Children Visual Screening Protocol: Validation by a Focus Group Panel of experts

Carla Costa Lança, MSc: Escola Superior de Tecnologia da Saúde de Lisboa; Centro de Investigação e Estudos em Saúde Pública, Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, Portugal: carla.costa@estesl.ipl.pt

Purpose

Screening programs, particularly the inclusion of specific orthoptic tests to detect visual abnormalities varies among countries\(^1,2\).

This study aims to:

1. describe experts perception of issues related with children visual screening;

2. identify specific orthoptic tests to detect visual abnormalities in children visual screening.

Purpose

A focus group session was conducted during the Portuguese national orthoptic congress.

Setting/Venue

The participants represented a best-case sample that might illuminate issues of interest.

Methods

Ethics approval for this study was obtained from the Portuguese Professional Society Committee.

Conclusion
Children Visual Screening Protocol: Validation by a Focus Group Panel of experts*

Purpose

A qualitative focus group technique was applied.

Setting/Venue

Participants: expert panel of 5 orthoptists and 2 ophthalmologists.

Methods

Inclusion criteria: more than 10 years of working experience in children visual screening.

Results

The session was recorded in video and audio. Qualitative data were analyzed with a categorical technique.\(^3\)

Conclusion


Purpose

• Experts age: mean 53.43 years, SD±9.40 (4 female and 3 male).

• Experts professional experience: mean 30.57 years, SD±10.03.

• Professional experience in the application of a screening protocol was cited in 23.53% of interventions:

Results

“It is clear that orthoptists and ophthalmologists are the professionals with competencies to perform visual screening. However initial education is not enough”.

Conclusion
Children Visual Screening Protocol: Validation by a Focus Group Panel of experts*

Purpose

• Experts showed concern about the false negatives control (23.53%).

• Screening should be performed according to the child age before and after 3 years of age (17.65%).

• Six tests were identified (35.29%): distance visual acuity, cover test, bi-prism or 4/6Δ prism, fusion, ocular movements and refraction.

Setting/Venue

Results

“A child with 2 years of age could be free of an ametropia and apparent straighten at cover test, but has a monofixation and for detection we need the 4/6Δ prism or a bi-prism.”

Conclusion
Reliable screening methods and tests need further clarifications to allow determination of diagnostic test accuracy\(^2\).

A false-negative result was also pointed as important because this result may also incorrectly reassure parents and health professionals that visual screening is normal.

Orthoptists should have professional experience before starting applying a screening protocol. Experience is an important factor influencing competence development\(^4\).

---