



# American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

## Instructions for the Psychiatry Certification Examination

### Examination Format

The computer-delivered Psychiatry Certification Examination is comprised of three segments. At the beginning of the examination, there is a nondisclosure agreement (NDA) that examinees must agree to, followed by on-screen instructions. After the tutorial/instructions, the examination delivers 425 test questions in eight sections. At the conclusion of the examination, there is a five-minute end-of-examination survey.

The total testing time is 510 minutes (8.5 hours). It includes five minutes for the NDA and on-screen tutorial/instructions, 500 minutes (8 hours and 20 minutes) for the 425 test questions, and five minutes for the end-of-examination survey. In addition to the 510 minutes of testing time, there are a maximum of 60 minutes for pooled breaks.

Break time can be accessed during the optional breaks that are offered between each section. Examinees can choose not to take breaks or to use as much or as little break time as they see fit during any given optional break (lunch time is included as part of the pooled break time); however, please note that if they exhaust the entire 60 minutes of pooled break time before the end of the examination, any time spent on subsequent breaks will decrease the available remaining examination time. To monitor the amount of break time taken and/or remaining, examinees should pay close attention to the Total Break Time Remaining field displayed on the break screens. If a negative number is displayed in the Total Break Time Remaining field, then the allotted break time has been exhausted and the examination will have the amount of time displayed deducted from the overall examination time. Examinees are expected to manage the pace and timing of the examination themselves. The Psychiatry Certification Examination Format table below demonstrates the examination delivery structure.

**Psychiatry Certification Examination Format**

	Section	No. of Questions	No. of Audio/ Video	Format
<b>5 Min</b>	Nondisclosure Agreement			
	On-Screen Tutorial/ Instructions			
<b>8 hrs 20 min - Test Time 60 min - Pooled Break Time</b>	1	61-67	NA	Stand-alone
	Optional Break*			
	2	35-45	3-6	Linked-Item Set
	Optional Break*			
	3	61-67	NA	Stand-alone
	Optional Break*			
	4	35-45	3-6	Linked-Item Set
	Optional Break*			
	5	61-67	NA	Stand-alone
	Optional Break*			
	6	35-45	3-6	Linked-Item Set
	Optional Break*			
	7	61-67	NA	Stand-alone
	Optional Break*			
8	35-45	3-6	Linked-Item Set	
<b>5 Min</b>	End-of-Examination Survey			

\*This is part of the pooled break time that is not included in the 8 hours and 20 minutes of test time if the total break time does not exceed 60 minutes. During an examination, a proctor must log examinees in after breaks. Examinees must be signed in and out each time they enter and leave the testing room.

### **Question Type and Review**

There are two types of questions in the Psychiatry Certification Examination: stand-alone and linked-item set. *Stand-alone* questions are one-best-answer multiple-choice questions that are not associated with any other questions. For *linked-item set* questions, there are typically two to ten multiple-choice questions linked to a common case that may be presented in a video clip, which may vary in length from one to five minutes, an audio clip, or in a text linked-item set. The video and audio clip questions require the use of headphones to be provided by Pearson VUE. Some linked-item set questions require more than one answer. For these questions, the required number of answers must be provided in order to advance to the next question. The ABPN does not give partial credit for linked-item set questions. For any question that requires more than one answer, examinees must provide all required answers correctly in order to obtain full credit.

As the above chart demonstrates, stand-alone items and linked-item set items are delivered in separate sections. In the linked-item set section, the questions are set up in a linear navigation mode. Every linked-item set question must be answered before moving on to the next question. Once an examinee has answered a question and navigates forward to the next one, the examinees *can* go back to revisit previously answered linked-item set questions within a section but they still *cannot* change the answers. After leaving a section, an examinee *cannot* review questions in that section again.

Stand-alone multiple-choice questions can be skipped or flagged for review, but after leaving a section an examinee *cannot* review questions in that section again.

### **Patient Characteristics in Test Questions**

The ABPN certification examination questions are carefully designed to measure meaningful and plausible testing points (e.g., diagnosis, management, etc.), without the influence of assumptions, bias, or stereotypes. When examinees select the correct (keyed) response, they are given credit because they are demonstrating what the examination question is designed to measure. ABPN examination committees encourage thoughtful consideration of patient characteristics, while at the same time strive to promote diversity and present patients who reflect the populations served by the examinees.

Many test questions in this examination contain descriptions of patients. Characteristics of a patient such as age, sex, gender identity, race, ethnicity, sexual orientation, disability, socioeconomic status, native language, country of origin, and/or occupation are sometimes mentioned within case vignettes in test questions. Some patient characteristics may be important inputs into the diagnostic reasoning process. Inclusion of some characteristics may increase the clinical verisimilitude of the patient cases. Their inclusion, however, as in actual clinical practice, may lead to incorrect conclusions and misdiagnoses. Among the latter are characteristics that could potentially be associated with harmful patient stereotypes.

In the context of question creation, race is considered a social construct not linked to biology or susceptibility to disease. This is similarly true of ethnicity and culture, heritage, or even country of origin. Ancestry, if known, may be biologically important, and thus may be relevant to factors relating to health and disease. In addition, when and if these characteristics are included in questions, they should be considered based on patient self-report, not the assumption of the physician.

Based on the thinking above, some question stems can be brief, the reference to a patient can be general, and patient characteristics could be omitted unless directly relevant to the question at hand. On the other hand, if the question stem includes a portrayal of a specific patient (including vignettes for linked item sets), it is reasonable that, at the least, the patient's age and sex is included.

Additional patient characteristics may be included for any of several reasons, including if they:

- are clinically relevant or could aid in distractor quality
- are necessary for the examinee to better understand the context in which the patient is being seen (i.e., the question would be unreasonably difficult if excluded)
- add to the overall exam-level representativeness of the referenced patient population
- increase the probability of detection, diagnosis, or recognition of an otherwise rare condition
- do not contain negative stereotypes

## Scoring

Examinees will receive a standard score for the total test. An acceptable level of performance must be achieved on the total standard score to pass the examination. The standards are not norm-referenced; there is no predefined passing rate for any group of examinees. In addition, examinees will receive a graphic diagnostic report for their performance on various subtopics of the examination.

Questions that may be included in the examination solely for research or pretesting purposes will not be included in the examinees' scores.

No examinee is expected to obtain a perfect score. However, in the opinion of the ABPN, each examinee should have some degree of familiarity with the subject matter of each question. Even though the examinee may be in doubt about the correct answer to a particular question, he or she should answer every question. This will increase the likelihood that the examinee's examination score will reflect the breadth of his or her knowledge of the field. There is no penalty for guessing.

## PSYCHIATRY CERTIFICATION DEMONSTRATION EXAMINATION

To familiarize examinees with the computer-based examination interface, functionalities, and types of questions that they will find on an operational examination, there is an online Psychiatry Certification Demonstration Examination that can be found on the ABPN website [here](#).

NOTE: This is a close representation of an operational examination but not an operational examination itself.

**Examinees WILL NOT be able to review their answers or receive a score after they have completed the demonstration exam.**