

# **THE AMERICAN COLLEGE OF PSYCHIATRISTS**

## **CHILD PSYCHIATRY RESIDENT IN-TRAINING EXAMINATION® (CHILD PRITE®)**

**December 1 – 7, 2020**



**INSTRUCTION MANUAL  
For Program Directors and  
CHILD PRITE Administrators**

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## COMMUNICATION GUIDELINES

Questions concerning policies, receipt of test materials, administration of the examination, the return of test materials, or billing and payments should be directed to:

Kathryn Delk  
The American College of Psychiatrists  
111 East Wacker Drive, Suite 1440  
Chicago, IL 60601  
Telephone: (312) 938-8840  
FAX: (312) 938-8845  
[Kathryn@acpsych.org](mailto:Kathryn@acpsych.org)

Questions concerning scoring procedures and examination results should be directed to:

Amanda Kikola  
Prometric  
1501 S. Clinton Street  
Baltimore, MD 21224  
Telephone: 443-751-4015  
[Amanda.Kikola@prometric.com](mailto:Amanda.Kikola@prometric.com)

## CONFIDENTIALITY AND USE STATEMENT

The primary objectives of the Child Psychiatry Resident In-Training Examination® (CHILD PRITE®), offered by The American College of Psychiatrists (The College), are to provide an assessment of knowledge base of child and adolescent psychiatric issues and to provide educationally useful feedback to individuals and groups in the form of comparisons with peers in specific areas of knowledge. The CHILD PRITE is taken only by candidates in child fellowship programs. It may be used by residency programs as one factor among many, for assessing the competency of a resident. Except as indicated herein, all residents' test results will be kept confidential.

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No part of the PRITE® or CHILD PRITE® may be copied, reproduced, disseminated or transmitted in any form or format by any means, electronic or mechanical, including photocopying and recording, or by any information retrieval system, except as may be expressly permitted by law or in writing from The American College of Psychiatrists.

## INTRODUCTION AND GENERAL INFORMATION

This Instruction Manual, which contains directions for administering the Child Psychiatry Resident In-Training Examination® (CHILD PRITE®), has been prepared by The American College of Psychiatrists (The College) to ensure that all psychiatric residents have an opportunity to be tested under comparable conditions.

### **Exam Security**

Exam security is such an important aspect of an administration that it cannot be overemphasized. The training director is responsible for the security of all exam booklets from the time they are received until they are returned to the resident. This means that no one is to have the opportunity to examine any exam booklet at any time except the examinee taking the test. Also, no one may be permitted to copy the exam questions. **Unless authorized by The College, exam booklets cannot be shared outside of the training program.**

### **Purpose of the Exam**

Although the purpose and construction of the CHILD PRITE follow the same stringent requirements as the PRITE, a few important differences exist between the two exams. While residents may take the PRITE in all stages of psychiatry training, the CHILD PRITE is a 200-item specialty exam designed to be taken only by child fellows. Only child psychiatry specialists from the PRITE Editorial Board construct and review this specialty exam. The exam surveys child and adolescent psychiatry issues in depth. The content categories listed on pages 4 – 6 indicate the scope of the CHILD PRITE items, which are unique to specialty practice in the field of child and adolescent psychiatry.

The CHILD PRITE provides a reasonably objective external criterion for use on a voluntary basis by training programs wishing to scrutinize curriculum content, goals, and effectiveness. The content of this exam and the policies governing its use are determined by democratic processes that seek to incorporate a broad segment of the educational community. These policies include specific safeguards, such as firm guarantees of confidentiality for individual residents and training programs, and prohibitions on the use of results for pass-fail purposes.

Each resident receives a detailed computer analysis of his or her test performance in comparison with other residents at a similar level of training. Each training director receives statistical summary data comparing his or her training program with other groups of participants. In addition, each training director receives copies of test results for individual residents.

## Exam Stipulations

The following stipulations apply to each residency program's participation:

1. Test results of individual residents must be kept strictly confidential, except as indicated herein. A small amount of descriptive data must be provided for all participating residents (type of examinee, resident I.D. number, type of training program, and testing condition, etc.). Names, Social Security numbers, or other sensitive or personal factors about residents will **NOT** be collected. (See the instructions beginning on page 12 of this manual for further details.)
2. The results may be used as one factor among many for assessing the competency of a resident, but may not be used for pass/fail decisions.
3. For those being tested under standardized conditions, the test must be administered during the period of December 1 through 7, and answer sheets returned to Prometric by December 15, 2020.
4. The makeup session should take place as soon as possible after the regular session has been concluded, but no later than December 14, 2020, and answer sheets, Report of Test Administration and a copy of the Attendance Roster returned to Prometric by December 15, 2020.
5. Uniform testing conditions and procedures are essential in a program that involves testing at many centers. To ensure a standardized testing environment for all examinees, the directions in this Instruction Manual must be followed exactly. This examination is intended to be a timed, proctored, closed-book examination taken under group testing conditions by child psychiatry residents. (Some flexibility is permitted to minimize hardship for residents unable to participate in standardized administration because of serious schedule conflicts or unanticipated difficulties such as illness, and to accommodate special testing needs, as required by the Americans with Disabilities Act.)
6. Test booklets must be collected after test administration and stored in a secure area. They should be distributed to residents at an appropriate time decided by the training director after test results have been returned to the program.
7. A program may not participate in CHILD PRITE unless the order form which must be signed by the training director is returned and payment has been received. By signing the order form, the training director:
  - acknowledges that all residents in the program are participating in CHILD PRITE,
  - acknowledges that the test results may be used by the program as one factor, among many, for assessing the residents' competency,
  - acknowledges that the examination is not a certifying examination and agrees that it will not be used for making "pass/fail" decisions, and
  - guarantees that the program will take all measures necessary to comply with the Americans with Disabilities Act.
8. The College must receive a signed order form by September 15. Payment for the exams ordered must be received by October 15. A late fee of \$35 per exam will be assessed for exams ordered or paid for after October 15.
9. The training director must notify The College **NO LATER THAN October 15**, of the following:
  - all residents who have notified the program of any disabilities and auxiliary aids or modifications those disabilities necessitate,
  - the aid or modification the program has agreed to undertake,
  - any modification to the examination itself, which the program considers necessary, or
  - any determination that there is no appropriate on-site aid or modification.

## **How the Exam Is Constructed**

This exam is constructed in a multi-stage, open-ended process designed to maximize its validity while permitting a large number of persons to influence its content. Representatives of The College, the American Academy of Child and Adolescent Psychiatry (AACAP), the Association for Academic Psychiatry (AAP), the American Psychiatric Association (APA), and four child psychiatry fellows make up the CHILD PRITE Editorial Board, which develops the exam.

Members of the Board write the items. Each item is reviewed on the basis of:

1. educational significance
2. appropriateness of wording, and
3. verification of the correct responses.

Reviewers may recommend any changes that seem desirable, including elimination of any items they consider inappropriate for this exam.

The CHILD PRITE Editorial Board makes the preliminary selections for items to be included in the exam. The primary goals at that time are to select well written, educationally significant items and to ensure appropriate distribution by topic. The wording of selected items is further refined with the assistance of consultants from Prometric who are experts in test construction methodology. The selected items are separated into content batches and sent to designated members of the CHILD PRITE Editorial Board for final review. Those members make recommendations to the Editor-in-Chief for the finalization of the 200 items that appear on the exam.

# CONTENT CATEGORIES for the CHILD PRITE

## A. NEUROSCIENCES

1. \_\_\_ Neurodevelopment (fetus through early adulthood)
2. \_\_\_ Neuroanatomy
3. \_\_\_ Cells and circuits
4. \_\_\_ Neurotransmitters and receptors
5. \_\_\_ Modulators (hormones, inflammatory responses)
6. \_\_\_ Neurobiological basis of basic behaviors (appetite, sleep, sex, aggression, attachment, pain, pleasure)
- 7. Genetics**
  - 7.a \_\_\_ Methodologies for identifying genes
  - 7.b \_\_\_ Types of genetic abnormalities
  - 7.c \_\_\_ Methods to identify genetic disorders
  - 7.d \_\_\_ Epigenetics

## B. CLINICAL NEUROLOGY

- 1. Diagnostic procedures**
  - 1.a \_\_\_ Neurological interview and examination
  - 1.b \_\_\_ Neuroimaging (structural and functional)
  - 1.c \_\_\_ Neurophysiological testing (EEG, evoked potentials, sleep studies)
- 2. Diagnostic and clinical evaluation of neurologic disorders/syndromes**
  - 2.a \_\_\_ Common neurological disorders/syndromes
  - 2.b \_\_\_ Comorbid psychiatric disorders associated with neurological disorders or syndromes
  3. \_\_\_ Management and treatment of neurological disorders/syndromes

## C. CLINICAL PSYCHIATRY

### 1. Development & Maturation (Fetus through adolescence/early adulthood)

- 1.a \_\_\_ Physical (other than neurodevelopment)
- 1.b \_\_\_ Cognitive/Language
- 1.c \_\_\_ Psychological/Emotional/Personality
- 1.d \_\_\_ Social
- 1.e \_\_\_ Sexual
- 1.f \_\_\_ Environmental influences (ethnic, cultural, family, social, spiritual)
- 1.g \_\_\_ Life transitions/Dying//Death

### C.2. Behavioral & Social Sciences

#### 2.a Psychology

- 2.a.1 \_\_\_ Behavioral psychology and cognitive psychology
- 2.a.2 \_\_\_ Neuropsychology / learning theory
- 2.a.3 \_\_\_ Psychoanalytic/psychodynamic theory
- 2.a.4 \_\_\_ Social psychology
- 2.b \_\_\_ Sociology, Anthropology and Ethnology (includes religion, spirituality, culture)
- 2.c \_\_\_ Other behavioral/social sciences

#### C.3. Epidemiology

- 3.a \_\_\_ Core concepts and major research studies
- 3.b \_\_\_ Prevention
- 3.c \_\_\_ Risk Factors
- 3.d \_\_\_ Resilience/ Protective factors
- 3.e \_\_\_ Other epidemiology

#### C.4. Diagnostic Procedures

- 4.a \_\_\_ Interview
- 4.b \_\_\_ Mental Status
- 4.c \_\_\_ Diagnostic assessments and rating scales

- 4.d \_\_\_ Psychological/Neuropsychological testing
- 4.e \_\_\_ Diagnostic laboratory testing and monitoring
- 4.f \_\_\_ Imaging
- 4.g Neurophysiological testing**
- 4.g.1 \_\_\_ EEG
- 4.g.2 \_\_\_ EMG
- 4.g.3 \_\_\_ Sleep
- 4.h \_\_\_ Other diagnostic procedures

### **C.5. Psychopathology & Associated Conditions (Fetus through Adolescence/Early Adulthood)**

#### **5.a Disorders** (include substance-, medication-, medical condition-induced)

- 5.a.1 \_\_\_ Neurodevelopmental
- 5.a.2 \_\_\_ Schizophrenia spectrum and other psychotic disorders
- 5.a.3 \_\_\_ Bipolar and related disorders
- 5.a.4 \_\_\_ Depressive disorders
- 5.a.5 \_\_\_ Anxiety disorders
- 5.a.6 \_\_\_ Obsessive-compulsive and related disorders
- 5.a.7 \_\_\_ Trauma and stressor-related disorders
- 5.a.8 \_\_\_ Dissociative disorders
- 5.a.9 \_\_\_ Somatic symptom and related disorders
- 5.a.10 \_\_\_ Feeding and eating disorders
- 5.a.11 \_\_\_ Elimination disorders
- 5.a.12 \_\_\_ Sleep-wake disorders
- 5.a.13 \_\_\_ Sexual dysfunctions
- 5.a.14 \_\_\_ Gender Dysphoria
- 5.a.15 \_\_\_ Disruptive, impulse control, conduct disorders
- 5.a.16 \_\_\_ Substance-related and addictive disorders
- 5.a.17 \_\_\_ Neurocognitive disorders
- 5.a.18 \_\_\_ Personality disorders
- 5.a.19 \_\_\_ Paraphilic disorders
- 5.a.20 \_\_\_ Other mental disorders

#### **5.b High Risk Behaviors**

- 5.b.1 \_\_\_ Suicidality
- 5.b.2 \_\_\_ Self-injurious behavior
- 5.b.3 Aggression
- 5.b.3.a \_\_\_ Interpersonal violence and homicide
- 5.b.3.b \_\_\_ Social
- 5.b.4 \_\_\_ Other high risk behaviors
- 5.c \_\_\_ Environmental – Risk/Protective factors (Family/Social/Education/Employment/Housing/Financial/Legal/Health)

### **C.6. Treatment from Infancy through Adolescence/Early Adulthood**

- |   |   |
|---|---|
| 6.a ___ Patient Engagement: The therapeutic alliance and the Physician/Patient Relationship | 6.e.1.d ___ Psychogenomics  |
| 6.b ___ Case Formulation and Differential Diagnosis   | 6.e.1.e ___ Antipsychotics  |
| 6.c ___ Treatment Planning  | 6.e.1.f ___ Antidepressants   |
| 6.d ___ Management of difficult patients and nonadherence to treatment                      | 6.e.1.g ___ Antianxiety, sedative-hypnotics                           |
| <b>6.e Somatic Therapies</b>  | 6.e.1.h ___ Mood stabilizers  |
| 6.e.1 Psychopharmacology  | 6.e.1.i ___ Cognitive enhancers                                       |
| 6.e.1.a ___ Pharmacokinetics/pharmacodynamics   | 6.e.1.j ___ Psychostimulants  |
| 6.e.1.b ___ Drug Interactions   | 6.e.1.k ___ Augmentation agents                                       |
| 6.e.1.c ___ Age/Gender/Racial issues  | 6.e.1.L ___ Medications for side effects                              |
|   | 6.e.1.m ___ Other psychopharmacology (e.g. medications for addiction) |
|   | <b>6.f Other somatic therapies</b>                                    |
|   | 6.f.1 ___ Neurophysiological  |
|   | 6.f.1a ___ ECT  |

- 6.f.1b \_\_\_ Biofeedback
- 6.f.1c \_\_\_ Phototherapy/Chronotherapy
- 6.f.1d \_\_\_ Neurostimulation
- 6.f.2 \_\_\_ Neurosurgical approaches
- 6.f.3 \_\_\_ Complementary/Alternative medicine
- 6.f.4 \_\_\_ Other

**6.g Psychotherapy & Psychoeducational Interventions**

- 6.g.1 \_\_\_ Supportive
- 6.g.2 \_\_\_ Behavioral and Dialectical Behavioral
- 6.g.3 \_\_\_ Cognitive and Cognitive-Behavioral
- 6.g.4 \_\_\_ Interpersonal
- 6.g.5 \_\_\_ Dyadic
- 6.g.6 \_\_\_ Psychoeducation (including parenting)
- 6.g.7 \_\_\_ Psychodynamic and psychoanalytic

- 6.g.8 \_\_\_ Family
- 6.g.9 \_\_\_ Group
- 6.g.10 \_\_\_ Motivational Interviewing
- 6.g.11 \_\_\_ Other psychotherapy and psychoeducational interventions

**6.h Psychosocial/Milieu Treatments**

- 6.h.1 \_\_\_ Rehabilitation/Relapse Prevention/Harm Reduction
- 6.h.2 \_\_\_ Self Help/Peer Support Programs
- 6.h.3 \_\_\_ Case Management
- 6.h.4 \_\_\_ Inpatient/Residential
- 6.h.5 \_\_\_ Partial/Day Rx
- 6.h.6 \_\_\_ Outpatient
- 6.h.7 \_\_\_ Emergency/Crisis Interventions
- 6.h.8 \_\_\_ Seclusion/Restraints
- 6.h.9 \_\_\_ In-home/Community-based services
- 6.h.10 \_\_\_ Other psychosocial/milieu treatments

**C.7. Consultation/Collaborative-Integrated Care**

- 7.a \_\_\_ Medical
- 7.b \_\_\_ Court/Justice system
- 7.c \_\_\_ Community Mental Health systems
- 7.d \_\_\_ School
- 7.e \_\_\_ Other consultation

**C.8. Issues in practice**

- 8.a \_\_\_ Quality assurance/Improvement, Patient safety, Risk Management.
- 8.b \_\_\_ Use of technology
- 8.c \_\_\_ Teaching and education
- 8.d Ethics/Professionalism**
- 8.d.1 \_\_\_ Clinical
- 8.d.2 \_\_\_ Research/Scholarly activity
- 8.d.3 \_\_\_ Organizational & administrative
- 8.e \_\_\_ Advocacy
- 8.f \_\_\_ Forensics and legal issues
- 8.g \_\_\_ History of psychiatry
- 8.h \_\_\_ Self assessment and lifelong learning
- 8.i \_\_\_ Other issues in practice

**C.9. Research and Scholarship Literacy**

- 9.a \_\_\_ Research design/methods
- 9.b \_\_\_ Accessing and evaluating the evidence
- 9.c \_\_\_ Statistics
- 9.d \_\_\_ Application of evidence to practice

**C.10. Administration and Systems**

- 10.a \_\_\_ Administration: Public Policy; Information Management and Electronic Medical Record  
Organizational theory and structure; Health Care Economics; Other administration
- 10.b \_\_\_ Systems: Systems of care (incl. Community, Justice/legal, educational, other systems);  
Global; Other

# PLANNING FOR THE TEST SESSION

## Testing Schedule

**October 15:** Program notifies The College of requests for aids or administration modifications based on disabilities, the program's actions, and any necessary modifications to the exam.

**Early November:** During the first week of November, test materials will be shipped to residency programs. Upon receipt of materials, the Test Administrator or other individual designated by the Program Director should inspect all materials immediately to determine if there are any shortages or defective materials. Any defective or missing materials must be reported to The College at (312) 938-8840 immediately.

**December 1 through 7:** Residency programs administer the exam. A make-up testing session should take place as soon as possible after the regular testing session has been concluded, but no later than December 14, 2020.

### **December 15: DATE FOR RECEIPT OF ANSWER SHEETS AT PROMETRIC.**

Answer sheets for residents who take the exam under both standard and nonstandard conditions are due at Prometric no later than December 15, 2020. **Answer sheets received after December 15, 2020, may not be accepted for scoring.** Please contact Kathryn Delk if this deadline will not be met.

The statistical feedback that will be reported to residents and training directors will include a large amount of group data; therefore, scoring can be based only on the properly completed answer sheets that are received at Prometric on time. Answer sheets received with missing or incorrectly completed data may not be processed.

**February 2021:** Programs will receive CHILD PRITE results via email.

## Advance Arrangements for the Testing Session/Maximizing Attendance

The CHILD PRITE examination consists of 200 multiple-choice questions administered in a single 3½ hour test administration session<sup>1</sup>. To ensure sufficient time for distribution of materials and explanation of instructions, allow 4 hours when scheduling the administration.

To protect the validity of the scores and to enhance the educational value of the administration, it is important that every resident take this examination under timed, proctored, closed-book, group testing conditions similar to those followed for other standardized examinations. The following guidelines are suggested for maximizing attendance:

1. The date, time, and location for the testing session should be announced as soon as they are determined. Publish the testing date well in advance so that residents can avoid schedule conflicts when planning personal time and other activities. To avoid any possibility of a misunderstanding, each resident should receive a written announcement.
2. Avoid scheduling the testing session on a day when religious observances would result in attendance problems. Residents should be given sufficient notice of the examination to permit the residency program to inform The College of any disabled resident for whom auxiliary aids or other arrangements are necessary and about those for whom it has been determined that on-site accommodations are inadequate, **NO LATER THAN OCTOBER 15.**
3. Set the expectation that all residents will attend the scheduled session. However, if this causes a hardship for any resident, a make-up session can be scheduled.

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<sup>1</sup> The Americans with Disabilities Act may require modifications to time limits and other testing conditions for disabled residents.

4. Residents who enter your training program between the date of the initial announcement and the testing session should be notified of this important event as far in advance as possible (ideally on their first day of orientation to your training program). Arrangements should be made as soon as possible for any such resident who is disabled.
5. Notify all faculty members and other persons acting as clinical supervisors of this important educational activity and that all residents must be freed from other duties to attend the testing session. Make specific arrangements for all required clinical coverage during the testing session.
6. Reserve sufficient seating space for the exam administration.
7. Enlist the services of faculty members or administrative personnel who will act as proctors during the testing session.

### **The Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act (ADA) requires that an organization offering an examination such as CHILD PRITE offer it in "a place or manner accessible to persons with disabilities or offer alternative accessible arrangements for such individuals." 42 U.S.C.§12189. Implementing regulations require organizations giving exams to persons with impaired sensory, manual or speaking skills to:

1. Ensure that the exams offered to disabled individuals accurately measure individuals' aptitude or achievement level, not their disability.
2. Ensure that the exams designed for disabled individuals are offered in facilities that are accessible to individuals with disabilities and that such exams are offered at times and locations as convenient as those of the regular exams.
3. Provide appropriate auxiliary aids for disabled persons, unless the provision of such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the exam is intended to test or would result in an undue burden.

Examples of auxiliary aids that may be required include the following: taped exams, interpreters or similar accommodations (for persons with hearing impairments); qualified examination readers (for persons with visual impairments or learning disabilities); a person or mechanism to transcribe answers (for persons with manual impairments). In addition, testing procedures may need to be modified for disabled persons, e.g., by giving such persons additional time to complete tests in appropriate circumstances.

Disabled residents may be required to give advance notice and documentation of their disability and any aids or modifications they believe to be required. This advance notice is important to permit the program to make arrangements for disabled residents.

Programs should notify residents of the exam date as soon as possible, setting a date by which the residents must notify the program of any relevant disabilities and aids or modifications required to permit their participation. Programs must notify The College of the following: (1) any modification to the exam itself that the program considers necessary, and/or (2) any determination that there is no appropriate on-site aid or modification, **NO LATER THAN OCTOBER 15**.

The test results of disabled residents for whom auxiliary aids have been provided or other modifications made, will not be included in standardized group statistics.

When administering the exam to disabled residents, the program should make whatever modifications are necessary to the instructions in this manual. Any questions about the appropriate way to proceed should be referred to The College.

## Prior to Testing

**BE SURE TO INSPECT THE SHIPMENT OF MATERIALS IMMEDIATELY UPON RECEIPT TO DETERMINE IF THERE ARE ANY SHORTAGES OR DEFECTIVE MATERIALS. NOTIFY KATHRYN DELK AT THE COLLEGE (312-938-8840, EXT. 14) IF ANY DISCREPANCIES ARE FOUND. IF DEFECTIVE MATERIALS ARE DISCOVERED DURING THE EXAM, IT MAY BE NECESSARY TO RESCHEDULE THE TEST FOR THE AFFECTED EXAMINEES.**

**ALL MATERIALS MUST BE KEPT IN A LOCKED CONTAINER TO WHICH ONLY YOU HAVE ACCESS UNTIL THE DAY OF THE TEST.**

Approximately one to two weeks before the exam, the following activities should take place:

1. Complete the demographic information on the Answer Sheets and fill out the Attendance Roster (see page 12 for further directions).
2. Send a reminder to all eligible residents, clinical supervisors, and other persons involved with the test administration.
3. Reconfirm:
  - previous arrangements for clinical coverage
  - commitments by faculty members to act as proctors during the test administration
  - room reservations and seating requirements

### Clinical Coverage during Testing Sessions

Residents must be excused from all other obligations during the time period scheduled for the testing session. Be sure that this is communicated well in advance to faculty members and other persons acting as clinical supervisors for residents. Prior notification is especially important if some of your residents must be excused from clinical rotations outside your department.

If possible, clinical coverage by faculty members or other nonresidents should be arranged for every service (including the emergency room, admissions office, consultation-liaison service, inpatient service, outpatient clinic, etc.). Be sure that switchboard operators and other key persons are informed of the arrangements for clinical coverage so requests for paging can be routinely redirected.

If extreme hardship is involved in relieving all residents of clinical responsibilities during the testing, the training director should randomly select one resident to act as O.D. The O.D. resident(s) can then take the examination at the make-up session. **(Do NOT ask for volunteers to act as O.D.)**

### Make-up Testing Sessions and Nonstandard Testing

Each training program should schedule a make-up testing session for residents who unavoidably miss the main testing session. This should be scheduled as soon as possible after the regular testing session has concluded. By participating in the make-up session, these residents may still benefit from the test-taking experience and obtain useful feedback. Decisions permitting individual residents to attend the make-up session should be made by the director of residency training. He/she should evaluate the appropriateness of each request.

The following guidelines apply to the make-up session:

1. A 3½ hour make-up session should take place as soon as possible after the regular testing session, but no later than December 14, 2020.
2. The requirements for the make-up session are the same as for the primary test administration. This session must follow the time limit, closed-book conditions, and the presence of a proctor at all times, even if only one resident is being tested.
3. Residents who miss the regular testing session and are unable to attend the make-up session may take the test under any reasonable arrangement approved by the residency training director. (See the instructions on page 13 for completing Block D of answer sheet.)

### **Materials for Test Administration:**

- *Instruction Manual*
- Test booklets
- Answer sheets
- Attendance roster for assigning names to ID numbers, for determining absentees at the test session, and for distributing the test results<sup>2</sup>
- A supply of soft lead (no. 2) pencils
- A reliable watch (preferably a stop watch)

### **Proctors and Their Responsibilities**

**A PROCTOR SHOULD BE PHYSICALLY PRESENT IN EACH TESTING ROOM AT ALL TIMES.** Proctors can be faculty members or administrative staff designated by the Training Director who retains ultimate responsibility for exam security. Do not use residents as proctors.

The duties of the proctor include distribution and collection of materials, explanation of instructions, and enforcement of standardized testing conditions. The presence of a proctor must be apparent at all times, but proctoring duties can be shared among faculty and administrative volunteers who proctor in shifts.

Both the distribution of materials and explanation of instructions at the beginning of a testing session and the collection of materials at the end of the testing session, require advance preparation. The person(s) responsible for these duties should take sufficient time to become thoroughly familiar with the instructions and procedures outlined in this manual.

Reading or any sort of quiet desk work by the proctor is permitted so long as the residents are not distracted by the activity, and so long as the continuous physical presence of a proctor is evident. At various times throughout the testing period, the proctor should walk about the room to enforce standardized conditions and to make certain that the residents are completing the answer sheets properly. Proctors should carefully synchronize watches when they replace or are replaced by another to ensure that the timed testing period will be exactly 3½ hours in length.

The proctor should assist residents with understanding instructions, **BUT CANNOT ASSIST WITH INTERPRETING TEST QUESTIONS.**

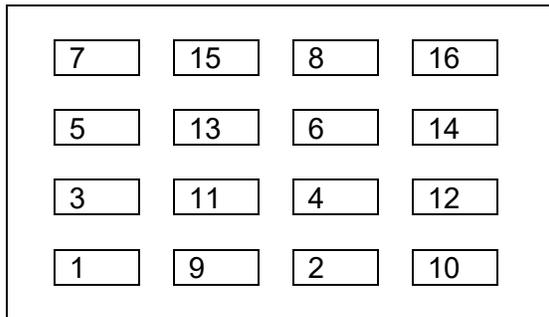
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<sup>2</sup> NOTE: Attendance rosters are NOT sent to The College or to Prometric. Program Directors should secure the attendance roster since it will be the only record linking a resident report to a specific individual.

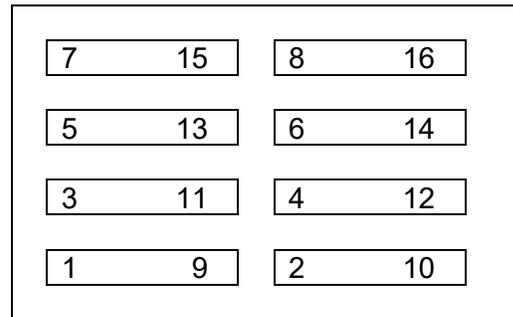
## Testing Rooms and Seating Arrangements

In order to facilitate the distribution and collection of test materials and the monitoring of the testing room, the following arrangements are recommended.

1. If more than one testing room is required, the rooms should be adjacent. A proctor must be present in each room.
2. Examinees are permitted to leave the testing area – one at a time – if they need to use the restroom. However, additional testing time will not be granted in such cases. The test booklet and answer sheet must be collected from any examinee that leaves the room for such a break.
3. Examinees should be seated in a manner that will allow sufficient work space and lessen the opportunity for communication during testing. Two types of seating typically used for standardized tests are shown in the diagrams below. In each case, the seating is alternated as examinees are directed to their seats. Desks and tables should be a minimum of three feet apart.



**Figure 1** (desks)



**Figure 2** (8-foot tables)

4. Provide comfortable writing surfaces for left-handed examinees.
5. The testing room(s) should have a wall clock that's clearly visible to all examinees.

# COMPLETING THE ATTENDANCE ROSTER AND ANSWER SHEETS

**THIS TASK CAN BE TIME CONSUMING AND SHOULD BE DONE WELL IN ADVANCE OF THE TEST ADMINISTRATION.**

Accurate completion of this task requires detailed knowledge of your residents' individual educational histories. **THE RESIDENCY TRAINING DIRECTOR SHOULD PERFORM THE TASKS DESCRIBED BELOW OR DELEGATE THEM TO AN ADEQUATELY INFORMED ASSISTANT.** Errors will delay computer processing of test results, are costly to correct, and may compromise the accuracy of all participants' results.

The following are instructions for entering the necessary data for the examinees. **NOTE:** These instructions apply to all categories of examinees. **Complete these blocks of the answer sheets in advance of the test sessions. USE ONLY A SOFT LEAD (NO. 2) PENCIL.** Fill in the circles completely. If it is necessary to change some of the information, erase your first marks thoroughly.

All demographic data required for computer processing must be recorded on the answer sheets.

## **Attendance Roster**

The master list of names and ID numbers should be prepared on the attendance roster which is provided to the training director with the other testing materials. The ID numbers assigned to the training program are printed in sequential order on this form and space is provided for recording names of residents and other examinees.

The examinees' 9-digit numbers have the following structure: 20-XXX-XXXX. The first two digits are 20, designating the 2020 exam. The next group of three digits is the code assigned to your residency training program. The final four digits are generated sequentially.

If you ordered additional exams after receiving your attendance roster, you will need to add the appropriate ID numbers to your roster. Determine the additional ID numbers from the last number pre-printed on your roster. (The last four digits should increase by one for each additional resident.)

The attendance roster is used during the test session to distribute the correct answer sheets to the appropriate examinees. It is also used for distribution of the test results, since the **SCORED REPORTS WILL IDENTIFY EXAMINEES BY THEIR ID NUMBERS ONLY. KEEP THE ATTENDANCE ROSTER IN A SECURE LOCATION WITHIN YOUR DEPARTMENT UNTIL TEST RESULTS ARE SENT TO YOU FROM PROMETRIC.**

**DO NOT RETURN THE ATTENDANCE ROSTER TO PROMETRIC WITH THE ANSWER SHEETS.**

## **Answer Sheet Block A — Resident ID Number**

Using the information on the attendance roster, fill in each examinee's ID number in the boxes provided on the answer sheet. Fill in the circles below the boxes that correspond to the numbers you wrote. **BE VERY CAREFUL. ID numbers that are entered incorrectly will result in delays in scoring and possible incorrect reporting of results.**

## **Answer Sheet Block B — Type of Examinee**

Please record the **CURRENT** status of each examinee as of December 1, 2020. The categories listed are used to define the norm group and the peer groups in computing standard scores.

**Your response in this block will determine the scoring status for each resident with regard to his/her level of residency (first-year, second-year, etc.), and how his/her results will be used in the comparisons with other residents locally and nationally. Please fill this block out carefully. ONCE ANSWER SHEETS ARE PROCESSED AND SCORING BEGINS, NO CHANGES CAN BE MADE; therefore, it is critical that each resident be classified accurately. A residency program's results may be impacted by incorrect classification of residents.**

- Child Psychiatry — First Year Resident
- Child Psychiatry — Second Year Resident
- Child Psychiatry — Research Fellow
- Other Trainee<sup>3</sup>

### **Answer Sheet Block C — Type of Training Program**

This block is used only for compiling statistical summaries that will include examinees from many training programs. It does not affect the results received by any resident or by any single training program.

For most training programs, the same response choice will be used for all examinees. It is permissible to use different responses for different residents if this seems appropriate (e.g., if some of the residents tested with your group are actually receiving their training at some affiliated institution such as a state hospital, rather than in your own training program). This block is **NOT** concerned with the type of patients or geographic location, but rather with the administrative organization of the training program.

- Medical school training program
- Public mental hospital training program (i.e., state or county hospital)
- Private hospital training program
- Military training program
- Other type of training program (including VA hospitals not intimately affiliated with medical schools)

### **Answer Sheet Block D — Testing Conditions**

The choice marked in this block in no way affects either the results reported to the individual examinee or the statistics reported to the training director. This variable is used to restrict membership in the norm group used for standardizing scores. Only residents tested under fully standardized conditions will be included in the calculations of the standard scores.

- Standardized group: The resident took the test during the regularly scheduled testing session as specified in this manual.
- Make-up group: The resident attended a make-up session. As long as the resident was tested under standard conditions, the make-up session will be scored as standard. You may hold more than one make-up session.
- Nonstandard group:
  - The resident did not attend the regular testing session or a make-up session
  - The test was not proctored or otherwise not taken under standardized conditions.
  - Disabled residents for whom auxiliary aids or other administrative modifications have been provided
  - Training Director

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<sup>3</sup> If Training Director wishes to take the exam and have it scored, categorize as "Other."

# CONDUCTING AND SUPERVISING THE EXAMINATION

The CHILD PRITE is intended to be administered under the same conditions that apply to many standardized examinations. To facilitate that goal, this section of the Instruction Manual includes guidelines and procedures that are typical of many standardized tests.

## **The Day of Testing**

1. Notify switchboard operators so that requests for paging can be held or redirected.
2. Deliver the test booklets and other materials to the proctor who will begin the test session.
3. Ensure that all proctors are familiar with testing procedures as outlined here and on page 10.
4. If a public address system is available, you may wish to broadcast an announcement of the exam administration about 15 minutes prior to its beginning.

## **Use of Testing Aids**

Examinees may not use written or electronic notes, reference materials, or other forms of testing aids during the exam. Please indicate an area in the testing room, but away from where examinees are seated, where examinees can leave unauthorized materials, such as paper, textbooks, computers or other items. There should be nothing on the examinee's desk except the test booklet, answer sheet, and pencil(s) throughout the testing session.

## **Irregularities**

Report any irregularity that can affect one or more examinees' test scores significantly. Examples are: illness, power failure, timing irregularities, disturbances, and instances of giving or receiving assistance during the test. Describe such irregularities in detail on the Report of Test Administration which will be enclosed in your testing materials.

## **Giving or Receiving Assistance**

If an examinee appears to be cheating or attempting to cheat, quietly inform him/her of your observations and remind him/her that no assistance of any type is permitted. Avoid any direct accusations of cheating.

If the behavior continues, move the examinee to another seat where he or she can be more closely observed and where cheating would be more difficult. Explain that moving the resident will avoid any further suspicion of cheating.

If you, or a colleague, are convinced that an examinee is giving or receiving assistance during the test:

1. Have a faculty member or other colleague verify the cheating by observation.
2. At the earliest possible moment, and without creating a disturbance, inform the examinee that you are aware of the situation; explain that the situation will be reported to The College and Prometric.
3. Allow the examinee to continue testing, but, if the situation continues, move him/her to another seat in the testing room away from other examinees. Keep a careful watch for further evidence of cheating.
4. If the examinee is obviously collaborating with another examinee, follow the above procedures for each person involved.

It is very important to write a complete and detailed explanation of the irregularity, regardless of whether you suspected or were convinced an examinee was cheating. Attach the examinee's test booklet and answer sheet to your report and return them to Prometric with the answer sheets.

### **Group Mistimings**

If a delay or interruption occurs during the timed portion of the examination, the lost time must be added to the closing time of the test session. Group mistimings should be noted on the Report of Test Administration.

### **Early Dismissal**

Examinees who complete the test and wish to leave early may do so, but only one at a time in order to avoid distraction to others and confusion in the collection of test booklets and answer sheets. Make sure that every examinee that leaves early returns his/her test booklet and answer sheet. Once an examinee has turned in a test booklet and answer sheet, the examinee must not be allowed to re-examine them, nor is the examinee allowed to return to the testing room once he or she has been dismissed.

### **Collecting Test Materials**

Before the examinees are dismissed at the close of the testing session, you are to make a complete count of all test booklets (including those for examinees who left early). You must account for all examination materials. Examinees are not permitted to retain the test booklets or to make a copy of any question; nor are they permitted to examine the test booklets or answer sheets after they have been turned in to you. The testing materials must be secured at the close of the testing session. This security is important and eliminates the possibility that any of your residents could share test booklets with colleagues in other residency programs that have not yet tested. Should this happen, the integrity of the entire CHILD PRITE program, and the validity of the reports for residents and training directors could be affected. **The training director or individual who signed the contract will be held legally responsible for the collection and storage of all examination materials.**

## DETAILED INSTRUCTIONS FOR ADMINISTERING THE EXAM<sup>4</sup>

As examinees arrive at the designated time and place:

1. Place a check mark by each examinee's name on the attendance roster.
2. Hand each examinee an answer sheet containing his or her ID number.
3. Direct each examinee to a seat. (See the diagrams on page 11 for recommended seating arrangements.)

Examinees who arrive late should **NOT** be given additional time. All test booklets and answer sheets should be collected at the end of the 3½ hour timed portion of the test.

*After the examinees are checked in and seated, close the door of the testing room and read aloud the bolded instructions that follow:*

**We are now ready to begin.**

*If electronic devices have been allowed in the room, say:*

**Please turn all your electronic devices, including pagers and cell phones, off. Do not place them in silent mode. You may not access these devices during this testing session.**

**You will have 3½ hours to complete this exam. You will be allowed to go to the restroom one at a time during testing. Before leaving the room, please give me your test booklet and answer sheet. You cannot make up time lost for using the restroom.**

**If you finish the exam in less than the allotted time and wish to leave, you may do so. Those who leave early must do so one at a time and as quietly as possible, after turning all test materials in to me.**

**Please refrain from discussing the exam with the following fellows who are absent and will take the exam at a later time:**

*Announce the names of absentees from your attendance roster.*

**Use only a soft lead pencil (#2) to complete your answer sheet. DO NOT USE A PEN. If you do not have a pencil, raise your hand.**

*Distribute pencils as needed.*

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<sup>4</sup> These procedures and instructions may need to be modified for disabled residents for whom auxiliary aids have been provided or other modifications made.

**We will now distribute the test booklets. Please wait for all test books to be distributed and for further instructions before opening them.**

*Distribute a test booklet to each examinee. When all booklets have been distributed, say:*

**Open the test booklet to page 3 and read the confidentiality statement and then the instructions on the booklet’s outside back cover.**

*When everyone has finished reading the statement and directions, read the following instructions, pausing when four dots appear, to allow time for the procedures to be carried out.*

**Sign your name in the space provided on the front cover of your test booklet....Turn your answer sheet so that side 1 is facing you.**

**Blocks A through D on your answer sheet have been filled in for you. Block A contains your identification number. The first two digits indicate the year of testing — 2020. The middle three digits are the code for this residency program. The last four digits are a sequential number that has been assigned to you in advance.**

**Blocks B and C contain demographic data about this residency program. The response in Block D refers to the conditions under which you are taking this exam. Do not change any of the pre-coded information. However, if you notice an error or have a question about the information, contact the training director after the testing session.**

**This exam contains 200 questions and includes two types of test items: single-response and multiple-response. The multiple-response questions contain 8 options, of which three are correct answers. The question text instructs you to “Select three” options. 4-option and 5-option single-response questions only require one correct answer. Carefully read the directions provided at the beginning of each section in your test booklet. In answering the questions, select the best alternative(s) and find the row of circles with the same number as the question on your answer sheet. Then find the circle in that row with the same letter as your answer.**

**Blacken the circle completely. If you change an answer, be sure that you erase your first mark completely and then blacken the circle for the choice you prefer. No credit will be given for unanswered questions, for single-response questions with two or more marked responses or for multiple-response questions with less or more than three clear marked responses.**

**Your test scores will be based on the number of questions you answer correctly, thus, it is to your advantage to answer every question. Do not make any stray marks on your answer sheet. Keep your materials directly in front of you and flat on your desk. You may not give or receive assistance of any kind and you may not talk to your neighbors.**

**I cannot answer any questions about the content of the exam. However, do you have any questions about the mechanics of the exam...**

***Answer any questions. Then say:*** **You may begin work.**

Note the time you begin the exam and record that time in the appropriate section on the Report of Test Administration. If a blackboard is available, post the starting and ending times.

You (and your assistants, if any) should move around the room periodically during the test session to make certain that the examinees are marking their answers properly and to enforce standardized testing conditions.

***Exactly three hours and 15 minutes from the start of the test session, say:***

**You have 15 minutes to finish this test. All test booklets and answer sheets will be collected in 15 minutes. As a final reminder, be sure to mark all of your answers on your answer sheet. No credit will be given for a question unless the correct answer is marked on your answer sheet.**

***Exactly 15 minutes later, say:***

**Please put your pencil down and stop working. I will collect the test booklets first and then the answer sheets. Please remain seated until all materials have been collected and checked.**

Record the ending time of the test session on the Report of Test Administration.

Collect all test booklets and then all answer sheets. Make certain that every examinee has turned in a test booklet and an answer sheet, and be sure that no examinee has any written notes to take from the testing room.

***After everything has been checked, say:***

**Your test booklets will be returned to you when you receive your results. Thank you for your cooperation. You are dismissed.**

## AFTER TESTING HAS BEEN COMPLETED

### Procedures for Make-up Testing

Follow the same procedures used during the regular testing session, as found on page 17, for the make-up testing session.

BE SURE TO MARK THE APPROPRIATE CIRCLE IN BLOCK D ON THE ANSWER SHEET FOR EACH EXAMINEE INVOLVED IN A MAKE-UP SESSION. (See page 14 for instructions.)

### Completing the Report of Test Administration

1. **Enter Program Information (Name, City, State)**
2. **Enter 3-digit PRITE Training Program Number**
3. **Record the date of the regular test session and make-up session if needed, the starting and ending times, and the number of answer sheets being submitted to Prometric for scoring.** (Since all analyses are based on a national sample, answer sheets can be scored one time only. Be sure they are filled in completely.)
4. **Indicate the number of residents you submitted for each type of examinee.** (If the list does not match what is on the answer sheets, Prometric will use what is indicated on the answer sheets.) **NOTE: Once the answer sheets are processed at Prometric and scoring begins, there cannot be any changes.**
5. **Describe in detail any testing irregularities or any defective test materials.** Return defective materials to The College office in Chicago.
6. **Record the ID numbers for any disabled residents for whom auxiliary aids or other administrative modifications were provided.** Describe their disabilities, and the aid or modification.
7. **Use the space provided to record other pertinent comments about the test administration.**

**Training Director AND Coordinator should sign and date the form.**

## **Returning the Completed Answer Sheets**

1. **PHOTOCOPY** all answer sheets for your files before returning them to Prometric for scoring. If the answer sheets are lost, Prometric can use the photocopies for scoring purposes.
2. **RETURN** the following materials to Prometric as soon as possible after testing. Materials must be received **NO LATER THAN DECEMBER 15, 2020**. Answer sheets received after this date may not be accepted for scoring.

\_\_\_\_\_ All answer sheets to be scored

\_\_\_\_\_ Report of Test Administration

\_\_\_\_\_ **COPY** of Attendance Roster (KEEP THE ORIGINAL)

3. **DO NOT** return the answer sheets to The College in Chicago.
4. **DO NOT** return the **ORIGINAL** Attendance Roster with the answer sheets. Keep it in a secure location within your department. Please include a copy of the Attendance Roster **ONLY**.
5. **USE** a secure, traceable service to return the examination answer sheets to Prometric. Before sealing and returning the materials, make sure all answer sheets are flat in the envelope. The cost for returning answer sheets for scoring is the responsibility of each program.
6. **SEND** the materials to the address shown here.

**Prometric Operations Center  
Scan and Score Department  
The College Program  
7941 Corporate Drive  
Nottingham, MD 21236  
Phone: 443-751-4800**

7. **STORE** the test booklets in a secure location until the examinees' test results are received.
8. **DISTRIBUTE** the test booklets and examinees' test results at a time deemed appropriate by the Program Director.

**PREPARING FOR THE 2020 PRITE® & CHILD PRITE®  
TEST ADMINISTRATION AND SECURITY PROCEDURES CHECKLIST**

Please follow all administrative and security procedures carefully to help prevent irregularities.

**PREPARATIONS BEFORE THE TEST**

- ❑ Note the date(s) designated by The College for test administration (PRITE: September 24 - October 15; CHILD PRITE: December 1-7). Reserve a testing room(s) for appropriate date(s) and check adequacy of seating, lighting and ventilation in testing room(s).
- ❑ Arrange a make-up date within one week of the final test administration.
- ❑ Post testing date(s). Ensure that all residents and faculty members receive adequate notice of testing date(s) to avoid schedule conflicts. The decision to administer the two-part PRITE on the same or separate days is left to the discretion of each program. The CHILD PRITE is a one part examination.
- ❑ Requests for special test accommodations must be submitted to The College **NO LATER THAN AUGUST 15, (PRITE) or OCTOBER 15, (CHILD PRITE)**. The College cannot guarantee that requests received after these dates will be approved.
- ❑ Select proctors to assist with test administration.

**Testing materials will be shipped to all programs approximately three (3) weeks prior to test administration. NOTE: for security reasons the shipment is not marked as testing materials.**

**EXAM MATERIALS ARE SHIPPED USING UPS AND CANNOT BE SENT TO A PO BOX. NOTIFY THE COLLEGE IMMEDIATELY WHENEVER THERE IS A CHANGE OF ADDRESS FOR YOUR PROGRAM.**

- ❑ Alert your receiving office when the shipment is expected and arrange to have it delivered to you as soon as possible.

**WHEN TEST MATERIALS ARRIVE**

- ❑ Within 24 hours of the shipment's arrival, check to ensure that it is complete and notify The College immediately if there are any discrepancies or defective materials.
- ❑ Enter required information on the attendance roster, individual answer sheets, and on the **REPORT OF TEST ADMINISTRATION**.
- ❑ Securely store test materials until date of test administration. Never leave testing materials unattended or accessible to examinees.
- ❑ Read the Instruction Manual carefully to ensure that you are familiar with the test administration process.
- ❑ Reconfirm proctor assignments; review test administration procedures with proctors.

**PROCEDURES DURING TESTING**

- ❑ Begin testing according to the directions in the Instruction Manual keeping very careful track of timing.
- ❑ Allow only one examinee at a time to leave the room for a restroom break. Collect the test booklet and answer sheet from the examinee before they leave the room.

**NEVER LEAVE THE TESTING ROOM UNATTENDED.**

**AT THE END OF THE TEST**

- ❑ Collect an answer sheet and test booklet from each examinee. Account for all test booklets and answer sheets before dismissing examinees.
- ❑ **Please make a copy of your attendance roster and send a COPY to Prometric with your answer sheets and Report of Test Administration. Keep the ORIGINAL attendance roster in a secure place (copy again if necessary) until residents' results are received for distribution. DO NOT RETURN THE ORIGINAL ATTENDANCE ROSTER WITH YOUR ANSWER SHEETS.**
- ❑ Photocopy all answer sheets for your records.
- ❑ **Complete the REPORT OF TEST ADMINISTRATION** which is included with your testing materials.
- ❑ Return all answer sheets, attendance roster (copy) and the REPORT OF TEST ADMINISTRATION to Prometric at the address indicated in the Instruction Manual using FedEx, UPS or other traceable courier.
- ❑ Secure the test booklets until you receive the test results. Test booklets should be distributed to examinees at the same time that results are distributed.