

# AMERICAN BOARD OF OTOLARYNGOLOGY

## WRITTEN EXAM CANDIDATE GUIDELINES

FRIDAY, April 17, 2009

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### CONTENT

The American Board of Otolaryngology's Written Examination is designed to measure a candidate's ability to recall factual information, interpret clinical data, and solve problems in otolaryngology-head and neck surgery. The clinical areas include General Otolaryngology (laryngology, rhinology, allergy, pediatric otolaryngology and sleep medicine), Head and Neck Surgery, Otolaryngology/Audiology, and Plastic and Reconstructive Surgery. The examination poses questions relevant to diagnosis, management, complications, emergencies, and issues of professionalism. Further information can be obtained from the ABOto Scope of Knowledge and Classification Guide located on our website at [www.aboto.org](http://www.aboto.org). The Classification Guide serves as the "blueprint" for exam construction.

All candidates must achieve the qualifying score on the written exam to become oral candidates, and all candidates must successfully complete an oral examination to become certified. Please refer to the ABOto *Booklet of Information* on our website at [www.aboto.org](http://www.aboto.org) for additional details.

### EXAM POLICIES

The use of written notes or reference material of any kind, including electronic media, is prohibited, as is making written notes of the contents of the test booklets. The examination is confidential and copyrighted material under the 1976 copyright act, and the unauthorized possession, reproduction, recording, discussion, or disclosure of any material, or answers before, during, or after the examination is prohibited. Such actions may be sufficient cause for the ABOto to bar a candidate permanently from all future examinations, to terminate participation in the examination, to invalidate the results of the examination, to withhold scores or take other appropriate action.

**You are NOT permitted to bring personal items (briefcases, backpacks, purses, books, PDAs, pagers, copying devices, cell phones, pens, and pencils) into the exam room.**

**Pencils are provided; do not bring your own pencils.**

**DO NOT BRING CELL PHONES**

### LENGTH & FORMAT

The Written Exam consists of 300 multiple-choice items that have four answer options each. Candidates select the one best answer for each item and mark their choice on a separate, machine-scored answer sheet. This type of item is illustrated below.

Of the 300 items, 200 are scored items and 100 are field test items. Field test items are included to obtain statistical information. Field test items cannot be distinguished from the regular items, but they are not scored.

The examination is divided into two parts, with each part containing 150 items (100 scored items and 50 field test items). Part 1 is administered in the morning, and Part 2 in the afternoon. There is a 1 ½ hour lunch break between these two sessions. Each session is three hours and thirty minutes in length.

## SCORING

The exam will be scored using a Criterion Referenced Standard. Each test item was previously analyzed to assess the probability that a minimally acceptable candidate would answer it correctly. The relevance, frequency and construction of the test item was considered during this process. A candidate's score on the examination is based on the questions answered correctly. Points are NOT subtracted for incorrect responses. Thus, it is advantageous to answer every question. Test scores are transcribed to a 12 point scale for reporting.

After the examination, data is analyzed and evaluated to ensure the validity and reliability. 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. A score report is **NOT** provided.

Failing Candidates receive the following:

- A letter from the Executive Director
- Their score report for the total test and four primary content areas (General, Head & Neck, Otology/Audiology, Plastic and Reconstructive
- A copy of the ABOto Appeals Policy

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.

## SAMPLE TEST ITEMS

(\* denotes best answer)

### Recall

1. Which of the following antibiotics is most appropriate for initial treatment of an acute necrotizing fasciitis of the face following trauma?
  - \* A. Penicillin G
  - B. Methicillin
  - C. Sodium cephalothin
  - D. Clindamycin
2. Which of the following factors is the most important in the diagnosis of intermittent vertiginous episodes?
  - \* A. History
  - B. Physical examination
  - C. Caloric stimulation test
  - D. Glucose tolerance test

### Interpretation

1. Which of the following agents used in the treatment of patients who have hyperthyroidism has an ablative mode of action?
  - A. Thiourea
  - B. Methimazole
  - C. Iodine 123
  - \* D. Iodine 131
2. A vibrating 512-Hz tuning fork is placed over the mastoid with the external auditory meatus open and then occluded. The patient is asked to indicate a change in sound intensity. This maneuver is used to distinguish between which of the following conditions?
  - A. Presbycusis and Ménière's disease
  - B. Otosclerosis and serous otitis media
  - \* C. Otosclerosis and sensorineural hearing loss
  - D. Ménière's disease and acoustic neurinoma

### Problem Solving

1. A 10-month-old child with acute croup does not respond to medical treatment over a seventy-two hour period. In the operating room, an uneventful, bloodless, rapid and successful tracheotomy is done under local anesthesia. After a few good, deep breaths, the patient stops breathing and the heart beat is no longer heard. What is probably the cause of the arrest?
  - A. Concurrent lower airway obstruction
  - B. Incorrect size of tracheostomy tube
  - \* C. Sudden reversal of respiratory acidosis
  - D. Bilateral tension pneumothorax
2. An 87-year-old edentulous diabetic man underwent circummandibular wiring and Gunning splint closed reduction of a right mandibular body fracture. After removal of the splint eight weeks later, marked malocclusion with retrognathia and crossbite on the right side were noted when he was wearing his dentures. What is the best next step in management?
  - A. A full liquid diet
  - \* B. Construction of new dentures
  - C. Wire-fixation of the current dentures as occlusal splints and elastic band intermaxillary fixation for 8 weeks
  - D. Fracture osteotomy and interosseus wiring