European Board Exam Oto-Rhino-Laryngology, Head and Neck Surgery (EBEORL-HNS) in Cooperation with UCAN (Umbrella Consortium for Assessment Networks)

Klaus Albegger (Graz, Austria)
Konstantin Brass, Marcus Lindner, Jana Jünger (Heidelberg, Germany)
Exams EBEORL-HNS

Mannheim June 2009

Pamplona June 2010

Barcelona July 2011

Toulouse June 2012

Nice April 2013

Antalya April 2014

Warsaw July 2014

Vienna
Written 2013
Oral 2010
CESMA-UEMS
Council of European Specialist Medical Assessments
Vassilios Papalois
1.1.12

Question-Review-Team Quality Improvement!!

Umbrella Consortium for Assessment Networks

Organisation and Network of EBEORL-HNS

Examiners and questions

By Klaus Albegger
The IMS is a web-based tool for the total workflow management of exams. The IMS supports users throughout the entire testing process - from the creation of an item over the delivery all the way to the post-review. Personal account customization, advanced search and drag & drop functionality make the IMS a powerful, easy-to-use personal assistant.
The examination MCQ for Nizza 2013 written on 4/27/13 contains 100 question, with a maximal point count of 100.0. The average point count is 57.4 (Max. 88.0, Min. 0.0, standard deviation 30.88). The average grade is 3.6 (Max. 5.0, Min. 2.0, standard deviation 1.11).

The passing threshold of 60.0 has been calculated by the rule 60 Prozent. Cronbachs Alpha for this examination is 0.99.

From the 62 candidates, who has been evaluated with the rule 60 Prozent has 42 (67.74%) passed the examination, 20 (32.26%) had not enough points to pass.
27.04.2013
Part I: written European ORL-HNS exam

<table>
<thead>
<tr>
<th>grade</th>
<th>from inclusive</th>
<th>to exclusive</th>
<th>number</th>
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<tr>
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<td>90.0</td>
<td>100.0</td>
<td>0 (0.0%)</td>
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<tr>
<td>2</td>
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<td>90.0</td>
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<tr>
<td>3</td>
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<td>60.0</td>
<td>70.0</td>
<td>10 (16.13%)</td>
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<tr>
<td>5</td>
<td>0.0</td>
<td>60.0</td>
<td>19 (30.65%)</td>
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Die Prüfung MCQ EBE-ORL Exam 2014 Antalya am 12.04.14 besteht aus 100 Fragen, bei denen 99.0 Punkte erreicht werden konnten. Im Mittel wurden 70.85 Punkte erreicht (Max. 91.0, Min. 39.0, Standardabweichung 9.04). Die mittlere erreichte Note liegt bei 3.32 (Max. 5.0, Min. 1.0, Standardabweichung 0.87).
Die Bestehensgrenze von 59.4 ergibt sich aus Anwendung der 60 Prozent Regel.
Cronbachs Alpha für diese Prüfung beträgt 0.81
Von den 123 Teilnehmern, die mit der 60 Prozent Regel ausgewertet wurden haben 111 (90.24%) die Prüfung bestanden, 12 (9.76%) haben nicht genügend Punkte erreicht.
Difficulty
12.04.2014
EBE-ORL HNS written exam (Antalya 2014)

<table>
<thead>
<tr>
<th>Note</th>
<th>von einschließlich</th>
<th>bis ausschließlich</th>
<th>Anzahl</th>
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<td>89.1</td>
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<td>(1.63%)</td>
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<td>2</td>
<td>79.2</td>
<td>89.1</td>
<td>15</td>
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<td>79.2</td>
<td>60</td>
<td>(48.78%)</td>
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<tr>
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<td>59.4</td>
<td>69.3</td>
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<td>(27.64%)</td>
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<td>59.4</td>
<td>12</td>
<td>(9.76%)</td>
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</table>

Note - 60 Prozent
Written exam Nice 27.04.2013

Examination Report Complete
Example for an Exam Report

Written exam Nice 27.04.2013
Written exam Nice 27.04.2013
1. A 23-year-old male patient is referred to you with persistent otitis media. In spite of several courses of antibiotics, you aspirate the fluid from his middle ear and the culture shows pneumocystis carinii.

Which diagnostic test would be most helpful to confirm your tentative diagnosis?  
(Please mark one answer!)

(A) ☐ ☐ cANCA testing  
(B) ☐ ☐ Erythrocyte sedimentation rate, RA factor and ANA testing  
(C) ☒ ☒ Serological HIV test  
(D) ☐ ☐ Fluorescent treponemal absorption test  
(E) ☐ ☐ Lyme's assay

Punkte: 1.0 von 1.0

2. How is Barrett's metaplasia with mild dysplasia from prolonged gastro-oesophageal reflux disease (GERD) best managed?  
(Please mark one answer!)

(A) ☐ ☐ Lifelong total acid suppression and review as necessary.  
(B) ☐ ☐ Basal acid output measurement and suppression titration.  
(C) ☒ ☒ Specific acid suppression with periodic surveillance oesophagoscopy and biopsy  
(D) ☐ ☐ Annual imaging by a contrast swallow and symptom monitoring.  
(E) ☐ ☒ Combined therapy with a prokinetic drug and a proton pump inhibitor.

Punkte: 0.0 von 1.0
<table>
<thead>
<tr>
<th>Teilnehmer</th>
<th>Punkte</th>
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<th>Rang</th>
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<td>Condition</td>
<td>Solution</td>
<td>Answer</td>
<td>Points</td>
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<td>-----------------------------------------------</td>
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<td>-----------</td>
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<td>Cogan syndrome</td>
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<tr>
<td>Necrotizing fasciitis</td>
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<tr>
<td>Gastrooesophageal Reflux</td>
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</tbody>
</table>
swelling under the mandible

Item Id: 256850 Autor: Albegger, Klaus

A 53-year old female complains of a swelling under the mandible for the last 6 months, which has grown in the last 2 months and has become harder on palpation.

What is the most appropriate management?
(Please mark one answer!)

(A) □ Treatment with antibiotics and anti-inflammatory drugs
(B) ☒ Sonographically guided fine needle aspiration
(C) □ Clinical observation of the inflammatory adenopathy
(D) □ Perform a routine sialography every two months
(E) □ Request a routine, regular check-up

Schwierigkeit: 0.76
Normale Wertung

Trennschärfe: 0.88
Nur alle richtig
Neurinoma of the acoustic nerve

Item Id: 257632 Autor: Albegger, Klaus

When the Speech Reception Threshold is very high with respect to the Pure Tone Average, it is most often due to which of the following diseases?
(please mark one answer!)

(A) [ ] Noise-induced hearing loss
(B) [ ] Presbyacusis
(C) [ ] Ménière’s disease
(D) [ ] Mixed hearing loss
(E) [x] Acoustic neuroma

Schwierigkeit: 0.47
Normale Wertung

Trennschärfe: 0.56
Nur alle richtig
T1a vocal fold squamous cell carcinoma

Item Id: 250683 Autor: Albegger, Klaus

The best option to treat a T1a vocal fold squamous cell carcinoma is:
(Please mark one answer!)

(A) Radiotherapy
(B) Endolaryngeal surgery
(C) Chemotherapy
(D) Resection via laryngofissura
(E) Debatable according to the case

Schwierigkeit: 0.24
Normale Wertung

Trennschärfe: 0.41
Nur alle richtig
Continuation

Dipl-Inform. Med. Konstantin Brass
Chief Technical Officer
bilateral facial nerve paralysis

Item Id: 314622 Autor: Albegger, Klaus

The most common cause of bilateral facial nerve paralysis in children is:
(Bitte kreuzen Sie eine Antwort an!)

(A) ☒ Lyme’s disease
(B) ☐ Melkerson-Rosenthal syndrome
(C) ☐ Guillain-Barre syndrome
(D) ☐ Möbius syndrome
(E) ☐ Multiple sclerosis

Wird nur als Bonuspunkte gewertet. Aber keinen Einfluss mehr auf die Bestehensgrenze.

Schwierigkeit: 0.05                  Trennschärfe: 0.01
Normale Wertung                    Nur alle richtig