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DEVELOPMENT OF AN EDUCATIONAL VIDEO FOR THE PROMOTION OF EYE HEALTH IN SCHOOL CHILDREN

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ABSTRACT

Objetive: to build an educational video for early detection of trouble seeing in schoolers.

Method: technology development study in three stages: pre-production, production and post-production in the period from March to December 2014. The recordings were made in a public school in Fortaleza (Brazil) and Health Communication Laboratory in the Universidade Federal do Ceará in the Department of Nursing.

Results: about the evaluation of content, the script was considered valid by all experts. Four (44.4%) approved the script of the video and five (55.5%) approved with modifications. For technical experts, three (60%) considered it approved with modifications, while two (40%) judged it as approved (IVC≥0,8). In post-production, it was suggested changes in length, audio and esthetics. The video ended with 16 minutes and 14 seconds.

CONCLUSION: it is believed that the educational video together to health professionals interventions contribute to the public understanding of the subject, resulting in early diagnosis of trouble seeing and resolving eye problems.

DESCRIPTORS: Visual acuity. School health. Instructional films and videos. Health promotion. Educational technology. Nursing.

CONSTRUÇÃO DE VÍDEO EDUCATIVO PARA A PROMOÇÃO DA SAÚDE OCULAR EM ESCOLARES

RESUMO

Objetivo: construir um vídeo educativo para detecção precoce da dificuldade para enxergar em escolares.

Método: estudo de desenvolvimento de tecnologia, elaborado em três etapas: pré-produção, produção e pós-produção, no período de março a dezembro 2014. As gravações foram realizadas em uma escola pública de Fortaleza e no Laboratório de Comunicação em Saúde do Departamento de Enfermagem da Universidade Federal do Ceará

Resultados: acerca da avaliação de conteúdo, o roteiro foi considerado válido por todos os especialistas. Quatro (44,4%) aprovaram o roteiro do vídeo e cinco (55,5%) aprovaram com modificações. Quanto aos especialistas técnicos, três (60%) o consideraram aprovado com modificações, enquanto dois (40%) julgaram-no como aprovado (IVC≥0,8). Na pós-produção, sugeriu-se alterações na extensão, áudio e estética. O vídeo foi finalizado com 16 minutos e 14 segundos.

Conclusão: acredita-se que o vídeo educativo, em conjunto com as intervenções de profissionais de saúde, contribua para o entendimento do público a respeito da temática, implicando no diagnóstico precoce da dificuldade em enxergar e resolução dos problemas oculares.

DESCRITORES: Acuidade visual. Saúde escolar. Filmes e vídeos educativos. Promoção da saúde. Tecnologia educacional. Enfermagem.

CONSTRUCCIÓN DE VIDEO EDUCACITIVO PARA LA PROMOCIÓN DE LA SALUD DE LOS OJOS EN LOS ESCOLARES

RESUMEN

Objetivo: construir un video educativo para la detección temprana de problemas para ver en los escolares.

Método: estudio de desarrollo de la tecnología en tres etapas: la pre-producción, producción y post-producción en el período de marzo a diciembre de 2014. Las grabaciones se realizaron en una escuela pública de Fortaleza (Brazil) y Laboratorio de Comunicación em Salud, Departamento de Enfermería de la *Universidade Federal do Ceará*.

Resultados: sobre la evaluación del contenido, el guión fue considerada válida por todos los expertos. Cuatro (44,4%) aprobó el guión del video y cinco (55,5%) aprobó con modificaciones. En cuanto a los expertos técnicos, tres (60%) consideró que aprobó con modificaciones, mientras que dos (40%) juzgados como aprobado (IVC≥0,8). En post-producción, se sugirió cambios en la longitud, el audio y la estética. El vídeo termina con 16 minutos y 14 segundos.

Conclusion: se cree que el video educativo junto a las intervenciones profesionales de la salud contribuyen a la comprensión pública de la materia, lo que resulta en el diagnóstico precoz de problemas para ver y resolver problemas en los ojos.

DESCRIPTORES: Agudeza visual. Salud escolar. Películas y videos educativos. Promoción de la salud. Tecnología educacional. Enfermería.

INTRODUCTION

Vision is one of the main senses of human beings, as it exerts fundamental influence on development. Therefore, eye problems are a major challenge with regard to health promotion worldwide.[1-2] Delayed identification and lack of counseling and referral mean that overall 80% of visual problems occur due to treatable and preventable causes.[3]

The vision integrity is indispensable for the development of the schoolchild. In this perspective, poor vision promotes significant impact on the quality of life, with the ability to cause occupational, intellectual, economic, social and psychological restrictions. The child with vision problems can be seen as different from the others and can develop feelings of inferiority in relation to other apparently healthy children, aggravating their school performance, social interaction and establishing a degree of insecurity and low self-esteem .[1,4]

Children with vision problems show signs and symptoms suggestive of this limitation, which can be observed through the behavior of the student during their activities in the classroom, as well as through voiced complaints in the household. It is for this reason that teachers, parents and family members have an important and often decisive role in the early diagnosis of the child with vision problems. This group required educational activities to guarantee means of coping with such problems.[5]

Using an audiovisual resource in the form of an educational video, can allow for a more sophisticated teaching-learning relationship, because through it, it is possible to capture the attention of the public, as well as to arouse their curiosity in relation to the topics addressed, since society lives in a culture where visual ability and the ability to process information are constantly exercised.[6]

Due to its versatility and applicability, educational videos have been used by nurses as an effective health promotion strategy. Contemplated in the Brazilian National Health Promotion Policy, this concept indicates diverse actions to preserve and increase the individual and social potential of choosing different healthy life forms. In its scope, it reinforces two paths to be pursued. The first one, through the search for integral care and the second, in the construction of public policies favorable to life, through intersectoral articulation.[7] Therefore, the educational video will allow the eye health of the schoolchild to be contemplated, joining health and education together.[8] Producing images and videos, arouses interest and therefore enhances the learning of the viewer. Through the use of educational technology, nurses can disseminate guidelines on the most varied health topics, and in turn helping nursing care.[9-11] Thus, when using the audiovisual resource, the nurse offers the public a solid knowledge base so that he/she can better understand the information, have the capacity to form a critical opinion on a particular theme, and yearn to transform the environment in which they are in, aiming at a better quality of life and personal satisfaction.[9,12]

Considering the negative repercussion that eyesight problems can cause in the life of the child, this study was carried out as an innovative proposal. Thus, we aimed to construct an educational video to guide and teach parents, families and teachers about the main behaviors expressed by schoolchildren who have vision problems. It is believed that with the use of this educational strategy, nurses will contribute to eye health education and the prevention of more serious visual problems.

METHOD

A technological development study, developed in three phases: pre-production, production and post-production of the educational video.[13] The study period, including the three phases, had a duration of ten months, occurring between March and December 2014.

The pre-production was completed in two stages. In the first stage, the content of the script of the video (first version of the script) was elaborated. For this, the main behaviors that portray school children with eyesight difficulties were investigated in the literature. For the development of the first version of the script, a video producer assisted, due to the technical and specific language, specific to the area of social communication and cinema.

After drafting the content of the video script, the material was submitted for validation. This analysis was composed of nine content specialists, related to the health area and, later, by five technical specialists in the area of social communication and cinema. They were selected according to the degree of specialties, experience with the subject of the study and technique used in videos. This validation step can be defined as the verification of the item relevance proposed by the study material and their representativeness in relation to their objectives.[14]

The script along with the evaluation tool was provided to the specialist. In the evaluation instrument, they were asked to indicate the extent to which they agreed or disagreed with each category, and a Likert scale was composed of four items, attributing the degree of relevance: N=non-representative; GR=item needs major revision to be representative; PR=item needs small revision to be representative; And R=representative. At the end of each category, there was room for the specialist to justify his response or to make suggestions.[14]

The analysis of the behavioral adequacy of the items occurred through the Content Validity Index (CVI). The calculation of this index was carried out by dividing the sum of the responses considered adequate (degree of relevance PR and degree of relevance R) by the total number of responses.[14] Items that obtained concordance indices greater than or equal to 80% (0.8).[15] Those who did not reach a minimum agreement were reviewed or withdrawn.

The aspects evaluated by the content specialists consisted of: concept idea, dramatic construction, rhythm, characters, dramatic potential, dialogues, visual style, public reference, and relevance. The proposed and considered relevant changes were incorporated into the instrument and the material was forwarded to content experts. The submission for the validation of the technical aspects occurred only after the content validation. The technical experts must analyze: iconcept idea, dramatic construction, rhythm, characters, dramatic potential, dialogues, visual style, public reference, functionality, usability and efficiency. Thus, as in the validation of content, the changes proposed and considered pertinent by the technical experts were incorporated into the instrument, establishing the final version of the script.

The production stage of the video consisted of the work of six professionals specialized in the area of Video production, they included: scene director, photographic director, camera operator, lighting/sound operator, electrical assistant/machinery and set designer. Five professional actors participated in the recording, all registered to a licensed video production company, two non-professional actors, the researcher himself and his advisor, as well as 18 schoolchildren, who were enrolled in the school in the neighborhood where the recordings were made. The inclusion criteria for the selection of students were to be attending the 5th year of elementary school, want to participate in the recordings on the given day and show commitment in the filming period. The recordings were performed in two days. On the first day, the filming took place in a primary and secondary school located in Rodolfo Teófilo, Fortaleza-CE (Brazil). It was selected because it was close to the Nursing Department and to facilitate the assembly and recording of the scenes as well as the fact of having two classes of the fifth year of elementary school.

In the said school, scenes were recorded in the classroom, in the corridors, in the courtyard and in the teachers' room. The decision to shoot at a school rather than a film studio was based on the need to reproduce credible scenes depicting the reality of public school students, including not only the presence of the school audience but also a concrete physical environment. On the second day, recordings were done at the Health Communication Laboratory (LabCom_Saúde) in the Nursing Department of the *Universidade Federal do Ceará* (UFC), where the physician's office, the living room of Pedro's house (the protagonist) were represented.

Post-production, the last step for the construction of the video, was the time in which the "raw product" obtained in the previous phases was worked on to reach its final result, the video itself.[13]

The post-production stage was under the responsibility of two specialized professionals,

the stage director and photographic director who were also part of the educational video recordings. They edited the video through the Adobe Photoshop, Lightrron, Premiere, and Sound Forge Programs. The selection, editing and organization of the scenes, choice and editing of the soundtrack and insertion of the visual effects, assembly and pairing of the images, overlapping characters, subtitles and figures were performed using these software. The project was approved by the Research Ethics Committee of the Federal University of Ceará under Opinion n. 666,360 and CAAE 30213314.2.00005054.

RESULTS

Tables 1 and 2 show the distribution of agreements among content experts (nine) regarding subcategories of the video script instrument and the CVI according to each category, respectively.

Table 1 - Distribution of agreements among content specialists regarding the subcategories of the educational video script instrument. Fortaleza, CE, Brazil, 2014

Categories/subcategories	Yes	No	%
Concept idea			
Relevant thematic content	9	-	100,0
Coherent content with video objective	8	1	88,0
Video objective coherent with practice	8	1	88,0
Assumptions exposed correctly	7	2	77,0
Comprehenable information	9	-	100,0
Sufficient Information	7	2	77,0
Appropriate for the use of health professionals	9	-	100,0
Proposes a change in behavior	9	-	100,0
Dramatic Construction			
Starting point has impact	9	-	100,0
Script interest grows	8	1	77,0
Nice script presentation	8	1	100,0
Scenes reflect stereotype/discrimintion	7	2	33,0
Rhythm			
Scenes motive the next scenes	8	1	88,0
Tiring rythym	1	8	88,0
Characters			
Character empathy	8	1	88,0
Sufficient ent characters and situations	8	1	88,0
Drama Potential			
Has emotion	8	1	88,0
Has surprises	8	1	88,0
Dialogue			
Dialogue is natural	7	2	77,0

Categories/subcategories	Yes	No	%
Characters use appropriate language	6	3	66,0
Has an ending	9	-	100,0
Relevant ending	7	2	77,0
Visual style			
Comprehendable symbols	9	-	100,0
Scenes reflect important aspects	9	-	100,0
Referenced Audience			
The content is related to the audience	9	-	100,0
Identification of the target audience with the problem	9	-	100,0
Compatible language with the audience knowledge	9	-	100,0
Relevancy			
Script illustrates important thematic aspects	8	1	88,0
Relevant scenes for the target audience	8	1	88,0
Script creates an abstract or revision	8	1	88,0

One can observe the unanimous agreement of the nine content specialists regarding the categories/subcategories identified in table 1. Regarding the general evaluation, four (44.4%) content experts approved the video script and five (55.5%) approved the video script with the need for modifications.

Among the modifications suggested by the content specialists, there was a substitution of technical terms for colloquial terms and play definitions, an increase in behaviors that portray vision difficulties, a decrease in the number of signs and symptoms exhibited by only one character, and the insertion of a scene that emphasized the improvement of the child after the optical correction. With this, the content of the script of the video was considered valid by all the specialists, obtaining an agreement index greater/equal to 0.8 (80%).

Table 2 - Content validity index among content specialists according to each category. Fortaleza, CE, Brazil, 2014

Categories	Content		CVI
	Representative	Non representative	
Concept idea	8	1	0,88
Dramatic construction	9	-	1,00
Rythm	9	-	1.00
Characters	8	1	0,88
Dramatic potencial	8	1	0,88
Dialogues	8	1	0,88
Visual style	9	-	1,00
Target audience	9	-	1.00
Relevancies	8	1	0,88

The technical experts five evaluated the categories, concept idea, dramatic construction, rhythm, characters, dramatic potential, dialogues, visual style, target audience and relevancy, adding the cat-

egories functionality, usability and efficiency. The distribution of agreement among technical experts on the subcategories of the video script instrument is presented in table 3.

Table 3 - Agreement between the technical specialists of the educational video script. Fortaleza, CE, Brazil, 2014

Categories /subcategories	Yes	No	%
Concept Idea			
Thematic content appropriate for objective	5	-	100,0
Assistance to learning	5	-	100,0
Accessible	5	-	100,0
Script is useful	5	-	100,0
Attractive script	5	-	100,0
Dramatic construction			
Impactful sstarting point	5	-	100,0
Interest in script grows	5	-	100,0
Sufficient number and duration of scenes	4	1	80,0
Pleasant script presentation	5	-	100,0
Rythm			
There is growing attraction with a dramatic curve	5	-	100,0
Environment dynamism	4	1	80,0
Ways of presenting the appropriate scene	5	-	100,0
Characters			
Original character profile	5	-	100,0
Characters with consistent values	4	1	80,0
Dramatic potential			
The existence of expectation	5	-	100,0
Dialogues			
Each intervention motivates the next	5	-	100,0
There is action acceleration until the climax	5	-	100,0
Visual style			
Comprehensive symbols	5	-	100,0
Scenes reflect important aspects	5	-	100,0
Target audience			
The content is related to the audience	5	-	100,0
Functionality			
Video proposes to empower teachers, parents and family members about behaviors which indicate vision problems in school children	5	-	100,0
Video gave positive results	5	-	100,0
Usability			
The video is easy to use in public health clinics and schools	5	-	100,0
The concept is easy to learn and apply	5	-	100,0
Can be used by a health professional	5	-	100,0

Categories /subcategories	Yes	No	%
Efficiency			
Proposed timing	4	1	80,0
Number of scenes are coherent to proposed timing	5	-	100,0
Characterization of the characters meets the proposed goals	5	-	100,0
Efficient and comprehendible communication between characters	5	-	100,0

One can observe agreement among the five technical experts regarding the categories: concept idea, dramatic potential, dialogues, visual style, target audience, functionality and usability. There was no unanimity in the categories/subcategories: dramatic construction (sufficient number and duration of scenes), rhythm (environment dynamism), characters (characters with consistent words), and efficiency (adequate time proposed).

In the overall evaluation, three (60%) technical experts approved the video script but approved it with the need for modifications, while two (40%) judged it as approved, obtaining an agreement index of 1.00 (100%) in all categories, according to table 4. The technical experts suggested the reduction of the number of scenes due to the incompatibility with the proposed time for the video; dynamism in recording environments; maintaining an average for the times of the scenes, allowing to make the script more interesting and accessible, as well as reducing the dialogues to give more intensity to the dramatic action.

Table 4 - Content Validity Index among technical experts according to each category. Fortaleza, CE, Brazil, 2014

Categories	Content		CVI
	Representative	Non representative	
Concept idea	5	-	1,00
Dramatic construction	5	-	1,00
Rythm	5	-	1,00
Characters	5	-	1,00
Dramatic potential	5	-	1,00
Dialogue	5	-	1,00
Visual style	5	-	1,00
Target audience	5	-	1,00
Functionality	5	-	1,00
Usability	5	-	1,00
Efficiency	5	-	1,00

In post-production, changes in the extension, audio and aesthetic factors of the video were suggested, which included: increase in the font size of the characters, replacement of video photos with images/photos compatible with the regional reality and video clips, keywords overlapping concomitantly with the appearance of the images in the voice *off*, and homogenization of the audio in the voices of the characters in scene and in off.

The total video duration was 16 minutes and 14 seconds, including the credits, staying within the anticipated time for educational videos so that the audience can maintain their attention to the content.

DISCUSSION

During the first stage named pre-production, the thematic content was considered as relevant/current, with comprehensible information and contain suitable material for the use of health professionals and which could propose behavior change.

A study about the promotion of safe breastfeeding between seropositive mothers and their children legitimizes the issue of educational video as a potential resource in the teaching-learning process in the practice of health professionals. In this study, the audiovisual resource was effective

in the interaction between mother and baby who experienced the reality of HIV/AIDS infection.[16]

The advent of new emancipatory technologies, such as educational video, has enabled the health professional to innovate ways of exchanging knowledge with the public, as it approaches the content addressed in reality, in addition to arousing interest and promoting better learning.[17]

During the audiovisual transmission, it is essential that the communication between the characters are consistent with the level of knowledge of the viewers. For this, dialogues with scientific terms and complex phrases used by the characters in the script of the video have been replaced by more common language, with playful definitions to make it easy to understand for the audience. Using playful definitions means making the content more attractive, fun and simplified, thus contributing to the learning and construction of knowledge.[18-19]

Strabismus was added in the script, thus increasing the number of behaviors of difficulty in seeing exposed in the educational video. It's a disease that corresponds to loss of parallelism between the eyes in a convergent, divergent or vertical way, can cause amblyopia of the deviated eye, affecting up to 5% of the world population.[20] Since eye alignment is a necessary condition for the normal development of vision and that such an aggravation needs to be detected and treated as early as possible.

In the context of nursing care in ocular health, one specialist stated that activities to promote visual health are not part the nurse's practice. However, the Ministry of Health affirms that it is the responsibility of the Family Health Strategy, together with the School Health Program to incorporate into its routine actions to promote and prevent eye health problems in school. Essential nursing actions such as verifying visual acuity through the Snellen test in conjunction with preventive and health promotion activities for elementary, middle school, and youth and adult education students are important.[21]

Health Promotion is a broad concept which has been studied over the years, is related to the improvement of the quality of life of the population, community empowerment, and the maintenance of health-friendly environments.[22] In this regard, promotion strategies and actions should involve different environments through public policies and conditions conducive to the development of health. Therefore, it is necessary to strengthen the skills of the people involved, in this case, the school, the teachers and the family. As for character choice, the figure of the teacher stands out as being the professional who most frequently notices the visual deficiency in school children, and who are considered a central element for the identification of behaviors that imply visual disturbances in school children.[5] According to research, 62.7% of the educators, among them teachers and pedagogical coordinators, stated that they have children as students with some visual impairment or poor vision among their students however, they reported not feeling prepared to deal with such children.[23]

Scientific literature corroborates the level of unpreparedness of teachers regarding eye health, and in this literature, the teachers acknowledge that they have little or no knowledge to help students with vision problems besides stating that they have not received guidance or training on the subject in recent years.[5,23-24] From this perspective, the need to implement continuing education programs for teachers in the field of eye health is highlighted, in order to establish early diagnosis, prevention of visual incapacity and blindness in school children. [5,24]

In regards to signs and symptoms related to visual illness, the video included a significant number of behaviors demonstrated by children with vision problems. Thus, we sought information from previous research through literature review. In this literature review, 30 behaviors associated with difficulty in seeing were identified. In the first version of the script, it was 19 behaviors were contemplated which were suggestive of visual alteration. In the final version, the specialist's evaluation, 11 signs and symptoms were presented, paying close consideration to the principal ones.

The literature highlights the most common signs and symptoms: visual problems causes burdens in learning and socialization, low school performance, exam failing, difficulty in reading and writing, sensitivity to light, headaches, frowning, tearing, holding objects extremely close to the face, hanging head to one side or covering one eye during reading, blinking excessively, frequently rubbing eyes, reports of blurred vision, post-reading fatigue, large and crooked handwriting, annoyance when watching television and difficulty in concentrating.

During the dramatizations carried out in the classroom, while the teacher taught the lesson, some students talked and disturbed her. Consequently, the teacher warned the students about their inappropriate behavior, using polite and cordial terms, thus making the plot lighter. Within the classroom, the teacher is idealized as a reference and, obviously, their attitudes reflect directly on the behavior of his students.

In the midst of this fact, there is a need for the teacher to establish an ethical conduct during their pedagogical practices.[25] From this perspective, the judges' evaluation was positive, highlighting the importance of the visual health theme.

Educational actions become the basis for the promotion of eye health. Health education aims to enable the public to improve living conditions, including behaviors directed at the early diagnosis / intervention of visual problems of school children. Thus, the practices of health education actions in schools contribute to the integral formation of students in coping with vulnerabilities as well as in the formation of citizens.[26]

Authors suggest that programs aimed at prevention and promotion of ocular health need to be developed in a continuous way, with the participative collaboration of the whole group that surrounds the child. Parents, teachers, health professionals, and the community at large should be included to form a preventive and health promotion culture.[26]

It is believed that educational materials such as video can spark people's interest. When well elaborated through idea and dramatic construction, it becomes attractive and effective to the goal that is proposed. It is known that in an audiovisual presentation audience attention is highlighted.[27] Attention time is the period of time which the audiovisual resource has in order to capture the attention of the public, thus the video must be attractive to be able to keep the attention of the viewer. When working with longer scenes, the dynamism and attractiveness of the action must be amplified, otherwise the action is not sustained and the viewer loses interest.[27]

A study involving a new pedagogical approach for teaching of medical students using educational videos for the teaching of semiology skills and medical procedures, revealed that the content became more attractive, students became more motivated and had greater self-confidence to perform procedures after watching the audiovisual display.[28]

From the various aspects to be approached in a video, the rhythm, i.e. the dynamism between environments, scenarios and characters, is highlighted as an important requirement for the good understanding of the group. It should be noted the importance of selecting the environment where the dramaturgy will be performed, where lighting, space proportions, angulation and color, environment and decoration, costumes and props are important elements for the composition of an audiovisual scene. [27]

In the audiovisual language there is a combination of images, sounds and speech. The musical display during a video is able to express and communicate feelings, emotions and thoughts, favoring the construction of reasoning and learning. In this perspective, choosing appropriate audio is of fundamental importance in cinematographic construction and development.[19,27]

Its technical functionality corroborates the essentials for creating an educational video. The video has a double essence, besides being a means of communication, it is also teaching. The use of the audiovisual resource in an appropriate way, with interactivity and emotion, maximizes learning and knowledge.[19]

An educational study based on technology development corroborates the use of educational video as an educational tool. In this study, the construction of a video on the early detection of breast cancer was described, where disease prevention, health promotion and population engagement were stimulated.[29]

In the usability category, all were unanimous in affirming that the video can be easily used by health professionals during their activities, being able to be used both in the school environment and in Public Health Units, and obtaining approval without the need for modifications. Due to its practicality and usability, video has been used in pedagogical practice by health professionals as it arouses the attention and curiosity of the public who watches it. However, the professional who uses video as an educational tool needs to be aware of some aspects before, during and after it is shown.

First of all, he must know which video that will be used, and watch it in advance, selecting and adapting each subject to a specific audience. After, the content should be discussed in order to clear up any doubts that may exist.[9,18]

Educational videos directed to communities where health promotion actions are developed are used to sensitize a social group to modify behaviors in the face of health problems. In addition, it provides immediate behavior change because it is an easily accessible medium; and it facilitates the educational process, resulting in improved quality of health care.[30-31]

One of the limitations of this study was the validation time spent by specialists. Due to the difficulty in finding professionals who met the established criteria, specialists from all over Brazil were selected. The information that was received by e-mail caused the content validation and technique to exceed the anticipated time. It is suggested that those interested in carrying out similar researches

choose the face-to-face validation method, with the participation of all the specialists together with the researcher and advisor. In this way, there would be a greater exchange of experience among the participants, clarifying the doubts and listening to suggestions that may arise in a timely manner, and thus streamlining the validation process.

CONCLUSION

Empowering the population to promote visual health is paramount in preventing treatable and preventable visual changes from developing into permanent visual disturbances. Thus, educational videos become an important resource for teachers, parents and family members in identifying behaviors in schoolchildren associated with visual impairment.

Regarding the overall evaluation of the video, the script was approved by specialists (CVI≥0.8), which 57.1% suggested that some types of modification were required. Among these modifications, a reduction in the number of scenes, dynamism in recording environments, substitution of technical terms for colloquial terms and playful definitions, expansion of behaviors that portray difficulties in seeing, decrease in the number of signs and symptoms exhibited by only one character, scene insertion that emphasized the child's improvement after optical correction, changes in the extension, audio and aesthetic factors of the video, including: increase font size of characters, replace video photos with compatible images/photos, regional reality and using video clips from the video itself.

It is believed that this educational video is now constructed and validated, and incorporated into the interventions and guidance of a qualified health professional, which contribute to the target audience's comprehension regarding the issue of visual health, leading to the early diagnosis and effective resolution for schoolchild with vision problems. In this perspective, the educational video becomes a tool which facilitates the nurses' performance in their educational practices with children, parents, teachers and the community.

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