

**CONNECTICUT SOCIETY OF EYE PHYSICIANS CME EVALUATION FORM**  
**January 11, 2019 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 |

**Co-managment Risk Management Lessons Learned**

– *Bradley Fouraker, M.D. - OMIC\**

- |   |              |
|---|--------------|
| 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 |

**Suture Fixation of the Single Piece Acrylate IOL in the Absence of Zonular Support – a Contrarian Point of View**

– *Kenneth J. Rosenthal, 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 |

**Posterior Segment Trauma and Surgery with Case Study**

– *Ronald C. Gentile, 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 |

**Multimodal Imaging of the Five Most Common Choroidal Tumors**

– *Paul T. Finger, 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 |

**Essential Techniques for Rescuing Complications During Cataract Surgery**

– *Robert H. Osher, 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 |

**Surgery in the Uveitis Patient - How to Manage Pre-op and Post-op Inflammation**

– *Sunil K. Srivastava, 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 Combined Tractional-Hydration Theory of Idiopathic Macular Holes**

– *Ronald C. Gentile, 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 |

**Techniques for Iris Repair and Rehabilitation**

– *Kenneth J. Rosenthal, 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 |

**Uveitis Update 2019 - What You Should Know and What You Shouldn't Miss**

– *Sunil K. Srivastava, 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 |

### Critical Conversations

– Robert H. Osher, 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 \_\_\_\_\_

Name \_\_\_\_\_

### 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

#### Multimodal Imaging of the Five Most Common Choroidal Tumors – Paul T. Finger, M.D.

Question 1. Which 3 characteristics, when seen together, differentiate between a choroidal nevus and a melanoma?

Question 2. What is the best way to visualize exudative subretinal fluid? \_\_\_\_\_

#### Co-management Risk Management Lessons Learned – Bradley Fouraker, M.D.

Question 1. Is patient consent required to co-manage?

Yes  No

Question 2. Communication is the TOP contributing factor of medical errors. Is it true or false that 50% of communication errors occur during the hand-off process?

True  False

#### Posterior Segment Trauma and Surgery with Case Study – Ronald C. Gentile, M.D.

Question 1. All of the following are considered closed globe injuries except for?

- a. Choroidal Rupture
- b. IOFB
- c. Commotio Retinae
- d. Macular Hole

Question 2. Ruptured Globe has a better prognosis than Globe Penetration?

True  False

#### The Combined Tractional-Hydration Theory of Idiopathic Macular Holes – Ronald C. Gentile, M.D.

Question 1. All of the following are consistent with the Combined Tractional-Hydration Theory of Idiopathic Macular Holes except for?

- a. Phase 1 includes vitreous traction.
- b. Phase 1 can cause a break in the ELM.
- c. Phase 2 causes the macular hole to enlarge
- d. The pivotal event includes ERM formation.

Question 2. Cystoid Dehydration occurs before reabsorption of SRF.

True  False

## **Essential Techniques for Rescuing Complications During Cataract Surgery – Robert H. Osher, M.D.**

Question 1. If a posterior capsule tear is noticed when the IOL is already in the capsular bag, an excellent strategy would be:

- a. Anterior Chamber IOL
- b. Exchange for a 3-piece IOL
- c. Reverse optic capture
- d. Explant the IOL and return at a later date

Question 2. When the nucleus is dropping into the vitreous cavity during phacoemulsification, the best approach is:

- a. make a pars plana stab and use a blunt cannula to help lift it up
- b. use the phaco probe on high vacuum setting in order to fish for the nucleus
- c. allow the nucleus slowly absorb into the vitreous using steroids to quell the long term inflammation over many months
- d. let the nucleus drop, clean up the anterior segment, place the IOL, suture the wound, and refer the patient to a retinal specialist for pars plana vitrectomy and lensectomy

## **Suture Fixation of the Single Piece Acrylate IOL in the Absence of Zonular Support – a Contrarian Point of View**

– Kenneth J. Rosenthal, M.D.

Question 1. Under what circumstances is it reasonable to consider secondary fixation of a one piece acrylic IOL in the absence of capsular support?

- a. one piece acrylic IOLs can be placed in the sulcus without support if there is residual capsule
- b. sutured or scleral fixation of the one piece IOL can be attained as long as there is a space between the IOL and the posterior iris
- c. one piece IOLs are FDA approved for placement in the capsular bag
- d. both b and c.

## **Techniques for Iris Repair and Rehabilitation – Kenneth J. Rosenthal, M.D.**

Question 1. Iris defects may cause which of the following symptoms:

- a. extreme photophobia even in normal indoor lighting
- b. decreased visual quality
- c. cosmetically unacceptable appearance
- d. glare, starbursts
- e. a,b,c, and d.

## **Surgery in the Uveitis Patient - How to Manage Pre-op and Post-op Inflammation – Sunil K. Srivastava, M.D.**

Question 1. Chronic immune suppression should be considered in all of the following scenarios except:

- a. Unable to taper a uveitis patient below 10 mg prednisone within 3 months
- b. Diagnosis of severe chronic uveitis such as Vogt-Koyangi-harada's disease or Birdshot choroidopathy
- c. Repeated severe bouts of inflammation – 3 within 6 months
- d. Chronic episcleral injection without pain or vision loss

Question 2. When performing surgery in the uveitis patient:

- a. The presence of a cataract in a young person with JIA excludes them from an IOL
- b. The presence of a chronic vitritis warrants a pars plana vitrectomy
- c. The presence of 2+ inflammation 1 week prior to cataract surgery should warrant a delay in surgery
- d. The presence of posterior synechiae should caution against use of iris hooks or an iris ring.

**CME Certificates will not be given until Pre and Post Competency tests and evaluations are handed in.**

**You may fax to 860.567.3591 or email to [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)**