

AMERICAN BOARD OF OTOLARYNGOLGY
OTOLARYNGOLOGY TRAINING EXAMINATION GUIDELINES

SATURDAY, MARCH 6, 2010

CONTENT

The American Board of Otolaryngology's Otolaryngology Training Examination (OTE) is designed to measure a candidate's ability to recall factual information, interpret clinical data, and solve problems in four areas of clinical otolaryngology. The clinical areas include General Otolaryngology, Head and Neck Surgery, Otology/Audiology, and Plastic and Reconstructive Surgery. The examination poses questions relevant to diagnosis, rehabilitation, complications, and emergencies. In clinical otolaryngology, the types of patient problems fall into three main categories: disease, trauma, and sensory/motor disturbances, and cover ages from neonatal through geriatric. Further information can be obtained from the ABOto Scope of Knowledge and Classification Guide located on our website at www.aboto.org. The Classification Guide serves as the "blueprint" for exam construction.

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, copying devices, cell phones, pagers, pens, and pencils) into the exam room.

Pencils are provided; do NOT bring your own pencils.

LENGTH & FORMAT

The OTE consists of 150 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 150 items, 100 are scored items and 50 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 one hour lunch break between these two sessions. Each session is three hours and thirty minutes in length.

SCORING

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. Each year examinations are equated so the candidate scaled scores are comparable. Candidates receive scaled scores and national percentile ranks for the total test and four primary content areas (General, Head & Neck, Otology/Audiology, Plastic and Reconstructive). All percentile ranks are based on a comparison of candidate performance that year. Percentile ranks by group are available on the website eight weeks after the exam.

After the examination is given, data is analyzed and evaluated to ensure validity and reliability. Results are mailed within **nine weeks** of the examination.

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. Methimazole
 - B. Propylthiouracil
 - 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 heartbeat is no longer heard. What is the probable cause of the arrest?
 - A. Concurrent lower airway obstruction
 - B. Incorrect size of tracheotomy tube
 - *C. Sudden reversal of respiratory acidosis
 - D. Bilateral tension pneumothorax

2. An 18-month-old boy comes to the emergency room with drooling, poor oral intake and tachypnea for several hours. The lateral neck x-ray is shown in Figure __. Which of the following is the next best step in treatment?
 - A. Flexible bronchoscopy
 - B. Flexible esophagoscopy
 - *C. Laryngoscopy
 - D. Rigid bronchoscopy