How We Do It in Otolaryngology-Head and Neck Surgery

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DISCLOSURES

• Brian Nussenbaum, MD, MHCM
  • American Board of Otolaryngology – Head and Neck Surgery (ABOHNs)
  • Employee
  • Diplomate
  • I participate in Continuing Certification

Residency Training Structure

PGY-1 Year:
• 6 months Otolaryngology-Head and Neck Surgery
• 1 month Intensive Care
• 5 months, with choices of Anesthesia, General Surgery, Neurological Surgery, Neuroradiology, Ophthalmology, Oral-Maxillofacial Surgery, Pediatric Surgery, Plastic Surgery, Radiation Oncology, Emergency Medicine, Vascular Surgery

PGY 2-5 Years: Minimum of 48 months of progressive education in the specialty each year. This training must include a final year of senior level experience.
PATH TO BEING ELIGIBLE FOR INITIAL BOARD CERTIFICATION

• Annual evaluation by Program Director
• Final Program Director recommendation
• Approval of application by the ABOHNS Credentials Committee

ABOHNS ASSESSMENT THROUGHOUT THE CONTINUUM OF AN OTOLARYNGOLOGIST’S CAREER

ABOHNS ASSESSMENT THROUGHOUT THE CONTINUUM OF AN OTOLARYNGOLOGIST’S CAREER
BOARD CERTIFICATION PROCESS

- Written Qualifying Exam (WQE) - qualifying exam
  - Strength in testing knowledge

- Oral Certifying Exam - certifying exam
  - Strength in testing application of knowledge

INITIAL BOARD CERTIFICATION SUMMARY

- Written Qualifying Exam ("Written Boards")
  - September of each year
  - 300 multiple-choice questions
  - Secure testing center
  - Criterion-based referenced

- Oral Certifying Exam ("Oral Boards")
  - April of each year
  - Half day exam session – 5 rooms (HN, FPRS, Otology, Gen 1, Gen 2)
  - 3 protocols (cases) per room in 40 minutes
  - Criterion-based referenced and use of holistics

ABOHNs ASSESSMENT THROUGHOUT THE CONTINUUM OF AN OTOLARYNGOLOGIST’S CAREER
ABOHNS Core Philosophy for Continuing Certification Since Inception - 2002

- Be relevant to self-designated practice
- Not burdensome
- Not costly
- Continuously quality improvement based on diplomate feedback

ABMS Standards for Continuing Certification – 2015

4 Parts:
1. Professionalism and Professional Standing
2. Lifelong Learning and Self-Assessment
3. Assessment of Knowledge, Judgment, and Skills
4. Improvement in Medical Practice

Each Board has flexibility in the design details of each part

ABMS Standards for Continuing Certification – 2015

4 Parts:
1. Professionalism and Professional Standing
2. Lifelong Learning and Self-Assessment
3. Assessment of Knowledge, Judgment, and Skills
   Verify knowledge-base is maintained and up-to-date
4. Improvement in Medical Practice
**PRIOR PART 3 — ONCE PER 10-YEAR CYCLE**

- Secure closed book exam at testing center
- Mostly scenario-based, practice-oriented questions (80 MCQs)
- Practice-focus specific — self designated
  
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<td>Allergy/Rhinology</td>
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- Summative assessment

**CertLink™ Pilot**
- Alternative to the “high stakes” exam
  - Integrates part II and part III
- Practice-relevant questions
  - Tests “walking-around” knowledge in your practice-focus area
  - Get immediate descriptive feedback
  - Clone questions
  - Identify knowledge gaps for pursuing focused learning activities
- Quick and convenient
  - 10-15 MCQs per quarter
  - 5-minutes per MCQ
  - Do at own convenience on-line
  - No studying
- No extra cost
  - Annual fee unchanged

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**American Academy of Otolaryngology-Head and Neck Surgery/American Board of Otolaryngology Joint Statement on Professional Self-Regulation and Continuous Certification**

**Background/Additional Information:**

The American Academy of Otolaryngology—Head and Neck Surgery and the American Board of Otolaryngology are strongly committed to the promotion of professionalism and safe, high-quality care through professional self-regulation. We feel this is best accomplished through ongoing lifelong participation in high-quality, meaningful, and relevant learning activities, as well as ongoing assessment related to an otolaryngologist's head and neck surgeon's current practice. We support the concept of designing learning and assessment activities that can be integrated into the physician's normal workflow. We recognize that these activities require constant development and continuous improvement, including incorporation of feedback from practicing otolaryngologists and head and neck surgeons.

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THANK YOU

• QUESTIONS?
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