



# American Society of Ophthalmic Plastic and Reconstructive Surgery

## WRITTEN AND ORAL ENTRANCE EXAMINATION

### POLICY AND GUIDELINES

Committee Review: April 2023

ASOPRS Oral and Written Entrance Examinations are designed to evaluate the breadth and depth of the basic science, technique and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology, with further fellowship training and experience in oculofacial plastic surgery (OPS).

#### A. EXAM SCHEDULE

Exams are held once a year, the day before the Fall Scientific Symposium.

#### B. FEES

1. A membership application must be submitted before registering for the exams.
2. The \$500 membership application fee (required when submitting an online application) includes administration of the exams.

#### C. REGISTRATION

1. A registration link will be sent to eligible candidates in April/May.
2. Candidates may sit for the exam after they have graduated from their fellowship training.
3. Candidates who fail an exam must retake the exam the next time the exam is offered.

#### D. CANCELLATION/NO SHOW POLICY

1. If cancellation occurs within 60 days of the exam, payment of a \$250 administrative fee is required before the candidate is allowed to register for the next scheduled examination.
2. If a registered candidate no shows, payment of a \$250 administrative fee is required before the candidate is allowed to register for the next scheduled examination.
3. If ASOPRS is unable to administer the exams at the scheduled date, time and/or location due to circumstances beyond control, the exams may be cancelled. ASOPRS is not responsible for expenses incurred, nor for any expense incurred with a rescheduled examination.

#### E. AMERICANS WITH DISABILITIES ACT (ADA)

1. To accommodate individuals with disabilities, ASOPRS will make reasonable modifications to the exams that do not fundamentally alter the exam requirements or the measurement of skills or knowledge the exams test.
2. A candidate who is disabled within the definition of the ADA may request an exam under nonstandard conditions by notifying the Executive Office of the disability and specific requests at least four weeks prior to the exam.

## **F. RETAKE/FEE**

1. If either exam is failed, the exam(s) must be retaken at the next scheduled exam.
2. Payment of a \$250 retake fee is required before the candidate is allowed to sit for the exam.
3. If either exam is failed a second time, both the oral and written exam must be repeated at the next scheduled exam.
4. If either exam is failed a third time, the applicant must reapply for membership.

## **G. RESULTS**

1. Results will be sent by email.
2. Results are final and not subject to appeal.

## **H. DISCLOSURE**

After submission of a membership application, candidates have a continued obligation to disclose circumstances which affect their eligibility for membership, and/or to sit for the examinations (e.g. loss of medical license).

## **I. DISCIPLINARY SANCTIONS**

ASOPRS has the authority to impose disciplinary sanctions upon a candidate for the following reasons:

1. Violation of ASOPRS Governing Documents and Policy.
2. Substantial misstatement or omission of a material fact on application or other documentation submitted.
3. Engaging in conduct that materially disrupts an exam or could reasonably be interpreted as threatening or abusive toward an examinee, examiner, proctor, or staff.
4. Revealing exam questions.

## **J. Written Exam**

1. The written exam consists of multiple-choice questions.
2. Candidates have four hours to complete the written exam in a proctored setting.
3. Scantron sheets, Number 2 pencils and an exam booklet are provided.

Aspects of the candidate's ability that are tested in the written exam include:

1. Recall of Information
2. Understanding and Application of Basic Knowledge
3. Relation of Pathogenesis to Disease Process
4. Evaluation of Clinical Data
5. Utilization of Diagnostic and Therapeutic Procedures
6. Anticipation and Recognition of Complications
7. Ethics of an Oculoplastic & Facial Surgery Practice

## **K. Oral Exam**

1. The oral exam is administered over a four-hour period, following a lunch break after the written exam.
2. There are two parts to the oral exam (A & B), each taking one hour.
3. Each part is administered by a minimum of two examiners.
4. Examiners are volunteer ASOPRS members who are vetted for conflicts of interest.

5. Between examinations portions, candidates will remain in proctored waiting rooms.
6. Oral exams are conducted in hotel meeting rooms if space is available, or in examiner sleeping rooms.

The oral examination places emphasis on the following:

1. **DATA ACQUISITION:** Recognition by the candidate of depicted abnormalities and diseases. Candidates will be asked for historical information, examination data, and ancillary testing that might be obtained on a patient with a particular condition depicted or described.
2. **DIAGNOSIS:** The ability of candidates to synthesize historical and physical evaluation information, along with the appropriate laboratory and imaging data to arrive at correct diagnoses and differential diagnoses.
3. **TREATMENT:** The candidate will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the condition(s) depicted or described and be able to discuss the prognosis, potential disease-related complications, and treatment risks for the particular condition.

#### **L. ASOPRS EXAMINATION TOPICS**

The written and oral examinations are designed to test the wide breadth of knowledge in all aspects of OPS. Although various training programs may have limited exposure to some areas, candidates should expect the exam to cover all areas. These topics serve as a guideline. Questions may be derived from the Oculofacial Plastic Surgery Education Center (see below), major textbooks in the field, and landmark articles in the peer-reviewed literature.

1. **Anatomy of the Orbit & Eyelids**
2. **Congenital Anomalies**
3. **Entropion, Ectropion, Retraction, Trichiasis, & Lagophthalmos**
4. **Blepharoptosis**
  - a. Anatomy/Pathology/Etiology, Types of Ptosis, Surgical Techniques/Surgical Complications, Miscellaneous
5. **Blepharoplasty**
  - a. Surgical Techniques/Complications, Asian Blepharoplasty/Lid Crease Revision, Miscellaneous
6. **Eyelid Tumors & Disease, Diagnosis & Therapy**
  - a. Therapy/Diagnosis Inflammatory Diseases/Infections, Vascular Lesions, Basal Cell Carcinoma, Squamous Cell Carcinoma, Malignant Melanoma, Sebaceous Gland Carcinoma, Metastatic Carcinoma, Eyelid Reconstruction/Flaps
7. **Eyelid & Canalicular Trauma, Reconstruction**
8. **Thyroid Eye Disease**
  - a. Diagnostic Techniques/Pathophysiology/General Reference, Eyelid Retraction, Orbital Decompression, Radiation Therapy, Non-surgical Treatment, Miscellaneous
9. **Orbital Disorders**
  - a. Congenital Defects, Infections, Inflammatory Diseases, Cysts, Vascular Disease, Neural Diseases, Rhabdomyosarcoma, Lacrimal Gland Disease, Mesenchymal Disease, Lymphoproliferative Diseases, Osseous Diseases or Defects, Secondary Tumors or Effects on Orbit, Metastatic Tumors, Diagnostic Techniques, Surgical Techniques, Management of Complications, Miscellaneous
10. **Enucleation, Evisceration, Exenteration**
  - a. Anophthalmic Socket, Socket & Fornix Reconstruction, Implants/Dermis Fat Grafts, Enophthalmos/Sulcus Deformity, Prostheses, Intraocular Tumors Conjunctival-Corneal Disorders, Miscellaneous

11. **Fractures of the Orbit**

- a. Diagnostic Techniques/Pathophysiology/General Reference, Surgical Techniques, Complications, Implants/Grafts, Medial Wall/Roof/Zygoma Fractures

12. **Lacrimal**

- a. Pathophysiology/General Reference, Diagnostic Techniques, Congenital Anomalies, Punctal Problems, Intubation, Dacryocystorhinostomy, Conjunctivodacryocystorhinostomy, Tumors

13. **Aesthetic Surgery**

- a. Facial Anatomy, Brow/Forehead Lift, Midface/Cheek Lift, Fat Transfer, Complication

14. **Nonsurgical Aesthetic Options**

- a. Blepharopigmentation, Chemodenervation, Soft Tissue Augmentation, Lasers (ablative and nonablative), Patient Selection and Complications

15. **Miscellaneous Topics**

- a. Essential Blepharospasm/Facial Dyskinesia, Tarsorrhaphy, Anesthesia/Patient Care in OR, Ethics of Patient Care

**M. OCULOFACIAL PLASTIC SURGERY EDUCATION CENTER**

<https://asoprseducation.org/>

The online knowledge base will help candidates in their mastery of OPS. Candidates have free access and are advised to use the education center as the definitive resource, especially in preparation for the written and oral entrance examinations.