# **2023 Educational Goals**

We welcome proposals in the following areas:



#### **Cataract Surgery**

**Learning Gaps - Alcon Focus** 

Ophthalmologists in training and/or early in their careers can improve their surgical technique through didactic and hands-on learning opportunities. HCPs benefit from education designed to improve patient screening to identify the optimal lens type, as well as to increase awareness of current and developing technologies in intraocular lens types. Furthermore, understanding the diagnostic tools available pre-operatively and intraoperatively can optimize refractive expectations and outcomes. Also, relevant to ophthalmic surgeons is how to properly optimize femto technology.

| <u>Fundamentals/Basics</u> | <ol> <li>Improve understanding of:</li> <li>Phaco-dynamic fundamentals, including fluidics and its impact on chamber stability</li> <li>Minimizing the potential for thermal complications through ultrasound fundamentals</li> <li>Cataract surgical technique, including the use of viscosurgical devices and how to<br/>deliver best refractive outcomes</li> <li>Cataract surgical techniques that address complications during surgery</li> <li>Current and evolving technologies that optimize the phaco system and enhance<br/>ocular tissue protection through operating at a lower, more physiological IOP,<br/>as well as differences in phaco technology</li> </ol>  |
|----------------------------|---|
| IOLS                       | <ul> <li>Increase awareness of:</li> <li>1. Effective and appropriate pre-op planning with patient, including the most appropriate lens based on patient lifestyle and patient expectations</li> <li>2. Current and emerging technologies in advanced technology IOLs and considerations for each: <ul> <li>PCIOL: Advantages and limitations</li> <li>Diffractive and non-diffractive technology</li> <li>Extended depth of focus: Provides vision from distance to intermediate by creating single elongated focal point</li> <li>Provides multifocal vision at a number of distances</li> <li>Toric: Decreases post-operative astigmatism</li> </ul> </li> <li>3. Evolving IOL technology including: <ul> <li>Lens designs / category differentiation</li> <li>Biomaterials</li> <li>Delivery systems</li> </ul> </li> </ul> |

#### **Cataract Surgery**

#### Learning Gaps - Alcon Focus

Ophthalmologists in training and/or early in their careers can improve their surgical technique through didactic and hands-on learning opportunities. How to properly optimize femto technology is also relevant to ophthalmic surgeons. HCPs can benefit from education designed to improve awareness of current and developing technologies in intraocular lens types and how to better screen patients to identify the optimal lens type for their patients, as well as understand the diagnostic tools available pre-operatively and intra-operatively that can optimize refractive expectations and outcomes.

| <u>Diagnostics</u> | <ol> <li>To improve refractive outcomes and provide better surgical efficiency:</li> <li>Use of accurate pre-operative biometry measurements including traditional IOL calculation methods</li> <li>Increase awareness of new technologies used in conjunction with cataract surgery, including the use artificial intelligence and cloud-based data management systems to assist with refractive outcomes</li> <li>Examine the use of intraoperative aberrometry measurements that allow the surgeon to assess and make adjustments when necessary to provide better refractive outcomes</li> </ol> |
|--------------------|--|
|                    | Examine the use of 3D visualization to improve patient outcomes and surgical efficiency by providing a more comprehensive view for the surgeon, color channel optimization, reduced light exposure, and a more ergonomic approach to cataract surgery  |
|                    | Improve understanding of how to incorporate femto technology into cataract surgery technique, workflow, and patient outcomes   |

| Keratorefractive Surgery  |  |  |
|---|--|--|
| Learning Gap – Alcon Focus  |  |  |
| HCPs are limited in their ability to differentiate among laser platforms and laser treatment options. |  |  |
| Treatment Options   | Improve understanding of the differences among available and developing technologies in<br>order to improve patient selection and treatment assignment:<br>- Wavefront optimized<br>- Wavefront guided<br>- Topographyguided |  |
| <u>Technology</u>   | Improve understanding of how the use of available and developing technologies can lead to reduced refractive errors  |  |

| Vitreoretinal Surgery                                 |   |
|---|---|
| Learning Gap – Alcon F                                |   |
|   |   |
| HCPs lack awareness o                                 | of the latest technologies and techniques in vitreoretinal surgery.   |
| <u>Technology</u>                                     | <ol> <li>Improve awareness of how:</li> <li>Tamponading agents and procedures such as pneumatic retinopexy<br/>serve to delay aqueous filling, allowing for retinal reattachment to occur</li> <li>Instrument material can increase surgical precision and help minimize trauma</li> <li>High speed cut rates can minimize surgical complications and maximize surgical<br/>outcomes</li> <li>Fluidics impact surgical outcomes</li> </ol>  |
| <u>Techniques</u>                                     | <ul> <li>Expand understanding of the impact on surgical outcomes that the following have:</li> <li>1. Small gauge surgery, resulting in less conjunctival scarring, less post-op inflammation, and earlier visual recovery</li> <li>2. Intraoperative management through surgical techniques</li> </ul>   |
| Digitally Assisted<br>Vitreoretinal Surgery<br>(DAVS) | <ul> <li>Improve surgeon awareness of the benefits and uses of DAVS by increasing knowledge of:</li> <li>1. The role visualization, including color channel optimization, plays in vitreoretinal surgery</li> <li>2. How providing a more comprehensive view and uninterrupted access to real time procedural data for the surgeon improves patient outcomes</li> <li>3. Ergonomic benefits for the surgeon</li> <li>4. The effects of light exposure on visual recovery</li> </ul> |

| Glaucoma                   |  |  |
|----------------------------|--|--|
| Learning Gap – Alcon Focus |  |  |
| HCPs lack awaren           | ess of emerging technologies and therapies in glaucoma treatment.  |  |
| <u>Technology</u>          | Improve awareness of emerging technologies in surgical glaucoma for the patient with mild to moderate disease  |  |
| <u>Treatment</u>           | Increase HCP understanding of pharmaceutical treatment options for patients with glaucoma, including the importance of timely intervention and the need for sustained reduction of elevated intraocular pressure |  |
| <u>Visualization</u>       | Examine the use of 3D visualization in glaucoma surgery to improve patient<br>outcomes and surgical efficiency by providing a more comprehensive view for the<br>surgeon   |  |

#### **Contact Lens & Contact Lens Care**

#### Learning Gap – Alcon Focus

HCPs can benefit from independent education designed to improve understanding of the available technologies in contact lenses and the best practices/strategies in fitting patients, incorporating the patient's lifestyle and visual needs. HCPs can also expand their ability to differentiate among lens care solutions and how to maximize the compatibility between lens platforms and lens care solutions.

| Contact Lens Platforms                       | Improve successful contact lens wear through increasing knowledge of:<br>1. Available technologies:<br>- Daily disposable and reusable lenses   |
|--|---|
|  | <ul> <li>Multifocal lenses for presbyopia</li> <li>Toric lenses for astigmatism</li> <li>Fitting opportunities based on patient's lifestyle and visual needs (including long hours of contact lens wear) to reduce drop-out rates</li> </ul>  |
| <u>Contact Lens Care</u><br><u>Solutions</u> | <ul> <li>Improve patient ocular comfort and lens wearing time by:</li> <li>1. Increasing awareness of the differences in MPS and hydrogen peroxide for the disinfection of contact lenses</li> <li>2. Differentiating lens care solutions based on ingredients and clinical data</li> </ul> |

| Ocular Allergy<br>Learning Gap – Alcon Focus  |  |
|---|--|
|   | erstanding ocular allergies, including common allergens, pathophysiology,<br>unter (OTC) options for treatment   |
| OTC Treatment Options for<br>Ocular Itch Associated with<br>Seasonal and Perennial<br>Allergic Conjunctivitis | <ol> <li>Improve understanding of:</li> <li>The pathophysiology, symptoms, and allergens</li> <li>Available OTC ocular allergy drug options, including mechanisms ofaction<br/>of mast-cell stabilizers, antihistamines, and dual-action agents</li> <li>The impact of active ingredients on efficacy and patient comfort</li> </ol> |

### **Ocular Surface Health**

## Learning Gap – Alcon Focus

HCPs can benefit from a better understanding of dry eye, including pathophysiology, diagnosis, treatment and management, and its impact on quality of life.

| <u>Diagnosis and</u>                       | Expand awareness of the different types of dry eye sub-types and the  |
|--|---|
| <u>Management</u>                          | appropriate diagnostic and treatment options for each sub-type by   |
|  | reviewing the following:  |
|  | 1. Pathophysiology and risk factors associated with dry eye disease   |
|  | 2. Medical history, clinical presentations, and diagnostic tests/equipment to diagnose                        |
|  | and differentiate between the dry eye sub-types   |
|  | 3. Treatment options based on diagnosis and severity  |
|  |   |
| Impact on Quality of Life                  | Describe common factors for developing dry eye symptoms and the best approaches for                           |
|  | management:   |
|  | 1. Careful selection of lens material and lens care options and adherence to a lens                           |
|  | replacement schedule can improve comfort and reduce contact lens drop-out rates                               |
|  | 2. Dry eye symptoms can be induced by ocular surgery, but pre-existing dry eye                                |
|  | can impact preoperative measurements and surgical plan and may worsen after                                   |
|  | surgery   |
|  | 3. Prolonged digital device use can lead to or exacerbate dry eye symptoms                                    |
|  |   |
| Treatment with Artificial                  | Broaden knowledge of the role of artificial tears in dry eye and meibomian gland dysfunction                  |
| Tears                                      | management by understanding the difference in artificial tears formulations:                                  |
|  | <ul> <li>Active and inactive ingredients, including the role of inactive ingredients in optimizing</li> </ul> |
|  | delivery and retention time   |
|  |   |
|  | <ul> <li>Preserved vs preservative-free (unit dose vs multi-dose dispensingmethods)</li> </ul>                |
|  | - Lipid enhanced vs. non-lipid enhanced   |
|  |   |
| MGD Treatment with<br>In-Office Procedures | Broaden knowledge of in-office heat and expression for ocular surface health                                  |
| In-Office Procedures                       | management by increasing understanding of:  |
|  | <ul> <li>Pathophysiology of meibomian gland dysfunction and best practices for</li> </ul>                     |
|  | management, including heating and expression with thermal pulsation   |
|  | systems   |
|  |   |
| Prescription                               | Understand the available prescription ophthalmic drops for managing dry eye,                                  |
| Ophthalmic Drops                           | including:  |
| for Managing Dry Eye                       | - Topical corticosteroids   |
|  | - Topical immunomodulators  |
|  |   |
|  |   |