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THE CLIPBOARD CRUTCH

The “clipboard crutch” originated as a result of several causes. The primary cause derived from seeing similar clipboards and smaller palm sized “pocket guides” containing information on different topics and from talking with classmates. A general consensus was that a “cheater” clipboard, devised to be taken into the clinic, could be a big help. However, of the examples we had seen, none seemed to provide a full scope of helpful information from all areas of optometry. Therefore, the clipboard crutch was born!

The goal of the crutch was to be able to produce a clipboard with enough useful information that second and third year students would want to take it into their beginning clinical experiences. It was to act as a “crutch” containing various important information and also that information deemed by instructors and students to be the most likely forgotten in the clinical environment.

The first step in designing the clipboard crutch involved creating a draft of my own. This involved looking at previous models, scanning the internet for small details, graphs, or charts, and also noting what I felt was missing from previous versions. I also thought long and hard about my beginning clinical experiences as a second and third year student. I specifically tried to include areas that I felt were my weaker topics or areas that contained quick references for accepted norms. This first draft included charts of binocular vision norms and differential diagnoses of conjunctivitis. There was also common binocular vision norms, vertex conversions, contact lens information, and a Ciba Vision picture of the anatomy of the eye.

This draft was then laminated and brought to both the second and third year classrooms. The purpose and goal of the clipboard was explained to each student and questions were answered. Every student in each class was then given a numerically lined sheet of paper. Students were asked for recommended corrections, suggestions, additions and subtractions to the clipboard as well as a brief comment on their general impression of

draft number one. The number of responses received was very encouraging as almost every third year, and some second years, replied with well thought out critiques. Each response was read several times, discussed with the senior project advisor, and sometimes discussed again with the student who submitted the suggestion. The changes that were made were consistent with the suggestions of the students.

The third draft of the clipboard was a result of the recommendations of the students of MCO. This version was reviewed with Dr. Nista, and a few additional changes and corrections were made. The clipboard itself was beginning to take shape as a result of the thoughts and experience of real second and third year optometry students.

The fourth edition of the clipboard was the best to date and involved the opinions of the students of MCO, the faculty advisor, and myself. The updated version was laminated and given to each faculty member of the College of Optometry as part of a packet of materials. The packet included an introductory letter explaining the project, its purpose, the numerically lined suggestion sheet, and a laminated copy of the updated version. There were some excellent ideas received from the faculty; however, as a whole the response was limited. As before, each suggestion was carefully reviewed and, if necessary, added to the clipboard in the appropriate section.

During the course of the fourth year rotations, the clipboard was shown to each attending doctor with purpose explained and any suggestions were graciously accepted and implemented into the clipboard as needed.

After taking into account the suggestions of the MCO faculty, the final version of the clipboard was complete. The faculty advisor and myself were pleased with the results and the changes that were made from the first draft. The clipboard crutch is now a completed project. I feel very confident that the objectives of the project were attained and the finished product could be a big help to future beginning optometric clinicians.