American Board of Psychiatry and Neurology, Inc.

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

Instructions for the Neurology Continuing Certification Examination
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Examination Format

The computer-delivered Neurology Continuing Certification Examination is comprised of three segments. At the beginning of the examination, there is a nondisclosure agreement (NDA) that examinees must respond to, followed by on-screen instructions. After the tutorial/instructions, the examination delivers 220 test questions in three sections. At the conclusion of the examination, there is a five-minute end-of-examination survey.

The total testing time is 300 minutes (5 hours). It includes five minutes for the NDA and on-screen tutorial/instructions, 290 minutes (4 hours and 50 minutes) for the 220 test questions, and five minutes for the end-of-examination survey.

During the examination, there are optional breaks between each section. The optional breaks will be offered after one section is completed and before the next section starts. The time used for optional breaks is a part of the total testing time. Examination time continues to run during optional breaks, so examinees must manage their own time. The Neurology Continuing Certification Examination Format table below demonstrates the examination delivery structure.

Neurology Continuing Certification Examination Format

	Section	No. of Questions	No. of Video Clips	Format
5 min	Nondisclosure Agreement			
	On-Screen Instructions			
290 minutes (4 hrs, 50 min)	1	41-47	3-4	Linked-Item Set
	Optional Break*			
	2	50-60	NA	Stand-alone
	Optional Break*			
	3	50-60	NA	Stand-alone
	Optional Break*			
	4	50-60	NA	Stand-alone
5 min	End-of-Examination Survey			

*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 Neurology Continuing 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 eight multiple-choice questions linked to a common case that may be presented in a video clip, which may vary in length from 30 seconds to three minutes or in a text linked-item set. The video questions require the use of headphones to be provided by Pearson VUE. Each linked-item set question must be answered in order to advance to the next question.

Linked-item set questions cannot be flagged for review because answers to already-answered questions may be revealed in subsequent questions. Once an examinee has answered a question, the examinee cannot go back to the question and must completely answer the displayed question before moving on to the next question. To familiarize examinees with video questions, please view sample linked-item set provided here.

Stand-alone multiple-choice questions can be flagged for review or skipped, but after completing 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 percent correct score for the total test in addition to the percent correct scores for the subtests. The percent correct score is the percentage of items answered correctly, rounded to the nearest one-tenth percent. An acceptable level of performance must be achieved on the total score to pass the examination. The passing standards are not norm-referenced; there is no predefined passing rate for any group of examinees.

Questions that may be included in the examination solely for research or pretesting purposes will not be included in the examinee's score.

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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.

Examination Functions

To familiarize examinees with the examination functions, several examination screenshots with explanations are provided here. In addition to the general functions, such as Time Remaining and Number of Questions, please pay special attention to the functions for video fast forward and rewind, Comment, Scratch Pad, Highlight, Strikethrough, Flag for Review, Section Map/Drug List/Tutorial, Navigator, and other functions related to examination questions.