

## OKAP exams

# Online tool preps residents

Interactive question-and-answer format keeps relevant information at users' fingertips

By Beth Thomas Hertz

When Gus Stern, MD, and Sidney Chang, MD, were studying for their Ophthalmic Knowledge Assessment Program (OKAP) examinations during residency, they always felt like the review books they were using were outdated.



Dr. Stern

"We really wanted a more contemporary knowledge base," Dr. Stern said. "We struggled to create our own multiple-choice questions and really saw a need."

The two went on to fellowships and private practice, but never forgot their vision for something better. About a year ago, they finally started working on a Web site to help ophthalmic trainees study, and it went live in August.



Dr. Chang

Their joint creation, *www.OphthoQuestions.com*, uses an interactive question-and-answer format that helps subscribers prepare for their

OKAPs, written boards, and other exams.

"It has thousands of questions on all aspects of ophthalmology, and it simulates the real exam

## Take-Home Message

A new Web site, *www.OphthoQuestions.com*, helps subscribers prepare for their Ophthalmic Knowledge Assessment Program exams, written boards, and recertification for boards. The site was created by two physicians who saw the need for such an interactive study tool when they were in residency.

better than any other study tool, including being timed," Dr. Stern said. "It is easy to navigate and gives you instant feedback with detailed explanations about the correct answers. It really lets you use your study time well."

Users can select the number of questions they would like to answer in each session. They also can see how their results rank against other users, so they know how their scores will compare.

## Constant updating

Also, as Dr. Stern, who now has a private practice in Houston specializing in cornea, and Dr. Chang, who practices glaucoma and comprehensive ophthalmology in Hawaii, wanted so much during residency, the material is never out of date.

"We work on it a few hours each night after the kids are in bed to update it, and we have contributors from many areas who help us keep it current in their field of expertise," he said.

Among some of the contributors:

- **Raquel Goldhardt, MD**, an assistant professor of ophthalmology at the Bascom Palmer Eye Institute and VA hospital in Miami who specializes in retinal diseases and uveitis.

- **Peter Kastl, MD, PhD**, a professor of ophthalmology at Tu-

lane University, New Orleans, whose areas of clinical expertise include cataract, refractive, and corneal surgery. He also is editor-in-chief of "Contact Lenses: The CLAO Guide to Basic Science and Clinical Practice."

- **Kevin Kirchner, MD**, an oculoplastics fellow in Warren, MI.

- **Lisa Leishman, MD**, an ocular pathology fellow at the Moran Eye Center (under the tutelage of Nick Mamalis, MD), Salt Lake City.

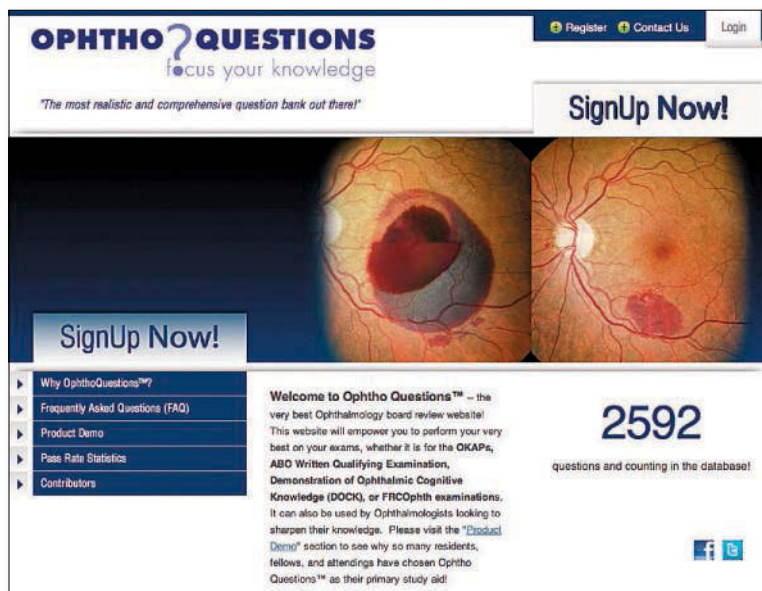
- **Nick Mamalis, MD**, director of the ophthalmic pathology laboratory at the Moran Eye Center.

- **Collin McClelland, MD**, a neuro-ophthalmology fellow at Scheie Eye Institute in Philadelphia.

- **Craig Swartz, PhD**, a researcher and instructor at Texas State University, San Marcos, where he teaches physics, including optics.

**'[The site] has thousands of questions on all aspects of ophthalmology, and it simulates the real exam better than any other study tool, including being timed.'**

Gus Stern, MD



**Figure 1** The new ophthalmology board review Web site enables residents to prepare for a variety of examinations. It also can be used by ophthalmologists looking to sharpen their knowledge.

## Results

Users are telling Dr. Stern that they are impressed with the Web site.

"We have more than double the number of questions of the next best resource," he said. "We are over 2,500 now and are always adding more. We also are one of the only resources that incorporates optics and pathology."

In addition, users have the option of posting comments about particular questions if they disagree with an answer or see any type of problem. These e-mails are then sent to

See **Resource** on page 16

## Brief Summary of Prescribing Information

**ATON**  
P H A R M A

ATON Pharma, a Division of Valeant Pharmaceuticals North America LLC  
Madison, NJ 07940

Rx Only

**LACRISERT®** (hydroxypropyl cellulose) OPHTHALMIC INSERT

**DESCRIPTION**

LACRISERT® Ophthalmic Insert is a sterile, translucent, rod-shaped, water soluble, ophthalmic insert made of hydroxypropyl cellulose, for administration into the inferior cul-de-sac of the eye.

Each LACRISERT is 5 mg of hydroxypropyl cellulose. LACRISERT contains no preservatives or other ingredients. It is about 1.27 mm in diameter by about 3.5 mm long. LACRISERT is supplied in packages of 60 units, together with illustrated instructions and a special applicator for removing LACRISERT from the unit dose blister and inserting it into the eye.

**INDICATIONS AND USAGE**

LACRISERT is indicated in patients with moderate to severe dry eye syndromes, including keratoconjunctivitis sicca. LACRISERT is indicated especially in patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions. LACRISERT is also indicated for patients with exposure keratitis, decreased corneal sensitivity, and recurrent corneal erosions.

**CONTRAINDICATIONS**

LACRISERT is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose.

**WARNINGS**

Instructions for inserting and removing LACRISERT should be carefully followed.

**PRECAUTIONS***General*

If improperly placed, LACRISERT may result in corneal abrasion.

*Information for Patients*

Patients should be advised to follow the instructions for using LACRISERT which accompany the package.

Because this product may produce transient blurring of vision, patients should be instructed to exercise caution when operating hazardous machinery or driving a motor vehicle.

*Drug Interactions*

Application of hydroxypropyl cellulose ophthalmic inserts to the eyes of unanesthetized rabbits immediately prior to or two hours before instilling pilocarpine, proparacaine HCl (0.5%), or phenylephrine (5%) did not markedly alter the magnitude and/or duration of the miotic, local corneal anesthetic, or mydriatic activity, respectively, of these agents. Under various treatment schedules, the anti-inflammatory effect of ocularly instilled dexamethasone (0.1%) in unanesthetized rabbits with primary uveitis was not affected by the presence of hydroxypropyl cellulose inserts.

*Carcinogenesis, Mutagenesis, Impairment of Fertility*

Feeding of hydroxypropyl cellulose to rats at levels up to 5% of their diet produced no gross or histopathologic changes or other deleterious effects.

*Pediatric Use*

Safety and effectiveness in pediatric patients have not been established.

*Geriatric Use*

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

**ADVERSE REACTIONS**

The following adverse reactions have been reported in patients treated with LACRISERT, but were in most instances mild and transient: transient blurring of vision, ocular discomfort or irritation, matting or stickiness of eyelashes, photophobia, hypersensitivity, edema of the eyelids, and hyperemia.

**DOSAGE AND ADMINISTRATION**

One LACRISERT ophthalmic insert in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes. Individual patients may require more flexibility in the use of LACRISERT; some patients may require twice daily use for optimal results.

Clinical experience with LACRISERT indicates that in some patients several weeks may be required before satisfactory improvement of symptoms is achieved.

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## Resource

Continued from page 14

the contributors with a back-end link that takes them directly to the question in the database. The information is verified and corrected if necessary.

“Review books can’t do that,” Dr. Stern said. “What we offer is reliable, realistic, comprehensive, and interactive.”

### Subscribing

Drs. Stern and Chang hope to find a corporate sponsor that can cover the costs of maintaining the site—such as hosting the server, updating the design, and procuring relevant images—so they can offer it free to users. For now, however, there a fee.

Through the end of 2011, a 30-day subscription is \$19.99 (rising to \$49.99 in January). A 60-day subscription is \$29.99 (rising to \$79.99). Other time frames are also available.

Renewing an account costs slightly less, as long as the renewal is submitted before the original subscription expires. Most major credit cards and PayPal are accepted for payment.

All previous test results and cumulative performance are stored for users, even if they do not have an active subscription, so they can resume access to them later.

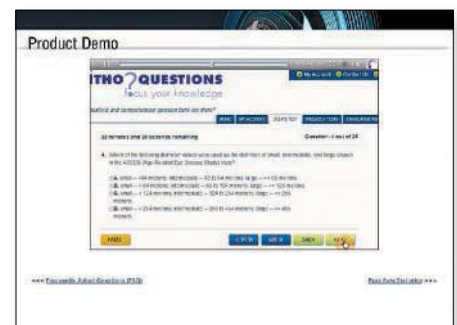
As of mid-September, about 70 people had subscribed to the site.

Although the site’s primary users are likely to be residents preparing for OKAPs and recently graduated residents preparing for written boards, Dr. Stern said he does envision mid-career ophthalmologists using it to prepare to recertify their boards every decade.

“We really think it’s relevant to all demographics,” he concluded. **OT**



**Figure 2** As shown in this product demonstration, the interactive format allows users to mix and match questions.



**Figure 3** The question-and-answer format simulates a real examination, complete with a timed test setting. (Images courtesy of [www.OphthoQuestions.com](http://www.OphthoQuestions.com))

**fyi**

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