, pathophysiology, data analysis, and patient management/co-management. Additionally, some aspects of the written examination test candidates' knowledge of basic science relevant to clinical care such as optics, anatomy, physiology, pathology and pharmacology. The Written Examination is constructed to determine if the candidate practices Comprehensive Eye Care Optometry beyond the entry level and at a level of excellence consistent with Diplomate status.

PART V: CLINICAL EXAMINATION

Following successful completion of four case reports the candidate is eligible to take the clinical examination. This examination will be given during the Annual Meeting of the Academy. During this examination, the Candidate will be tested on clinical case-based scenarios developed by the Committee in the topics of anterior segment disease, posterior segment disease, contact lenses, binocular vision, and low vision. The candidate will select three case-based scenarios; the topics will be unknown to the candidate. The candidate may be asked about clinical history, diagnosis, treatment, and management of the selected cases.

PART VI: ORAL EXAMINATION

Following successful completion of all seven case reports, 3-5 members designated by the Diplomate Oral Examination Committee will interview the Candidate. The examination is a

two-step process. The first step is to review interesting aspects of the case reports and ask questions of the candidate regarding current standards of care related to their case report, clinical skills, diagnoses and treatment modalities. The second step of the interview process comes after all the other steps have been completed. This "exit" interview provides the candidate and the Diplomate Committee members a chance to briefly review the entire process. This interview is meant to be more informative rather than an examination. The committee will discuss with the Candidate his/her strong and weak points on all parts of the Diplomate process.

DIPLOMATE STATUS: The Candidate will be notified as to whether Diplomate Status has been achieved either during the exit interview, or shortly thereafter. New Diplomates will be formally recognized and introduced at the Annual Banquet. Diplomate Status will begin immediately.

Inactive Diplomate Status: Inactive Status applies to the Diplomate who is, for good reason, in a state of hiatus from his/her full time clinical activity. Reactivation of Regular Status will occur when full time practice resumes, subject to fulfillment of all other requirements. A written request for Inactive Status must be made to the Diplomate Program Chair.

Emeritus Diplomate Status: Emeritus Status applies to the earned Regular Diplomate who permanently retires from patient care activities and is otherwise entitled to Regular Status. To be eligible for Emeritus Diplomate Status, a Diplomate must first be eligible for and become an Emeritus Fellow in the Academy. A written request for Emeritus Diplomate Status must be made to the Diplomate Program Chair.

Maintenance of Diplomate Requirements: Upon successful completion of the Diplomate process, a maintenance of status is required. The Diplomate renewal period occurs every 5 years; 25 points must be achieved. The American Academy of Optometry website includes an online portal for submission of activities completed which must be approved by the Diplomate Renewal Chair. Points may be acquired for annual Academy meeting attendance, participation in Section activities and leadership roles, lecturing, and other scholarly, and professional activities. A detailed outline of the point system is available on the Academy website.