CHILD VISION SCREENING: COMPETENCIES <mark>(Draft 4 17 January 2017)</mark>

Introduction

These competencies are designed for screeners responsible for the vision screening of children aged 4-5 years. They apply wherever vision screeners work. It is however understood that vision screening of children aged 4-5 in special schools will normally be undertaken by an orthoptist.

The competencies represent the essential core elements required to deliver a safe, effective and standardised vision screening service. They are derived from an analysis of the core role of the vision screeners, extended discussions with vision screeners, public health experts and screening leads, collaborative work with Helen Griffiths of BIOS and on the work undertaken by the BIOS Special Interest Group Steering Committee.   These competencies also have been reviewed by other members of the National Vision Screening Advisory Group.

The aim has been to develop an effective yet pragmatic set of competencies that are achievable and cost effective in terms of delivery. The competencies will provide a clear outline for vision screeners of what they need to achieve together with a set of performance indicators for use by those responsible for assessing the performance of vision screeners.

When the competencies and performance indicators have been approved, they will be used as the basis for the development of supportive learning materials and 'on the job' training and assessment for vision screeners, together with a guidance pack for trainers.

The learning materials to support the development of these competencies can be presented in a variety of ways. Whilst there will be a continued need for direct input from an orthoptist, there is potential to develop a generic elearning package (subject to agreement and funding), combining text, filmed elements and online assessment. Such an approach would be cost effective in the medium to long-term and resource efficient. It could also be used for training updates and professional refresher sessions.

The accompanying flow chart presents a preliminary outline of the learning and assessment pathway, including how an elearning resource could be successfully integrated into the process.

Focus		Competency	Performance statement/Indicators (for assessors use)
Knowledge competencies			
K1	Visual development	Understands the normal pattern of visual development in childhood and the impact of impaired visual acuity	Explains that: • visual acuity, eye alignment and binocular vision develop from birth – 7 years of age • each eye must be able to send clear and similar pictures to the brain in order to develop normally • an adult level of acuity is reached between 3 – 5 years of age • children can appear to function well and seem visually normal because one eye 'is doing all the work' • a child who has undetected poor vision may show learning difficulties, behavioural problems and be disruptive in school • impaired visual acuity can affect ability to learn and behaviour
K2	Common conditions	Identifies the common conditions that may interfere with normal visual development in childhood	Can clearly: • define the term visual acuity (a measure of our ability to detect fine detail) • list and define types of refractive errors (hypermetropia, myopia, astigmatism) • define amblyopia (reduced acuity but colloquially known as a lazy eye) Is aware that structural abnormalities of the eye can disrupt the normal development of visual acuity (cataract, corneal opacity, ptosis)

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K3	Screening	Describes the basic principles of screening and the benefits of screening 4-5 year old children	Understands that: • screening is for whole populations • evidence shows that the optimum age to screen is 4-5 years • aim of screening is the early detection and treatment of defects that may lead to a permanent visual impairment if left untreated Identifies the steps in the screening pathway: • identifying the eligible population • informing parents • testing • referral, diagnosis and treatment
K4	Local pathway	Understands own role in the local screening pathway	Correctly identifies who is responsible for: • identifying the eligible population • informing parents • obtaining parental consent • booking the screening sessions • liaising with schools • following-up non-attenders Correctly describes the reporting and referral pathway

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K5	Related policies and procedures	Shows awareness of related local policies and procedures	Is familiar with local policies and procedures regarding: • health and safety, including infection control and hand cleanliness • risk assessment • safeguarding • consent • local and any national audit requirements
K6	The Crowded logMAR test	Accurately describes the Crowded logMAR screening test	Explains that: • the Crowded logMAR test is designed for use with 3½ to 5 year olds • each eye must be tested separately • limiting factors can include age, ability, levels of cooperation • the child should achieve 0.200 or better for each eye in order to pass the vision screening. Correctly identifies the specifics of the test • 3m test distance • easy to use, durable, 2 'flip over' books and matching card • six letters are used X V O H U Y • four letters on each line, crowding bars surround each row • each letter is given a score of 0.025 Describes how to complete the test if (a) undertaking it alone and (b) two screeners present

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Practical competencies			
P1	Planning	Liaises effectively with the school prior to the screening session	Liaises to: • confirm dates of screening session • check that information and consent letters have been sent to parents
P2	Preparation for the screening session	Works with school staff to ensure smooth running of the screening session	Routinely: • obtains a list of children to be screened • checks the consent status of each child • discusses with the class teacher how the children will move between the classroom and test area e.g. escorted or independent, is a teaching assistant or other available
P3	Equipment	Collects together all the required equipment prior to beginning the screening session	Checks that all required equipment is available and in working order i.e. • two x Crowded logMAR books • key card • appropriate/recommended occlusive glasses • occlusive tape • anti-bacterial wipes • tape measure • pointer to point to letters • relevant documentation

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P4	Environment	Ensures the test area is safe and appropriate for testing	Checks the environment is: • hazard free • well-lit with no glare or shadows • as free as possible from distractions and interruptions, e.g. noise and other children / staff 'coming and going' • of adequate size for 3m vision testing Determines the position of the child and examiner during testing Accurately measures the 3m test distance and marks the positions of the child's and examiner's chairs
P5	Undertaking the test	Communicates effectively with the child throughout the vision screening test	Demonstrates the communication skills necessary to: • confirm the identity of the child and consent status • gain the child's trust and confidence • explain in simple terms what the test involves • give clear instructions to the child • take account of the level of understanding, age and development of the child • overcome/minimise communication difficulties • recognise non-compliance during screening tests and take appropriate action, recognising that this may be due to different factors (e.g. learning disability, autistic spectrum disorder) • assess the child's understanding and ability to complete the test prior to starting the test - check that the child is able to match or name the letters (i.e. practice run) - ensures that screening cards 2 and 3 are not used for this check • give encouragement to the child throughout the test

This draft guidance produced by Public Health England is currently being consulted on

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P6	The Crowded logMAR test	Undertakes the Crowded logMAR test correctly	Carries out the Crowded logMAR test: • knows what action to take if the child normally wears glasses • tests each eye separately • ensures each eye is occluded properly and the child cannot peep with the covered eye • uses a different logMAR booklet for each eye • tests the right eye first using screening card S2 • always points to each letter from either below or above the crowding bars – no letters should be obscured during testing as this compromises the crowding effect • if the child is unable to identify the first letter on the S2 screening card, moves to screening card S1 and asks the child to identify the letters on S1; move to S2 if all letters on S1 identified correctly • correctly selects the start line • tests all letters on start line • proceeds to smaller / larger lines as necessary • 2 letters per line must be correctly identified before testing smaller lines • continues to test all letters on the line where errors occur • tests all letters on 0.200 line if seen (testing can be stopped if this level of acuity is achieved) • correctly identifies the corresponding logMAR score, and records immediately after testing each eye • ensures the child holds head straight during the test. • observes the child during testing for abnormal head posture such as turning or tilting the head, or attempting to 'peep' from behind

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			occlusion; takes action to prevent this
P7	Record keeping	Accurately records the visual acuity score for each child	Demonstrates the correct use of local documentation systems, including electronic systems as appropriate Accurately: • records the result for each eye before removing the occlusion • determines whether the acuity score meets the pass or fail criteria • records when it has not been possible to complete the screening test and the reasons why (including non-attenders) • documents any concerns or observations from the vision test • makes arrangements to discuss any problems experienced with the designated screening lead
P8	Reporting and referring	Correctly communicates the results of the screening test	Prepares and sends correct results of the screening test to: • parents (in accordance with local protocols) • the designated screening lead Initiates the referral process for children who failed the screening test Records and reports non-attendance
P9.1	Other responsibilities	Complies with agreed local policies and procedures	Adheres to local policy and procedures relating to: • health and safety including infection control and hand cleanliness • risk assessment • consent • safeguarding • local and any national audit requirements

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P9.2	Respects and maintains confidentiality	Demonstrates understanding through: • only discussing the results with other health professionals unless the parent / guardian has given consent for discussion with teachers. • explaining it is necessary to gain parental consent before a child can be screened if the teacher asks for a child's vision to be tested
P9.3	Recognises and reports safeguarding concerns appropriately	As appropriate: • observes the child for any signs of injury • listens to what the child might say • documents and reports any concerns to the appropriate person