

AMERICAN BOARD OF OTOLARYNGOLGY

OTOLARYNGOLOGY TRAINING EXAMINATION GUIDELINES

CONTENT

The 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, as well as basic science. The clinical areas include General Otolaryngology, Head and Neck Surgery, Otology, 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 Classification Guide located at www.aboto.org. This document serves as the 'blueprint' for exam construction.

LENGTH & FORMAT

The OTE consists of 300 multiple-choice items that have five 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 one hour lunch break between these two sessions. Each session is three hours and thirty minutes in length.

SCORING

The exam is scored using a Criterion Referenced Standard. Each scored test item was previously analyzed to assess the probability that a minimally competent 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. Candidates receive scaled scores and national percentile ranks for the total test and five primary content areas (General, Head & Neck, Otology, Plastic and Reconstructive, Basic Science). Percentile ranks by group will be available on our web site six weeks after the exam.

After the examination is given, data is analyzed and evaluated to ensure validity and reliability. Results are mailed within six 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
 - E. Gentamicin
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
 - E. Serologic test for syphilis

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. Propylthiouracil
 - D. Iodine 123
 - *E. 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
 - E. Sensorineural hearing loss and retrocochlear lesion

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
 - E. Mediastinal emphysema

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 interosseous wiring
 - E. Fracture osteotomy and external biphasic appliance