Commentary: A questionnaire-based assessment of Safe Eye Examination (SEE) technique

The year 2020 brought along with it many challenges for the world. Because of the lockdown measures, social distancing, overall scare about the spread of the disease and ophthalmology relatively being a non-emergency branch, the patient load in ophthalmic hospitals was severely affected. In turn, it affected the postgraduates' and fellows' training in the examination, procedures and surgeries alike.

The Reti eye model[1] which was developed by Aurolab (Aravind eye care, Madurai) for the purpose of teaching Panretinal Photocoagulation (PRP) consists of an eye model with a film at its posterior pole which can be changed and assessment of laser can be done by examination of those films. In this study, the eye model was modified and instead of PRP film, fundus pictures of various retinal lesions were incorporated along the concave posterior curvature of the model eye.

The best material for printing the fundus pictures was found out to be matte-finished paper, which provided a better examination experience among the materials tested. The fundus picture dimension was 3 × 3 cm with four 1–2 mm nicks made in a cross fashion to facilitate proper fit.

Fifty-three participants of the study, which included ophthalmology residents, fellows and optometry students, evaluated 2 eye models each by slit-lamp biomicroscopy and indirect ophthalmoscopy in terms of pixelation, sharpness, contrast, artifacts/reflexes, blotchy appearance and diagnostic confidence. The authors received more than 90% positive responses for the assessed qualities of images which were statistically more significant than the negative responses received.

This innovative Safe Eye Examination technique (SEE) was used successfully by the authors for the practical examination of the Diplomate National Board which helped to curb person-to-person contact during examination showing the practical application of the technique.

The eye model provides an opportunity for repeated examinations without the need for pupil dilation and the risk of phototoxicity to the patient.

As rightly stated by the authors, the SEE technique provides an efficient and cost-effective alternative to live patient examination. The other models like virtual reality model[2,3] and mannequin-based model incur additional expenses.

Some of the useful modifications would be marking of laterality and horizontal axis of eye model, providing scope for indentation, inclusion of media opacities in some models and adjusting the height of lesions for stereopsis.

As COVID-19 is bringing out "The new normal" in various aspects of our lives, it is inevitable for us to change and adapt to the new circumstances as Change is the only thing that still remains constant!!

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