Revolutionizing
MOC Parts II & III

Speaker Order:
Ann Harman, ABA
Trevor Fleck, ABPeds
Sylvia Aziz, ABOG
Revolutionizing MOC Part III

Ann Harman, ABA
Why Change MOCA®?

- Advances in technology
- Desire to incorporate adult learning theory
- ABMS 2015 standards
- Diplomate feedback
MOCA 2.0™ Goal

To create a web-based, lifelong learning platform that promotes and supports personalized knowledge acquisition, assessment and demonstration of proficiencies.
MOCA Minute™ Pilot launched on Jan. 4, 2016
MOCA Minute™ Pilot Requirements

- MOCA participants:
  - Must answer **30 MOCA Minute questions** per calendar quarter
  - Must let us know how **confident** they are about their answer
  - May tell us how **relevant** the questions are to their practice
MOCA Minute™ Questions

• **General anesthesia** – content that forms that core knowledge base that all ABA diplomates are expected to know

• **New knowledge** – new information that all ABA diplomates need to learn quickly (i.e., Ebola, Zika Virus)

• **Subspecialty-related** – content based on the diplomate’s practice profile
MOCA Minute™ Pilot Requirements

• MOCA Minute allows:
  • diplomats to demonstrate their proficiency and enhance their knowledge
  • the Board to identify diplomats who may not be keeping their knowledge current and require remediation
Accessing MOCA Minute™ Questions
MOCA Minute™ Application

PROGRESS DASHBOARD
Each bar represents a quarter of the year. You are required to answer 30 questions each quarter.

Q1 COMPLETED
Q2 30
Q3 30
Q4 30
PERCENT CORRECT: 84%

START

An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

A Carboxyhemoglobin concentration of 20%
B Loss of consciousness
C Respiratory rate 23 breaths/min
D SpO2 of 95%

By clicking submit, I attest that I am the person assigned to this question and am the one answering it.

SUBMIT
An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

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D. SpO2 of 95%

By clicking submit, I attest that I am the person assigned to this question and am the one answering it.

An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

1. How confident are you in the answer you selected?
   - VERY CONFIDENT
   - SOMEBEHAT CONFIDENT
   - NOT CONFIDENT
   - UNSURE

2. How relevant is this to your practice? (Optional)
   - VERY RELEVANT
   - SOMEWHAT RELEVANT
   - NOT RELEVANT

An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

B. Loss of consciousness
An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

- **B**  Loss of consciousness
- **C**  Respiratory rate 23 breaths/min
- **D**  SpO2 of 95%

**Question:**

An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

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- **D**  SpO2 of 95%

You Answered:

- **B**  Loss of consciousness

Tap to expand:

- Key Points
- References
- Critique

Tap here to provide feedback on this question.

**Question:**

An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

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You Answered:

- **B**  Loss of consciousness

Tap to expand:

- Key Points
- References
- Critique

Tap here to provide feedback on this question.
MOCA Minute™ Progress Report

My MOCA Minute™ Progress

PERCENT CORRECT: 82%

My MOCA Minute™ Performance

By the end of 2016, we will display your MOCA Minute performance against the ABA standard, which the Board will establish once it has sufficient data.

GIVE ME A MOCA MINUTE™ QUESTION
MOCA Minute™ Question History

HOME | QUESTION HISTORY | RETURN TO PORTAL

Question History: Only the last 120 questions will be displayed

- Fundamental Topics in Anesthesiology
- Pharmacology
- Clinical Sciences: Anesthesia Procedures, Methods, and Techniques
- Organ-Based Basic and Clinical Sciences

Questions Answered: 14

Most Recent Questions Answered

<table>
<thead>
<tr>
<th>Answered Question</th>
<th>Result</th>
<th>Peer Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2016 VIEW A 62-year-old man with chronic atrial fibrillation is t...</td>
<td>✔️</td>
<td>How many correct: 81%</td>
</tr>
<tr>
<td>Q1 2016 VIEW Which of the following findings is MOST consistent with...</td>
<td>✗</td>
<td>How many correct: 55%</td>
</tr>
</tbody>
</table>

- Clinical Subspecialties
- Special Problems or Issues in Anesthesiology
Implementation Challenges

• Change is always hard.
• Don’t expect perfection; address issues as quickly as possible.
• Communicate, communicate, communicate and then communicate some more!
• Be patient and as transparent as possible with your diplomats.
• Be flexible, at least initially; everyone is getting used to a new system.
Diplomate Feedback

• Feedback from diplomates is regularly solicited and reviewed by staff and the board
• Reaction from the diplomate community has been very positive
• We have not experienced significant “learning curve” issues among our diplomats with the new MOCA Minute model
Revolutionizing MOC Part III

Trevor Fleck, ABPeds
Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) Pilot

Trevor Fleck, MPA
MOCA-Peds Program Manager
September 2016
So What Exactly Is MOCA-Peds?
MOCA-Peds Overview

- Continuous assessment tool
- Series of questions at regular intervals
- Delivered via web or mobile device
- Focuses on assessment and learning

If successful, it will replace MOC Part 3 exam.
Why Change?

- Diplomate feedback
- Advances in technology
- Incorporation of adult learning theory
- Rapid changes in medicine
- Better public protection
MOCA-Peds Pilot will launch on January 9, 2017

Eligibility: Diplomates with a General Pediatrics MOC Part 3 recertification exam due in 2017 who are actively meeting MOC requirements in General Pediatrics
Registration

- Open from September 6th – October 7th
- Eligible diplomates (~6800) contacted
  - Email
  - Postal Mail
## Diplomate Feedback

### User Groups

- 37 pediatricians over time
  - Recurring meetings
  - First face-to-face meeting in Feb.
  - Webinars every 4 to 6 weeks
  - Overall program design
  - Review of IT wireframes
  - Beta-testing

*Partnership with Research Triangle Institute

### Focus Groups

- 250-300 pediatricians
- PAS meeting
- Local/virtual meetings

### Final Platform Testers

- 30 pediatricians in fall who are new to the process
Initial MOCA-Peds Feedback – Common Themes

• High anxiety – always in test mode
• Concern about life events
• Question burden
• Need for flexibility
• Value learning and want to stay up-to-date
• Questions should mirror practice – untimed, use resources, ask peers
• Should quality for Part 2 as well
• Learning trumps security
Learning Objectives

- 40 learning objectives available prior to each year
- Linked/mapped to Content Blueprint/Outline
- Some customization to practice profile
- Full coverage of Content Blueprint

Base Objectives (Combined Focus) + Inpatient Combined Outpatient = 40 objectives
Question Overview

✔️ 80 questions per year (20 required per quarter)
  • 2 questions (multiple-choice) per learning objective
  • Application of fundamental knowledge of everyday pediatrics
  • Short clinical vignettes
  • Five minutes per question
  • Confidence and relevance ratings
  • Immediate feedback

✔️ Up to 5 additional questions on emerging topics
Pilot Study

- **Flexibility** to answer within quarter; one-at-a-time or in batches.
- All 20 questions must be answered by end of quarter.
- Diplomates must wait for the next quarter before beginning the next set.
Use of books, online references, resources is allowed, but should not be needed.

Discussing, sharing of questions is NOT allowed.
Before Starting:

- Please make sure that you have set aside the amount of time listed above before starting the question to make sure you are giving yourself an adequate amount of time to answer it.
- When you click the "Start Question" button, the timer will begin. If you do not select an answer before time expires, it will be marked as incorrect. An unanswered question will redirect you to MOCA-Peds Home.
- When you click the "Start Question" button, the timer will begin. If you hit the back button on your browser, it will be marked as incorrect.
A 16-year-old girl has a fever and rash. Her symptoms began abruptly today with fever, headache, myalgia, and nausea. She now has a petechial rash on her extremities that spares her palms and soles. She is hypotensive and tachycardic. A complete blood count reveals thrombocytopenia and leukopenia.

Which of the following is the correct diagnosis?

- Thrombotic thrombocytopenic purpura
- Infective endocarditis
- Meningococcaemia
- Rocky Mountain spotted fever
- Toxic shock syndrome

Submit Answer
A 16-year-old girl has a fever and rash. Her symptoms began abruptly today with fever, headache, myalgia, and nausea. She now has a petechial rash on her extremities that spares her palms and soles. She is hypotensive and tachycardic. A complete blood count reveals thrombocytopenia and leukopenia. Which of the following is the correct diagnosis?

- Thrombotic thrombocytopenic purpura
- Infective endocarditis
- Meningococcemia
- Rocky Mountain spotted fever
- Toxic shock syndrome

Learning Objective:
Differential diagnosis of fever and rash

Rationale:
Fever with accompanying rash is a common presentation in pediatric offices and emergency departments. Many causes are benign and self-limited, but the physician must be able to recognize emergencies with this presentation. Rocky Mountain spotted fever, meningococcemia, and toxic shock syndrome may all present with fever, malaise, headache, nausea, hypotension/shock, and thrombocytopenia. The onset of symptoms is abrupt with meningococcemia. Although the rash may originally appear as macular, it may quickly progress to petechial/purpura. A complete blood count may show leukopenia in addition to thrombocytopenia. Rocky Mountain spotted fever can have a similar presentation, although typically the rash occurs 3 to 4 days following the fever and is more likely to involve the palms and soles. The rash of toxic shock syndrome is diffuse and may resemble a sunburn. Conjugate vaccine may also be involved.

Reference(s):


Optional: You may leave additional feedback about this question above. Please note that comments here are for this question only and we do not reply directly to these. If you have any inquiry that requires a response, please visit the Contact page or click here to get to the top of the page to submit a message.
<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Question Summary</th>
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<tbody>
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<td>A 16-year-old girl has a fever and a rash, 05/20/17</td>
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<tr>
<td>Quincke webpust</td>
<td>A newborn baby girl has a fever and a rash, 06/20/17</td>
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A 16-year-old girl has a fever and rash. Her parents bought a new baby girl with fever, headache, and rash, and they are sent to a pediatrician for her evaluation. That evening, they notice and report the rash. A comprehensive search is then performed to determine the diagnosis and treatment.
Your total scaled score will appear in this box beginning 4th quarter 2017.
Summative Decision

- Every 5 years to align with MOC cycle
- Transition period to align once live
- Drop the worst 4 quarters each 5-year cycle
- Summative assessment after year 4 - if standard met, year 5 off
- Re-entry exam Year 5 if standard not met
What’s Next?
Considerations
Ideas to Consider

• Tradeoff between security and learning

• Holistic view of MOC requirements

• Alignment with mission and values

• Diplomate feedback early and often

• Communication is key

• Don’t let the perfect be the enemy of the good
There are known knowns. There are things that we know that we know, there are known unknowns. That is to say, there are things that we now know we don't know but there are also unknown unknowns. There are things we do not know. We don't know and each year we discover a few more of those unknown unknowns.

Ami Clark
Unknown Unknowns
Revolutionizing MOC Part II & III

Sylvia Aziz, ABOG
Innovations in MOC Part II & III

Sylvia Aziz, MHA
MOC Program & Communication Manager
Objectives

• Background
• MOC Part II
• MOC Part III
• MOC Pilot Program
• Assessment Frequency
• Approaches to Making Summative Decisions
• Next Steps
MOC: The Background

I. Professionalism and Professional Standing

II. Lifelong Learning and Self-assessment

III. Assessment of Knowledge, Judgment and Skills

IV. Improvement in Medical Practice
What is your perception of the relevance of MOC to your practice?
Part II: Lifelong Learning & Self-Assessment

- Questions: core and detailed content

- Partnering with ACOG for content development and CME credit essential for success

- Collaboration with ACOG Patient Safety Committee

- Questions developed by special committees/divisions for basic and all subspecialties

- Poor performance questions are reviewed by divisions

- Feedback from stakeholders about content
MOC Part II (cont.)

- **Basic Obstetrics & Gynecology encompasses:**
  - 3 Sets of 15 articles yearly
  - 5 articles in Gyn, Ob & OP
  - 4 MCQs per article
  - Read 30 articles and answer 120 MCQs
  - Must answer at least 80% correct
  - Earn 25 CME credits
MOC Part II: Basic Obstetrics & Gynecology

ABOG releases three sets of 15 articles annually – 5 are GYN, OB, and Office

Diplomate Selects 30 Articles

Assigned 4 Random MCQ's per Article (120 total)

Required to achieve 80%

25 CME’s Awarded by ACOG
• **Subspecialty Obstetrics & Gynecology encompasses:**
  
  • Read 10 Basic Ob Gyn articles and answer 40 MCQs
  • 3 sets of subspecialty articles: 30 MCQs per set
  • Read 20 subspecialty articles and answer 80 MCQs
  • Answer >80% correct of 150 MCQs  Earn 30 CME credits
  • Maintain certification in Ob Gyn & Diplomate’s subspecialty
Complete a minimum of 40 Basic questions plus a minimum of 80 Subspecialty questions with 80% correct.

I am in the 2nd year of my MOC cycle.

- Professionalism and Professional Standing
  - Part I
  - Application accepted
  - Payment has been received.
  - Download Credit Card Payment Receipt.

- Lifelong Learning and Self-Assessment
  - Part II
  - I have completed 8 of the required 40 Basic questions for 25 CMEs.
  - I have completed 0 of the required 80 Subspecialty questions.
  - Purchase extra CMEs.
  - Article List Available

- Assessment of Knowledge, Judgment, and Skills
  - Part III
  - Not required for this year.
  - Exemption Eligibility 97% running average.

- Improvement in Medical Practice
  - Part IV
  - I must start at least 1 IMP Activity to complete my MOC for this year.

MOC Part II: Lifelong Learning and Self-Assessment

MOC Part IV: Improvement in Medical Practice

Hover cursor over prior years for link to Certification Status Letters and Credit Card receipts.
<table>
<thead>
<tr>
<th>Journal</th>
<th>Issue</th>
<th>Articles</th>
</tr>
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<tbody>
<tr>
<td><strong>MFM (Jan)</strong></td>
<td></td>
<td>4 questions</td>
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</tbody>
</table>

- **Practical guidelines for managing adults with 22q11.2 deletion syndrome:** Fung WL, Butcher NJ, Costain G, et al.  
  *Genet Med 2015;17:599-509*

- **Current status of testing for microdeletion syndromes and rare autosomal trisomies using cell-free DNA technology:** Yaron Y, Jani J, Schmid M, Oepkes D.  
  *Obstet Gynecol 2015;126:1095-9*

- **Progress in the care of extremely preterm infants:** Soll RF (editorial).  
  *(For this article pair, Click Citation links below to retrieve articles)*
  *JAMA 2015(Sep);314(10):1039-51 AND JAMA 2015;314:1007-8*

- **Pregnancy in women with a mechanical heart valve:** Data of the European Society of Cardiology Registry of Pregnancy and Cardiac Disease (ROPAC). van Hagen IM, Roos-Hesselink JW, Ruys TP, et al.  
  *Circulation 2015;132:132-42*

- **Medical and obstetric outcomes among pregnant women with congenital heart disease:** Thompson JL, Kuklina EV, Bateman BT, et al.  
  *Obstet Gynecol 2015;126:346-54*

- **A randomized trial of intrapartum fetal ECG ST-segment analysis:** Belfort MA, Saado GR, Thom E, et al.  
  *N Engl J Med 2015;373:632-41*

  *Obstet Gynecol 2015;126:284-93*

- **A multi-state analysis of early-term delivery trends and the association with term stillbirth:** Little SE, Zera CA, Clapp MA, et al.  
  *Obstet Gynecol 2015;126:1138-45*

- **ACOG Comm Opin No. 650: Physical activity and exercise during pregnancy and the postpartum period:**  
  *Obstet Gynecol 2015;126:e135-42*

What is the cause of the premature mortality seen in adults with 22q11.2 deletion syndrome who survive childhood?
- [ ] suicide due to neuropsychiatric disorders
- [ ] late consequences of congenital cardiac anomalies
- [ ] no single risk factor

Which of the following is cited as a reason for demands for information about long term issues faced by individuals with 22q11 deletion syndrome?
- [ ] improved ultrasound recognition of conotruncal malformations associated with the syndrome
- [ ] routine use of chromosomal microarray for CVS and amniocentesis samples
- [ ] growing numbers of affected children reaching adulthood

Why did the authors not grade the evidence collected?
- [ ] almost all of the evidence was Level III or IV
- [ ] consensus guidelines do not qualify for formal grading
- [ ] the literature is too limited

Where do the IQs fall for most individuals with 22q11.2 deletion syndrome?
- [ ] normal range
- [ ] borderline intellectual disability
- [ ] severe intellectual disability
MOC Part III: Assessment of Knowledge, Judgment and Skills

- Must pass by end of MOC Year 6
- Cut score: 75% correct
- Up to 5 exams without additional fee
- Blueprint-linked feedback
- Pilot program: remote proctoring to allow home/office delivery option
MOC Part III (cont.)

- Increased transparency
- Blueprint for examination content
- Practice questions on ABOG website
- Modular format to allow diplomate to select content most relevant to her/his practice
The following are examples of the type and difficulty of questions you will be asked on the MOC Part III examination. The actual examination will not provide immediate feedback on the accuracy of your response. Your examination will be graded and the results will be posted on your Personal Page within 72 hours.

Which of the following is the MOST important consideration when selecting the location and type of abdominal incision?

- Strength of scar
- Postoperative comfort
- Adequate exposure
- Cosmetic considerations

Which of the following arteries is MOST commonly injured during placement of a laparoscopic port in the left lower quadrant?

- Inferior epigastric
- Uterine
- Middle sacral
- Femoral

For which of the following procedures is antibiotic prophylaxis indicated?

- Endometrial ablation
- Laparoscopic tubal ligation
- Vaginal hysterectomy
- Hysteroscopic myomectomy

Which of the following is the MOST effective way to minimize blood loss during a cold knife conization?

- Injection of a dilute vasoconstrictor into the cervix
- Placement of deep lateral sutures at 3 and 9 o’clock
- Stürmdorf closure of the defect
MOC Pilot Program Assessment

• 2016 and 2017 Pilot:
  • 2016: 2216 diplomates in Year 6
  • 2017: 2346 diplomates in Year 6

• Survey eligible participants at end of each year

• 2018: adopt as permanent part of MOC or drop based on data
MOC Pilot Program Eligibility

• MOC Year 6 Diplomates

• > 86% correct of 1st answer submissions in Years 1-5

• Notification of eligibility on web page dashboard and when application is made for MOC Year 6

• Must maintain 86% threshold for Year 6 as well

• No license restrictions or conditions
Assessment Frequency

- The MOC Pilot Program will run from January 2016- December 2017
  - 2016: 2216 diplomates in Year 6
  - 2017: 2346 diplomates in Year 6

- Annual survey to 2016 Year 6 Diplomates and 2017 Year 6 Diplomates

- Evaluation of Pilot Program in 2018

- 2018 -> adopt as permanent part of MOC or drop based on data
MOC Pilot Program Assessment

Dec 2016:
• Survey
• Data collection & analytics
• Focus groups

Jan 2016:
1st Year of Pilot

Dec 2017:
2nd year of Pilot
• Survey
• Data collection & analytics
• Focus groups

Jan 2018:
Adoption/modification

Jan 2016:
1st Year of Pilot
Approaches to Making Summative Decisions

• 86% threshold was assessed with the input of reviewing 5 years worth of initial response data

• Data collected by ABOG IT Department and Psychometricians

• Generally, over 90% of our Diplomates score better than 86% on their Part II initial responses

• Feedback has been mostly positive thus far
Next Steps

Phase I
Planning/Brainstorming

Phase II
Addition of Subject Matter Experts

Phase III
Web patrolling and forensics

Phase IV
Integrating User Authentication
Questions?

Contact Information:

Sylvia Aziz
MOC Program & Communication Manager
saziz@abog.org
(214) 871-1619
Questions?