CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Test your knowledge and understanding

This page is designed to help you test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

1. Despite setting up service provision/health interventions, there may be challenges that prevent uptake of eye health services. What are the most likely barriers for the community? Select one
   a. There is no one answer – it depends on the community
   b. Physical barriers to services
   c. Financial barriers to services
   d. Lack of information about services
   e. Local beliefs about eye health

2. When ‘marketing’ eye health services to a community, it is important NOT to Select one
   a. Provide in-depth counselling for patients and relatives
   b. Provide written information suitable for the local beliefs and traditions
   c. Empower women and family members to go against the views of the head of the household
   d. Ensure that local fears about safety and accessibility are considered
   e. Highlight the personal experiences of some community members who have previously received treatment

3. Monitoring is a continuous process of collecting information to ensure that activities are implemented. Which indicator below could be MOST valuable when monitoring activities to improve uptake of cataract services? Select one
   a. Number of villages visited
   b. Number of health workers trained to identify people blind from cataract
   c. Number of leaflets printed and circulated
   d. Number of women and older people who attended each discussion meeting
   e. Number of cataract operations done

ANSWERS

1. a, c. The patient is affected by pseudo-exfoliative glaucoma and age related nuclear cataract. The RAPD is caused by the glaucomatous optic neuropathy (not the cataract). The picture shows the typical deposits of white material on the anterior lens surface in pseudo-exfoliative glaucoma.
2. b, c, d. The pseudo-exfoliation material on the lens is associated with iris pigment loss from the pupillary margin (b). Pseudo-exfoliation material is often found at the pupillary border (c) and broken zonules can lead to a subluxated lens (d).
3. a, b, d, e. Patients with pseudo-exfoliative glaucoma have an increased risk of lens dislocation and vitreous loss. Capsulotomy might be more challenging due to an anterior capsular fibrosis and the pupil often doesn’t dilate well.

Reflective learning
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