Cipla

Drishti | GLAUCOMA DIAGNOSTICS
SKILLS TRANSFER WORKSHOP

Your Feedback Is Important To Us

1. How would you rate your experience of the workshop on a 5 point scale?
   - 1-Poor ☐
   - 2-Ordinary ☐
   - 3-Average ☐
   - 4-Good ☐
   - 5-Excellent ☐

2. How many number of patients were you exposed to during this workshop?
   - a. Gonioscopy ☐
   - b. Perimetry ☐
   - c. Pachymetry ☐
   - d. Tonometry ☐

3. Were the concepts of Perimetry/Tonometry made clear to you before initiation of the "Hands-on workshop"?

4. Which was the one specific area of this workshop that you appreciated the most and delivered the highest learning value for you?

5. Which specific area of this workshop can be improved, in order to enhance the learning value of subsequent batches of candidates?

6. How many / OCT/ HRT reports have you analyzed, in consultation with the trainer?

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7. How many patient discs have you observed in the workshop, in consultation with the trainer?

8. General remarks about the program.

Name of the Doctor:

Clinic/Hospital Address:

Please attach your visiting card.

Name of the trainer:

Cipla becomes reality
FORESIGHT™