

Audience Response System to enable **Scored CME Assessments** for participants' self-reported MOC

- **Category:** *Advances in CPD through New Technologies and Digital Tools*
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Problem Statement

- ACCME provides a limited number of Board Certified MOC recognition methods for CME providers. **American Board of Surgery not currently included.**
- Surgery Mortality & Morbidity series director inquired about CME with Self Assessment to qualify for ABS' "Continuous Certification"
- "Enhanced CME credit transcripts" must reflect that CME with Assessment was used.
- **What is the pathway to CME+MOC for ABS?**

Approach: Research and Innovate

- **American Board of Surgery Continuous Certification Program (ABS-CCP)** provides guidelines for diplomates to **self-report CME with Self-Assessment**, with no approval process.
 - **At least 50 of the 150 CME credits in the five-year period** must include self-assessment Question and Answer exercises to be recognized
 - **Activity must require a score of 75% or higher**
 - No required minimum number of questions
 - Repeated quiz attempts are allowed.



Source: <http://www.absurgery.org/default.jsp?exam-mocreqs>

Tech makes it all possible: 3 steps

- 1. Set up University-level subscription** to PollEverywhere to get access to scoring
- 2. Add a credit type “CME with Scored Assessment”** to your LMS credit keeping system to distinguish these sessions, before recording attendance
- 3. Instruct Users at the start of a session to “register”**, i.e. log into ARS non-anonymously, so scores can be identified in the online GradeBook

Assessment Methods

- **Case-based** knowledge and competency assessment, 21 quizzes
- **Practice-based** “What would you do” multiple choice questions (Stem+4)
- 89 questions total, **4 or 5** per quiz
- **2 minute** time limit each question

Results/Findings

- Attendance varied, 5-10 Boarded Surgeons earned a passing score each week.
- **Average grades:**
 - For all learners: 59% (N=407)
 - Registered learners: **74%** (N=126)
- Passing score required 75%

Barriers/Facilitators to Implementation

Three major facilitators were:

- i) PollEverywhere institutional subscription **already in place and in use** (including Master and User level accounts)
- ii) Faculty member **willing to become familiar with authoring questions** within PollEverywhere website (and use NBME best practices); and
- iii) Audience of learners already **accustomed to using PollEverywhere** for other purposes.

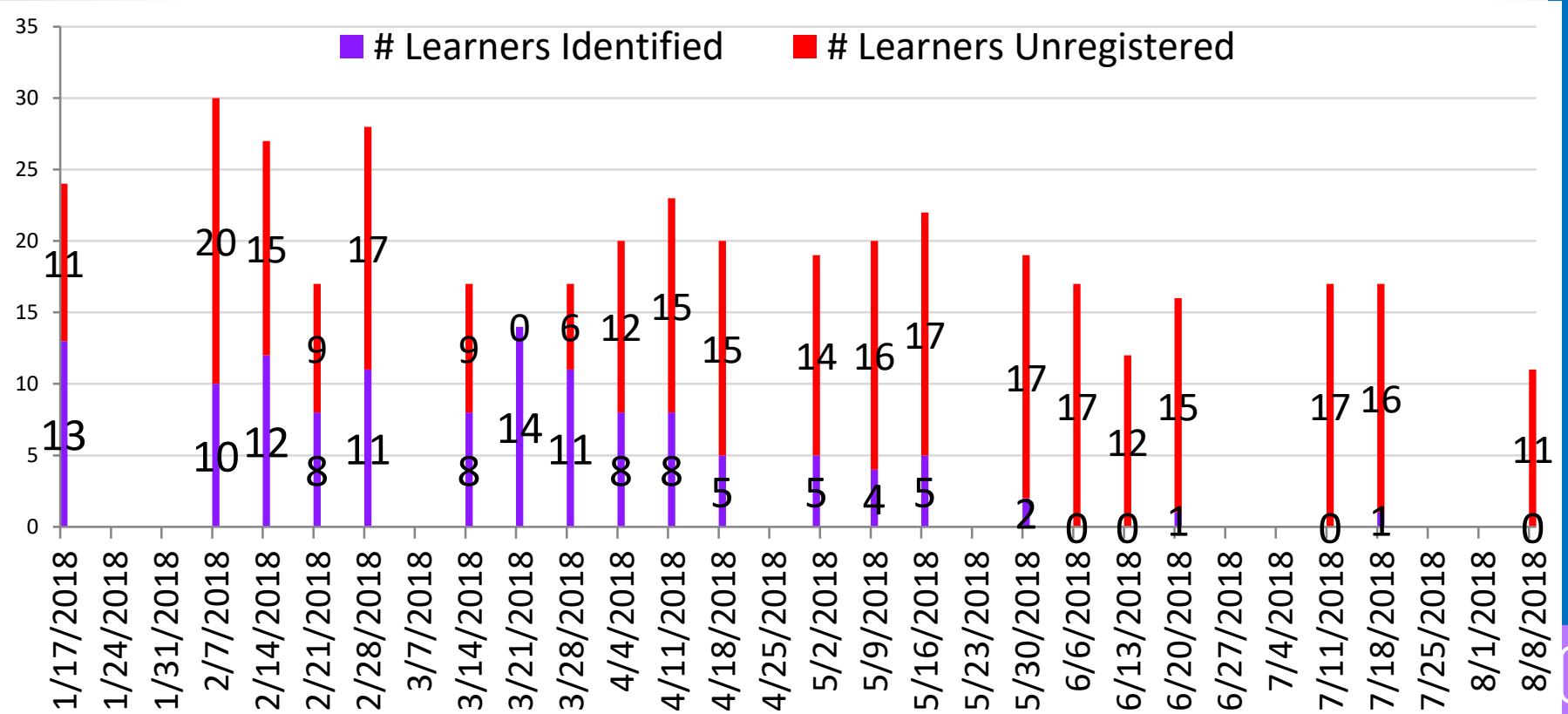
Barriers to this effort were:

- **Location:** Cellular coverage varies by phone carrier
- **Bandwidth:** Wi-fi segregated for guests v. employees, at different speeds
- **Generational:** not all participants carry a smart-phone or are “texting” literate.
- **“Non-boarded”** learners (residents, fellows, or non-physicians) may wish to avoid attribution of scores. i.e. ***“Not another pop-quiz!” syndrome***

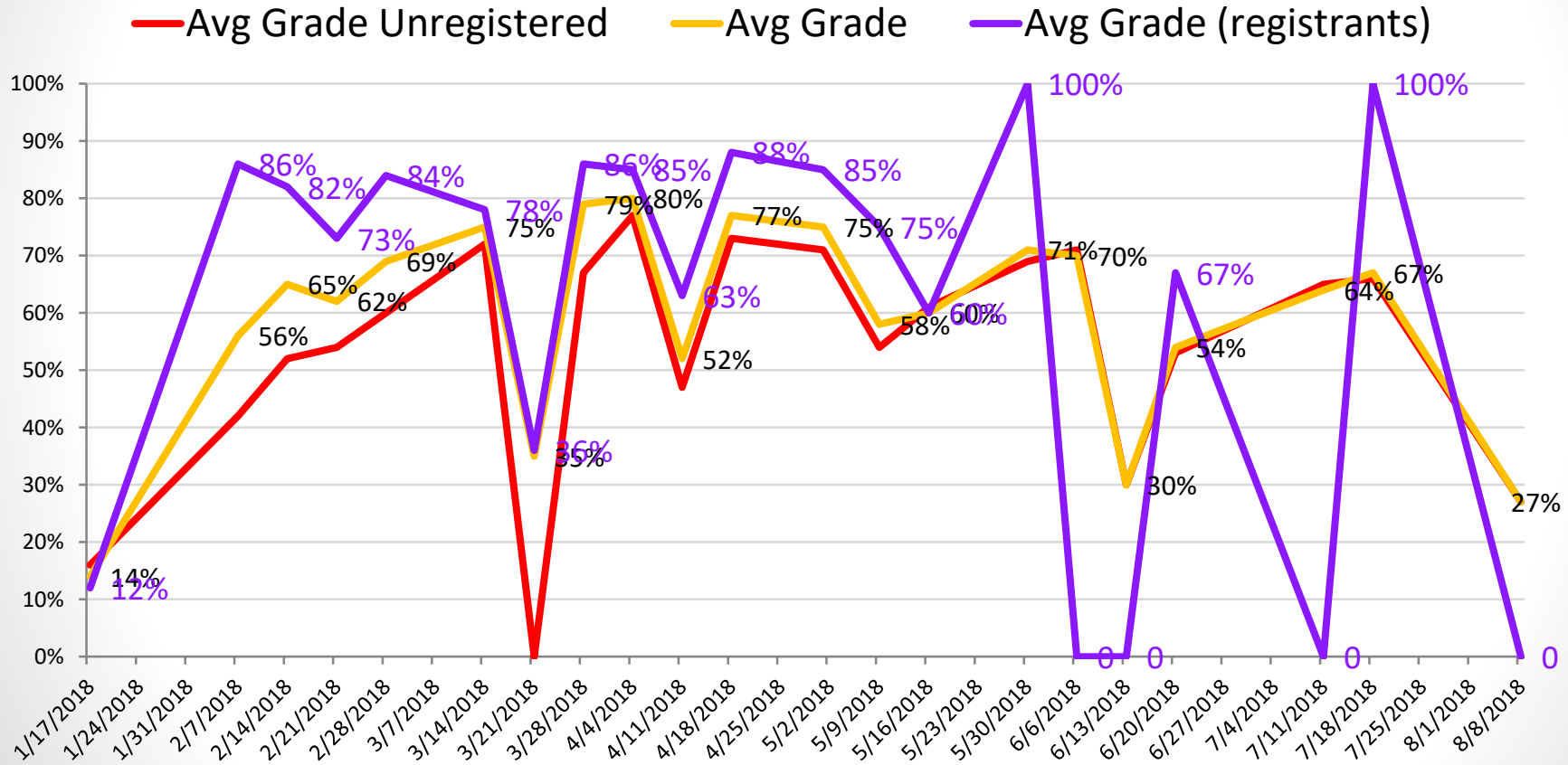
Impact (“So what?”)

- This approach **could provide the entire complement of required CME credits** for ABS-CCP for users who diligently participate on campus, with no out-of-pocket expense for MOC recognition**.
- ****But extra work is required by CME office:**
 - Manual lookup of the learner’s scores in the PollEverywhere Gradebook and entry into the LMS for CME is required.
 - Individual learners must upload CME credit transcripts into their personal CME Repository at [ABSurgery.org](https://www.ABSurgery.org)
 - To facilitate self-service, CME office to send out a summary of credits with upload instructions for upload each March for prior year.
- ***Unexpected departure of a key faculty member ended the quiz-utilization within the Surgery M & M***

Participation by week...



... and Grades by week



Implications

- This approach **CAN provide CME credits** for ABS-CCP users who diligently participate and self-report for MOC recognition.
- **Substantial extra work is required by CME** office to provide this service to ABSurgery diplomates, in addition to tasks required by the diplomate.
- **It is hoped that ABS will collaborate with ACCME** to develop a pathway for direct reporting of MOC credits by CME providers