Author’s response to reviews

Title: Paediatric vision screening by non-healthcare volunteers: Evidence based practices

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Version: 4 Date: 02 Nov 2018

Author’s response to reviews:

Reviewer 2 (comments from Annotated PDF):

1. “As in the previous version, this section must be deleted. The justification, from the authors response to review, is that it was important to ensure consistency when the children were referred into the paediatric ophthalmologist. In this paper, there is no analysis of the outcome of referrals, and not even any mention of referring on any study subjects, so consistency between optometrist and paediatric ophthalmologist is entirely irrelevant for this study. Methods should reflect the study, and report only on the study. The paediatric ophthalmologist took no part whatsoever in the practical element of this study, which is designed to check consistency between volunteers and the optometrists. IF, in another paper, the authors want to assess the consistency between the optometrist and the paediatric ophthalmologist, then they can do so, although I hope they will word this section in less insulting terms.”

Thank you to Dr. Woodhouse for this valuable perspective on how we structured the Methods section. Upon reflection, we have agreed with her assessment and removed Part I from the study as it does not affect the validity of the outcome. Parts II and III have been renumbered accordingly and we have removed the ophthalmologist from the manuscript. No offense to optometrists was intended and having understood the reviewer’s concerns, we have removed that section, and changed the numbering of the phases of the study accordingly, as noted throughout the document by reviewer 2.
2. Did the optometrist conduct screening tests or did the optometrist carry out full eye examinations 'including dilated fundus examination and refraction'? And if it was full eye examination, how could the order be randomly changed? How could a volunteer screen the child after dilated fundus examination? and “Here again, we appear to have the study optometrist conducting screening. Can you explain exactly what took place? The volunteers conducted screening and THEN the optometrist conducted a full eye exam?”

We thank Dr. Woodhouse for these questions regarding the study process and manuscript syntax. The optometrist gave a full eye exam to each child, not a screening. We have clarified the text throughout to reflect this. We have also added the following sentence to explain how the randomization process interacted with the dilation/examination process: ‘If the optometrist was randomly designated to examine the child first, they performed all tests exclusive of dilated fundus examination and refraction, then completed that portion of the exam after the child had been screened by the volunteers.’ (page 5, line 19-20)

3. If the optom did a full eye examination, presumably it included the screening tests that the volunteers were doing? If so, what was the purpose of doing the full eye examination?

We thank Dr. Woodhouse for her question regarding the purpose of the full eye exam performed by the study optometrist. We have added the following to the manuscript to respond to these questions: “Full eye exams were provided by the optometrist, rather than screening, as an added benefit to study participation to increase consent rate.” (page 4, line 19-20)

4. “Monocularly or Binocularly?”

We thank Dr. Woodhouse for this clarifying question. We have updated the text to indicate that vision was tested monocularly. (Page 6, Line 6)

5. Insurance? Safeguarding issues?

We thank Dr. Woodhouse for her comments regarding the economic impacts of vision screening using trained volunteers. While in this study there were no costs for volunteers, apart from opportunity costs of participating in other activities (which is a cost associated with all
volunteering), we have addressed how a more formalized program may need to consider other volunteer costs with the following: “In future, clinical insurance for volunteers or covering the cost of vulnerable sector screening could be included as cost considerations.” (page 9, line 20-21)

6. “confidence is probably a better word”

We thank Dr. Woodhouse for this wording suggestion and have changed the text accordingly. (Page 12, line 12)

7. I think we need 'suspected' here, since not all children with reduced stereo will have strabismus. (p. 7 line 42)

We thank Dr. Woodhouse for this comment and have added the word ‘suspected’ as per her suggestion. (Page 6 line 18)

8. “Be consistent in your spelling of colour or color”

We thank Dr. Woodhouse for this note and have changed the spelling of all instances to consistently read ‘colour’.

9. 75% is not high. Suggest 'acceptable' (p. 13 line 53)

We thank Dr. Woodhouse for her suggestion. We have changed the wording to ‘acceptable’. (page 13, line 2)