



The Orthoptic visual processing difficulties (VPD) clinic during covid-19 lockdown. The affectivity of telephone consultation implementation rather than face to face visits

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Description

At Warrington and Halton NHS Teaching Hospital Orthoptists have been providing telephone consultation opportunities to parents of children who are struggling with their learning due to possible visual processing difficulties.

Orthoptists are health care professionals with a degree in Orthoptics. They diagnose and treat a variety of differences and one extended role is in helping children with visual processing difficulties (VPD).

VPDs are characterised by a difficulty interpreting what the eyes see. It involves looking at how a young person struggles with reading and strategies that can be implemented to help them. For example, some students will lose their place when reading and skip words which interferes with their comprehension. Some children will get visual distortions of print despite excellent visual acuity. Other children may struggle with an aspect of visual perception such as their visual memory.

The cohort of children discussed below are new patients who would normally be seen and assessed for visual difficulties that may be interfering with their reading ability. These children were all referred into the service using the detailed referral sheet, by teachers or health care professionals prior to Covid-19. During lockdown, all children were being schooled at home either by the school via zoom, or by their parents. The VPD team wanted to help those children to feel more comfortable when reading and enable them to have the tools and strategies to help each child access the curriculum equally to their peers.

Context

The aim of the study was to assess whether telephone consultations would be as effective in diagnosing visual processing difficulties. Would the information gained without an actual face to face assessment allow Orthoptists to make a sound conclusion and offer appropriate advice?

The Orthoptist would then later see the child face to face and gain a qualitative understanding of the impact the virtual assessments had on the learning skills of the patient.

A full, detailed history was taken from the parents and that information was used to form a picture of likely difficulties. Strategies and advice were then offered to compensate for these possible difficulties and exercises that would target specific areas of improvement. For example, Orthoptists were able to reassure parents who were frustrated with their child's progress and reassure them that those difficulties may be related to a visual processing difference. This enabled a supportive

environment for the child as the parents then understood that it was a treatable issue rather than a behaviour choice.

The VPD team provided an opportunity for a healthy conversation to take place such as addressing sleep or diet issues and offering signposting for advice.

All the advice, strategies and exercises were those used in the clinic. They were easy strategies to implement at home, for example making a reading ruler or window from paper to help the child to keep their place, changing the background colour/font size and style of the computer screen or playing games to help the child improve their visual perception skills.

The referrals into the Orthoptic VPD clinic are from educational settings across our local areas of Halton, Warrington and Widnes. The list of new patients who had been referred in the months March, April, May and June were collated onto an accessible spreadsheet. The parents of each patient were contacted and offered the opportunity to talk about their referral and a telephone consultation was done then or booked for a future date when convenient. The same questions were followed and advice was targeted dependent on the parent's and the child's answers and original referral. A lot of the time the phone was on speaker and the Orthoptists was able to have a full discussion with the whole family.

The aim of the assessments was to help children who would be working from home and finding it difficult. The Orthoptists wanted to make sure that the children were well supported in their educational setting. Another aim was to reduce the workload when the team were able to see routine patients again. The VPD team wanted to make good use of the quietest period when they were not able to see non-emergency patients face to face.

Method

Training of the 6 Orthoptists with the extended specialist role of VPD clinicians, to undertake virtual assessments took place during individual face to face or virtual meetings and was led by the lead of the service, Kathryn Whitfield. A standard operating procedure was implemented and reviewed by the team. Any difficulties were addressed and modified. Prior to completing telephone consultations, the clinicians watched Kathryn doing these virtual assessments and guidelines for reports to school were drawn up and continually modified. The assessment was based on a full history that is completed at every child's first visit which enables the clinician to gain a full detailed picture of likely difficulties. The history sheet that we complete is standardised and we know the strategies that work for each area of difficulty following years of audit and service improvement.

Kathryn Whitfield is also the co-lead of the British Orthoptic Society clinical advisory group for VPD so this information was discussed on the members forum of the website. This information was made available for other clinicians to follow if requested.

The VPD clinicians telephoned the parents of children who were referred into the Orthoptic visual processing difficulties clinic. During questioning about the general health of the child they ask lots of questions which are clinically relevant to learning and vision such as diet and sleep. Prior to referral into the clinic the class teacher or school special needs coordinator completes a detailed questionnaire about the child's learning. For example, do they lose their place frequently when reading? The Orthoptist discussed the specific school concerns and discussed what the parents had noticed, and together, came up with strategies to help the child. Parental permission was obtained to write a report and copy it to school, with every consultation. The advice could then be continued

at school once the child returned and until they could safely return for a face to face Orthoptic clinic appointment.

There had been a small use of telephone consultations prior to lockdown. VPD Orthoptists previously asked that parents contact us if they wished, before appointments, to discuss any issues over the phone. This was purely at parental request due to sensitivity of the child when discussing past family history such as those children who are adopted.

Outcomes

There is no current patient quantitative evidence of the impact of these telephone consultations but the verbal feedback from the parents has been excellent so far. One quote from a parent was “the reading ruler that you suggested has had a huge impact on my son’s learning and understanding since I spoke to you”. In the clinic the lead of the VPD team performs yearly audits to provide evidence that the clinics are achieving the goals of helping children to read more effectively and therefore access the curriculum despite learning difficulties. The audit for 2021 is looking at patient and school satisfaction so when this time comes it would be hoped that despite not being able to see patients face to face, the Orthoptists were still able to provide an accessible and worthwhile consultation.

In December 2020 the VPD team lead sent out a questionnaire to all the schools in the area asking them what they felt the impact of the Orthoptic Visual Processing Difficulties clinic has on the learning of the child prior to and during lock-down. It was explained what the team had been doing during lock down to ensure that patients were being cared for. Feedback from schools was excellent. Schools are happy that they receive detailed reports, including suggestions on how to support these vulnerable children.

At the end of every consultation questions were taken. The majority of the time, the team were thanked for their advice and strategies and the feedback has been brilliant. Results from the December questionnaire sent to schools has shown that 100% of schools so far are happy with the service that is provided.

During a time when activity was low for patient contact, the VPD team were able to keep appointment activity up for this Orthoptic service. Once able to see patients face to face again, the VPD team continued with the telephone consultations to take a full history. This meant that the appointment time could be reduced to allow time to clean the room between patients and allow a greater number of patients to be seen. Rather than a new patient appointment being 1 hour it was reduced to 45 minutes allowing an additional patient slot to be created thereby increasing productivity.

Key learning points

The Orthoptic VPD team were initially very keen to start with the NHS ‘Attend Anywhere’ innovation. They found that the telephone consultations worked so well that they wanted to continue with them post-lock-down which they did. It cut down the face to face time that was spent with patients and during the initial post Covid climate this was reassuring to staff and patients. This was done for a 3 month trial period.

New patient slots were allocated to telephone consultations with a 30 minute time limit. These patients were then later seen on a 45 minute face to face appointment slots. Feedback from patients

and staff was initially good but there was increasing frustration from parents who wanted the full assessment.

Following a VPD staff meeting when these changes were discussed, it was decided to change the referral process. Instead of the history being discussed via a series of verbal questions, the team have asked schools and parents to complete this at home on paper, send it in to the lead of service and it will be discussed at the appointment which has gone back to an hour long face to face appointment slot. Telephone consultations have been abandoned at this time as there is no replacement for face to face assessments now that clinics are back running to full capacity. The new referral tool enables the Orthoptist to have full information prior to the assessment and the appointment time can be clinically utilised with physical assessments involving observation of the patient.

The difficulty was in keeping the consultation time down. As there were no visible cues to the parents that they were running out of time, they often spent a long time discussing their concerns about their son/daughter on the phone.

There was a 3-month trial of combining face to face and telephone consultations but following team discussion, the VPD team decided to change the referral process as mentioned above to cut out the need for the telephone consultation. It was useful when there was no alternative, but there is no substitution for a full face to face assessment which allows correct utilisation of physical assessments as well as the non-verbal cues and nuances that are so important for the wholistic clinical assessment.

References

[British and Irish Orthoptic Society](#)