

**Project:** Establishing a low vision centre in the Kingdom of Bahrain

**Participants:** Standard Chartered Bank, IAPB, and PBU

**Project commencement:** June 2015

As part of the project, I, Rebecca Sumalini, low vision specialist working at L V Prasad eye Institute, India was invited to visit the low vision clinic at Salmaniya medical complex, Bahrain to assist/assess the low vision services. This visit was scheduled from October 31 to November 2, 2017 by Dr. Mohammed Alamuddin, Regional co-chair, Eastern Mediterranean Region, IAPB.

Included in this report are few of my important observations and recommendations made during this visit

### **Observations:**

The low vision clinic located in the Salmaniya medical complex (The government tertiary care hospital and the main referral hospital for Bahrain), Bahrain is equipped with most of the set-up required (with the support of IAPB) for functioning as a tertiary low vision care unit. The clinic has one examination room allocated for the low vision evaluation in the ophthalmology unit of the hospital, which includes other specialties such as glaucoma, retina and cornea etc. The clinic is run by two trained optometrists Mr. Hassan Almadhoob and Ms. Hawra Abunaseeb and is functional 2 days a week (average number of patients per week: 6-10) since June 2017. The training to provide low vision rehabilitation services was undertaken in Jordan in January 2017 and at L V Prasad Eye Institute, India in July 2017.

Most of the assistive devices were procured from the Hong Kong Society for the Blind, Hong Kong with the support of IAPB. The clinic has a good range of optical and non-optical devices that include telescopes for distance and near, magnifiers (hand-held, stand), filters, mobility canes and few portable electronic devices.

A lot of dedicated efforts are in progress in identifying individuals with low vision by the 2 optometrists, such as school screenings (in mainstream and special school for the blind), creating awareness among the school teachers to identify the children with visual impairment.

Few of the recent undertakings are as follows:

1. Screening at the Saudi-Bahraini Institute for the blind: A total of 101 children were screened and 54 were referred to the low vision clinic from March 12-16, 2017. This was an initiative along with the friendship society for the blind.
2. Public awareness: Information related to low vision awareness was distributed in the form of pamphlets and booklets to all health centres across Bahrain.
3. Awareness programs for clinicians and physicians: Two different courses were organized for a team of ophthalmologists and optometrists and to a team of general and family physicians from March 6-9, 2017. The main emphasis of the awareness for the physicians was to focus on identification of individuals with visual impairment and to suggest them referral pathway.

Ever since the project has commenced, the low vision clinic has been expanding and serving the visually impaired. Few of the highlights that have been achieved till date include:

1. 167 patients counselled and prescribed assistive devices, that includes 24 young adults in the age range of 18 to 35 years.
2. 51 students from the Saudi-Bahrain Institute for the blind had undergone complete low vision assessment and were prescribed assistive devices to make use of their residual vision.

## **Recommendations**

1. **Standard operating procedures:** It was recommended to have a set of standard guidelines to follow for the clinic. The guidelines encompass the administrative, patient care and training aspects of the low vision clinic. This would ensure the smooth running of the clinic at any point of time.

This would include the following aspects:

### **Administrative**

- a. Defining the referral pathway (including both in-house and external referrals)
- b. Standardizing patient in-take form that can be filled in by the patient before coming for the low vision examination
- c. Brief information sheet about the low vision examination to the patient before consultation in order to set realistic expectations about the services
- d. Specific roles of the human resource involved in the clinic, including the complete job description

### **Patient care**

- a. Defining the complete process of patient care in the low vision clinic
- b. Standardized clinical data sheets that are used to record the patient data (for both fresh and follow up cases)

### **Training**

- a. Structured training programs for clinicians with suitable outcome measures
- b. Schedule periodical case presentations/classes of topics related to low vision rehabilitation among the larger group of ophthalmologists and optometrists

2. **Website:** It was recommended by Dr. Alamuddin to create a website that would encompass all the required information about the low vision services. This would help in creating the awareness and also help individuals seeking information within and surrounding regions of Bahrain to locate this facility and benefit out of it. The website needs to be updated on regular basis with all the latest information related to the visually impaired.

3. **Vision Rehabilitation Centre:** Commencing vision rehabilitation centre is also in the pipeline, wherein the focus would be on training the patients in orientation and mobility, teaching assistive software and in a long-term plan to start an early intervention centre. The space for the rehabilitation unit has been identified and few modifications need to be

done. It was recommended to have a vision rehabilitation specialist dedicated for this work.

4. **Service outcomes:** The outcomes of the services provided could also be put in place that could help in self-evaluation and lead to the betterment of the services. Structured outcome measures need to be planned for this purpose that will help in studying the effectiveness of the intervention provided.
5. **Awareness programs:** A half-yearly conference to be held for all the clinicians to create awareness about patient referral, similar to the low vision awareness program of L V Prasad Eye Institute, Hyderabad.

Awareness programs for school teachers to be conducted at regular intervals that will enable them to identify and refer children with vision problems.

6. **Newsletter:** The optometrists involved in this project could also subscribe to the monthly newsletter released by Institute for Vision Rehabilitation, L V Prasad Eye Institute, India for regular updates about various aspects related to visual impairment in this part of the world.
7. **Collaborations:** Identifying and collaborating with different specialists to refer children with multiple disabilities (ex: speech therapists, special educators, physiotherapists, occupational therapists etc).

### **Other related visits/meetings**

1. A visit was organized to the Saudi-Bahraini Institute for the Blind on one of the days. Mr. Wahid Mohammed Alkhayat, Director of the Institute had given a complete orientation of the holistic services that were being provided by the school for the visually impaired.
2. Brief meetings were held with Dr. Ahmed Abdulla Ahmed, President of Middle East Africa Council of Ophthalmology- MEACO and Dr. Alamuddin for advocacy related to various aspects of low vision rehabilitation services in Bahrain.

### **Concluding remarks**

The low vision clinic in Salmaniya medical complex, Bahrain is fully equipped with the needed resources as per the IAPB essential list for low vision services, 2017 to function as a tertiary care centre. However, there exists a scope of improvement to maintain standard low vision rehabilitative care for the benefit of the individuals with visual impairment and to eventually develop to become a stronger training platform for the clinicians.