



# OTOLARYNGOLOGY RESIDENT HANDBOOK FOR BOARD CERTIFICATION

*The mission of the American Board of Otolaryngology (ABOto) is to assure that, at the time of certification and recertification, diplomates certified by the ABOto have met the ABOto's professional standards of training and knowledge in otolaryngology - head and neck surgery.*

The ABOto's fiduciary responsibility is to the public. Although the ABOto carefully considers the concerns of and impact on our diplomates, it is what is in the public's best interest that guides the ABOto's decision making process.

## **THE SIGNIFICANCE OF BOARD CERTIFICATION**

While licensure by the individual states sets the minimum competency requirements to practice medicine, it is not specialty specific. Board certification is a voluntary program in which specialists seek to improve their performance and demonstrate a commitment to their profession. Board certified otolaryngologists must meet the ABOto training requirements, pass psychometrically validated examinations, and participate in Maintenance of Certification.

The ABOto views certification as not just passing the examinations, but a continuum beginning with entry into training and ends with retirement. In order to be eligible to take the certification examinations, candidates must be registered with the ABOto Resident Registry by their Program Director at the beginning of their training which includes verification of graduation from medical school. The Program Director provides the ABOto with an annual evaluation of each resident and determines whether the resident should receive credit for completion of that year of training. Applicants are required to have completed an ACGME-accredited residency and receive approval from their Program Director to sit for the examinations. The online application process must be completed by the appropriate deadlines which allows time for the information to be verified.

## **HISTORY OF THE ABOto**

(adapted from the “American Board of Otolaryngology 1924-1999” by Robert W. Cantrell, MD and Jerome C. Goldstein, MD)

The first formal proposal for a standardized, prescribed post-graduate period of medical education was made at the 1912 meeting of the Triological Society and published in the *Laryngoscope* in 1913. The American Academy of Ophthalmology and Otolaryngology (the two academies formally separated in the late 1977) embraced this initiative by establishing two committees to explore this concept and develop a plan. The otolaryngology committee consisted of representatives from the Academy, the American Laryngological Association, the American Otological Society, the AMA Section on Otolaryngology, and the Triological Society. The committee established, not without controversy, a recommended curriculum of training that should last three years, *if possible*. The ABOto accredited otolaryngology residencies until 1953 when the Residency Review Committee of the Accreditation Council for Graduate Medical Education assumed this responsibility.

Under pressure from the Academy, the ABOto was constituted in 1924 to develop a certifying examination, the first of which was administered in 1926. The certifying examination has evolved over the years from its original oral examination and a written histopathology examination. For several years, actual patients with otolaryngological conditions were used in various sites around the country in the “practical exam”. The current format of a multiple choice written and a structured oral examination was established in the 1970s, but has been significantly refined over the past thirty years.

## **SPONSORING ORGANIZATIONS**

American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology-Head and Neck Surgery  
American Broncho-Esophagological Association  
American Laryngological Association  
American Laryngological, Rhinological and Otological Society  
American Neurotology Society  
American Otological Society  
American Rhinologic Society  
American Head and Neck Society  
American Society of Pediatric Otolaryngology  
Association of Academic Departments of Otolaryngology-Head and Neck Surgery  
Section of Otolaryngology-Head and Neck Surgery of the American Medical Association  
Society of University Otolaryngologists-Head and Neck Surgeons

## RELATED ORGANIZATIONS

The American Board of Medical Specialties (ABMS) is the umbrella organization of the 24 medical specialty boards. It meets formally twice a year to which the President, President-elect, and the Executive Director attend. In addition, the ABMS Board of Directors meets approximately 3 other times per year which the Executive Director attends. The ABMS has the overall responsibility for the Maintenance of Certification program, and is very active in the national healthcare quality improvement movement.

The Accreditation Council for Graduate Medical Education (ACGME) accredits residency training programs. The ACGME evaluates residency programs through Residency Review Committees (RRC) for each specialty. The Otolaryngology RRC consists of nine members with three representatives each from the American College of Surgeons, the AMA, and the ABOto. The ABOto Executive Director is an *ex officio* member. The RRC meets twice a year. Completion of an ACGME-accredited residency is required to be eligible for certification by the ABOto.

The processes for ACGME accreditation and renewal of accreditation require a great deal of work by the Program Director and faculty. The accreditation process begins with completion of the Program Information Form (PIF) which is submitted to the RRC. A site visitor will come to the program and meet with the Program Director, faculty, various medical school staff, and the residents in a variety of meetings. The RRC meets twice a year and reviews the PIF and the site visitor's report, and will determine if the program meets the requirements for accreditation. The RRC can put a program on probation if it feels the program needs significant improvement, or the RRC may suspend accreditation of a program for severe deficiencies. Depending on how comfortable the RRC is with the program's performance, the program can be accredited for one to six years at which time it will have to participate in another accreditation process. Citations are frequently included in the report to the Program Director and institution that identify areas that need attention.

The American Academy of Otolaryngology-Head and Neck Surgery is a membership organization based in Alexandria, Virginia. In addition to its educational activities such as its annual meeting and learning material, it also advocates for a variety of issues for otolaryngologists. Some otolaryngologists confuse the ABOto and the AAO-HNS, but their functions are quite separate and distinct.

The Federations of State Medical Boards (FSMB) is the umbrella organization for all of the state licensing and regulatory boards and is based in Dallas, Texas.

## **BOARD ACTIVITIES**

1. Resident Registry – Program Directors must register their residents with the ABOto when the resident enters the program. Demographic information about the residents is collected at this time. The resident must submit a copy of his/her medical school transcript to the ABOto. The Program Director also completes an annual evaluation on each resident and determines if the resident is making satisfactory progress academically, surgically, and professionally using the Resident Registry.
2. The ABOto used to track resident surgical experience, but the ACGME now collects this data
3. Otolaryngology Training Examination – the ABOto prepares, distributes, and scores the OTE for the purpose of providing feedback to residents and Program Directors. The examination results should be used by the Program Director and residents to determine areas of individual and program strengths and weaknesses. The ABOto policy is that the OTE should not be the sole measure of a resident's performance for the purposes of punitive action such as probation or advancement.
4. Written Examination – The ABOto prepares and administers the Written Examination in Chicago once a year. The Written Examination is a qualifying examination meaning that in order for a candidate's oral scores to be counted, the candidate must achieve a passing score on the Written Examination.
5. Oral Examination – The ABOto prepares and administers the Oral Examination in Chicago once a year. The Oral Examination is the certifying examination. If the candidate passes both the Written and Oral Examinations (which are scored separately), the he/she is certified and receives a certificate which expires in ten years. ABOto certified otolaryngologists are referred to as diplomates.
6. Neurotology Sub-Certification – Diplomates of the ABOto are sub-certified in Neurotology if they pass the Neurotology oral examination administered every other year in Chicago.
7. Sleep Medicine Sub-Certification – Diplomates are sub-certified in Sleep Medicine if they pass the computer based examination administered in several locations every other year. This certification is administered with four other ABMS boards (Internal Medicine, Pediatrics, Psychiatry/Neurology, and Family Medicine).
8. Maintenance of Certification – MOC is a quality improvement program developed by all ABMS boards to enhance the quality of medicine practiced. There are four components to MOC which are discussed in detail under Maintenance of Certification in this document.

9. Certification Verification – The ABOto provides written verification of certification to health plans, hospitals, and others for a fee. The public can determine if an otolaryngologist is certified at no charge by visiting the website.
10. Protection of certificate value – Occasionally, a diplomate may have difficulty obtaining privileges for procedures that are in the realm of otolaryngology – head and neck surgery. The ABOto provides information to the appropriate parties to educate them on the spectrum of otolaryngology training and the areas included in the examinations.

## **BOARD MEETINGS**

The ABOto Board of Directors meets in person twice a year. The Annual meeting is held in Chicago in conjunction with the Written, Oral, and Neurotology Examinations. The Interim meeting is held either in August or October in a non-Chicago location. The meetings consist of a variety of committee meetings over two or three days which is followed by the BOD meeting.

The ABOto Leadership (President, President-elect, Treasurer, and Executive Director) have scheduled conference calls twice a month. Other committees meet by conference call as needed.

## **ABOto PERSONNEL**

**Senior Counselors** are former Directors

**Directors** are elected by the BOD from the pool of current and former Senior Examiners based on a vacancy on the Board of Directors. They are selected based on personal qualities, leadership potential, collegiality, specialty area, performance on other ABOto activities, and geography as well as other needs of the ABOto including diversity. Directors are eligible to serve two five year terms.

**Senior Examiners** are elected by the BOD based on personal qualities, leadership potential, collegiality, specialty area, performance on other ABOto activities, and geography as well as other needs of the ABOto including diversity. To be a candidate, he/she must have been a Guest Examiner at least twice.

**Guest Examiners** administer, along with Directors and Senior Examiners, the Oral Examination. Guest Examiners are selected by the Examiner Selection Committee.

**Task Force for New Materials** members are selected by the Examiner Selection Committee. Task Force members serve a three year term during which they generate OTE, Written, and MOC test items.

**MOC Module Content Writers** are selected by ABOto Leadership and the MOC Chair to generate the Part II self-assessment modules as part of an RFP process.

## **STAFF**

The ABOto has six full-time and three part-time\* staff:

EXECUTIVE DIRECTOR – Robert H Miller, MD

ADMINISTRATOR – Diana Harrell

EXAM COORDINATOR – Dolores Guido

EXAM COORDINATOR – Lauren Durst

EXAM COORDINATOR – Janet Wise

ADMINISTRATIVE ASSISTANT – Cynthia Williams

PSYCHOMETRICIAN – Everett Smith, PhD\*

LEGAL COUNSEL – Kathryn Conde, JD\*

## **EXAM DEVELOPMENT AND SCORING**

### **OTE, Written, and MOC Examinations**

Multiple choice Items (questions) (MCQ) are generated by the Task Force for new materials on a web-based program. They are edited in-house and then reviewed by a Senior Examiner after which they are entered into the item bank housed at the ABOto office. Newly created items are field-tested for statistical validity on the various exams, but do not count in the scoring of those exams. The field-tested items that meet the statistical standards are then included with other used items for possible use on the examinations.

The MCQ examinations are created by selecting items from the item bank based on an blueprint established by the ABOto. These items are reviewed for final selection by groups of Directors during the ABOto Interim meeting.

The results of the MCQ exams are analyzed by the psychometrician for statistical validity. During an Examination Committee conference call, some of the items may be reviewed by the committee for clarity based on statistical performance at which time they may be discarded from the exam.

The psychometrician performs a final analysis which the Examination Committee reviews during a second conference call.

### **Oral and Neurotology Examinations**

The protocols used in the Oral and Neurotology examinations are created by Directors, Senior Examiners, and guest examiners.

The Group Leaders select the protocols to be used two years prior to the exam during which time they are carefully reviewed and edited by The Group Leaders, the specialty groups, and staff.

The results of these exams are analyzed by the psychometrician and discussed during a conference call of the Examination Committee.

### **Setting the Passing Score**

The ABOto examination pass rate is criterion based which means the passing score (cut score) is established prospectively by the Directors during a standard setting exercise directed by the psychometrician. These exercises are repeated approximately every five years.

### **Exam application**

In order to apply for the certification examination, you **must** have a valid, unrestricted medical license. An institutional license is not acceptable unless you are in fellowship training.

You may apply for the certification examinations at the end of your Chief Year of residency. Much of the online application is already populated with information from the resident registry, but you will be required to answer certain questions and provide additional information as needed. The examination fee is \$3,580 with half due May 1 the other half due June 30. Payment is by credit card.

We provide you this information so you can make appropriate plans during your residency.

## **BOOKLET OF INFORMATION**

The Booklet of information is the legal document that contains official ABOto information and policies, and is updated annual. By policy, the version of the Booklet of Information that is in effect when a resident enters otolaryngology training sets the policies that will apply to that resident. The most current Booklet of Information is available on the ABOto website <http://www.aboto.org/BOI.htm>.

## **OPERATIVE LOG**

All otolaryngology residents must maintain an operative log available on the ACMGE website. It is critical that the resident enter all cases performed and complete the necessary information. Residents who assist at surgery should be sure to include those cases as they are important because they indicate a logical progression in the surgical educational process. In general, a resident should first assist on a case before being listed as primary surgeon signifying an increased level of responsibility based on experience.

The cases are coded using the CPT code which is widely used for billing and other purposes. It will benefit you greatly to learn how to use the CPT system so that you will be familiar with it when you enter practice.

## **CORE SURGICAL PROCEDURES**

The ABOto and the RRC for Otolaryngology have identified certain procedures that represent basic skills all otolaryngologists should learn during residency. Although not a comprehensive list of procedures performed by otolaryngologists, the skills needed to perform the core procedures can be used to perform other procedures. Residents are evaluated by their faculty and when a resident reaches a level of proficiency with the procedure, the Program Director will indicate this achievement on the residents evaluation form on the ABOto website.

## **MAINTENANCE OF CERTIFICATION**

Maintenance of Certification is a quality improvement program in which all the ABMS boards participate, and is the boards' response to the very active and prominent national healthcare quality movement. The main purpose of the ten year MOC cycle is to improve patient care provided by physicians after residency and fellowship and fills a void in the certification continuum. MOC is a program in evolution and changes have already been made in the ABOto MOC program since its implementation in 2002. All ABOto diplomates certified or sub-certified in 2002 and thereafter are required to participate in MOC. All ABOto Directors voluntarily participate in MOC.

MOC is an ABMS initiative that varies in implementation detail from board to board, but all MOC programs consist of four parts:

### **1. Professional Standing**

In order to participate in MOC, the participant must be a diplomate of the ABOto and maintain an unrestricted license in each state in which he/she practices. The ABOto receives daily reports (DANS) from the FSMB if there are any adverse actions taken by any state medical board against an ABOto diplomate. Most of these actions are minor in nature, and do not require action by the ABOto. However, serious offenses are investigated and brought to the Credentials/Ethics Committee for potential action.

All MOC participants must have privileges at a hospital or ambulatory surgery center or must attest that the privileges were not lost because of an adverse action.

### **2. Continuing Medical Education/Self Assessment**

The ABOto requires all MOC participants meet their state medical board's requirements for CME. These vary from 0 to 50 CME units per year. Participants licensed in states that have no CME requirements are required to obtain at least 15 CME units, 60% of which must be in otolaryngology. MOC participants sub-certified in Neurotology or Sleep must obtain 60% of their credits in those specialty areas (Otology and Neurotology for those sub-certified in Neurotology).

All participants must also participate in self-assessment to identify areas for improvement in practice. Participants will be required to complete an online patient management module annually to identify clinical strengths and weaknesses. The individual can then turn to any educational venue he/she wishes and then take the module again until a satisfactory score is achieved at which time the participant will receive credit for completing the module. These modules are currently under development and will be available beginning in June 2009.

### **3. Cognitive Examination**

At the end of the MOC cycle, the participant must pass a secure, closed-book examination that will be administered annually in computer testing centers around the country. The exam will be available three years prior to certificate's expiration date so that the diplomate will have three opportunities to achieve a passing score.

Since many otolaryngologists limit their practice to specific areas of otolaryngology, the examination process will allow individuals to select their specialty area which includes:

Allergy	Otology
Head & Neck	Pediatric Otolaryngology
General otolaryngology	Plastic & Reconstructive
Laryngology	Rhinology

Diplomates sub-certified in Neurotology and Sleep Medicine can take examinations in these areas. Meeting the MOC requirements in the two subspecialties also renews the primary certificate.

The examination will consist of clinical questions in the selected specialty and a series of "Fundamentals" questions which all otolaryngologists should know on topics such as emergency airway management, fluid and electrolytes, patient safety, etc.

The Part III questions will come from the primary certification examination, and if the diplomate is successful in the entire MOC program, the primary certificate will be renewed for another ten years. It is important to note that passing Part III does not imply any particular expertise in the specialty areas (other than Neurotology and Sleep Medicine), and participants will be prohibited from using which exam they passed in any marketing or other patient notification materials.

#### 4. Performance in Practice

Performance in practice is potentially the most powerful and useful part of MOC. The basic premise is that the diplomate's quality of care will be evaluated by a variety of means. Needless to say, this is a very complex issue and all boards are working to develop a meaningful program.

At this time, the ABOto plans to use three mechanisms for Part IV. Once developed, each participant will be required to participate in Part IV once every five years.

- A patient satisfaction survey
- A surgical outcomes assessment tool

- A performance improvement module in which the participant will enter data online from a series of his/her patients with a given condition from which a report will be developed comparing the participant's performance to national values

Along with the certification examinations, MOC has the ABOto's highest priority.

## **YOUR ABOto WEBPAGE**

When you are first registered with the ABOto by your Program Director, you will be sent a user ID and a password which will grant you access to your personalized webpage on the ABOto server. The first time you login, you will be asked to change your password.

Your webpage will provide you with a variety of information including items that need your attention during the various phases of your training. You can change your personal information, apply for exams, and perform other activities from your webpage. The ABOto now communicates exclusively by email, so it is critical that we have your accurate email address. **It is your responsibility to update your email address if it changes.**

## **TRANSFERS TO A DIFFERENT OTOLARYNGOLOGY RESIDENCY**

Occasionally, a resident will transfer from one otolaryngology training program to another. It is important that all parties (the two Program Directors and the transferring resident) meet the requirements established in the ABOto transfer policy which is outlined in the booklet of information available on the ABOto website.

## **TERMINOLOGY**

**PROGRAM DIRECTOR** The Program Director (PD) is the individual who is responsible for ensuring the training program meets the ACGME requirements, monitoring and evaluating the residents, establishing and maintaining the educational program, communicating with the ABOto

**CHAIRMAN/CHIEF** The Department Chairman or Division Chief is the chief executive of the otolaryngology medical school unit. In some schools, the Chairman is the PD and in other schools the Chair appoints a PD.

**DIPLOMATE** A diplomate is an otolaryngologist who has met the training requirements and has passed the qualifying and written examinations and is thereby "board certified" by the American Board of Otolaryngology.