



**NEUROTOLOGY EXAMINATION  
CANDIDATE GUIDELINES**

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**AMERICAN BOARD  
OF  
OTOLARYNGOLOGY**

## **INTRODUCTION**

The purpose of the Neurotology Subspecialty oral examination is to evaluate your knowledge, skill in obtaining and interpreting information, and ability to reason logically and thereby arrive at a diagnosis or plan of treatment for a specific patient. Cases have been selected to avoid both obvious problems and rare or unusual cases. You must be prepared to demonstrate competence in the entire field of neurotology.

Information available to you is consistent with that typically available in a comparable clinical situation. Relevant history, physical, pathological, laboratory, and other diagnostic findings may be provided. Reproductions of x-rays, photomicrographs, audiograms, etc. may be available. No attempt will be made to mislead or deceive you in any way.

## **EXAM DAY PROCEDURES**

### **Registration**

Candidates are expected to dress professionally (jackets and ties for men; business attire for women).

You must bring **one** of the following with you to registration; you will **not** be admitted unless you do so.

- Driver's License
- Official State Photo ID
- Passport

Please **do not** bring any of the following to registration or to the exam:

- Luggage (suitcases, briefcases, etc.)
- Purses or coats
- Electronic devices such as **cell phones**, palm-top computers, pagers or recording devices
- Pens or pencils

You will receive the following at registration:

- Schedule of exams and examiners
- ID number badge, to be worn throughout the exam

Please be sure to have breakfast or lunch prior to the exam. Only beverages will be available at registration.

After all candidates are registered, the ABOto Exam Chairman will make introductory comments and review the exam process.

## **Exam Process**

The Exam is conducted in three 50-minute sessions with a 5-minute break between each session.

A knock on an Examiner's door indicates the conclusion of an exam session. Do not leave an Examiner's room until a knock is heard.

## **Debriefing**

At the end of the third hour, your group will be escorted to a mandatory debriefing session, where you will complete a questionnaire and be given an opportunity to ask questions about the exam. It is **imperative** that any concerns or problems about your exam be expressed on the questionnaire **at this time**. You must remain with your group until you are dismissed from this session, which lasts approximately 30 minutes.

Session 1 may expect to be dismissed at 10:30 AM

Session 2 may expect to be dismissed at 1:45 PM

## **NOTIFICATION OF RESULTS**

After the examination is given, data is analyzed and evaluated to ensure the reliability of individual results. Results are mailed within **nine weeks** of the examination. Information is not available by phone until two weeks after the results are mailed.

Passing Candidates receive a letter from the Executive Director and a certificate order form. A score report is **NOT** provided.

Failing Candidates receive a letter from the Executive Director, their score report, and a copy of the ABOto Appeals Policy. The score report contains the scaled scores for each of the three skill areas (Data Gathering/Interpretation, Differential Diagnosis/Working Diagnosis and Management/Treatment), and a total scaled score. Because each score is calculated independently, an average of the three area scores will not necessarily produce the total scaled score. By policy, the Board does not disclose specific deficiencies of a failing candidate. This information is considered confidential; its disclosure could undermine the goal of composing and administering fair and objective examinations.

## **EXAMINATION SPECIFICS**

During each fifty-minute segment, you are presented with three cases or "protocols." In each of the protocols, you are expected to gather the appropriate data and interpret it, arrive at a differential and working diagnosis, and develop a management and treatment plan. An appropriate history and physical should be performed to facilitate management of each case.

Pathological interpretation may be included in one of the three cases each hour.

Protocols are designed to test your ability to gather and interpret patient information, develop a differential/working diagnosis and determine proper patient management and/or treatment. A brief case description typically presents the patient's age, general appearance, gender and chief complaint. The examiner allows reasonable time for you to gather the information. You are then required to present diagnostic conclusions and discuss the reasons for them. Issues related to management and treatment are discussed based on the parameters of the protocol.

During the data gathering exercise, the examiner will not interpret the data, but will give only the kind of information that might be expected in a clinical situation. Your questions should be specific. For example, in answer to the question, "Is there a history of injury?" the examiner may say, "Where?" If you say, "To the arm," the examiner may say, "The patient says that he hurt his arm when he was very young." **Examiners will not volunteer information.**

You should pursue a line of questioning until all information required has been obtained, but do not waste time exploring "blind alleys."

### **Scoring**

You will receive three scores for each of the three protocols from each examiner:

- **Data Gathering/Interpretation** - the ability to identify key aspects of the history and physical exam, and to order and interpret appropriate clinical studies.
- **Differential Diagnosis/Working Diagnosis** - the ability to assimilate and evaluate the clinical information available and integrate it with their clinical experience in developing an appropriate differential diagnosis and identifying a likely working diagnosis.
- **Management/Treatment** - the ability to propose an appropriate treatment strategy, to discuss that strategy in detail and to discuss other treatment options with the advantages and disadvantages of each.

The examiner will make every attempt to have you finish the examination and at times may encourage you to proceed more quickly; however, in rare cases, you may not complete all protocols in a given hour. The passing score is established using a Criterion Reference Standard. The minimum passing score reflects a standard developed by the ABOto Directors in conjunction with a psychometrician.

## Rating Scale

A four-point numeric rating scale is used to evaluate a candidate's performance, with levels defined as follows:

<u>Level of Performance</u>	<u>Scale Interval</u>	<u>Interpretation</u>
<b>Excellent</b>	4	The candidate rapidly integrates the history and physical findings, suggests only the most significant diagnostic studies and is able to justify each of them. The differential diagnosis is complete and well-structured with a clear indication of the most likely diagnosis. Treatment options are all discussed thoroughly and in detail, citing clinical studies and anticipated outcomes from the recent literature. <u>Excellent clinical judgment.</u>
<b>Satisfactory</b>	3	The candidate performs a complete and well organized history and physical examination. Diagnostic studies are appropriately limited and justified. The differential diagnosis is very complete, and treatment options are appropriate and are discussed in considerable detail. <u>Satisfactory clinical judgment.</u>
<b>Marginal</b>	2	The candidate performs a marginally adequate history and physical, and orders excessive or too few diagnostic studies with inadequate justification. The differential diagnosis may be very limited, and treatment options are discussed only in general terms. <u>Marginal/Questionable clinical judgment.</u>
<b>Unsatisfactory</b>	1	The candidate does not perform an adequate history and physical examination, does not justify diagnostic studies appropriately, is unable to formulate an appropriate differential diagnosis, and does not have a clear idea of how and why treatment should be instituted. <u>Unsatisfactory/Poor clinical judgment.</u>

## Expectations

A successful candidate:

- gathers information in an orderly progression through history, physical exam, lab, x-ray and other studies
- reflects thoughtfully before responding
- gives a balanced response: neither too long nor too brief
- answers the question that is asked
- has depth of knowledge and gives rationale for answers
- behaves professionally and with maturity
- recognizes controversial areas and gives both sides
- follows a deliberate and logical path to solve problems
- is aware of cost issues and is selective
- includes ethical considerations in management

A poor or marginal candidate:

- gathers data in a disorganized fashion
- rushes and/or pauses excessively
- drops names frequently
- answers a question other than the one that is asked
- bluffs
- is unable to integrate or synthesize information
- gives superficial or “cookbook” management patterns
- is seldom able to expand beyond the first short answer
- tries to take over the exam with frequent questions
- jumps to conclusions
- scans visual materials, pointing out one finding while missing several others
- ignores the patient’s needs or ethical considerations
- treat everything surgically first