



CSEP TECHNICIAN'S CONTINUING EDUCATION COURSE EVALUATION FORM

Program Sponsor: Connecticut Society of Eye Physicians (Eye M.D.s)
Program Title: Annual Education Program – Technicians
Program Date: June 13 2025
Program Location: The Aqua Turf Club, Plantsville, CT

Name: _____
Home Address: _____
City, State, Zip: _____
Email: _____

A. In the table below, please provide the information requested

Directions: Circle the number that best describes your agreement with each statement
5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = not applicable

Overall, I was satisfied with this course	This course was taught at a level right for me	Handouts facilitated my understanding of this course	Presentation was organized	Presentation met the learning objectives	I would recommend this course to a colleague
1. Geoffrey Emerick, MD. Answers to Common Questions from Glaucoma Patients Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2. Anita Kohli, MD Neuro Ophthalmology for the Ophthalmic Technician Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3. Aliya Roginiel MD Pearls for the Pediatric Exam Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4. Ed Farris, MD Dry Eye Diagnosis and Management 2025 Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5. Amir Yazdanyar, MD Use of Multimodal imaging in diagnosis of retinal diseases Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6. Soshian Sarrafpour MD Glaucoma Medications: Side Effects and When to Switch/Escalate? Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7. Alan Solinsky, MD Who are Candidates for Premium IOLs Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
8. Brian Solinsky, MD "Medical Retina Diseases" Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
9. Roop Grewal, MD Visual Field Testing Made Ridiculously Simple Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
10. Drs Ryan, Weisz, Kombo, Mulukutla, Geffin MD Panel Discussion and Pearls on What Makes a Great Tech Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
11. Ninani Kombo A Stroll (or Run) Through the Land of Uveitis! Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
12. Lorenzo Cervantes and Anita Hwang, MD DeBunking Myths about Refractive Surgery and Cornea 2024 Comment on Instructor, Course, or both: _____					
			5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

CSEP Technicians Post CME Test

June 13, 2025

Aqua Turf, 556 Mulberry Street, Plantsville, CT fax 860-567-4174

Name

Email Address

_____(Print)

Geoffrey Emerick, MD -Answers to common questions from glaucoma patients

1. Which of the following are proven modifiable risk factors for glaucoma?
 - a. aerobic exercise.
 - b. caffeine consumption
 - c. intraocular pressure
 - d. smoking
2. Which of the following supplements show promise in the treatment of glaucoma?
 - a. lutein
 - b. nicotinamide**
 - c. zeaxanthin
 - d. glucosamine
3. Common side effects of some glaucoma medications include:
 - a. insomnia
 - b. heartburn
 - c. fast heart rate
 - d. slow heart rate**
4. What is the 10-year risk of blindness in someone with POAG?
 - a. 1%
 - b. 5%**
 - c. 10%
 - d. 20%
5. Which of the following is considered a type of microinvasive glaucoma surgery (MIGS)?
 - a. gel stent
 - b. canaloplasty
 - c. laser trabeculoplasty
 - d. drug-eluting implant

Anita Kohli, MD-Neuro Ophthalmology for the Ophthalmic Technician

1. What is optic neuropathy?
 - a. A disorder of the optic nerve
 - b. Visual field loss
 - c. Afferent pupillary defect
 - d. Brain tumor
2. What training do neuro-ophthalmologists have?
 - a. 1 year fellowship
 - b. Residency in ophthalmology and/or neurology
 - c. Both a and b
 - d. None of the above

3. A bitemporal visual field defect usually results from:
 - a. A stroke in the occipital lobe
 - b. A mass in the frontal lobe
 - c. A mass of the pituitary gland
 - d. A stroke to the optic nerve
4. What is binocular diplopia?
 - a. Double vision with one eye open
 - b. Visual field defect leading to double vision
 - c. Double vision only with both eyes open
 - d. Refractive error
5. Is neuro-ophthalmology the best sub-specialty in ophthalmology?
 - a. Yes
 - b. No
 - c. No
 - d. No

Aliya Roginiel, MD, MPH- Pearls for the Pediatric Eye Exam

1. What is the best way to check vision in a verbal patient with suspected amblyopia?
 - a. With both eyes open at the same time
 - b. Check Amblyopic eye first
 - c. Check preferred eye first
 - d. Give up the patient is not cooperative
2. What is the best way to check an infant age 1 month?
 - a. Reacts or blinks to light
 - b. CSM
 - c. C, F&F
 - d. HOTV
3. How do you check preference in a patient with and without strabismus?
 - a. Alternative cover for both
 - b. Induced tropia for both
 - c. Alternative cover/induced tropia
4. What is a common way to treat strabismus conservatively?
 - a. Low dose atropine
 - b. Reassurance
 - c. Patching
 - d. Artificial Tears
5. A Common test for amblyopia are:
 - a. Visual Field
 - b. Stereopsis test
 - c. Ascan
 - d. Intra-pupillary distance
 - e. Color vision testing

Ed Farris, MD Dry Eye Diagnosis and Management in 2025- More than OTC tears

1. What are the layers of the tear film?
 - a. Aqueous
 - b. Lipid
 - c. Epithelial
 - d. All of the Above
 - e. A& B only
2. Cyclosporine drops
 - a. Anti-inflammatory
 - b. Dissolved in solution
 - c. Aid MGD
 - d. Increase pupil size
3. Evaluation tools for dry eye
 - a. Meibography
 - b. Tear osmolarity
 - c. MMP-9
 - d. FA
 - e a, b,c only
4. Best treatment for MGD
 - a. IPL
 - b. RF
 - c. Lipiflow
 - d. All of the above
 - e. None of the above
5. Approximate percentage of dry eye due to MGD
 - a. 20%
 - b. 40%
 - c. 10%
 - d. 80%

Amir Yazdanyar, MD Use of Multimodal imaging in diagnosis of retinal disease

- 1) Which one is an invasive technique in retinal imaging:
 - a-OCT Angiography
 - b-Ultrasonography
 - c- UBM
 - d- Fluoresceine Angiography (FA)
- 2) What is the best tool for detection of Iris tumors?
 - a-OCT
 - b- OCTA
 - c- UBM
 - d- Ultrasonography
- 3) Which imaging modality requires dye injection?
 - a- FA
 - b- ICG

c- OCTA

d- A&B

4) Which imaging modality is most useful in monitoring progression of GA?

a- OCT

b- OCTA

c- FAF

d- fundus photo

5) What is the pathognomonic finding on ultrasound of a uveal melanoma lesion:

a- hypo internal reflectivity

b- Hyper internal reflectivity

c- lesion elevation

d- Calcification

Alan Solinsky, MD- Who are candidates for premium IOLs including types of IOLs and the new Light adjustable lens (LAL)

1. Which of the following do not correct astigmatism

a. toric IOL

b. arcuate incision

c. Spherical lens

2. Which is not an extended focus lens

a. odyssey

b. vivity

c. eyehance

3. Which is a multifocal lens

a. vivity

b. panoptix

c. LAL

4. What does a wavefront aberrometer (OPD, Tracey) not measure

a. angle alpha

b. angle kappa

c. retina

d. astigmatism

5. What is not a side effect of multifocal lenses

a. image magnification

b. glare

c. halos

6. Who is not a good candidate for an LAL

a. normal eye

b. s/p lasik

c. small pupil

7. How is a light adjustable lens adjusted

a. YAG laser

b. UV light delivery device

c. Argon laser

8. What is the typical number of treatments for a LAL

- a. 1-2**
- b. 3-5**
- c 6-10**

Brian Solinsky, MD- Medical Retina Diseases

1. What patient needs treatment with AMD injections?
 - a. All
 - b. Patients diagnosed with Wet AMD
 - c. Patients diagnosed with Dry AMD
 - d. None
2. What needs to be checked before a patient gets an injection?
 - a. Vision
 - b. Eye Pressure
 - c. Blood Pressure
 - d. All of the Above
3. How often does someone with diabetes need a dilated exam?
 - a. Every 5 years
 - b. Every 2 years
 - c. Every Year
 - d. Never
4. What should be checked on a CRVO and BRVO patient?
 - a. Blood Glucose
 - b. Blood Pressure
 - c. Heart Rate
 - d. Lungs
5. How often can a patient receive an injection in an eye?
 - a. Every 4 weeks
 - b. Every Week
 - c. Every 2 weeks
 - d. Daily

Roop Grewal, MD - Visual Field Testing Made Ridiculously Simple

1. What are false negatives on a Visual Field Test?
 - a. Points that are impossible to see
 - b. Points that the patient could not detect
 - c. Points that the patient did not see which are brighter than one seen at the same location during the exam
 - d. All of the above
 - e. None of the above
2. Which visual field defect is most likely due to a vascular cause?

- a. Superior arcuate defect
 - b. Enlarged blind spot
 - c. Inferior nasal defect
 - d. **Paracentral defect**
 - e. Temporal wedge defect
3. Name a relative role of visual field testing
- a. To Determine refractive error
 - b. To Diagnose a cataract
 - c. To evaluate endophthalmitis
 - d. To confirm the progression of Glaucoma
4. Visual field analysis has been the gold standard in the detection and diagnosis of
- a. Cataracts
 - b. Glaucoma
 - c. AMD
 - d. B & C
 - e. All of the Above
5. What test uses an optical illusion to check for damage to vision?
- a. Kinetic visual field test
 - b. Frequency doubling perimetry
 - c. Electroretino graphy
 - d. Amsler grid

Drs Ryan,Weisz,Kombo,Mulukutla,Geffin,DeBenedictis- What makes a good technician

1. A good technician
- a. loves continuous learning
 - b. committed to making a difference
 - c. passionate about people
 - d. all of the Above
2. A good technician
- a. is a team player
 - b. does NOT want to play a pivotal role in patient care
 - c. does not want to learn new and evolving technologies
 - d. leaves on time, regardless if there is urgent care needed
3. A good technician
- a. seeks to become certified through IJCAHPO
 - b. expects competitive remuneration despite a non-team attitude
 - c. disrespects patients
 - d. makes unsupervised medical decisions
4. A good technician
- a. Is disruptive and discourteous to fellow workers
 - b. continues to broaden skills through continuing education and an inquiring mind
 - c. poorly documents patients charts
5. A good technician
- a. does not see his/her role in the delivery of care as essential
 - b. makes a positive difference in the lives of patients
 - c. disregards safety regulations
 - d. violates HIPAA laws

Ninani Kombo, MD- A Stroll (or Run)Through the Land of Uveitis!

1. What structure does NOT make up the uvea
 - a. Cornea
 - b. Iris
 - c. ciliary Body
 - d. Choroid
2. What is the most common identifiable cause of non-infectious anterior uveitis in adults?
 - a. JIA arthritis
 - b. HLA B27 positivity
 - c. Toxoplasmosis
 - d. Rheumatoid Arthritis
3. Which one of the following is NOT associated with intermediate uveitis?
 - a. Sarcoidosis
 - b. Syphilis
 - c. multiple sclerosis
 - d. Lupus
4. What is the most common cause of infectious posterior uveitis?
 - a. Syphilis
 - b. Tuberculosis
 - c. Lyme
 - d. Toxoplasmosis
5. Which is a uveitis masquerade
 - a. Hematologic malignancies
 - b. Floaters
 - c. Flashes
 - d. Cataract

Lorenzo Cervantes, MD – “Debunking Myths About Refractive Surgery.”

1. Which of the following is NOT a type of refractive surgery?
 - a. LASIK
 - b. PRK
 - c. Phacoemulsification
 - d. ICL implantation
2. Which statement about LASIK is TRUE?
 - a. LASIK is the only refractive surgery option for vision correction.
 - b. LASIK is unsafe and commonly causes blindness.
 - c. LASIK can effectively correct myopia, hyperopia, and astigmatism.
 - d. PRK is outdated and no longer used.
3. What is a key advantage of ICLs over LASIK?
 - a. ICLs permanently change the corneal shape.
 - b. ICLs are removable and reversible.
 - c. ICLs require a thinner cornea than LASIK.
 - d. ICLs are only for patients with presbyopia.

4. Who is the ideal candidate for Refractive Lens Exchange (RLE)?

- a. A 25-year-old with mild myopia and no presbyopia.
- b. A 59-year-old hyperopic presbyope who wants spectacle independence.
- c. A 35-year-old with stable keratoconus.
- d. A patient with severe dry eye who is not a LASIK candidate.

5. How can ophthalmic technicians help patients overcome refractive surgery myths?

- a. By discouraging all patients from surgery due to risks.
- b. By providing accurate, evidence-based information about procedures.
- c. By reinforcing common fears to ensure patients make conservative choices.
- d. By advising patients to wait for “perfect” future technology.

Anita Hwang, MD- Working out the Right Workup for the Cornea Patient

1. Which of the following is NOT part of the structural layers of the cornea?

- a. endothelium
- b. stroma
- c. conjunctiva
- d. epithelium
- e. Bowman’s layer

2. Which of the following is NOT true of pterygium?

- a. related to UV exposure
- b. causes endothelial dysfunction
- c. can cause astigmatism
- d. can recur if surgically removed
- e. similar to pinguecula

3. What ancillary testing would NOT help in testing pterygium effect on the patient?

- a. refraction
- b. corneal topography
- c. anterior segment OCT
- d. pachymetry
- e. slit lamp photo