



**Stanley Woo, OD, MS, MBA, FAAO**  
 Director  
 Guest Editor

**I**t is my great honor and privilege to serve as the Director of the School of Optometry and Vision Science at the University of Waterloo. Having grown up in Waterloo I have many fond childhood memories of being around the School, faculty, staff, and students. My return has felt like homecoming after spending 27 years in the United States. The School continues to be a fascinating place with wonderful people, exceptional patient care, top notch education and world class research.

Most recently, I served as Dean of the Southern California College of Optometry (SCCO) as it underwent a transformation from an independent, private, non-profit College into a Health Professions University. Under the visionary leadership of Pres. Kevin L. Alexander and the Board of Trustees, SCCO evolved into Marshall B. Ketchum University with the addition of a School of Physician Assistant Studies and a College of Pharmacy. The commitment and resolve to develop an institution with optometry as an integral part of primary health care was nothing short of astounding, and included the addition of Ketchum Health as an incubator to explore collaborative practice models.

Optometry is on the front line of eye and vision care, and is an integral partner in interprofessional teams. Interprofessional teams are groups of healthcare professionals that work collaboratively to enhance patient centered care. These teams were initiated by the Ontario Ministry of Health and Long Term Care to better meet the needs of our aging population, by improving service integration and co-ordination of different health professions. Through interprofessional education and collaborative practice (IPE/IPC), the School of Optometry and Vision Science promotes opportunities for students to learn about the expertise and values of other health providers while also developing an increased awareness, and understanding of the role optometry plays within interprofessional healthcare.

At the Health Sciences Campus in Downtown Kitchener's Innovation District, we have the foundation in place to further develop and promote interprofessional education and collaborative practice. Our own Health Sciences Optometry Clinic (HSOC)<sup>1</sup>, the Michael G. DeGroot School of Medicine Waterloo campus<sup>2</sup>, the Centre for Family Medicine<sup>3</sup>, and the UW School of Pharmacy<sup>4</sup> are all located in close proximity.

I have been impressed by the level of activity in IPE/IPC at the University of Waterloo. Opportunities abound for students in different health professions to learn from one another, socialize together, share cases, and ultimately provide improved quality of care and patient outcomes.

**Highlights of IPE/IPC activities include:**

- Annual Interprofessional Showcase: Sponsored by the Interprofessional Educators Collaborative (IPEC) of Waterloo Wellington, cases with multi-media resources are reviewed and presented by teams with faculty facilitators such as nursing, pharmacy, optometry, EMT, police, fire, social work, occupational therapy . Each profession provides a perspective on their approach while sharing self-reflection and insights gained about other professions.
- Eye Day: Optometry faculty, local ophthalmologists, and optometry students provide a skills workshop for medical residents rotating through the Center for Family Medicine. Skills taught include ophthalmoscopy, Tonopen, and slit lamp biomicroscopy, highlighting the collaboration between optometry and ophthalmology.
- IPE Day: Hosted by the SouthWestern Ontario Academic Health Network (SWAHN) first year medicine, dentistry, pharmacy, nursing, optometry and social work students participate in facilitated case discussions and listen to keynote addresses by a patient/care provider panel.

- **Vision and Aging Week:** Collaborative week between four 2nd year medical students and four 4th year optometry students. Hosted by the SouthWestern Ontario Academic Health Network (SWAHN) first year medicine, dentistry, pharmacy, nursing, optometry and social work students participate in facilitated case discussions and attend keynote addresses by a patient/care provider panel.

The Canadian Interprofessional Health Collaborative developed a competency framework in 2010 to help guide curriculum development and assessment of outcomes.<sup>5</sup> My own experience has been informed through the work of the American Schools and Colleges of Optometry membership with the Interprofessional Education Collaborative (IPEC)<sup>6</sup> and the faculty development institute. The four core IPEC competencies include:

- **Competency 1 Values/Ethics for Interprofessional Practice** – work with individuals of other professions to maintain a climate of mutual respect and shared values
- **Competency 2 Roles/responsibilities** – use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations
- **Competency 3 Interprofessional communication** – communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and prevention and treatment of disease.
- **Competency 4 Teams and Teamwork** – apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centred care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

While many schools and colleges of optometry incorporate elements of IPE and IPC throughout their curriculum, the challenge of true integration with other health professions is daunting. Class scheduling and coordination is difficult within a program. Adding learning objectives and assessments with health professions that may have a different expected outcome, increases the complexity of integration exponentially. Limited resources, lack of full administrative support, and the sheer enormity of the task are often cited as limitations to scalability. But we can and must persevere!

Some of the most authentic experiences surrounding IPE/IPC have been demonstrated by student run clinics. Students from various health professions coming to serve those most in need with an open mind about each other’s role and ability to make a positive impact. As a student at Berkeley, the “Suitcase Clinic” was just taking shape as physicians, optometrists, chiropractors, came together to help the homeless. The Suitcase Clinic has evolved into a robust campus-community collaboration group still fulfilling its mission “to promote the health and overall wellbeing of underserved individuals through service provision, cooperative learning, and collective action among community and professional volunteers, students, and participants.”<sup>7</sup> Similar like-minded groups across Canada and the US provide the care and experience. Why not us?

Community Health Centers in the US are also a prime example of interprofessional collaborative practice where eye and vision care services are in high demand. Located in underserved communities, CHCs provide one stop access for a multitude of health care needs in close coordination, and often with a single electronic health record. Particularly for patients with chronic disease such as diabetes, it is easier to provide integration of care across the physician, optometrist, and pharmacist to care for the patient. The level and complexity of care provides the ideal training ground for optometry interns to develop the skills and confidence for primary care. Is there an opportunity for closer collaboration between optometry, ophthalmology, and medicine in community health centers in Canada in spite of dissimilar funding models?

To my knowledge, the most ambitious model for interprofessional collaborative practice is at Ketchum Health. Spearheaded by Pres. Alexander at Marshall B. Ketchum University, the backbone University Eye Center is co-located with future space allocated for medicine and pharmacy. Ophthalmology already provides in-office procedures and training with optometry students. Students from optometry, physician assistant (PA), and pharmacy will see their own patients in the same location while also being afforded an opportunity to cross-over and learn first-hand about their colleagues’ roles. Is the time right in the Waterloo Wellington area to explore interest and opportunity to develop our own model to address the eye, vision, and health care needs of our community?

The Canadian Association of Optometrists brings focus and attention to the importance of eye health as a public health imperative. Similarly, the National Academies of Science, Engineering and Medicine in the United States published a call to action in a report entitled “Making Eye Health a Population Health Imperative: Vision for Tomorrow.”<sup>8</sup> I am respectful and appreciative of the Canadian approach to health care, and I look forward to listening, learning, and working to help promote improved health outcomes for Canadians. It’s good to be home. ●

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Acknowledgment: Thanks to Dr. Lisa Christian for guidance and background on the current state of IPE/IPC at the School of Optometry and Vision Science.

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