

Analysis of direct ophthalmoscopy teaching in Medical graduation courses of Mato Grosso State; Brazil

Análise do ensino da oftalmoscopia direta nos cursos de graduação em Medicina do Estado de Mato Grosso, Brasil

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Dear editor:

We would like to add some points as comments on the article "Analysis of the of direct ophthalmoscopy teaching in Medical Schools in Mato Grosso State"⁽¹⁾ published in your journal.

The article shows that students' contact with direct ophthalmoscopy exams during Medical School is not enough for them to finish college with the necessary knowledge to perform the examination with confidence in their professional routine.⁽¹⁾

The expressive increase in college vacancies has increased the number of trained physicians; however, such increase was not followed by improvements in the quality of teaching. Approximately 98% of medical students will not be ophthalmology specialists, a fact that demonstrates the need to focus on important aspects linked to ophthalmology teaching during college. A survey carried out in Canada in 1996 has shown that more than 50% of medical school discipline matrices in the country did not have mandatory internship in Ophthalmology.⁽²⁾

Ophthalmologists account for 3.6% of all specialists in Brazil; their unequal distribution also reflects physicians' distribution in the country. This reality hinders the healthcare provided to patients with ophthalmological diseases. Based on a census conducted by the Brazilian Council of Ophthalmology, only 15% of Brazilian counties have ophthalmologists, i.e., 85% of the counties, and virtually a quarter of the 201 million individuals living in the country lack ophthalmological care.⁽³⁾

The hierarchical organization of the Brazilian Unified Health System makes it even more difficult to provide ophthalmological care to the Brazilian population, since Ophthalmology is far from the entrance door of the system. Policies developed by the Ministry of Health place the ophthalmological service at secondary and tertiary complexity levels. Another reason for the difficulty in accessing ophthalmological care lies on the number of physicians who only work in the private system, a fact that reduces the healthcare provided to many citizens who depend on the public health system.⁽³⁾

Thus, it is important training doctors, mainly the ones who do not wish to be ophthalmologists, to screen eye diseases through direct ophthalmoscopy exams capable of diagnosing diseases that threaten the vision, and even the lives, of many patients. In order to do so, low-cost teaching models can be developed to encourage students' participation, since their construction, to allow them to understand the physical principles of the exam and to have their own model at home in order to practice, whenever necessary.⁽⁴⁾

The need to serve the population, in addition to lack of qualified professionals to perform eye disease screening, has contributed to the development of other care strategies such as tele ophthalmology and algorithms capable of making automatic diagnosis and screening without human intervention. Thus, it is important developing new teaching methodologies focused on rescuing this essential exam created in 1850 by Hermann Von Helmholtz (1821-1894).⁽⁵⁾

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