

School Camping In Orthomology

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ABSTRACT : A study on ocular diseases in children is important because early detection and treatment will reduce the burden of blindness in the society as children in the school-going age group (5-16 years) represent 25% of the population in developing countries. Most of the eye diseases start from childhood. If they are not detected early they can hamper children’s activities in school and may also cause severe ocular disability in their future.

KEYWORDS: Ocular morbidity, School children, Refractive errors, School eye camps, Ocular hygiene.

I. INTRODUCTION :

Vision is one of the most important senses in our body. Normal vision is the most essential element for an overall social and psychological development and good education.

About 30% of blind population of India lose their eyesight before the age of 20 years and many of them are under 5 when they become blind.1 A national survey on blindness 2001-2002 showed that 7% of children aged 10- 14 years have problems with their eye sight.2 WHO and Indian government have accorded priority for the prevention and control of blindness and visual impairment and included it in “Vision 2020”.3

II. REVIEW OF LITERATURE :

S.NO	YEAR	TITLE AND YEAR PUBLISHED	AUTHOR	FINDINGS
1	1999	Low uptake of eye services in Rural India(1999).	<ul style="list-style-type: none"> > Astrid E. Fletcher, > John Devaram, > Martin e Dovoghue > Susana Scott. 	Of the 48 villages, 47 took part in the fieldwork, comprising 5484 households (22 046 people). Most households (94%) were Hindu, unskilled laborers (49%), and from the backward caste (caste terminology is standard as used by the Government of India Census Department for classification of caste groups) (69%). About a third of all households (31%) were from the scheduled castes, and the overall literacy rate was 54%. High participation rates were obtained in the 130 randomly sampled focus groups (96%), semistructured in interviews (95%), key informant interviews (84%), and the ophthalmic assistant examinations (81%). Forty-one eye camps covered the 48 study villages. The average distance between study villages and the eye camps was 5.2 km. Fifty percent of study villages had a direct bus connection to the eye camp village, and the remaining 50% of villages were an average of 2.4 km from the nearest bus stop. Ten villages had no road connection. The level (amount and type) of eye camp publicity was subjectively assessed by the AEH field worker as good (23 villages [47.9%]), fair (19 villages [39.6%]), and poor (6 villages [12.5%]).

2.	2007	Rapid Assessment of avoidable blindness in Nature District(2007).	<ul style="list-style-type: none"> ❖ Allen foster, ❖ Godfrey Nyaga, ❖ Hannah kuper, ❖ Hans limburg, ❖ Oscar oxyango. 	<p>The study population consisted of 3784 people. Two hundredtwenty-two (5.9%) were not available, and 59 (1.6%) refused to beexamined, so 3503 were included in the survey (92.6%). There wasno difference in mean ages of those who were unavailable (61.3years), those who refused (61.0), and those who were included(62.3), but those who refused were more likely to be female(66.1% of refusers vs. 46.9% of those unavailable and 52.4% ofthose examined). Of the 222 who were not available, 2 werebelieved to be blind and 8 were believed to have undergocataract surgery. The sample of 3503 examined included 1669 men(47.6%) and 1834 women (52.4%) . There was a slight over representation of elderly people (80) in the sample, particularly elderly women.</p>
3.	2008	Screening program of school-going (2008).	<ul style="list-style-type: none"> ❖ Sourabh Aggarwa, ❖ Srivastava. 	<p>I read the article ‘Effectiveness of using teachers to screen eyes of school-going children in Satna district of Madhya Pradesh, India’[1] with due interest. The authors have done a commendable job for undertaking such a study. It is quite important to review the health programs initiated so that lacunae can be identified and the effectiveness of such programs improved. I would like to add my views on the issue. The children not attending school can be covered comprehensively by promoting regular eye camps with the aid of the local Government and encouraging the people to attend the same by proper use of media. The high false-positive rate in the study,[1] adding to the burden of the ophthalmic assistant is worrisome. It can be reduced by short-term periodic trainingof concerned teachers to upgrade their knowledge. But more worrisome is the false-negative rate[1] which though less is of serious concern since these children fail to make use of</p>

				<p>healthcare when they are in need. The teachers should have a high index of suspicion and should refer the children whenever they are in doubt. This initiative, inspite of adding a little burden to the healthcare clinics, will significantly reduce the morbidity and will contribute to the long-term health of the children</p>
4	2010	Free Health Camps at 476 Upazillas in Bangladesh (2010).	Skeikh Muyibur Rahman	<p>This event is unique in its scale of number of patients attended, physicanparticipated and short period of 67 days. We are not aware of a comparable programme any where in the world. Honourable Prime Minister Sheikh Hasina talked to patients and physicians at two of the camps through video-linkage. Honorable Prime Minister, Chairman of the trust, invited participating physicians at her official residence "Gonobhaban" in capital Dhaka on 29thJuly 2010. She addressed in a gathering of eight thousand physicians from all over Bangladesh and thanked everybody for their voluntary service to the humanity</p>
5.	2011	A need for an awareness campaign about nutrition and hygiene while conducting school eye health programs (2011).	❖ Po kharel A	<p>In recent years (Turalci et al 2009), many school eye health camps are being carried out in developingcountries like ours (Desai et al 1989). These will certainly help us get closer to the Right to sight. Vision2020 goal. Nevertheless, what seems lacking in such eye camps is the awareness program about theimportance of nutrition and hygiene for maintaining good ocular as well as general health. The rampantavailability of junk foods like noodles, biscuits etc even in rural areas of our country plus the alluring advertisements about these junk foods and promos like free gift items while buying them have taken a formof a slow poison for many little children. These readymade and easy to cook foods are slowly replacingour traditional nutritious cereals like wheat, millet, maize and others. By raising the awareness of parents teachers and senior students about the importance of these cheap</p>

				<p>but nutritious, local, home-made foods, we can contribute towards developing a whole generation of a physically and mentally fit population that also has very good eye health. Therefore, it is important to incorporate an awareness program about nutrition and hygiene by posters, Pamphlets etc in school eye health programs with the help of government</p>
6.	2013	The impact of the Virtual Ophthalmology Clinic on medical students' learning: a randomised controlled trial.	➤ T. Succar	<p>This is made possible through specific button icons, which represent lines of enquiry or questions, including concepts of time, pain, and ocular symptoms and review of systemic health. The student determines the history taking course by selecting icons to direct the virtual interview, thereby uncovering clues to the condition. The student directs the questioning in a nonlinear manner. Students must summarise their history findings and propose differential diagnoses before moving to the examination section of the virtual encounter. Similarly, the differential diagnoses are updated at the examination section before progressing to the investigation section. The findings are recorded in an electronic medical record incorporated into the program. These are saved and submitted to an online tutor for correction and feedback.</p>

7.	2014	Indian Journal of Medical Informatics(2014).	❖ Dr.S. B Gogia ❖ We-Chen Su	<p>We assessed characteristics of the selected records ranked in the top 15 (i.e. less than 1 percent of the all records) using several ranking algorithms. Then we categorized characteristics of the highly ranked records. The detailed analysis extracted that highly ranked records had the following characteristics (a) Symptoms are typical or difficult to cure or (b) Special support is needed. A patient's record should be previewed before clinical treatment. The latter group, (b), which we had not expected to extract, includes records of patients such as patients with no relatives or patients who need much time to cope their complaints except for essential medical problems. We compared the ranking result with the history of weekly case conferences. Case conferences were held 178 times from May 2009 through January 2014, where 171 patients were introduced. We assumed that those patients' medical records were worth viewing. We calculated the precision of records returned by ranking algorithms regarding patients introduced at case conferences as ground truth. Figure 2 shows precisions by respective methods. Ranked by graph algorithms (HITS, SALSA), about 70 percent of the top-15 records had been reported in case conferences. Ranked by the weekly accesses, 40 percent of the top-15 records were reported.</p>
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8.	2015	Low vision aid- ray of hope for irreversible visual loss in the pediatric age group(2015)	<ul style="list-style-type: none"> ➤ Kavith a. V, ➤ Millind S. ➤ Manumali, ➤ Mallikarjun ➤ M. Heralgi, ➤ Praveen . K. 	<p>Seventy-four children (148 eyes; 50% male) aged between 4 years and 18 years [33 (44.5%) were aged 4e11 years and 41 (55.4%) were aged 12e18 years] were analyzed. The mean age was 11.8 ± 3.2 years. Out of 74 children, 34 (46%) were recruited from rural schools and 40 (54%) from urban schools (Fig. 3). None of them had previously used an LVA. Mild developmental delay was observed in two (2.7%) children but because they could handle LVAs, they were enrolled in the study. Twenty-two (29.72%) children were prescribed spectacles. For distance vision improvement, 4 telescopes was given to 44 children, 2.8 telescope to 14 children, and 5 telescope to one child. For near-vision improvement, a 5D spectacle was dispensed to 35 children, 3 and 7 stand magnifier to each of three children, and 5 and 2 standmagnifiers and 13D, 12D, and 10D hand lenses to each of two children.</p>
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Research gap:

The feedback of training of nurses was done in various methods but not particularly in Madurai, Tamilnadu, India hence we have catered to it.

Data Collection:

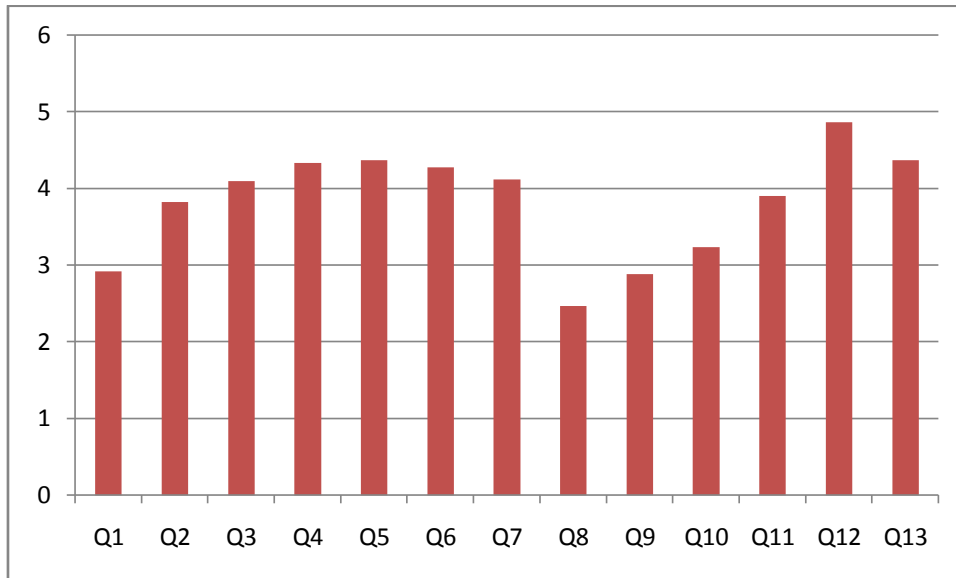
We used a closed ended questionnaire to collect data. Data collection was done in person in hospitals in Madurai-Tamil Nadu. The nurses were ever co-

operative.

We gave more than 120 questionnaires and received 100 valid questions with which we did the analysis

III. DATA ANALYSIS AND CONCLUSION:

We use excel sheet to analysis data and we use simple random sampling to pick data. Convergent and Discriminant was proved.



Highest Question: question 12:
 career development clinical opportunity existed-
 4.862745
 question 13:
 supervisors used mistakes as learning opportunity-
 4.372549
 question 5:
 09 physicians and nurses had good working
 relationship-4.372549

Lowest Question: question 08:
 active staff development or continuing education
 program existed

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[9]. **Kavitha .V, Millind S. Manumali, Mallikarjun M. Heralgi, Praveen . K.** Low vision aid- ray of hope for irreversible visual loss in the pediatric age group. Published in 2015.

Appendix

PATIENT NAME:		PATIENT ID:	
DISEASE:		INVESTIGATION:	
TREATMENT:		CURRENT STATUS:	

A) About Patient's Survey:

Items	strongly disagree	disagree	neutral	agree	strongly agree
The time you had with the (doctor/other health professional) was too short.					
Proper seating arrangements in waiting area in school camp.					
Laboratory tests have been done on time.					
To analyze the impact of waiting time in outpatient department.					
To study on the delays caused by external factors.					
To observe the waiting time in patients from reception.					
I am usually kept waiting or a long time when I am at the doctor's hospital. To observe the waiting time in patients from laboratory.					
World class compassionate affordable quality critical care for all people.					
Protective special care for each person.					
School camp clinics will get things right the first time					
School camp will have modern looking equipment					
Doctors usually spend plenty of time with me					