# 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**

Setting/ Venue

Methods

Results

Conclusion

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.

1. Carlton J, Czoski-Murray C. Screening for amblyopia and strabismus in children aged 4-5 years: where do we go from here? Br Ir Orthopt J. 2009;6:15–21.
2. Schmucker C, Grosselfinger R, Riemsma R, Antes G, Lange S, Lagrèze W, et al. Diagnostic accuracy of vision screening tests for the detection of amblyopia and its risk factors: a systematic review. Graefe's archive for clinical and experimental ophthalmology [Internet]. 2009 Nov [cited 2012 Jul 30]; 247:1441–54. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19669781

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


| | |
|---|---|
| Purpose | A focus group session was conducted during the Portuguese national orthoptic congress. |
| **Setting/Venue** | |
| Methods | The participants represented a best-case sample that might illuminate issues of interest. |
| Results | 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** | |
| Results | Inclusion criteria: more than 10 years of working experience in children visual screening. |
| Conclusion | The session was recorded in video and audio. Qualitative data were analyzed with a categorical technique[3]. |

3. Powell RA, Single M. Methodology Matters-V. Health (San Francisco). 1996;8(5):499–504.

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


| | |
|---|---|
| Purpose | • Experts age: mean 53.43 years, SD±9.40 (4 female and 3 male). |
| Setting/ Venue | • Experts professional experience: mean 30.57 years, SD ±10.03. |
| Methods | • Professional experience in the application of a screening protocol was cited in 23.53% of interventions: |
| **Results** | |
| Conclusion | *"It is clear that orthoptists and ophthalmologists are the professionals with competencies to perform visual screening. However initial education is not enough".* |

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


**Purpose**

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

**Setting/ Venue**

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

**Methods**

- Six tests were identified (35.29%): distance visual acuity, cover test, bi-prism or 4/6$^{\Delta}$ prism, fusion, ocular movements and refraction

**Results**

**Conclusion**

*"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 4/6$^{\Delta}$ prism or a bi-prism."*

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


- Purpose
- Setting/ Venue
- Methods
- Results
- **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].

4. Khomeiran RT, Yekta ZP, Kiger AM, Ahmadi F. Professional competence: factors described by nurses as influencing their development. International Nursing Review. 2006;53:66–72.