



NIHS RESIDENCY TRAINING PROGRAM

Otorhinolaryngology Head and Neck Surgery

Part One Examination

Examination Format:

National Institute for Health Specialties NIHS (Emirate Board) Part I Examination certificate shall consist of one paper with 150 Single Best Answer MCQs. Up to 10% unscored items can be added for pretesting purposes.

Passing Score:

The pass mark in the Part One Examination will be determined according to the scientific standards and based on reliable practices in assessment.





Suggested References:

- Flint PW, Haughey BH, Lund VJ, et al. Cumming's Otolaryngology–Head and Neck Surgery. 5th ed. Philadelphia, PA: Mosby; 2010.
- Gleeson MJ, ed. Scott-Brown's Otolaryngology, Head and Neck Surgery. 7th ed. London, England: Hodder Arnold; 2008.
- Johnson JT, Rosen CA, eds. Bailey's Head and Neck Surgery–Otolaryngology. 5th ed. Baltimore, MD: Lippincott Williams and Wilkins; 2006.
- Bailey BJ, Calhoun KH. Atlas of Head and Neck Surgery – Otolaryngology. 2nd ed. Baltimore, MD: Lippincott Williams and Wilkins; 2001.
- Myers EN. Operative Otolaryngology: Head and Neck Surgery. 2nd ed. Philadelphia, PA: Saunders; 2008.
- Pasha R, Golub JS. Otolaryngology Head and Neck Surgery: Clinical Reference Guide. 4th ed. San Diego, CA: Plural Publishing; 2013.
- Lee KJ, ed. Essential Otolaryngology: Head and Neck Surgery. 10th ed. New York, NY: McGraw-Hill; 2012.
- Maran AGD, Stell PM. Clinical otolaryngology. Oxford, England: Blackwell Scientific Publications; 1979.
- Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
- Essentials of Patient Safety, SCHS, Latest Edition

Note:

This list is intended for use as a study aid only. NIHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.





Blueprint Outlines:

No.	Sections	Percentage
1	Clinical Anatomy	22%
2	Basic Science1	23%
3	Peri-operative Management	15%
4	Trauma/Critical care	10%
5	Clinical Otolaryngology	15%
6	Surgical Complication/Infection	15%
Total		100%

Notes:

- **¹Basic Sciences:** includes Critical care, Microbiology, Surgical Pathology, Surgical Anatomy, Basic Surgical Principle, Operative technology, Outcome research and Evidence based Medicine, Genetics in Otolaryngology, etc.
- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the website for the most up-to-date information.
- Research, Ethics, Professionalism, and Patient Safety are incorporated within various domains.





Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1



A 35-year-old man with squamous cell carcinoma of buccal mucosa underwent wide local excision, supraomohyoid neck dissection and mandibular reconstruction with metal plates. 2 months after radiation therapy, multiple orocutaneous fistulas with discharge developed over the lower jaw. Mandible was exposed and appeared hypovascular with no evidence of healing. Removal of reconstruction plates, local dressings and systemic antibiotics showed no response (see image).

Which of the following is the best management?

- A. Wide local debridement
- B. Hyperbaric oxygen therapy
- C. Biodegradable mandibular plates
- D. Long term antibiotics and pentoxifylline





EXAMPLE OF K1

Question 2

When tympanoplasty and mastoidectomy are performed in patients with chronic otitis media, ossicular pathologies are frequently encountered. The most common finding is the necrosis of long process of incus.

Which of the following is the most likely reason?

- A. No muscle attachment
- B. Presence of end arteries
- C. Closest to the site of pathology
- D. Most mobile part of ossicular chain

