



AMERICAN BOARD
OF OPHTHALMOLOGY
Advancing Excellence in Eye Care

Quarterly Questions Test Blueprint

CATARACT

The test blueprint (content outline) for Quarterly Questions lists the topics you can expect to see on the assessment and the approximate distribution of questions that will come from each topic area. The current blueprint was developed in August 2017 and was used to build the 2018 and 2019 versions of Quarterly Questions; however, a new topic area for Ophthalmic Emergencies was added under Core Knowledge for 2019. Best practices in test development call for the creation of a new content outline every 3-5 years. The outline may be revised sooner if significant changes to the field warrant re-review.

Quarterly Questions is designed to assess everyday clinical knowledge; therefore, it should not require advance study. However, this blueprint may help you get acquainted with the format, structure, and content of the assessment. This document is not intended to serve as a study guide.

Purpose of Quarterly Questions (Knowledge-Based Section)

The Quarterly Questions program is designed to measure everyday clinical practice knowledge or knowledge that is gained from experience in practice. Candidates who pass the Quarterly Questions program are up-to date in the knowledge base and clinical decision-making skills necessary to provide competent ophthalmic care for their patients.

Test Specification Development

Development of the content outline for Quarterly Questions adhered to psychometric guidelines for exam development and relied primarily on existing evidence-based literature and expert consensus. Expert consensus was provided by volunteer practicing ophthalmologists representing the following subspecialties: Cataract/Anterior, Cornea/External Disease, Glaucoma, Neuro-Orbital, Oculoplastics, Pediatrics/Strabismus Segment, Refraction and Optics, Retina-Vitreous, and Uveitis. These volunteers included representatives of the American Academy of Ophthalmology (AAO) and other ophthalmology subspecialty societies, and represented a great diversity in gender, age, practice type, and geography.

Following the development of the content outline, the blueprint weights (percentages) were established through a practice analysis survey which was sent to the ABO diplomate community in January 2017. The survey asked diplomates to weigh the importance of each content outline task for safe and effective practice. All diplomates rated the importance of the core content outline, and diplomates also rated the importance of the domain and task areas in their reported primary practice emphasis area.

Assessment Format

Each year, Quarterly Questions participants answer 40 knowledge-based questions (30 questions in a subspecialty and 10 in core ophthalmic knowledge) and 10 article-based questions in an online, on-demand testing environment. In quarters 1 and 2 of the year, 15 subspecialty questions and 5 core questions are delivered in each quarter. In quarter 3, 10 article-based questions are delivered. No new questions are launched in quarter 4. For more information about the Quarterly Questions program and scoring procedures, visit <https://abop.org/QQ>.

Content Distribution

Each question will cover one of three aspects of patient care:

1. Presentation (history, clinical exam, differential)
2. Diagnostic Testing
3. Management/ Outcomes/ Complications/ Prognosis

Some questions may also cover components of one or more of the following:

- Landmark study findings that influenced preferred practice patterns
- General medicine aspects as related to ophthalmology
- Patient safety, quality improvement, risk management, and diagnostic error
- Ethics
- Communication and team-based care

	CATARACT	Distribution
1	Non-age-related cataract	7%
2	Age-related cataract	23%
3	Cataract with other ocular disease/anomaly	7%
4	Cataract associated with systemic disease/therapy	7%
5	Intraocular lenses and power calculations	11%
6	Cataract after previous ophthalmic procedure(s)	8%
7	Cataract surgery in special situations	8%
8	Intraoperative complications	11%
9	Early postoperative complications	10%
10	Late postoperative complications	8%

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