

CONNECTICUT SOCIETY OF EYE PHYSICIANS CME EVALUATION FORM

June 12, 2015 Annual Educational Program - fax 860-567-3591

Please evaluate the following topics on a scale of 1 to 4 with the following values: 1 - poor 2 - satisfactory 3 - good 4 - excellent

- Circle One
- | | | | | |
|------------------------------|---|---|---|---|
| 1. SUBJECT MATTER OF MEETING | 1 | 2 | 3 | 4 |
| 2. FACILITIES | 1 | 2 | 3 | 4 |
| 3. AUDIOVISUAL | 1 | 2 | 3 | 4 |
| 4. SPEAKERS | 1 | 2 | 3 | 4 |

Recent Trends in the Treatment of Diabetic Macular Edema

David Brown, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Neuro-ophthlamology for the Anterior Segment Surgeon

Steven A. Newman, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Advancing Therapy in Glaucoma: When, Why and How

Jonathan S. Myers, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Fit for Duty - What's Age Got to Do With It?

John G. Clarkson, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

IOL Exchange

Samuel Masket, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Diagnostic Error

Anne M. Menke, RN, Ph.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

The Future of Retina - Gene Therapy, Stem Cells and Artificial Vision

David Brown, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Judging Glaucoma Progression by Visual Field and OCT

Jonathan S. Myers, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

History of the American Board of Ophthalmology and Maintenance of Certification

John G. Clarkson, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

The Evolving Role of OCT in Ophthalmology - Imaging in Ophthalmology

Steven A. Newman, M.D.

- Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

(Continue on reverse side)

Capsular Support Devices for Zonulopathy; Rings, Hooks and Things

Samuel Masket, M.D.

Degree to which objectives were met

1 2 3 4

Did speaker disclose financial interests in any product or company?

Yes No

Was the presentation fair and balanced?

Yes No

To receive your CME Certificate we need your E:Mail Address _____

Please print clearly

Please fill out:

Suggested Speakers for 2016

Suggested Topics for 2016

QUESTIONS

Recent Trends in the Treatment of Diabetic Macular Edema – David Brown, M.D.

Question 1. Were the screening techniques for finding DME current?

- A. Yes B. No

Question 2. Will these new techniques change the way you currently treat DME?

- A. Yes B. No

Neuro-ophthalmology for the Anterior Segment Surgeon – Steven A. Newman, M.D.

Question 1. The most critical finding that would suggest pathology other than the cataract on an ophthalmic examination of a patient that was sent over for cataract evaluation would be:

- A. Diffuse depression in sensitivity on automated perimetry
B. Optic disc with no cup disc ratio.
C. Average nerve fiber layer thickness of 80 microns on Cirrus
D. Presence of an afferent pupillary defect and visual acuity of 20/25 in one eye and 20/400 in the other eye

Question 2. The most important visual field finding that would indicate intracranial pathology in a patient being worked up for decreased vision presumably secondary to cataract would be:

- A. The presence of a paracentral visual field defect
B. Nasal step with arcuate changes
C. Bitemporal visual field defect
D. Diffuse depression in sensitivity

Advancing Therapy in Glaucoma: When, Why and How – Jonathan Myers, M.D.

Question 1. Which of the following are **not** correct regarding prescribing a medication for uncontrolled intraocular pressure:

- A. It is always essential to review the patient's medical history, medication list and allergies before changing medications
B. Combination medications are never indicated as first line therapy
C. Laser trabeculoplasty has been shown to be as safe and effective as treatment with a prostaglandin analog in prospective trials
D. Generally, more advanced glaucoma suggests the need for lower target pressures
E. Difficulty using the current medications reliably is a reason to consider surgical alternatives for patients with glaucomatous visual field loss

Question 2. Approximately how long is the maximum interval between regular visual field testing or optic nerve evaluation in patients with established glaucoma?

- Should this improve outcomes? A. Yes B. No

Fit for Duty - What's Age Got to Do With It? – John G. Clarkson, M.D.

Question 1. Percentage of physicians age 65 or older

- A. 5% B. 10% C. 20% D. 30%

Question 2. Older, more experienced physicians have better outcomes

- A. Yes B. No

Question 3. According to a 2005 Harvard study older physicians

- A. Are less up to date on current standards and clinical information
B. Are more likely to order unnecessary tests
C. Fail to counsel patients on preventive health strategies
D. All of the above

IOL Exchange – Samuel Masket, M.D.

Question 1. Indications for IOL Exchange include:

- A. Wrong power IOL
B. Malpositioned IOL
C. Opacified IOL
D. Dysphotopsia
E. All of the above

- Should this improve outcomes? A. Yes B. No

Question 2. Appropriate suture material for fixating IOLs include all but the following:

- A. 10 0 polyester for iris fixation
B. 10 0 polypropylene for iris fixation
C. 10 0 polypropylene for scleral fixation
D. 9 0 polypropylene for scleral fixation
E. 7 0 Gortex suture for scleral fixation (off label)

- Should this improve outcomes? A. Yes B. No

Diagnostic Error – Anne M Menke, RN, PhD

Question 1. What condition led to the most failure to diagnose malpractice claims?

- A. Glaucoma
B. Giant cell arteritis
C. Retinal detachment
D. Corneal infection

Question 2. What factor contributed the most to diagnostic errors?

- A. *Atypical presentations*
- B. *Physicians' cognitive processes*
- C. *Failure to follow up on test results*
- D. *Poor communication among healthcare providers*

The Future of Retina - Gene Therapy, Stem Cells and Artificial Vision – David Brown, M.D.

Question 1. Was the update on Retina Gene Therapy, Stem cells and Artificial Vision up to date? A. Yes B. No

Question 2. Did the lecture improve your knowledge of gene therapy, stem cells and artificial vision? A. Yes B. No

Question 3. This lecture improved my ability to discuss stem cells, gene therapy with my patients. A. Yes B. No

Question 3. Will this lecture change the way I practice medicine or provide new options for my clinical care of patients? A. Yes B. No

Judging Glaucoma Progression by Visual Fields & OCT – Jonathan Myers, M.D.

Question 1. Progression of a visual field defect in glaucoma is:

- A. *Typically sudden*
- B. *Best judged by event rather than trend analysis if changing slowly*
- C. *Best confirmed with repeat testing given the variability of visual field testing*
- D. *May be trusted if the false negative rate is 50% or below*
- E. *Relatively rare*

Question 2. Progression of glaucomatous damage:

- A. *Almost always seen first on imaging*
- B. *Is seen simultaneously on visual field and optical coherence tomography in most cases*
- C. *Is rarely seen on visual field prior to imaging*
- D. *Is definitively present when 5 or more microns of change are seen in one or more quadrants on SD-OCT nerve fiber layer thickness analysis*
- E. *None of the above*

History of the American Board of Ophthalmology and Maintenance of Certification – John G. Clarkson, M.D.

Question 1. The American Board of Ophthalmology is a government sponsored organization

- A. Yes
- B. No

Question 2. ABO Board certification is required to practice ophthalmology

- A. Yes
- B. No

Question 3. Maintenance of Certification is required for medical licensure

- A. Yes
- B. No

Question 4. ABO examinations are developed by

- A. *Volunteer ophthalmologists*
- B. *The National Board of Medical Examiners*
- C. *The American Academy of Ophthalmology*
- D. *The American Board of Medical Specialties*

The Evolving Role of OCT in Ophthalmology - Imaging in Ophthalmology – Steven A. Newman, M.D.

Question 1. In a patient with decreased vision and afferent pupillar defect but normal nerve fiber layer thickness, the most likely additional assistance would be provided by:

- A. *Ganglion cell segmentation analysis showing loss of ganglion cells in one eye*
- B. *Simultaneous macula OCT lines scan*
- C. *Visual fields showing diffuse depression*
- D. *Anisocoria*

Capsular Support Devices for Zonulopathy: Rings, Hooks and Things – Samuel Masket, M.D.

Question 1. Capsule Tension Rings (CTRs) and Modified CTRs are best placed:

- A. *Immediately after the capsulorrhexis*
- B. *After the Nucleus is removed but the Cortex remains*
- C. *If the anterior capsulotomy radializes*
- D. *Only if the capsule bag is decentered*
- E. *As late as possible but as early as necessary*

Should this improve outcomes? A. Yes B. No

Question 2. Important facets of surgery in cases with zonulopathy include all but the following:

- A. *Creating a continuous anterior capsulotomy (capsulorrhexis)*
- B. *Removing vitreous from the anterior chamber prior to phaco*
- C. *Being aware of ocular co morbidities*
- D. *Corneal white to white measurement*
- E. *Understanding the etiology of the zonulopathy*

Should this improve outcomes? A. Yes B. No