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PORTFOLIO PROGRAM™
American Board of Medical Specialties

Maintenance of Certification (MOC) at NYU Winthrop

Contents

ABIM CME MOC ACCREDITED

MOCA™

PART 2 MOC
THE AMERICAN BOARD of PEDIATRICS

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Maintenance of Certification

Once Board Certified, physicians maintain their medical specialty expertise by participating in a robust continuous professional development program called the ABMS Program for MOC. The MOC program provides physicians a structured approach for enhancing patient care and improving patient outcomes through focused assessment and improvement activities.

The ABMS Program for MOC involves ongoing measurement of six core competencies defined by ABMS and ACGME:

- **Practice-based Learning and Improvement**
- **Patient Care and Procedural Skills**
- **Systems-based Practice**
- **Medical Knowledge**
- **Interpersonal and Communication Skills**
- **Professionalism**

These competencies, which are the same ones used in the ACGME's Next Accreditation System, are measured in the ABMS Program for MOC within a four-part framework:

- **Part I: Professionalism and Professional Standing**
- **Part II: Lifelong Learning and Self-Assessment**
- **Part III: Assessment of Knowledge, Judgment, and Skills**
- **Part IV: Improvement in Medical Practice**

All Programs for MOC implemented by the Member Boards measure the same six competencies within the same four-part framework. While these elements are consistent across all Member Boards, what may vary, according to the specialty, are the specific activities the Member Boards use to measure these competencies. Despite some variation in the activities, they are all built upon evidence-based guidelines, national clinical and quality standards, and specialty best practices.

Professional Standards

ABMS and the Member Boards evolve the educational and professional standards for certification and medical specialty practice to support advancements in medicine, science, and technology as they relate to the environments in which board certified physicians practice. The Standards for Initial Certification consist of four General Standards and standards that address Professionalism; Education and Training; and Assessment of Knowledge, Judgment, and Skills. The Standards for the ABMS Program for Maintenance of Certification, which were updated in 2014 and became effective in 2015, provide a framework for Member Boards to use in developing their own Programs for MOC. The updated set of standards place a greater emphasis on:

- **Professionalism** - how physicians carry out their responsibilities safely and ethically
- **Patient Safety** - how physicians use patient safety knowledge to reduce harm and complications
- **Performance Improvement** - how physicians use the best evidence and practices compared with peers and national benchmarks to treat patients
- **Incorporating Judgment into Examinations** – assessing not just what the physicians know but what they do with that knowledge.

Source: ABMS website. http://www.abms.org/board-certification/steps-toward-initial-certification-and-moc/

MOC Part 4 (QI) Program Requirements

ABMS Member Board Recognition for MOC Part IV

ABMS Member Boards participating in the Portfolio Program offer an established option for recognizing valid QI/PI activities which their board certified physicians are engaged in. The table below shows what each Member Board awards to a physician who completes an approved Portfolio Program activity for MOC Part IV.

Relationship of Portfolio Program Participation and Member Board Recognition for MOC Part IV Improvement in Medical Practice

Allergy and Immunology	1 practice assessment module
Anesthesiology	Traditional MOCA: 1 Part IV Case Evaluation MOCA 2.0: Up to 20 Part II Points for Participants MOCA 2.0: Up to 25 Part II Points for Leaders
Dermatology	1 Part IV practice assessment QI module
Emergency Medicine	1 patient care practice improvement activity
Family Medicine	1 module or 20 points depending on certification year
Internal Medicine	20 Practice Assessment points
Medical Genetics and Genomics	1 clinical practice module
Obstetrics and Gynecology	1 Part IV assignment (max allowed per calendar year)
Ophthalmology	1 practice performance module
Orthopaedic Surgery	1 Performance in Practice (PIP) Clinical Module (10 SAE credits). 1 PIP feedback module for QI activities involving a patient or peer survey (10 SAE credits)
Otolaryngology	1 performance improvement module
Pathology	1 Part IV activity
Pediatrics	1 Part IV activity or 25 points depending on certification year
Physical Medicine and Rehabilitation	1 practice improvement project
Plastic Surgery	1 Practice Assessment in Plastic Surgery (PA-PS) Tracer Procedure module
Preventive Medicine	1 practice performance assessment
Psychiatry and Neurology	1 Improvement in Medical Practice (PIP) Clinical Module
Radiology	1 Practice Quality Improvement (PQI) project
Surgery	1 quality assessment program or participation in a national, regional, or local outcomes database
Thoracic Surgery	1 activity or quality assessment program
Urology	1 MOC-PS activity

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MOC Part 2 (Medical Knowledge Assessment) Requirements

1. **Choose the Board most relevant to award your MOC 2 credit:**
   - AB Internal Medicine
   - AB Pediatrics
   - AB Anesthesiology
   - *Currently, only 3 boards recognize MOC 2 via ACCME system*

2. **Choose the Assessment Type (or mix of question types):**
   - Medical Knowledge questions(MK)
   - Self-Assessment/Practice-Assessment questions(PA)
   - Patient Safety questions(PS)

3. **Refer to Board-Specific Guidelines on Assessment:**
   - AB Internal Medicine   www.abim.org
   - AB Pediatrics   www.abp.org
   - AB Anesthesiology   www.theaba.org

4. **Choose your Assessment Method(s):**
   - Scored post-test
   - Group polling
   - Reflective statement writing

5. **Write (or Assign Speakers to Write) the Questions**

6. **Identify Two Peer-Reviewers who are not Authors of your activity or its Assessment**

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Eight Simple Rules of QI/PI Project Design

1. Understand QI Science thoroughly; See the extensive library of videos at IHI Open School www.IHI.org **

2. Choose a **single** measure or metric to improve.

3. Make your aim **S.M.A.R.T**

4. Recruit a diverse, **interdisciplinary project team**

5. Include **at least 1 Board-Certified Physician**(any Board); need not to be the Project's Leader

6. **Sustain and Spread your improvement:** Include PA's and Residents in your team

7. Be thoughtful in proposing your project timeline; **give your team sufficient and realistic time** to finish two linked project cycles

8. Use a **recognized Quality Improvement methodology**; NYU Winthrop uses:
   - Plan-Do-Study-Act (PDSA) or
   - Plan-Do-Check-Adjust (PDCA)

**Winthrop Office of Academic Affairs maintains subscription to IHI Open School for use by Winthrop Faculty and Residents. Contact 663-2521 for access.

What you'll need for MOC IV recognition

A. Download the Draft Proposal form at WinthropMOC.org/draft

B. A written description of the problem you want to improve

C. A baseline measure of the problem

D. A S.M.A.R.T. aim, or targeted improvement level of the baseline measure within a given timeframe

E. Names and emails of your team members

F. Document that your project is not Human Subjects Research by contact the IRB for exemption at www.Winthrop.org/irb

G. QI-MOC committee meets and votes quarterly, so submit your proposal by the 15th of November, February, May, or August

H. Submit your materials at WinthropMOC.org/propose

Standards and Guidelines for MOC Qualifying QI Initiatives

- Competency in QI/PI methods and the ability to measure and improve care is required of each ABMS Member Board certified physician participating in ABMS MOC. Qualifying initiatives are those which meet eight Standards:

- **Standard B1.** Has leadership and management at the initiative level that will ensure adherence to the participation criteria.

- **Standard B2**. Addresses care the physician can influence in one or more of the six Institute of Medicine quality dimensions and one or more of the ACGME/ABMS competencies:

  - **IOM competencies:** Safety; Effectiveness; Timeliness; Equity; Efficiency; Patient-Centeredness
  - **ABMS/ACGME competencies:** Practice-Based Learning And Improvement; Patient Care And Procedural Skills ; Systems-Based Practice; Medical Knowledge; Interpersonal And Communication Skills; Professionalism

- **Standard B3.** Has **specific, measurable, relevant, and time-appropriate** aims for improvement.

- **Standard B4.** Uses appropriate, relevant, and evidence-based (when available) performance measures that include measurement at the appropriate unit of analysis (physician, clinic, care team, etc.) Use national measures when available.

- **Standard B5.** Uses a recognized, valid, established quality or performance improvement methodology.

- **Standard B6.** Includes appropriate prospective and repetitive data collection and reporting of performance data so that diplomates access, reflect on, and act upon the data at least three times (including at baseline and at the conclusion of the activity) during the course of their meaningful participation in a quality initiative designated for MOC Part IV.

- **Standard B7.** Attempts or plans to translate or implement an improvement into routine care, or disseminate or spread and sustain an existing improvement into practice.

- **Standard B8.** Possesses sufficient and appropriate resources to develop, support and conclude the activity without real or perceived conflict of interest.

  a. Industry funding, support, or input are not used to suggest, determine or support content or content development. Industry funding or support may not be used for initiatives designed to increase the use of a single product produced by that industry entity.

  b. Activities are not advertised, disseminated on, or linked to industry websites or other industry promotional materials.

  c. Portfolio Program QI/PI initiative data (aggregate, de-identified, or diplomate level) must remain with the organizational Program Sponsor. Diplomate level data, even if de-identified, may not be shared with an industry entity.

  d. If all of the above conditions are met, funding from industry may be used to support implementation of a QI/PI initiative that has been developed by the organizational sponsor independent of industry input. In instances where industry support (e.g., marketing, publicity, IT support, etc.) has been used by a sponsoring organization to support the delivery of an initiative, the organization must provide a statement on any materials that are used in association with or to promote the activity that clearly delineates what specifically has been supported and clearly states that no support has been provided for the development of content.

Developing Assessments for CME with MOC 2

A Resource Kit for CME Activity Directors

Contents:

1. **Roadmap** of technical elements required in MOC questions

2. **Five Suggested Practices** for question-writing in MOC/CME

3. **Question Templates** authors can use

4. **Peer Reviewer Form** to document adherence to question Review Process

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Introduction

- Yes, writing MOC assessment instruments can be challenging!
- **Start with the end in mind:**
  - What kind of physician does your target learner audience include? **Internal Medicine, Anesthesiology, Pediatrics**, other?
  - What kind of assessment is the best fit? Medical Knowledge, Practice Assessment, Self Assessment, Patient Safety?
  - What style of question do you or your speakers feel best measures your Learning Objectives?
- **Refer to our Roadmap** below to understand the technical elements required by your Board for each question type to be awarded MOC 2(II) credit.

ROADMAP: How to add MOC Part 2 credit to a planned CME Activity

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Start Here:

1. Is the Activity Approved for AMA PRA Category 1 Credit(CME)? If Yes, proceed. If NO, stop.

2. Which Board is most relevant to your CME topic/content?

- Internal Medicine — ABIM
- Anesthesia — ABA
- Pediatrics — ABP

2a. Refer to specific board guidelines when writing your assessment

- *Read the* ABIM's MOC Assessment Recognition Program Guide
- *Read the* ABA's Requirements for MOCA 2.0® Accredited Continuing Medical Education
- *Read the* ABP's Lifelong Learning and Self-Assessment for MOC Part 2

3. Choose the assessment type(s) you will write or combine*

- Medical Knowledge (MK)
- Patient Safety (PS)
- Practice Assessment(PA)

4. Choose your assessment delivery method:

- Quiz
- Audience Response System
- Written Reflective Statements by learner
- Case Discussion with leader's assessment of small group

5. Write It: What Elements are Required in my Assessment?

		ABIM	ABA	ABP
If you chose MK	Peer reviewed by 2 experts you identify, not authors of the content	Y	Y	Y
	Evaluation measures the impact on learners' knowledge/skill/perf.	Y	Y	Y
	Sets a Minimum meaningful participation threshold (passing score)	Y	Y	Y
	Provides feedback to the physician learner (gives the rationale for correct answer and cites further reading)	Y	Y	Y
Index	Select at least one, but not more than two, topic areas from the MOCA 2.0 Content Outline	NA	Y	Y

(continued from previous page)

Read the **Guide to Using Reflective Statements as the Assessment Mechanism in Live**

Y		
Y		
Y		
Y		

If you chose PA

Must identify and address a quality or safety gap supported by a needs assessment	Y
Must identify and address care, care processes, or systems of care in a NAM/IOM quality dimension or three Aims or six Priorities in the National Quality Strategy.	Y
Specific, measurable aim(s) for improvement (OR) uses measures appropriate to the aim(s) for improvement (OR) includes interventions intended to result in improvement (OR) includes appropriate data collection and analysis of performance data to assess the impact of the interventions.	Y
Provider defines a minimum participation threshold for MOC	Y
• Learners maintain their learning reflections throughout the activity. • For multi–session, live activities, the learner must provide reflective statements at the individual session level.	--
• The learner's reflective statements are submitted and reviewed. • The review should ensure the statements are meaningful and reflective of knowledge or strategy gained or intended change.	--
• The review should ensure the statements are meaningful and reflective of knowledge or strategy gained or intended change. • A minimum threshold as to what constitutes an "appropriate" statement is established and disseminated to reviewers.	--
• Learners whose reflective statements are appropriate receive feedback that they met expectations. • Feedback to learners is based on learning from individual sessions and/or a compilation of sessions.	--

If you chose PS

Must address at least one of the following topics:	*either:*
Foundational knowledge (must include all of the following): a) Epidemiology of error, AND b) Fundamentals of patient safety improvement (plan, do, study, act or PDSA), AND c) Culture of safety	Y
Prevention of adverse events (examples include, but are not limited to): •Medication safety •Prevention of healthcare acquired infections •Falls prevention •Teamwork and care coordination	Y

6. When are my Assessment materials due to the CME office? (Questions, Answer Key + Feedback prompts)

If you chose MK	If you chose PA	If you chose PS
Due 3 weeks prior to Activity Date	Due 2 weeks prior to Activity	Due 2 weeks prior to Activity Date

CME Office will assign to 2 peer reviewers you've identified, and collect their Disclosures

7. CME Office will produce the assessment in the format you chose, and create a credit recording mechanism

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Five Suggested Practices:
Multiple Choice Test (MCT) item writing: MOC 2

1. ***All answer choices should be of similar length and detail.***

   - We advise offering four answer choices.

2. ***Avoid Order-dependent ("A and C only") answers-***

   - We alphabetize or randomize the choice order, so your numbering may change.

3. ***Avoid Combination answers ("A and D") etc.***

   - Combination choices impose extra cognitive load and only <u>indirectly</u> measure the learning objective

   - *(<u>Half</u> right should not be treated as <u>all</u> wrong!).*

4. ***Avoid "All/None" answers***

   - Anomalies like these that "steer" the attention can shortcut the learner's <u>full</u> consideration of options.

5. ***Avoid unfair and "trick questions" such as introducing material NOT covered in your curriculum.***

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- **Medical Knowledge Type question**:

_____

_____

a) Answer option 1:

_____

b) Answer option 2:

_____

c) Answer option 3:

_____

d) Answer option 4:

_____

Tips:

- All answer choices should be of similar length and detail.

- We advise offering **four** answer choices.

- **Correct Answer choice is: _____**

- A single correct answer must be referenced to published evidence so we can provide further reading/feedback to learners who answer incorrectly. Provide a citation (or weblink) that explains the correct answer:

_____

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- **Practice-Assessment/Self-Assessment type question:**

  _____

  _____

  _____

  - If your Practice Assessment question uses a rating scale,
    please include exactly FOUR scale labels.

  - Avoid using an odd number of scale labels; the "safe middle answer" can be an attractor/confounder.

- **Multiple Choice Scale Labels:**
  i)_____
  ii)_____
  iii)_____
  iv)_____

- _**Example:**_
  Please rate your competence in___(measurable learning objective):

  Expert – Need more proficiency – Need Basic Preceptoring – None/Not Applicable

- **Reflective Response_ type question:**

  _____

  _____

  _____

- ***Examples of Reflective Response Question stems:***

  - **Please describe a barrier** you currently face in adopting (__*recommended practice change__*) …….
       [Free Text response]

  - **Please describe how you will implement** (___*recommended practice change* ___):…..
       [Free Text response]

  - **How often do you currently** (___*recommended practice change__*) in your practice? …..
       [Free Text response]

- Medical Knowledge(MK) and Practice Assessment(PA) questions **must be Peer Reviewed.**
- **Peer Reviewers must be Board Certified** in a relevant medical specialty, but need not be a subject matter expert.
- **Passing score levels** for MK questions must also be peer-reviewed
- Reflective Responses for PA for must be peer- or instructor-reviewed(See table).
- A Peer Reviewer template form is included below.

Requirement	Question Types	
	MK	**PA**
Question Quality	Peer Review	Peer Review
Answer Quality	*Machine scored* if multiple choice, must meet a **peer reviewed** level of satisfactory completion, usually 70% correct.	**Peer Review** of reflective answer; or **Moderator's assessment** of individual participation in group discussion

MOC 2 Assessments: Peer Review Requirements

Four Requirements: "N.I.M-P.F"

- **_N_on-Authors**: Must identify 2 peer reviewers who are Non-authors of the activity

- **_I_mpact**: Must measure the impact of the activity on the knowledge/skill/attitude of learners (i.e. alignment with learning objectives)

- **_M_eaningful _P_articipation:** Must identify threshold of minimum satisfactory completion (i.e. test score or reflection engagement)

- **_F_eedback to Learner:** Must provide correction, rationale and/or cite further reading

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Peer Reviewer Form for MOC Part 2 Assessment Instruments

Activity Name: _____

Peer Reviewer Name: _____

Activity Date: _____ **Email form to**

Peer Review Due Date _____ **by 4:30 PM on due date.**

Learning Objectives for this Activity:

A: _____

B: _____

C: _____

D: _____

Medical Knowledge-type(MK) Questions *PEER REVIEWER, PLEASE NOTE:* Authors of Medical Knowledge questions MUST justify the correct answer by citing published evidence for learners' further reading. Please review these cited references cited.	Question Author	Which Learning Objective(s) above does this question assess? A—B—C—D	How adequately and fairly does this question assess the LO you identified: Excellent---Adequate---Poor 5 4 3 2 1	Please recommend the question order, and give feedback on any suggested revisions
1. QUESTION STEM HERE: _____ a) _____ b) _____ c) _____ d) _____ Correct answer is _____				

Explanation written by question author: Optional _____

Citation to published evidence/Reference(s): _____

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Peer Reviewer Form for MOC Part 2 Assessment Instruments

Self-Assessment/Practice-Assessment (PA)Questions	Question Author	Which Learning Objective(s) above does this question assess? A—B—C—D	How adequately and fairly does this question assess the LO you identified: Excellent---Adequate---Poor 5 4 3 2 1	Recommend the question order, and give feedback on suggested revisions
2. QUESTION STEM: a) Likert Scale Label 1 b) Likert Scale Label 2 c) Likert Scale Label 3 d) Likert Scale Label 4				
Reflective Response-type Questions	Question Author	Which Learning Objective(s) above does this question assess? A—B—C—D	How adequately and fairly does this question assess the LO you identified: Excellent---Adequate---Poor 5 4 3 2 1	Recommend the question order, and give feedback on suggested revisions
2. QUESTION STEM: *(Example Stem: Please describe barriers you currently face in attending to the unique needs of patients with....)* (Respondent will provide free text response that will be assessed for adequate participation by a Peer Reviewer)				

Peer Reviewer Signature: _____   Date Completed: _____

How to access your Lifelong Learning Transcript

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- In January 2018, your Transcript of <u>CME credits</u> earned at Winthrop will be migrated to a new cloud-based site: <u>HighMarksCE.com/winthrop</u>
- **<u>MOC credits you earn at Winthrop</u>** are reported to your specialty Board for verification/audit. After verification, you can access these credits via your account on your Board's website.
- You can also **Upload External Credits** you've earned outside of NYU Winthrop to the HighMarks CE site for all-in-one-place storage.

MOC Peer Reviewers Needed:

- Volunteer to Peer Review for MOC 2 and MOC 4 activities at **WinthropMOC.com**.
- Earn MOC and find author opportunities
- All Peer Review volunteers who **register at http://WinthropMOC.com before Dec 15, 2017** will be entered in a drawing to win **Dinner for Two at the St. James!**