2012 M1 Eye Exam Training Session

Your Name: __________________________

Preliminary Question 1. Please provide the following demographic information about yourself:

Gender: □ Male □ Female

Age (in years): _____________

Are you an MD-PhD student? □ No □ Yes

Preliminary Question 2. Do you have any prior ophthalmologic training?

□ No □ Yes – if yes, please describe: ____________________________

Preliminary Question 3. Have you taken any undergraduate/graduate courses related to ophthalmology?

Undergraduate: □ No □ Yes – if yes, please describe: ____________________________

Graduate: □ No □ Yes – if yes, please describe: ____________________________

PHOTOGRAPH #1

1. Is this the left or right eye (check ONE)?
   □ Left □ Right □ Do Not Know

2. Do you see the optic nerve?
   □ No – if no, go to #3 below
   □ Yes – if yes, is the nerve… (check ALL that apply)?
   □ Normal □ Swollen □ Pale

   – if yes, is the cup-to-disc ratio… (check ONE)?
     □ <0.2 □ 0.2 – 0.7 □ >0.7

3. Do you see the retina?
   □ No – if no, go to #4 below
   □ Yes – if yes, do you see… (check ALL that apply)?
     □ Normal retina □ Hemorrhage □ White lesions □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No □ Yes

PROCEED TO THE NEXT COLUMN FOR PHOTOGRAPH #2

PHOTOGRAPH #2

1. Is this the left or right eye (check ONE)?
   □ Left □ Right □ Do Not Know

2. Do you see the optic nerve?
   □ No – if no, go to #3 below
   □ Yes – if yes, is the nerve… (check ALL that apply)?
   □ Normal □ Swollen □ Pale

   – if yes, is the cup-to-disc ratio… (check ONE)?
     □ <0.2 □ 0.2 – 0.7 □ >0.7

3. Do you see the retina?
   □ No – if no, go to #4 below
   □ Yes – if yes, do you see… (check ALL that apply)?
     □ Normal retina □ Hemorrhage □ White lesions □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No □ Yes

TEST CONTINUES ON REVERSE (PHOTOGRAPHS #3 AND #4)

Supplementary Material: Images, Tables, Text
1. Is this the left or right eye (check ONE)?
☐ Left ☐ Right ☐ Do Not Know

2. Do you see the optic nerve?
   □ No – **if no**, go to #3 below
   □ Yes – **if yes**, is the nerve… (check ALL that apply)?
     □ Normal
     □ Swollen
     □ Pale
   – **if yes**, is the cup-to-disc ratio… (check ONE)?
     □ <0.2
     □ 0.2 – 0.7
     □ >0.7

3. Do you see the retina?
   □ No – **if no**, go to #4 below
   □ Yes – **if yes**, do you see… (check ALL that apply)?
     □ Normal retina
     □ Hemorrhage
     □ White lesions
     □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No
   □ Yes

**PROCEED TO THE NEXT COLUMN FOR PHOTOGRAPH #4**

**PHOTOGRAPH #4**

1. Is this the left or right eye (check ONE)?
☐ Left ☐ Right ☐ Do Not Know

2. Do you see the optic nerve?
   □ No – **if no**, go to #3 below
   □ Yes – **if yes**, is the nerve… (check ALL that apply)?
     □ Normal
     □ Swollen
     □ Pale
   – **if yes**, is the cup-to-disc ratio… (check ONE)?
     □ <0.2
     □ 0.2 – 0.7
     □ >0.7

3. Do you see the retina?
   □ No – **if no**, go to #4 below
   □ Yes – **if yes**, do you see… (check ALL that apply)?
     □ Normal retina
     □ Hemorrhage
     □ White lesions
     □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No
   □ Yes
Instructions: Please write your name and small group (SG) leader’s name in the blanks above. Please answer the questions honestly based on the training you have just completed on people.

1. On a scale from 1 to 10, rate the ease of viewing the ocular fundus of a person. Please circle only ONE number.

   Very difficult  1  2  3  4  5  6  7  8  9  10 Very easy

2. On a scale from 1 to 10, indicate how frustrated you were by attempting ophthalmoscopy on a person. Please circle only ONE number.

   Not frustrated  1  2  3  4  5  6  7  8  9  10 Very frustrated

3. Was your frustration in Question #2 mainly due to insufficient time to complete the task of examining the individuals?
   □ Yes  □ No

4. If not specifically requested by your attending, would you perform ophthalmoscopy on a patient as part of a general physical exam?
   □ Yes  □ No

5. This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the number from the scale below next to each word. Indicate to what extent you feel this way right now, that is, at the present moment. (Circle only ONE number for each line.)

<table>
<thead>
<tr>
<th></th>
<th>Very Slightly or Not at All</th>
<th>A Little</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interested</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Distressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Excited</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>4. Upset</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>5. Strong</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Guilty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Scared</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Hostile</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Enthusiastic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Proud</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Irritable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Alert</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Ashamed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Inspired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Nervous</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Determined</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>17. Attentive</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>18. Jittery</td>
<td>1</td>
<td>2</td>
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Instructions: Please write your name and small group (SG) leader’s name in the blanks above. Please answer the questions honestly based on the training you have just completed using the simulators.

1. On a scale from 1 to 10, rate the ease of using the simulator to view the ocular fundus. Please circle only ONE number.

<table>
<thead>
<tr>
<th>Very difficult</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Very easy</th>
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</table>

2. On a scale from 1 to 10, indicate how frustrated you were by attempting ophthalmoscopy on the simulator. Please circle only ONE number.

<table>
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<th>Not frustrated</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
<th>9</th>
<th>10</th>
<th>Very frustrated</th>
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3. Was your frustration in Question #2 mainly due to insufficient time to complete the task of examining the simulators?

☐ Yes  ☐ No

4. This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the number from the scale below next to each word. Indicate to what extent you feel this way right now, that is, at the present moment. (Circle only ONE number for each line.)

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2012 M1 Eye Exam Training Session
TOTeMS Simulator Post-Test, Page 1 of 2

Your Name: ________________________

SG Leader Name: __________________

===================
HEAD #1

------------------------

### LEFT EYE ###

1. Were you able to visualize anything inside the “eye”?
   - Yes
   - No – if no, why?

2. Did you visualize the optic nerve?
   - No – if no, go to #3 below
   - Yes – if yes, was the nerve… (check ALL that apply)?
     - Normal
     - Swollen
     - Pale
   - if yes, was the cup-to-disc ratio… (check ONE)?
     - <0.2
     - 0.2 – 0.7
     - >0.7

3. Did you visualize the retina?
   - No – if no, go to #4 below
   - Yes – if yes, did you see… (check ALL that apply)?
     - Normal retina
     - Hemorrhage
     - White lesions
     - Abnormal area

4. Did you visualize the blood vessels (check ONE)?
   - No
   - Yes

---

### RIGHT EYE ###

1. Were you able to visualize anything inside the “eye”?
   - Yes
   - No – if no, why?

2. Did you visualize the optic nerve?
   - No – if no, go to #3 below
   - Yes – if yes, was the nerve… (check ALL that apply)?
     - Normal
     - Swollen
     - Pale
   - if yes, was the cup-to-disc ratio… (check ONE)?
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3. Did you visualize the retina?
   - No – if no, go to #4 below
   - Yes – if yes, did you see… (check ALL that apply)?
     - Normal retina
     - Hemorrhage
     - White lesions
     - Abnormal area

4. Did you visualize the blood vessels (check ONE)?
   - No
   - Yes

---

TEST CONTINUES ON REVERSE (HEAD #2 ON BACK) → → → → → → → → → → → →
---LEFT EYE---

1. Were you able to visualize anything inside the “eye”?
   - Yes
   - No – if no, why?

2. Did you visualize the optic nerve?
   - No – if no, go to #3 below
   - Yes – if yes, was the nerve… (check ALL that apply)?
     - Normal
     - Swollen
     - Pale
   - if yes, was the cup-to-disc ratio… (check ONE)?
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   - No – if no, go to #4 below
   - Yes – if yes, did you see… (check ALL that apply)?
     - Normal retina
     - Hemorrhage
     - White lesions
     - Abnormal area

4. Did you visualize the blood vessels (check ONE)?
   - No
   - Yes

---RIGHT EYE---

1. Were you able to visualize anything inside the “eye”?
   - Yes
   - No – if no, why?

2. Did you visualize the optic nerve?
   - No – if no, go to #3 below
   - Yes – if yes, was the nerve… (check ALL that apply)?
     - Normal
     - Swollen
     - Pale
   - if yes, was the cup-to-disc ratio… (check ONE)?
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3. Did you visualize the retina?
   - No – if no, go to #4 below
   - Yes – if yes, did you see… (check ALL that apply)?
     - Normal retina
     - Hemorrhage
     - White lesions
     - Abnormal area

4. Did you visualize the blood vessels (check ONE)?
   - No
   - Yes

EXAMINE HEAD #1 AND ANSWER QUESTIONS ON FRONT IF YOU HAVE NOT YET DONE SO
Your Name: __________________________

SG Leader Name: ____________________

--------PHOTOGRAPH TP1----------

1. Is this the left or right eye (check ONE)?
   □ Left   □ Right   □ Do Not Know

2. Do you see the optic nerve?
   □ No – **if no**, go to #3 below
   □ Yes – **if yes**, is the nerve… (check ALL that apply)?
   □ Normal
   □ Swollen
   □ Pale
   – **if yes**, is the cup-to-disc ratio… (check ONE)?
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   □ Yes – **if yes**, did you see… (check ALL that apply)?
   □ Normal retina
   □ Hemorrhage
   □ White lesions
   □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No
   □ Yes

**PROCEED TO THE NEXT COLUMN FOR PHOTOGRAPH TP2**

--------PHOTOGRAPH TP2----------

1. Is this the left or right eye (check ONE)?
   □ Left   □ Right   □ Do Not Know

2. Do you see the optic nerve?
   □ No – **if no**, go to #3 below
   □ Yes – **if yes**, is the nerve… (check ALL that apply)?
   □ Normal
   □ Swollen
   □ Pale
   – **if yes**, is the cup-to-disc ratio… (check ONE)?
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3. Do you see the retina?
   □ No – **if no**, go to #4 below
   □ Yes – **if yes**, did you see… (check ALL that apply)?
   □ Normal retina
   □ Hemorrhage
   □ White lesions
   □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   □ No
   □ Yes

**TEST CONTINUES ON REVERSE**

(PHOTOGRAPHS TP3 & TP4 ON BACK)
2012 M1 Eye Exam Training Session  
TOTeMS Photograph Post-Test, Page 2 of 2

Your Name:________________________  
SG Leader Name:__________________

----------PHOTOGRAPH TP3-----------
1. Is this the left or right eye (check ONE)?
   ☐ Left  ☐ Right  ☐ Do Not Know

2. Do you see the optic nerve?
   ☐ No – if no, go to #3 below
   ☐ Yes – if yes, is the nerve… (check ALL that apply)?
       □ Normal
       □ Swollen
       □ Pale
       – if yes, is the cup-to-disc ratio… (check ONE)?
           □ <0.2
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3. Do you see the retina?
   ☐ No – if no, go to #4 below
   ☐ Yes – if yes, did you see… (check ALL that apply)?
       □ Normal retina
       □ Hemorrhage
       □ White lesions
       □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   ☐ No
   ☐ Yes

PROCEED TO THE NEXT COLUMN FOR PHOTOGRAPH TP4 ➔ ➔ ➔ ➔ ➔ ➔

----------PHOTOGRAPH TP4-----------
1. Is this the left or right eye (check ONE)?
   ☐ Left  ☐ Right  ☐ Do Not Know

2. Do you see the optic nerve?
   ☐ No – if no, go to #3 below
   ☐ Yes – if yes, is the nerve… (check ALL that apply)?
       □ Normal
       □ Swollen
       □ Pale
       – if yes, is the cup-to-disc ratio… (check ONE)?
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   ☐ No – if no, go to #4 below
   ☐ Yes – if yes, did you see… (check ALL that apply)?
       □ Normal retina
       □ Hemorrhage
       □ White lesions
       □ Other abnormal area

4. Do you see the blood vessels (check ONE)?
   ☐ No
   ☐ Yes
Instructions: Please write your name and small group (SG) leader’s name in the blanks above. Please answer the questions honestly based on all the training you have completed today.

1. Which method did you prefer for learning how to use the ophthalmoscope? Please check only ONE.
   - ☐ Simulator (Styrofoam models)
   - ☐ Examining a person

2. Which method did you prefer for learning how to identify features of the ocular fundus? Please check only ONE.
   - ☐ Simulator (Styrofoam models)
   - ☐ Fundus photographs

3. If you had the choice when evaluating a patient, would you rather: (Please check only ONE)
   - ☐ Use an ophthalmoscope
   - ☐ Look at fundus photographs

4. Over the next year, how often do you think you will attempt to examine the ocular fundus on patients as part of your general physical exam?
   - ☐ Never
   - ☐ 1-20% of the time
   - ☐ 21-40% of the time
   - ☐ 41-60% of the time
   - ☐ 61-80% of the time
   - ☐ 81-99% of the time
   - ☐ Always