CONNECTICUT SOCIETY OF EYE PHYSICIANS CME EVALUATION FORM

June 8, 2018 Annual Educational Program - fax 860-567-3591

Name _____ Email _____

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

IOL Calcs Past, Present, and Future
– *Uday Devgan, 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

Optimizing the Ocular Surface for Cataract and Refractive Surgery
– *Helen Wu, 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

Retinal Malpractice; the 30 year OMIC Experience
– *George A. Williams, 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

Update from Yale Eye Department - Scientific Research
– *Lucian Del Priore, M.D., 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

Zonular Deficiency in Cataract Surgery
– *Steven G. Safran, 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

What We Have Learned From Clinical Trials
– *Michael Repka, 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

What's New in Glaucoma Care? Medical Therapy, IOP, and Beyond
– *James C. Tsai, 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

EvokeDx: icVEP Technology and Its Use in Glaucoma Management
– *Eileen Choudhury Bowden, 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

With an Artistic Vision: Perception and the Arts
– *Vincent deLuise, 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)

FIBUSPAM - Medicine with a Purpose
– Elwin Schwartz, 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

Preliminary Studies in Retinal Disease from the IRIS Registry
– George A. Williams, 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

Challenging Cataract Cases – Things I've Learned the Hard Way
– Uday Devgan, 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

Phakic IOLs: Where Do They Fit In Today's Refractive Surgical Toolbox?
– Helen Wu, 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

Case Presentations on Iris Repair, IOL Exchange, Dysphotopsias
– Steven G. Safran, 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

Washington Update Objectives
– Michael Repka, 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

Please fill out:
Suggested Speakers _____

Suggested Topics _____

Outcome Measurements

1. Has this symposium changed the way you will care for patients? ☐ Yes ☐ No

2. Do you believe this symposium will have a positive effect on patient surgical or clinical outcomes? ☐ Yes ☐ No

3. Can you offer other speakers or talks that will provide information to improve clinical outcomes at the next meeting? ☐ Yes ☐ No

Post Competency Questions

What We Have Learned From Clinical Trials – *Michael Repka, M.D.*

Question 1. True statements about binocular activities for the treatment of amblyopia in children include all but which of the following:

a. Require use of necessary spectacle correction
b. Are administered with a tablet computer or virtual reality glasses
c. Have been shown to be better than patching.
d. Can be used for small angle strabismic amblyopia
e. Can be used for anisometropic amblyopia

Question 2. MACRA legislation in 2015 authorized the Centers for Medicare and Medicaid services to do all but one of the following.

a. Ignore the fee schedule cuts created by the Sustainable Growth Rate (SGR)
b. Provided a modest 0.5% annual update to fee for service payments for 5 years
c. Created an alternative payment model specific to ophthalmology
d. Rewarded participants in ACOs and Medical Homes with a 5% increase in payment
e. Allows successful participants in MIPS to have the potential for large bonuses.

What's New in Glaucoma Care? Medical Therapy, IOP, and Beyond – *James C. Tsai, M.D.*

Question 1. Variability issues with standard perimetry include all of the following EXCEPT:

a. Reliable results provide quality of life assessments
b. Deeper defects vary more than shallow defects
c. Central defects vary more than peripheral defects
d. Patients do not always test reliably

Question 2. Aqueous drainage devices are indicated in the following cases:

a. Glaucoma cases refractory to maximum tolerated medical therapy
b. Glaucoma cases refractory to laser trabeculecoplasty
c. Glaucoma cases refractory to glaucoma filtering surgery
d. All of the above

Retinal Malpractice; the 30 year OMIC Experience – *George A. Williams, M.D.*

Question 1. The most common cause of a malpractice claim is:

1. Surgical complication with poor outcome
2 Diagnostic error
3. Inadequate informed consent
4. High risk surgery

Preliminary Studies in Retinal Disease from the IRIS Registry – *George A. Williams, M.D.*

Question 1. Based on data from the IRIS registry which drug has been shown to have superior visual results for neovascular AMD:

1. Ranibizumab
2. Aflibercept
3. Bevacizumab
4. None of the above

EvokeDx: icVEP Technology and Its Use in Glaucoma Management – *Eileen Choudhury Bowden, M.D.*

1. Which of the following is a limitation of standard achromatic perimetry?

a. glaucomatous structural defects may precede functional defects
b. low test-retest variability
c. glaucomatous functional defects often precede structural defects
d. standard achromatic perimetry is limited to assessing structural changes

Question 2. Which neural pathway is preferentially stimulated by the stimuli of isolated-check visual evoked potential?

a. koniocellular pathway
b. magnocellular pathway
c. parvocellular pathway
d. gangliocellular pathway

Optimizing the Ocular Surface for Cataract and Refractive Surgery – *Helen Wu, M.D.*

Question 1. Which of the following is a potential cause of dry eye after cataract surgery:

A. Nerve damage from incision
B. Toxicity from anesthetic drops
C. Goblet cell loss
D. Meibomian gland dysfunction
E. All of the above may induce dry eye

Question 2. What is the best test to diagnose dry eye?

A. Schirmer testing
B. Tear break up time
C. Tear film osmolarity
D. Ocular surface staining
E. Questionnaire
F. None of the above

Phakic IOLs: Where Do They Fit In Today's Refractive Surgical Toolbox? – *Helen Wu, M.D.*

Question 1. What are the contraindications to a Phakic IOL?

A. Preexisting cataract
B. Anterior chamber depth less than 3.0 mm (from endothelium)
C. Low endothelial cell count relative to age
D. Age greater than 45
E. All of the above
F. A, B, and C

Question 2. What are the most common potential long term complications of a Phakic IOL?

A. Cataract
B. Accelerated loss of endothelial cells
C. Increased IOP
D. Displacement of Phakic IOL
E. A and B

Zonular Deficiency in Cataract Surgery – *Steven G. Safran, M.D.*

Question 1. All of the following are true of pseudoexfolitation syndrome except the following:

1. Zonules may be weaker in pseudoexfoliation syndrome
2. Glaucoma is associated with this disorder
3. Keratopathy has been associated with this disorder.
4. Inflammation has been associated with this disorder
5. Pseudoexfoliation syndrome is felt to be due to lack of vitamin B3 in the diet of many Northern Europeans.

Question 2. When operating on patients with zonular defects the following is true:

1. Toric IOls are contraindicated
2. Sulcus placement of the IOL is preferred over in the bag placement when there is greater than 6 clock hours of zonule loss
3. removing lens epithelial cells should be avoided because it traumatizes the capsular bag.
4. In severe diffuse zonulopathy placement of a CTR in the capsular bag will not substitute for missing zonules
5. Retinitis Pigmentosa patients have excellent zonules but are prone to lens dislocation because of frequent post operative trauma due to loss of visual field.

Case Presentations on Iris Repair, IOL Exchange, Dysphotopsias – *Steven G. Safran, M.D.*

Question 1. When performing IOL exchanges which of the following is a false statement:

1. if the current IOL power and model is known it is important to carefully refract the patient to calculate the new IOL power as accurately as posle using a formula such as Barrett Rx.
2. If there is capsular bag fibrosis one should never attempt to dissect the haptics free as it is almost always impossible
3. Iris retractors can be used to expand and stabilize the anterior capsule during lens exchange
4. A haptic remnant that is retained in the bag may migrate and cause problems in certain situations
5. When evaluating patients with dislocated IOLs it is a good idea to examine the patient in the recumbent position to deter mine if the IOL moves out of the surgeons view.

Question 2. All of the following is true regarding dysphotopsias except:

1. Both negative and positive dysphotopsia are associated with high refractive index lenses
2. The treatment of negative dysphotopsia includes reverse optic capture as a strategy
3. Placement of haptics of 1 piece acrylic IOLs at 3 and 9 O:clock has been clearly shown to permanently reduce long term negative dysphotopsia in clinical studies
4. Negative dysphotopsia may be caused by the gap formed between oblique light rays that pass through the edge of the lens optic and those that bypass the lens optic.
5. It is sometimes possible to reproduce some of the symptoms of dysphotopsia at the slit lamp.