

# Quarterly Questions® Content Outline

## CORE KNOWLEDGE

#### Applicable to Content Released in January 2022 or later

The content outline (test blueprint) for Quarterly Questions® lists the topics you can expect to see on the assessment. The current core knowledge content outline was developed in August 2017 and was last updated in 2021 to comprise information and knowledge that every board-certified ophthalmologist should know about conditions that, if misdiagnosed or mismanaged, are likely to result in visual loss or systemic morbidity or mortality.

Best practices in examination development call for the creation of a new content outline every 3-5 years. The outline may be revised more frequently if significant changes to the field warrant re-review.

Because Quarterly Questions are designed to assess everyday clinical knowledge, advance preparation or study should not be needed. However, the outline may help acquaint you 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)

Quarterly Questions are designed to determine whether diplomates 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 Quarterly Questions content outline adheres to psychometric guidelines for exam development and relies primarily on existing evidence-based literature and expert consensus. Expert consensus is provided by volunteer practicing ophthalmologists representing the following subjects: Cataract, Comprehensive, Cornea and External Disease, Glaucoma, Neuro-ophthalmology and Orbit, Oculoplastics and Orbit, Pediatric Ophthalmology and Strabismus, Refractive Management and Optics, Retina and Vitreous, and Uveitis. These volunteers include representatives of the American Academy of Ophthalmology (AAO) and several ophthalmic subspecialty societies, and represent diversity in gender, age, ethnicity, practice type, and geography.

Following the development of the content outline, relative weights (percentages) for each subject are established through a practice analysis survey that is distributed to the ABO diplomate community (created 2017, revised 2022). The survey asks diplomates to weigh the importance of each content outline task for safe and effective practice and rate the importance of each domain and task area to current clinical practice.

#### **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, 15 subspecialty questions and 5 core questions are delivered per quarter. In quarter 3, at least 10 article-based questions are delivered. The year's fourth quarter allows for

"catch-up," with no new questions launched. For more information about the Quarterly Questions program and scoring procedures, visit <u>https://abop.org/QQ</u>.

Core content notes:

- Core knowledge questions may be answered separately from subspecialty questions.
- Core questions count toward your overall knowledge score, calculated based on 40 questions.
- You will have 60 seconds to answer each question. Questions may not be skipped.
- All questions are multiple-choice and have four options.
- Immediately after answering the question, you will be notified if your selected answer was correct or incorrect, and an explanation and references are provided for your review.

### **Content Distribution**

Core questions may 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

# Within the 10 core knowledge questions delivered each year, there will be a random distribution of questions from the following topics:

- 1. Acute angle closure glaucoma
- 2. Acute cerebral vascular accident
- 3. Acute conjunctivitis
- 4. Age-related macular degeneration- wet/exudative
- 5. Amaurosis fugax
- 6. Amblyopia
- 7. Cardiac and carotid disease (e.g., angina, arrhythmia, congestive heart failure, myocardial infarction)
- 8. Carotid artery dissection
- 9. Cavernous sinus thrombosis
- 10. Central retinal artery occlusion
- 11. Central retinal vein occlusion
- 12. Chemical burns/injuries (e.g., acid, alkali)
- 13. Complications of ocular and ophthalmic anesthesia
- 14. Corneal ulcer
- 15. Cranial nerve palsies (e.g., abducens, facial, oculomotor, trochlear)
- 16. Diabetes mellitus systemic complications (e.g., hyperglycemia, hypoglycemia, ketoacidosis)
- 17. Endophthalmitis
- 18. Eyelid malignancies
- 19. Fall risk (elderly, low vision, progressive/bifocals)
- 20. Giant cell arteritis
- 21. Hyphema
- 22. Hypopyon
- 23. LASIK flap dislocation
- 24. Leukemia and lymphoma
- 25. Leukocoria (retinoblastoma)
- 26. Malignant hyperthermia
- 27. Nonaccidental trauma/shaken baby syndrome

- 28. Obstructive sleep apnea/floppy eyelid syndrome\_
- 29. Ocular surface squamous neoplasia
- 30. Open globe
- 31. Ophthalmic complications of systemic medications
- 32. Optic neuritis
- 33. Orbital cellulitis
- 34. Orbital fractures (e.g., white eyed blowout fracture)
- 35. Papilledema (recognition and evaluation)
- 36. Phacomorphic/phacolytic glaucoma
- 37. Posterior vitreous detachment
- 38. Retinal detachment
- 39. Retinal hemorrhages
- 40. Retinal tear
- 41. Retrobulbar hemorrhage
- 42. Rhabdomyosarcoma
- 43. Syncope and vasovagal episodes
- 44. Systemic complications of ophthalmic medications
- 45. Transient ischemic events
- 46. Uveal melanoma

© American Board of Ophthalmology. All rights reserved. No part of this publication may be reproduced in any form or transmitted, by any electronic or mechanical means, including the use of information storage and retrieval systems, to any other person without the prior express written permission of the American Board of Ophthalmology, except as permitted under U.S. copyright law. This prohibition against unlawful or unauthorized reproduction is intended to include all U.S. domestic use as well as protection afforded under any international forum or law, including, but not limited to, G.A.T.T. In particular, the user of the Information agrees: to retrieve documents for information only; to save or print a single copy for personal use only and not to reproduce any portion of the document except as permitted under U.S. copyright law without the prior written permission of the American Board of Ophthalmology; to acknowledge the American Board of Ophthalmology as the source of any reproduction of any selected passage, table diagram or other extract reproduced; not to make any charge for providing the Information toanother person or organization without the prior written consent of the American Board of Ophthalmology and payment of an agreed copyright fee to the American Board of Ophthalmology; not to modify the information without the express prior written permission from the American Board of Ophthalmology; and to include this copyright noticeand disclaimer in any copy made.