

Pinning Down Presbyopia: Optimizing Patient Selection and Pharmaceutical Management

Credit Request Instructions: To receive your participation certificate, please complete the below Evaluation Form and record your answers to the Posttest in the Answer Box located below. Return via EMAIL to info@mededicus.com. Your comments help us to determine the extent to which this educational activity has met its stated objectives. Please provide all the requested information. Your certificate will be sent by email within 14 days. We do not sell or share email addresses. This will be used strictly to return your certificate.

Participant Information:

OE Tracker Number: _____ (for ODs)

Last Name _____ First Name _____

Degree OD PharmD/RPh MD NP RN PA Other

EMAIL: _____

Post Test Answer Box (Insert choice A-D)

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	

Evaluation

1. Which of the following best describes your primary practice setting?

- Private practice – 100% optometry practice
- Private practice – ophthalmology/optometry
- Chain pharmacy
- Retail pharmacy (eg, Cohen Optical, LensCrafters)
- Other, please specify: _____

2. Approximate number of patients with presbyopia I see per week

- 0
- 1-5
- 6-10
- 11-25
- > 25

3. After participating in this activity, approximately what percentage of patients considered for pharmacologic presbyopia treatment do you now plan to screen with a dilated fundus examination?

- 0%
- 1%-25%
- 26%-50%
- 51%-75%
- 76%-100%

Pinning Down Presbyopia: Optimizing Patient Selection and Pharmaceutical Management

4. Please select the extent to which you agree/disagree that the activity supported the achievement of each learning objective:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Review clinical efficacy and safety data of approved miotics to treat presbyopia	<input type="checkbox"/>				
List characteristics that would indicate a patient is an appropriate or inappropriate candidate for pharmacologic treatments for presbyopia	<input type="checkbox"/>				
Obtain retinal examinations for all patient candidates for pharmacologic treatments for presbyopia	<input type="checkbox"/>				
Apply evidence to appropriately use pharmacologic treatments for presbyopia in a variety of patients	<input type="checkbox"/>				

5. Please rate the quality of educational skills of each faculty member:

	Excellent	Good	Average	Fair	Poor
Paul Karpecki, OD, FAAO	<input type="checkbox"/>				
Selina McGee, OD, FAAO	<input type="checkbox"/>				
Rishi P. Singh, MD, FASRS	<input type="checkbox"/>				

6. Please list one or more things, if any, you learned from participating in this educational activity that you did not already know.

7. As a result of the knowledge gained in this educational activity, how likely are you to implement changes in your practice? (Please select one)

- Definitely will implement changes
- Likely will implement changes
- Likely will not implement any changes
- Definitely will not make any changes

Pinning Down Presbyopia: Optimizing Patient Selection and Pharmaceutical Management

8. If you will implement change(s), will your practice change be related to:

- Reviewing clinical efficacy and safety data of approved miotics to treat presbyopia
- Listing characteristics that would indicate a patient is an appropriate or inappropriate candidate for pharmacologic treatments for presbyopia
- Obtaining retinal examinations for all patient candidates for pharmacologic treatments for presbyopia
- Applying evidence to appropriately use pharmacologic treatments for presbyopia in a variety of patients
- Other (please describe):

9. Related to what you learned in this activity, what barriers to implementing these changes or achieving better patient outcomes do you face?

10. Was the content of this activity fair, balanced, objective, and free of bias?

- Yes
- No, please explain: