



## MODULE SPECIFICATION

<b>Academic Year (student cohort covered by specification)</b>	2021-22
<b>Module Code</b>	3404
<b>Module Title</b>	Non Communicable Eye Disease
<b>Module Organiser(s)</b>	Will Dean & GV Murthy
<b>Faculty</b>	Infectious & Tropical Diseases
<b>FHEQ Level</b>	Level 7
<b>Credit Value</b>	<b>CATS:</b> 15 <b>ECTS:</b> 7.5
<b>HECoS Code</b>	100261:100036:101317 (1:1:1)
<b>Term of Delivery</b>	Term 2
<b>Mode of Delivery</b>	For 2021-22 this module will be delivered by a combination of online and face to face teaching modes.  Where specific teaching methods (lectures, seminars, discussion groups) are noted in this module specification, these will be delivered using either an online platform or face to face sessions in LSHTM. There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
<b>Mode of Study</b>	Full-time
<b>Language of Study</b>	English
<b>Pre-Requisites</b>	Previous experience in eye health care is required
<b>Accreditation by Professional Statutory and Regulatory Body</b>	None
<b>Module Cap (Indicative number of students)</b>	20 (numbers may be capped due to limitations in facilities or staffing)
<b>Target Audience</b>	This module is compulsory for MSc Public Health for Eye Care and open to students from other MSc programmes with the appropriate background. It is suitable for Ophthalmologists; Optometrists; Eye Care Programme Managers and other senior health workers involved in delivery of eye care services.
<b>Module Description</b>	This module teaches students how to evaluate the evidence for and propose alternative control strategies for non-communicable adult causes of blindness/low vision, with emphasis on the student's own work situation.
<b>Duration</b>	5 weeks at 2.5 days per week

<b>Timetabling slot</b>	Slot C2
<b>Last Revised (e.g. year changes approved)</b>	August 2021

<b>Programme(s)</b>	<b>Status</b>
This module is linked to the following programme(s)	
MSc Public Health for Eye Care	Compulsory

## Module Aim and Intended Learning Outcomes

<b>Overall aim of the module</b>
<p>The overall module aim is to:</p> <ul style="list-style-type: none"> <li>Evaluate and propose alternative control strategies for non-communicable adult causes of blindness/low vision, with emphasis on the student's own work situation.</li> </ul>

<b>Module Intended Learning Outcomes</b>
<p>Upon successful completion of the module a student will be able to:</p> <ol style="list-style-type: none"> <li>Assess the evidence on the risk factors and management of cataract;</li> <li>Interpret and use indicators used evaluating cataract services (output, outcome and outlay);</li> <li>Propose control strategies for the elimination of cataract blindness appropriate to the student's place of work;</li> <li>Assess the evidence on the risk factors and management of glaucoma, diabetic retinopathy, age-related macular degeneration and refractive errors;</li> <li>Discuss the role of screening programmes in preventing blindness;</li> <li>Examine the management and prevention challenges of blindness from ocular injuries;</li> <li>Assess the evidence on the magnitude, risk factors and management of low vision and propose strategies for control appropriate to the student's place of work.</li> </ol>



## Indicative Syllabus

### Session Content

The module is expected to cover the following topics:

- Cataract pathophysiology, aetiology and epidemiology. Management options for cataract blindness and control strategies in specific settings.
- Glaucoma pathophysiology, aetiology and epidemiology. Management options for glaucoma and control strategies in specific settings.
- Diabetic retinopathy pathophysiology, aetiology and epidemiology. Management options for DR and control strategies in specific settings.
- Refractive errors pathophysiology, aetiology and epidemiology. Management options for RE control strategies in specific settings.
- Age-related Macular Degeneration (AMD) pathophysiology, aetiology and epidemiology. Management options for AMD and control strategies in specific settings.
- Principles of screening programmes and their application in non-communicable eye diseases.
- Epidemiology of ocular injuries as a cause of blindness and challenges in management and prevention.
- Low vision: epidemiology, management and control strategies. Low vision services.

## Teaching and Learning

### Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	42.5	28.3
Directed self-study	22.5	15
Self-directed learning	35	23
Assessment, review and revision	50	33.3
<b>Total</b>	<b>150</b>	<b>100</b>

Student contact time refers to the tutor-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face contexts such as lectures, seminars, demonstrations, tutorials, supervised laboratory workshops, practical classes, project supervision as well as where tutors are available for one-to-one discussions and interaction by email. Student contact time also includes tutor-mediated activities that take place in online environments, which may be synchronous (using real-time digital tools such as Zoom or Blackboard Collaborate Ultra) or asynchronous (using digital tools such as tutor-moderated discussion forums or blogs often delivered through the School's virtual learning environment, Moodle).

The division of notional learning hours listed above is indicative and is designed to inform students as to the relative split between interactive (online or on-campus) and self-directed study.

### Teaching and Learning Strategy

The teaching and learning strategy is a combination of online small group teaching combining self-directed Moodle based learning with live discussions online. There are also computer practicals that will allow the students to apply the module knowledge to their own populations and build their skills for the module assessment.

## Assessment

### Assessment Strategy

The assessment for this module has been designed to measure student learning against the module intended learning outcomes (ILOs) as listed above. Formative assessment methods may be used to measure students' progress. The grade for summative assessment(s) only will go towards the overall award GPA.

The assessment for this module will be online.

Summative - Coursework:

1. Essay: The student will critically appraise the public health interventions in their setting for the prevention and control of one of the following diseases: cataract, refractive error or diabetic retinopathy. The essay will have a Word count: 1,500 maximum (references not included).
2. Written timed paper: Short answer questions: 2 questions on the condition chosen for the essay, and 8 additional questions on other module content.

### Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Coursework	1,500 maximum (references not included)	50	1, 2, 3, 4, 5
Timed Paper	90 minutes	50	1, 2, 3, 4, 5, 6, 7

### Resitting assessment

Resits will accord with the LSHTM's [Resits Policy](#)

The Resit assessment will be the same assessment type as the first attempt (see previous table). The resit assessment will be an essay as outlined above but which addresses a different eye condition and a new set of short answer questions will be prepared for the written paper.



## Resources

### Indicative reading list

#### **Cataract**

- Gower EW, Johnson GJM. In: *Age-Related cataract, The Epidemiology of Eye Disease (3<sup>rd</sup> Edition)*. London: Imperial College Press; 2012:177-196.
- Aravind Eye Hospitals Seva Foundation, Johnston J, Murali N, Thulasiraj C. *Quality Cataract Surgery Series : for High Quality, Large Volume, Sustainable Cataract Surgery Programmes : [introduction /*. Tamil Nadu :: Aravind Communications/LAICO; 2001.
- Yorston D, Gichuhi S, Wood M, Foster A. Does prospective monitoring improve cataract surgery outcomes in Africa? *British Journal of Ophthalmology*. 2002;86(5):543-547. doi:10.1136/bjo.86.5.543

#### **Refractive Errors**

- Resnikoff SP. Global magnitude of visual impairment caused by uncorrected refractive errors in 2004, *Bulletin of the World Health Organization*. 2008;86(1):63-70-. doi:10.2471/BLT.07.041210
- Naidoo KSR. Refractive Error and Visual Impairment in African Children in South Africa, *Investigative Ophthalmology & Visual Science*. 2003;44:3764-3770-. doi:10.1167/iovs.03-
- Walline JLL. Interventions to slow progression of myopia in children, *Cochrane Database of Systematic Reviews*. 2011. doi:10.1002/14651858.CD004916.pub3



### **Age Related Macular Degeneration**

- Lim LS, Mitchell P, Seddon JM, Holz FG, Wong TY. Age-related macular degeneration. *The Lancet*. 2012;379(9827):1728-1738. doi:10.1016/S0140-6736(12)60282-7
- Wong WLS. Global prevalence of age-related macular degeneration and disease burden projection for 2020 and 2040: a systematic review and meta-analysis, *Lancet Global Health*. 2014;2(2):e106-e116-. doi:10.1016/S2214-109X(13)70145-1
- Lambert NG, Elshelmani H, Singh MK, et al. Risk factors and biomarkers of age-related macular degeneration. *Progress in Retinal and Eye Research*. 2016;54:64-102. doi:10.1016/j.preteyeres.2016.04.003

### **Diabetic Retinopathy**

- Federation ID. *IDF Diabetes Atlas - 7th Edition*. Brussels <http://www.diabetesatlas.org/resources/previous-editions.html>.
- Leasher JLB. Global estimates on the number of people blind or visually impaired by diabetic retinopathy: a meta-analysis from 1990 to 2010, *Diabetes Care*. 2016;39(9):1643-1649-. doi:10.2337/dc15-2171
- Wild SR. Global prevalence of diabetes: estimates for the year 2000 and projections for 2030, *Diabetes Care*. 2004;27:1047-1053-. <http://www.who.int/entity/diabetes/facts/en/diabcare0504.pdf>.

### **Glaucoma**

- Tham Y-C, Li X, Wong TY, Quigley HA, Aung T, Cheng C-Y. Global Prevalence of Glaucoma and Projections of Glaucoma Burden through 2040: A Systematic Review and Meta-Analysis: A Systematic Review and Meta-Analysis. *Ophthalmology*. 2014;121(11):2081-2090. doi:10.1016/j.ophtha.2014.05.013
- Quigley HA, Broman AT. The number of people with glaucoma worldwide in 2010 and 2020. *British Journal of Ophthalmology*. 2006;90(3):262-267. doi:10.1136/bjo.2005.081224
- Kyari FW. Ethnicity and deprivation are associated with blindness among adults with primary glaucoma in Nigeria: results from the Nigeria National Blindness and Visual Impairment Survey, *Journal of Glaucoma*. 2016;25(10):861-872-. doi:10.1097/IJG.0000000000000487

### **Ocular Injuries**

- Journal CEH. *Eye Injuries: Improving Our Practice*.; 2015. <http://www.cehjournal.org/eye-injuries-improving-our-practice/>.

### **Low Vision**

- van Dijk KK. *Low Vision Care in Africa: Practical Approaches to Clinical Services, Educational Engagement and Planning*. KCCO; 2014. [http://www.kcco.net/uploads/2/5/5/3/25532706/low\\_vision\\_manual.pdf](http://www.kcco.net/uploads/2/5/5/3/25532706/low_vision_manual.pdf).



## Teaching for Disabilities and Learning Differences

The module-specific site on Moodle gives students access to lecture notes and copies of the slides used during the lecture. Where appropriate, lectures are recorded and made available on Moodle. All materials posted on Moodle, including computer-based sessions, have been made accessible where possible.

LSHTM Moodle is accessible to the widest possible audience, regardless of specific needs or disabilities. More detail can be found in the [Moodle Accessibility Statement](#) which can also be found within the footer of the Moodle pages. All students have access to "SensusAccess" software which allows conversion of files into alternative formats.

Student Support Services can arrange learning or assessment adjustments for students where needed. Details and how to request support can be found on the [LSHTM Disability Support pages](#).