

OBTAI
SECTION 3
CREDITS



Envision

Treating Dry Eye Disease: New Solutions for the Present



Envision

Treating Dry Eye Disease: New Solutions for the Present

Thank you for participating in an Envision session.

In line with the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Section 3 requirements (25 Section 3 credits per 5-year cycle), you have the opportunity to evaluate your practice and identify areas where your performance may meet these best practices or, alternatively, where improvement may be needed to optimize outcomes for your patients.

We encourage you to use the “RCPSC Clinical Audit Tool” and the “Clinical Audit Guideline” to complete a chart audit for **Section 3 credits** (allocation of 3 credits per hour).

In order to assist you with this exercise, we have developed a series of simple reflective questions, found below.

STEP 1



Define the focus of your clinical audit by selecting from the relevant questions in the first column of the table on the next page or by creating your own clinical questions.

STEP 2



Select the measures, quality indicators, or professional standards you will evaluate yourself against.

List the performance measures, quality indicators, or professional standards against which you will compare your performance. These may be best practices or expert recommendations that you learned about during the **Envision** session.

Note: the RCPSC recommends that you select a minimum of 3 validated measures or quality indicators based on a minimum of 10 consecutive patients. Examples are provided in the table on the next page for each of the suggested clinical questions.

Clinical questions	Suggested standards (based on TFOS DEWS II™ 1,2)
How often do I use triaging questions and risk factor analysis for DED as part of a traditional patient history?	Triaging questions and risk factor analysis should lead to a detailed anterior eye examination and differential diagnosis based on the answers.
In patients in whom I suspect DED, how often do I use a screening questionnaire?	If DED is suspected, a validated questionnaire (5-item Dry Eye Questionnaire [DEQ-5] or the Ocular Surface Disease Index [OSDI]) is recommended. Positive results should trigger further investigation.
In patients who have a positive score on a validated questionnaire, how often do I proceed to further evaluation?	A positive score on a validated questionnaire should trigger further evaluations with tear break-up time (TBUT; non-invasive methods preferred), tear film osmolarity determination, and ocular surface staining (that includes the cornea, conjunctiva, and lid margin) with fluorescein and lissamine green, if the latter is available. Identification of a disruption in tear film homeostasis with these tests allows a diagnosis of DED to be made.
In patients diagnosed with DED, how often do I use other tests to clarify where the individual falls on the evaporative and aqueous deficient DED subtype classification spectrum?	Other tests such as meibography, lipid layer interferometry, evaporation, and tear volume measurements can help clarify where the individual falls on this spectrum and promote the selection of appropriate therapeutic interventions. <i>(Predominantly applicable to tertiary care centres)</i>
In patients who have chronic symptoms, but limited signs that are refractory to treatment, do I consider neuropathic pain, rather than DED?	In situations where there are chronic symptoms but limited signs that are refractory to treatment, neuropathic pain, rather than DED, should be considered.
In patients diagnosed with DED, do I generally start with conventional, low-risk, and commonly available therapies?	In general, management approaches begin with conventional, low-risk, and commonly available therapies such as over-the-counter lubricants for early-stage disease, and progress to more advanced therapies for more severe forms of DED. However, it is acknowledged that the significant heterogeneity that exists in the DED patient population precludes an overly formulaic approach, and is anticipated that these recommendations would be adapted, by eye care practitioners to best suit individual patients.
In patients being treated for DED, do I systematically organize follow-up?	After initiating any of these management strategies, careful follow-up ensures patients are successfully instituting the recommended management option(s) and establishes improvements in symptoms and/or signs. The time frame over which therapy should be applied before it can be concluded that no improvement will occur is related to both the individual response and the therapy being considered. A review of the literature suggests that most studies are conducted for 1 to 3 months (with the exception of cyclosporine, where therapeutic action can take several months to occur and study periods are typically longer than 3 months), and so changes beyond this time period for the majority of treatments would appear unlikely.
In patients with lid conditions that result in dry eye (particularly blepharitis), how systematically do I recommend lid hygiene?	Appropriate lid hygiene is important in the management of a variety of lid conditions that result in dry eye (particularly blepharitis) and, if used appropriately, can reduce lipid by-products and lipolytic bacteria associated with these conditions.
In patients with Demodex infestation, do I recommend treatment with tea tree oil (TTO)?	In a Level 2 clinical study, a weekly lid scrub with 50% TTO accompanied by a daily lid scrub with tea tree shampoo was more effective at eradicating ocular Demodex than a daily lid scrub with a 50% concentration of baby shampoo. The active component of TTO is 4-Terpineol, and pre-formulated wipes are now commercially available that are equivalent to 25% whole TTO. These reduce the risk of toxicity to the ocular surface compared with using stronger concentrations of TTO. Several studies have shown a considerable reduction in the number of Demodex on the eyelashes after treatment with TTO.
In patients with MGD, do I recommend warm compresses?	The ability of heat from a warm compress to soften or liquefy the secretions in obstructed glands in the case of MGD is supported by Level 2 and 3 evidence. Low-dose doxycycline and a low-inflammatory diet are also prescribed.

TFO DEWS II = Tear Film and Ocular Surface Society International Dry Eye WorkShop.

MGD = meibomian gland dysfunction.

1. Nelson JD et al. *Ocul Surf*. 2017;15:269-275. 2. Jones L et al. *Ocul Surf*. 2017;15:575-628.

STEP 3



Access and collect your performance data.

Once you have identified the performance measures you will use to evaluate your performance the next step is to collect data from either patient charts or an electronic health record (if applicable). **A minimum of 10 patient charts is recommended.**

STEP 4



Summarize and compare your performance against the selected measures.

Summarize the data you collected and compare your performance with the performance measures or quality indicators you selected to answer the question you posed in **STEP 1**.

STEP 5



Obtain feedback.

Now that you have accessed, summarized, and compared your performance against the selected performance measures, you must identify how you will obtain feedback on your performance from a colleague, peer, or mentor. This may be a “buddy” (i.e. fellow participant), or an expert presenter from the **Envision** session you attended. Some examples of feedback questions may be:

- » How do your results compare to those of your peers?
- » What do your results mean in terms of your clinical practice?
- » Do the results suggest a potential gap in practice that needs to be addressed?

STEP 6



Reach conclusions.

The data and feedback on your performance will allow you to come to some important conclusions on which aspects of your performance are meeting or exceeding standards, and which areas you have identified for further improvement. Here are some important questions you could consider:

- » Is there an area of your practice that you would like to improve?
- » What specific actions or learning options should you implement?
- » What will be the key challenges or barriers in your workplace?

STEP 7



Document the process and outcomes in your MAINPORT ePortfolio.

Once you have completed each step above, there are two additional final actions to complete:

- » From your MAINPORT ePortfolio, use the template in *Section 3: Practice Assessment* to document the clinical audit question, key findings, conclusions reached, and time spent.
- » If you have identified an area for further learning and improvement, you are encouraged to develop and document the plan using the “Goal Setting Tool” located in the “My CPD Planning” tab within your MAINPORT ePortfolio.