ORAL EXAMINATION

CANDIDATE GUIDELINES

AMERICAN BOARD
OF
OTOLARYNGOLOGY

INTRODUCTION

The purpose of the oral examination is to evaluate the candidate's knowledge and reasoning skills to obtain and interpret data, arrive at a diagnosis, and develop a management plan for a variety of otolaryngologic conditions. The oral examination covers practice focus areas including allergy, head and neck, laryngology, otology/audiology, rhinology, pediatric otolaryngology, facial plastic and reconstructive surgery, and sleep medicine. The cases have been selected to represent a broad spectrum of real-life patient care issues. You must be prepared to demonstrate competence in the management of problems in the entire field of otolaryngology-head and neck surgery.

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

EXAM DAY PROCEDURES

Registration

Candidates are expected to dress professionally (ie. 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 exam registration:

- Luggage (suitcases, briefcases, etc.)
- Purses or coats
- Any electronic devices such as cellular phones, smart watches, computers, pagers or recording devices. Possession of such devices during the examination may result in disqualification or more severe penalties.
- 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. Water will be available at registration.

After all candidates are registered, the ABOto Leadership will make introductory comments and review the exam process with you.

Proctor Groups

You will be assigned to 1 of 5 proctor groups, and you **must** remain with your group during the entire exam.

- Your group is escorted from registration to the exam floor.
- On the exam floor, your proctor will call out ID numbers to check you in.
- ID numbers are called out before and after each exam, and after the break period.
- Listen to proctor instructions carefully.

Exam Process

Practice focus areas are generally distributed in the oral exam process as described below:

- General One – Allergy, Rhinology, and Sleep Medicine
- General Two – Laryngology and Pediatric otolaryngology
- Head and Neck – Benign and malignant neoplasms and conditions, and major flaps used in reconstruction (ie. microvascular free flaps)
- Otology/Audiology – Otology, Audiology, and related topics
- Facial Plastic and Reconstructive Surgery – Cosmetic and reconstructive procedures, and facial trauma,

The oral exam consists of five forty -minute exam periods including a break between the first three and last two exams rooms and a debriefing session at the end of the half-day exam session. The sequence of exam areas below is an example, and your exam may not necessarily occur in this order:

- General Otolaryngology One (1st forty-minute exam)
- Head and Neck Surgery (2nd forty-minute exam)
- Otology/Audiology (3rd forty-minute exam)
- Break (20 minutes; restrooms and beverages available)
- General Two – (4th forty-minute exam)
- Facial Plastic and Reconstructive Surgery (5th forty-minute exam)
- Debriefing (variable duration; **restrooms are not available**, so please take advantage of the break in the exam schedule)

A knock on an Examiner's door indicates the conclusion of the exam in that room, at which time the examiner will quickly conclude the examination. After the examiner releases you, immediately report back to the proctor group in the elevator area on that floor. Do not leave an Examiner's room until a knock is heard. During some exams,, an additional examiner may be present in the room to observe the examiner, not you. The examiner identified on your schedule is the examiner who conducts and the only one that grades the examination.

Debriefing

At the end of the fifth session of the oral examination, your group will be escorted to a mandatory debriefing session, where you will complete a questionnaire and be given an opportunity to ask questions and make comments 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. **You will not be permitted to go to the bathroom during this**

session for security reasons, so please be sure to take advantage of the break during the exam schedule.

Morning groups may expect to be dismissed at 12:45 PM

Afternoon groups may expect to be dismissed at 6:00 PM

Please make your transportation arrangements accordingly.

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, certificate order instructions and information about the ABOto Continuing Certification program. 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 (DataGathering/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 is **not** how the total scaled score is determined. 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 segment, you are presented with three cases or "protocols." Protocols are designed to examine your ability to gather and interpret patient information, to develop a differential/working diagnosis and to determine proper patient management and/or treatment. At the beginning of each protocol, the examiner will provide you with a candidate information card which is a written brief case description that typically presents the patient's age, general appearance, gender, chief complaint, and other information, depending on the case. Please do not write anything on this candidate information card. You will be provided with a pencil and paper in each room to take notes, as you feel needed. These notes will be collected from you and disposed upon completion of the exam in that room. These notes are not used in scoring by the examiner.

An appropriate history and physical should be obtained by asking the examiner questions. The examiner will allow reasonable time for you to gather the information. However, you should use the available time wisely and efficiently. 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**, but will respond to your requests with information. If the information is not available for the protocol, the Examiner will so notify you. You should pursue a line of questioning until all information required has been obtained, but do not waste time exploring "blind alleys." All exam visuals (CTs, MRIs, audiograms, photos, etc.) will be presented on a laptop computer. In most protocols, you will then be asked to develop a differential diagnosis. You may collect more information to establish the working diagnosis at which time you will

be asked to discuss the management, both surgical and non-surgical, of this "patient."

Interpretation of photomicrographs is included in some of the protocols.

One or more questions may address professionalism and/or ethical issues.

STEP ONE: – INFORMATION GATHERING & INTERPRETATION

- Appropriate history and physical examination
- Order appropriate studies
  - Lab work
  - Audiograms/vestibular testing
  - Imaging Studies
  - Other studies as indicated
- Correctly interpret these studies

STEP TWO: – DIFFERENTIAL DIAGNOSIS/WORKING DIAGNOSIS

- Based on information from Step One
  - Offer appropriate differential diagnosis with a brief explanation of why each should be considered
  - Narrow these to one or a very small number of diagnoses which will be the basis for the next step

STEP THREE: – MANAGEMENT/TREATMENT

- Logical, coherent, treatment plan based on working diagnosis
  - Detailed steps including medical and surgical management
  - Appropriate use of consultants
- Explain reasons for the various steps in the treatment plan
  - Pros and cons of various approaches

Scoring

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

- **Data Gathering/Interpretation -** Your ability to identify key aspects of the history and physical exam; to interpret histopathology, and to order and interpret appropriate clinical studies.

- **Differential Diagnosis/Working Diagnosis** - Your ability to assimilate and evaluate the clinical information available and integrate it with your clinical experience in developing an appropriate differential diagnosis and identifying a likely working diagnosis.

- **Management/Treatment** - Your 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 passing score is established prospectively using a Criterion Referenced Standard. The minimum passing score reflects a standard developed by the ABOto Directors in conjunction with a psychometrician.

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 session.

The examiner will make notes during the exam. All responses are noted, so do not interpret note taking as poor performance on your part.

Rating Scale

A four-point numeric rating scale is used to evaluate your performance, with levels defined as follows:

Level of Performance	Scale Interval	Interpretation
Excellent	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. The excellent candidate accurately interprets all studies including histopathology. Treatment options are all discussed thoroughly and in detail, citing clinical studies and anticipated outcomes from the recent literature. Excellent clinical judgment and is a passing score.
Satisfactory	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. Satisfactory clinical judgment and is a passing score.
Marginal	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. Marginal/Questionable clinical judgment and is not a passing score.
Unsatisfactory	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. Unsatisfactory/Poor clinical judgment and is not a passing score.

Expectations

Characteristics of a successful candidate:

- gathers information in an orderly and timely 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

Characteristics of an unsuccessful candidate:

- gathers data in a disorganized fashion
- rushes and/or pauses excessively
- uses time ineffectively and in a "stalling" technique
- 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
- treats everything surgically first