



EUROPEAN BOARD OF OPHTHALMOLOGY EBO ACCREDITED COURSE

APPLICATION FORM ACCREDITED COURSES

www.ebo-online.org/ebod.html

COMPLETE THE ACCREDITATION FORM ELECTRONICALLY

Course Director _____

- 1. Name:** Manfred Zierhut, MD
- 2. Address:** Schleichstr. 12, 72076 Tuebingen, Germany
- 3. E-mail:** manfred.zierhut@med.uni-tuebingen.de

Supportive society _____

- 4. Title:** International Uveitis Society Group (IUSG), International Council of Ophthalmology (ICO)

General information _____

- 5. Course Title:** 2. Uveitis Course in Venice, February 21-27, 2009
- 6. Duration:** 1-hour course (2-3 speakers) 2-hours course (4- 6 speakers) 3-hours course (6-8 speakers)
 4-hours course (8-10 speakers)
- 3. Format:** Formal lectures and case presentations Commented diaporama Videobased course
 On-line course

Faculty _____

| | <u>Name</u> | <u>E-mail</u> | <u>Address</u> |
|-----|-------------------|--------------------------------------|------------------------|
| 1. | Bahram Bodaghi | bahram.bodaghi@psl.ap-hop-paris.fr | Paris, France |
| 2. | Janet Davis | jdavis@med.miami.edu | Miami, USA |
| 3. | Carl P. Herbort | carl.herb@bluewin.ch | Lausanne, Switzerland |
| 4. | Andrea Leonardi | andrea.leonardi@unipd.it | Padova, Italy |
| 5. | Pavesio, Carlos | carlos.pavesio@moorfields.nhs.uk | London, United Kingdom |
| 6. | Khalid F. Tabbara | k.tabbara@nesma.net.sa | Riyadh, Saudi Arabia |
| 7. | Manfred Zierhut | manfred.zierhut@med.uni-tuebingen.de | Tuebingen, Germany |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Course synopsis (max. 10 lines)

This course is with 5 days the most extensive course for uveitis offered, allowing to update the participants about uveitis and scleritis. This will include 20 lectures (duration between 30 and 120 minutes) which will cover the general and specific types of intraocular inflammation, regarding diagnostics and treatment, but also the diagnostic and the management of complications. On day 4 we will organize 4 different "Small Group Meetings", in which will be extensively discussed. These case reports are not easy to solve, but (mostly with the help of the group) a correct diagnosis and management is possible. There will be an assessment test at the first and the last day of the course.

Aim(s) of the course (max. 10 lines)

The participant should learn

how to organize his/her ideas about uveitis

how to diagnose and to treat even complicated cases of uveitis

This course can create a group atmosphere, allowing later contact to each other for information reg. complicated cases

Achievements (what will the participant achieve in knowledge)

The participant should have achieved knowledge about:

the major steps for decision making in uveitis, including planning diagnostics and adequate treatment, probably prophylaxis,

what types of uveitis are known, how to differentiate them, what typical information results from good history,

what are the aims of uveitis treatment, depending on the type of uveitis

how to interact adequately with uveitis patients

Course outline (please specify or add a flyer)

| | <u>Topic</u> | <u>Time (min)</u> |
|-----|---|-------------------|
| 1. | please find enclosed the flyer and the time table | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| | | |
|--------------------------|---------------------|------------|
| Faculty speakers: | one-hour course: | 2-3 (max) |
| | two-hours course: | 4-6 (max) |
| | three-hours course: | 6-8 (max) |
| | four-hours course: | 8-10 (max) |

- The course director will be in charge of all correspondence with the faculty.
- The course director will send the MCQs (MCQ form attached)

Address where the Application Form should be sent

Danny Mathysen, Antwerp University Hospital, Dept. of Ophthalmology, Wilrijkstraat 10, 2650 Edegem, Belgium
Tel. +32 3 821 33 79, Fax +32 3 825 19 26, E-mail: danny.mathysen@uza.be



EUROPEAN BOARD OF OPHTHALMOLOGY

Submission of MCQ questions

MCQ FORM

www.ebo-online.org/ebod.html

- A) COMPLETE THE MCQ FORM ELECTRONICALLY**
- B) PRINT THE MCQ FORM FOR YOUR RECORDS**
- C) SEND IT BY E-MAIL TO DANNY.MATHYSEN@UZA.BE**

MCQs provided by the EBO course faculty _____

Course Title:

MCQ format (example)

The age of onset of presbyopic symptoms:

- | | | |
|---|--|---|
| a. is earlier for a patient with a small amplitude of accommodation | <input checked="" type="checkbox"/> True | <input type="checkbox"/> False |
| b. is earlier for a hyperopic patient who wears contactlenses rather than spectacles | <input type="checkbox"/> True | <input checked="" type="checkbox"/> False |
| c. is earlier for a myopic patient who wears contactlenses rather than spectacles | <input checked="" type="checkbox"/> True | <input type="checkbox"/> False |
| d. is earlier for a myopic than a hyperopic patient who wears spectacles with a full distance correction | <input type="checkbox"/> True | <input checked="" type="checkbox"/> False |
| e. is earlier for a short than a tall patient | <input checked="" type="checkbox"/> True | <input type="checkbox"/> False |

MCQ 1

- | | | |
|----|-------------------------------|--------------------------------|
| a/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| b/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| c/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| d/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| e/ | <input type="checkbox"/> True | <input type="checkbox"/> False |

MCQ 2

- | | | |
|----|-------------------------------|--------------------------------|
| a/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| b/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| c/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| d/ | <input type="checkbox"/> True | <input type="checkbox"/> False |
| e/ | <input type="checkbox"/> True | <input type="checkbox"/> False |

MCQ 3

- a/ True False
- b/ True False
- c/ True False
- d/ True False
- e/ True False

MCQ 4

- a/ True False
- b/ True False
- c/ True False
- d/ True False
- e/ True False

MCQ 5

- a/ True False
- b/ True False
- c/ True False
- d/ True False
- e/ True False

Address where the MCQ Form should be sent _____

Danny Mathysen, Antwerp University Hospital, Dept. of Ophthalmology, Wilrijkstraat 10, 2650 Edegem, Belgium
Tel. +32 3 821 33 79, Fax +32 3 825 19 26, E-mail: danny.mathysen@uza.be