

# Module Specification

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



## ABOUT THIS DOCUMENT

This module specification applies for the academic year 2017-18

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## GENERAL INFORMATION

Module name	<b>Childhood Eye Disease and Ocular Infections</b>
Module code	3403
Module Organisers	Professor Clare Gilbert and Professor Matthew Burton
Contact email	<a href="mailto:Clare.Gilbert@lshtm.ac.uk">Clare.Gilbert@lshtm.ac.uk</a> ; <a href="mailto:matthew.burton@lshtm.ac.uk">matthew.burton@lshtm.ac.uk</a>
Home Faculty	Infectious & Tropical Diseases
Level	Level 7 (postgraduate Masters 'M' level) of the QAA <a href="#">Framework for Higher Education Qualifications</a> in England, Wales & Northern Ireland (FHEQ).
Credit	15 credits
Accreditation	Not currently accredited by any other body.
Keywords	Child health; Disease prevention & control.

## AIMS, OBJECTIVES AND AUDIENCE

Overall aim	To equip students with knowledge and skills so that they can improve the control of blinding eye diseases in children and of ocular infections in their work setting.
Intended learning outcomes	By the end of this module, students should be able to: <ul style="list-style-type: none"><li>• Describe the epidemiology of conditions that can give rise to visual loss in children, focusing on low and middle income countries</li><li>• Describe the epidemiology of ocular infections, focusing on low and middle income countries</li><li>• Critically evaluate preventive and therapeutic strategies for the control of childhood visual loss and blindness (e.g. from corneal scarring, retinopathy of prematurity, cataract, refractive errors) and ocular infections (e.g. due to trachoma, onchocerciasis, HIV, leprosy, and infective keratitis)</li><li>• Design a program for control of one condition by applying what they have learnt to their own work situation</li></ul>
Target audience	This module is compulsory for MSc Public Health for Eye Care.

## CONTENT

<b>Session content</b>	<p>The module is expected to include sessions addressing the following topics:</p> <p><u>Childhood blindness:</u></p> <ul style="list-style-type: none"> <li>• The epidemiology of the following groups of conditions: <ul style="list-style-type: none"> <li>○ preventable conditions that can lead to corneal blindness e.g. vitamin A deficiency, measles infection, ophthalmia neonatorum and harmful tradition eye remedies</li> <li>○ treatable conditions that require early diagnosis and treatment e.g. cataract, retinopathy of prematurity and refractive errors</li> <li>○ management of children with low vision</li> </ul> </li> <li>• Strategies for control of the major blinding eye diseases of children</li> <li>• How to assess needs, identify priorities for control and plan programmes</li> </ul> <p><u>Ocular infections:</u></p> <ul style="list-style-type: none"> <li>• The epidemiology of the following conditions: <ul style="list-style-type: none"> <li>○ Trachoma</li> <li>○ Microbial keratitis</li> <li>○ Onchocerciasis</li> <li>○ Leprosy</li> <li>○ HIV/AIDS and associated infections and malignancies;</li> <li>○ Infectious uveitis</li> </ul> </li> <li>• Community orientated strategies /programmes for control (trachoma and onchocerciasis), including assessment and planning</li> </ul>
<b>TEACHING, LEARNING AND ASSESSMENT</b>	
<b>Study resources provided or required</b>	Module Information can be found on the Virtual Learning Environment (Moodle) containing information about each session and key references for the module.
<b>Teaching and learning methods</b>	A combination of interactive seminars, group work, discussion and student presentations will be used.
<b>Assessment details</b>	<p>Coursework - students will select one cause of childhood visual loss <b>OR</b> one ocular infection relevant to their own situation, and write an essay on how to implement control strategies.</p> <p>For this selected condition:</p> <ol style="list-style-type: none"> <li>1. Students have to describe the epidemiology of the condition in a community of their choice, focussing on the prevalence and risk factors, and likely magnitude. If there are no data for their country, students should select the data that they think to be the most relevant. (15% of marks)</li> <li>2. Students have to describe possible strategies for control (i.e. for primary, secondary and tertiary prevention), outlining <ol style="list-style-type: none"> <li>a. which are feasible in that setting, and</li> <li>b. explaining why. (20% of marks)</li> </ol> </li> </ol>

	<p>3. Students have to describe how the interventions that are feasible in their setting could be integrated into the existing health system and services. Students have to think through what could be implemented:</p> <ol style="list-style-type: none"> <li>within the community</li> <li>at primary level</li> <li>at secondary level</li> <li>at tertiary level of service delivery (40% of marks)</li> </ol> <p>4. Highlight what some of the challenges might be (25% of marks).</p> <p>Word count: 2,000 maximum Students can use tables, flow charts, bullet point lists, etc. References: Maximum of 25</p> <p>Resit/deferred/new attempts - The task is to write an essay as outlined above but which addresses a different condition. Length: as above. Time for completion: 4 weeks.</p>
<b>Assessment dates</b>	<p>Assessments will be due on the <b>last day of the module</b>.</p> <p>Resit/deferred/new attempts – The next assessment deadline will be during mid/late September of the current academic year.</p>
<b>Language of study and assessment</b>	English (please see 'English language requirements' below regarding the standard required for entry).
<b>TIMING AND MODE OF STUDY</b>	
<b>Duration</b>	5 weeks at 2.5 days per week
<b>Dates</b>	Monday morning to Wednesday lunchtime
<b>Timetable slot</b>	Term 2 - slot <b>C1</b>
<b>Mode of Study</b>	The module is taught face-to-face in London. Both full-time and part-time students follow the same schedule.
<b>Learning time</b>	<p>The notional learning time for the module totals 150 hours, consisting of:</p> <ul style="list-style-type: none"> <li>Contact time ≈ 73.5 hours</li> <li>Directed self-study ≈ 15 hours</li> <li>Self-directed learning ≈ 34.5 hours</li> <li>Assessment, review and revision ≈ 27 hours</li> </ul>
<b>APPLICATION AND ADMISSION</b>	
<b>Pre-requisites</b>	None
<b>English language requirements</b>	A strong command of the English language is necessary to benefit from studying the module. Applicants whose first language is not English or whose prior university studies have not been conducted wholly in English must fulfil LSHTM's <a href="#">English language requirements</a> .
<b>Student numbers</b>	15-25 (numbers may be capped due to limitations in facilities or staffing)
<b>Student selection</b>	<p>This module is compulsory for MSc Public Health for Eye Care.</p> <p>Full Registration (full participation) by LSHTM research degree students is required for this module. It is only open to those LSHTM research degree</p>

students with a medical background in eye care.

Preference will be given to LSHTM MSc students [particularly those registered for specific programmes or who have taken specific prior modules, where applicable] and LSHTM research degree students. Other applicants meeting the entry criteria will usually be offered a place in the order applications are received, until any cap on numbers is reached. Applicants may be placed on a waiting list and given priority the next time the module is run.