

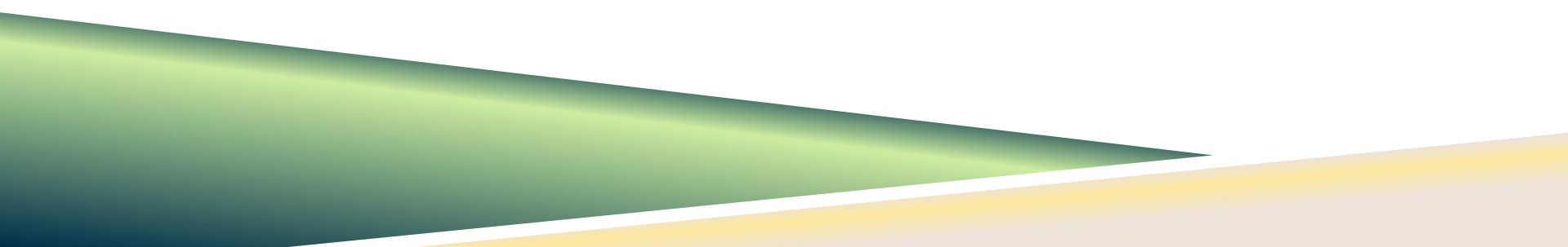
JURISPRUDENCE

Presented by the Regulations Committee of the
Saskatchewan College of Opticians

Duty and objects of the College:

- (1) It is the duty of the college at all times:
 - (a) to serve and protect the public; and
 - (b) to exercise its powers and discharge its responsibilities in the public interest.

What is Jurisprudence?

- “Jurisprudence is the study of law that includes an understanding not only of legal and professional obligations, but of how those obligations are enforced.” (coto.org)
 - All licensed health professionals in Saskatchewan are regulated by their respective Colleges. These Colleges administer legal requirements in order to regulate the practice of all licensed professionals, all for the same purpose - the protection of the public.
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The logo consists of the letters 'S' and 'C' in a stylized, overlapping font. The 'S' is red and the 'C' is green, with a yellow and green circular element between them.

Hot Topics of 2021

- Supervised activities of Students and Restricted Licenses
- Scope of Practice
- Professional Judgement
- Indigenous Cultural Safety & Humility
- LGBTQ+ Safety & Inclusion



Supervision of Students and Restricted Licenses

- **There are two types of supervision in our Standards of Practice**
- **Direct:** the supervisor is overseeing and analyzing the performance of the student. Examples include:
 - Double checking measurements
 - Double checking verification or neutralization
 - Confirmation of spectacle adjustments
- **On-site:** the supervisor is on the premises at all times and is available for consultation to the restricted license.
 - The supervisor is able to step in and assist when needed
 - Is not ‘attached at the hip’ of the restricted license



Direct Supervision of a Student

- There is no hard and fast rules about when a student can progress from direct supervision to on-site supervision
- The supervisor must recognize that they are 100% liable and responsible for all activities of the student
- Should the supervisor feel 100% confident in the ability of the student taking accurate pupil distance measurements (or willing to take responsibility for the measurements), then the supervisor may approve the student to do so without them double checking.
- The supervisor must consider the risks associated of the activity. Perhaps segment height should be always double checked to reduce incidence of non-adapt.
- Bare in mind, first year NAIT students do not learn about prescriptions or single vision measurements until November of their program. Therefore, a student should not be taking unsupervised pupil distance measurements prior to starting the program or during the first year of the program.



On-Site Supervision

- **Applies to Restricted Licenses**
 - Includes graduate students
 - PLAR candidates

- **Administrative Policy No 13 was implemented to cover this period**
 - Student Licence no longer applies
 - Apply for a Restricted Licence
 - Upon passing the NACOR, they are automatically transferred to an unrestricted License



On-Site Supervision

- A current Licensed member of the College is to be on site at all times where opticianry is being practiced by a restricted license.
- At least one Licensed Optician must be on the premises at all times when eyeglasses are being dispensed or adjusted.
- Only a Licensed Contact Lens Practitioner can dispense or fit contact lenses. Contacts may be set aside for dispensing only after it has been verified by the Licensed Contact Lens Practitioner.

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Delegation

- Licensed Opticians and Licensed Contact Lens Practitioners do not have the authority to delegate acts of Opticianry or Contact Lens Fitting.
- Any acts of Opticianry or contact lens fitting must be done by a Licensed professional in good standing with the College. These tasks must not be delegated to unregulated staff or staff not currently registered with the College.
- These acts include designing, preparing, fitting, adjusting, verifying, or supplying vision appliances.



Scope of Practice

- Within our profession lies many areas of ‘specialties,’ such as:
 - Low vision
 - Myopia management
 - Hard contact lenses
 - Specialty contact lenses (Scleral, Hybrid, Ortho-K)
- We have a duty to recognize our own limitations within our profession.



Scope of Practice

- **Anti-Fatigue:** is it prescribed or recommended?
 - These lenses are considered single vision, with a boost of plus power at near to help patients accommodate.
 - Typically fitted in patients with chief concerns of digital eye strain, headaches, troubles focusing.
 - These lenses are a *recommendation* and a solution provided for pre-presbyopic, symptomatic patients.
 - You are still providing the full single vision distance power, with a slight increase at the bottom of the lens to reduce the need for accommodation at near.



Scope of Practice

- **Anti-Fatigue:** is it prescribed or recommended?
 - You may only fit what is within your own scope of practice and knowledge base.
 - If you don't know anything about these lenses, you should not be fitting, dispensing or recommending these.
 - You may take continuing education modules to further your knowledge. Your lens suppliers can provide materials such as centration charts, best fitting practices, recommended powers for age groups, and even lens flippers to demonstrate if patients find improvement with a near boost.
- **Professional judgement must be exercised in all facets of fitting these lenses.**
 - We must use discretion when recommending these to patients to ensure risk to benefit is worth it.
 - Is this patient symptomatic enough for the cost increase to be worth it?
 - Is recommending a +1.30 add in the patients best interest or should they be in a progressive at that point?
 - Could you justify why you put a patient in that lens type and boost power if ever investigated?



PROFESSIONAL JUDGMENT

- Opticians are to always act in the patient's best interest and put the patient's need above their own personal or business interest.
- How professional judgment can apply to LO/LCLP:
 - “Applying knowledge, skills and experience in a way that is informed by professional standards, laws and ethical principles, to develop an opinion or decision about what should be done to best serve clients.” (collegeofdietitians.org)
- Recognize your limitations, maintain relationships between other eye care professionals, and refer out when in doubt.



PROFESSIONAL JUDGMENT

- Using professional judgment:
 - When several courses of action are available, use your expertise to choose the one that best serves the patient's needs and interest
 - Document, document, document!
 - You must always ensure that the patient fully understands the situation and the rationale for your recommendations.
- Things to consider:
 - What do the Standards of Practice, Regulatory Bylaws, or Policies say?
 - Would another Optician make a similar decision given the situation?
 - Will the rationale that supports the decision be understood and accepted by other professionals in the field?



Indigenous Cultural Safety & Humility

- **Cultural safety:** an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- **Cultural humility:** a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

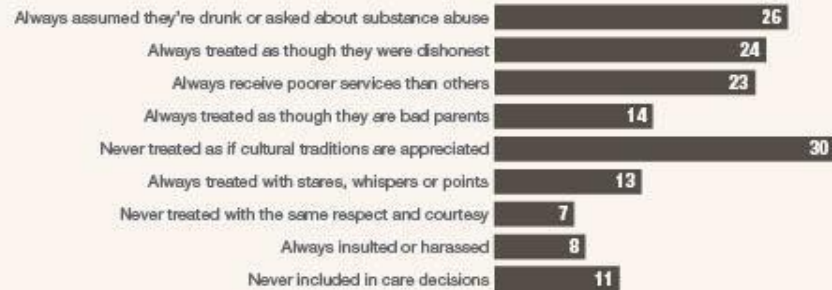
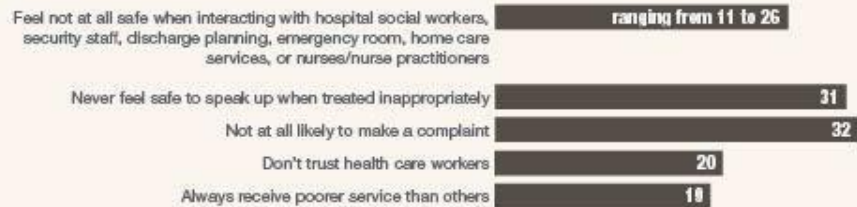
– from *Creating a Climate for Change*

- As healthcare professionals, we need to acknowledge the great privilege we hold in providing eye care services to the Indigenous populations.

INDIGENOUS PEOPLES' SURVEY

What we heard

PERCENTAGE

Widespread and ongoing stereotyping and racism leads to discrimination at point of care**Discrimination at point of care negatively affects access to health care****Less access to health care leads to poor outcomes**



Indigenous Cultural Safety & Humility

How does this apply to Opticianry?

- Recognize how race can affect ocular manifestations.
 - 20% of the Indigenous population has diabetes
 - Indigenous children can have high amounts of astigmatism and uncorrected refractive errors
 - One third of Indigenous people have not had an eye exam in the last two years
- How many offices still have a dedicated area to FNIH/NIHB ‘selected styles?’
 - This is a form of segregation and stereotyping
 - A way to avoid this is asking patients about desired budget or insurance coverage
 - NIHB has coordinated with Express Scripts to remove this barrier. Status holders or treaty card holders are eligible for \$275 every 2 calendar years (some exceptions apply)
 - This acts like any other insurance coverage where patients get to decide whether they use it toward spectacles or contact lenses, and should not be directed at ‘select styles,’ or maxed out on one pair of spectacles. Regular promotions should apply
- Ensure you are using accepted language.
 - Indigenous Affairs, First Nations, Treaty People, etc.



Indigenous Cultural Safety & Humility

Truth and Reconciliation Calls to Action

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.



Indigenous Cultural Safety & Humility

What can we do?

- Recognize your own biases and stereotypes and work towards correcting those behaviours.
- Re-evaluate how you approach the topic of eyewear coverage.
 - Study the coverage from NIHB/Express Scripts so you feel confident in how you counsel.
- Do not assume what someone is able to afford or what value they put on their eyesight.
- Approach each situation equally as you would non-marginalized people.
- Acknowledge your privilege, recognize wrongdoing, and practice empathy when providing care to Indigenous people.
- Read the Truth and Reconciliation Report: 94 Calls to Action.
- Consider taking courses in Indigenous history - the University of Alberta offers a free 12 week course.
- Incorporate meaningful land acknowledgements into your practice.



Indigenous Cultural Safety & Humility Resources

- Truth and Reconciliation Commission of Canada: Calls to Action
 - https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf
- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care
 - <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>
- NIHB: Guide to Vision Care Benefits
 - <https://www.sac-isc.gc.ca/eng/1579545788749/1579545817396>

LGBTQ+ Safety & Inclusion

- LGBTQ+ covers a large demographic of the population.
- **Sex** refers to biological and physiological attributes typically assigned at birth.
- **Gender** refers to socially constructed roles, behaviours, expressions and identities.
- It is a privilege to be in the position as a practitioner providing eyecare services to a marginalized population who have historically been mistreated by health care providers.

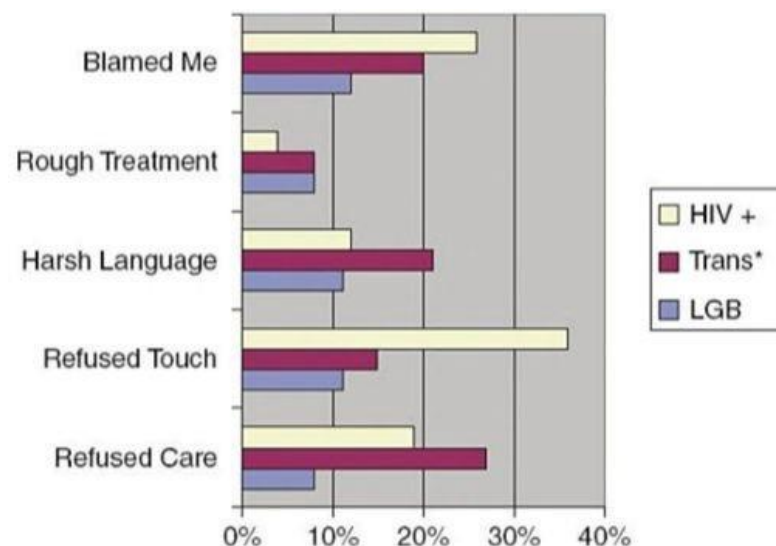


Figure 1.1 – Healthcare Experiences of LGB, Transgender, and HIV+ Patients (Based on **Lambda Legal, 2010**).



LGBTQ+ Safety & Inclusion

What can we do?

- Consider your dispensary layout - is it segregated by gender?
 - This is subjective and not inclusive to non-binary people
- Share your name and correct pronouns
 - This naturally opens the conversation for the patient to share their correct pronouns and name
 - Correct yourself if you make a mistake, apologize, and continue the conversation
 - Use their name instead of pronouns if you are having difficulty remembering
- Recognize and empathize with the vulnerability it takes when charting. It is helpful to explain why you require such information when taking medical history and how it pertains to the eyes.
- Some insurance providers, including Saskatchewan Health, require the sex assigned at birth. Consider this a delicate situation when asking a patient's sex and explain it's their insurance asking, not you.



Questions?