

CMEs for MOC 101

Disclaimer: The following information is a summary of the MOC requirements. Individuals are encouraged to access each board's program requirements from the ACCME or Specialty Board's website.

ACCME Collaborations with the ABMS

Goal: To simplify and align the Maintenance of Certification (MOC)

- American Board of Anesthesiology (ABA) MOCA
- American Board of Internal Medicine (ABIM) MOC
- American Board of Ophthalmology (ABO) MOC
- American Board of Otolaryngology–Head and Neck Surgery (ABOHNS) Continuing Certification
- American Board of Pathology (ABPath) Continuing Certification
- American Board of Pediatrics (ABP) MOC

General Information

- All accredited CME providers may offer MOCs
- No application to the board is required
- Submit registration information through PARs
- Attest to:
 - ✓ Comply with certifying board requirements
 - ✓ Agree to collect/submit the required individual learner completion data and submit it via PARS
 - ✓ Agree to abide by certifying board/ACCME requirements for use of the data
 - ✓ Agree to allow ACCME to publish data about the activity on ACCME's website
 - ✓ Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME
- Agree for the ACCME to share information with the specific boards
- Display activity in CME Finder
- Allowed to use the MOC board's logo or badge

General Information Continued

- No fees due to the boards at this time
- May charge participant fees
- Accredited provider is responsible for activity costs and administration
- Topics must be relevant to the specific board's diplomates
- May be designated for MOC points up to the maximum allowable AMA PRA Category 1 Credits or less
- Disclose to the learner if data will be shared with the funder or commercial entities prior to the beginning of the activity
- Disclose to the learner completion information will be shared with the ACCME and Specialty Board

Compliance

- Must follow all ACCME Criteria, Standards for Commercial Support, and Policies
- Must comply with privacy and security compliance
- Must conform to all relevant regulatory and industry requirements

Activity Types

Activity Types	ABA*	ABIM	ABO	ABOHNS	ABPath	ABP
Live activities		X	X	X	X	X
Course		X	X	X		
Committee Learning		X	X	X		
Internet Live Activities		X	X	X		
RSS		X	X	X		
Enduring materials		X	X	X	X	X
Internet Enduring materials		X	X	X	X	X
Performance Improvement		X	X	X		
Journal-based CME		X	X	X	X	X
Internet Searching and Learning		X	X	X	X	
Test-item writing		X	X	X	X	X
Learning from Teaching		X	X	X	X	X
Manuscript Review		X	X	X	X	X
Other		X	X	X	X	X

*ABA honors activity types as listed in the AMA PRA Booklet

Evaluation / Self-Assessment Requirements

- Develop evaluation measuring the impact of the activity on the physician learner's knowledge, strategies/skills, performance, and/or patient outcomes through learner engagement
- Determine minimum participation threshold demonstrating learner's meaningful engagement in the activity
- Provide feedback to the participant (correct answers, attainment of skills, and relevant citations)

PARS Submission Timeline

- ABP MOC learner completion data due by December 1st or within 30 days of activity completion
- ABP MOC activities conducted after December 1st submit data immediately after activity
- ABPath completion data due within 30 days of completion
- ABA, ABIM, ABO, and ABOHNS MOC and Continuing Certification due by December 31.

Participant Completion Information

Participant Information	ABA	ABIM	ABO	ABOHNS	ABPath	ABP
ACCME Provider ID	X					
Diplomate ID	X	X	X	X	X	X
Physician's First Name	X	X	X	X	X	X
Physician's Last Name	X	X	X	X	X	X
PARs Activity Identifier	X			X	X	X
Provider Activity ID	X					
Activity Completion Date	X	X	X	X	X	X
CME Credits / MOC Points	X	X		X	X	X
Physician's Date of Birth		X	X	X	X	X
MOC Credit Types		X	X	X	X	

The American Board of Anesthesiology (ABA)

- ABA Diplomates require:
 - ✓ 250 AMA PRA Category 1 Credits
 - ✓ 20 AMA PRA Category 1 Credit in Patient Safety
- May not be advertised as a board review or board preparation activity
- May be designated as a patient safety activity (Refer to the requirements for more information.)

ABA Promotion Guidelines

- The first reference to “The American Board of Anesthesiology[®],” “Maintenance of Certification in Anesthesiology[™] program” or “MOCA[®]” should include the “TM” trademark or “[®]” registration symbol in superscript. The following statement should also appear on the same page with the first usage:

“Maintenance of Certification in Anesthesiology[™] program and MOCA[®] are registered trademarks of The American Board of Anesthesiology[®].”
- The first reference to “MOCA 2.0[®]” should include the “[®]” registration symbol in superscript. On the same page with the first usage of MOCA 2.0[®], the following language should appear:

“MOCA 2.0[®] is a trademark of The American Board of Anesthesiology[®].”

ABA Promotion Guidelines

- Category 1 CME Only:

“This activity contributes to the CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements.”

- Category 1 CME and Patient Safety:

“This activity offers up to xx CME credits, of which xx credits contribute the patient safety CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements.”

- Patient Safety Only:

“This activity contributes to the patient safety CME requirement for the CME component of the American Board of Anesthesiology’s (ABA) redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements.”

- Approved Terms: ABA diplomates or ABA diplomates participating in MOCA

American Board of Internal Medicine (ABIM)

- ABIM diplomats require: 100 MOC points every 5 years
- Activities must meet the Requirements for all MOC Activities (1-5)
- Activities registered for ABIM Medical Knowledge MOC points must meet the applicable format-specific requirements (6-7)
- Activities registered for ABIM Patient Safety MOC points must meet ABIM 15
- Activities may be registered for one or a combination of credit types
- ABIM Patient Safety MOC cannot be offered alone

ABIM Requirements 1-5

- ABIM 1: Defines Activity Types Allowed
- ABIM 2: Relevant to ABIM physician learners as demonstrated by professional practice gap and content of the activity
- ABIM 3: Evaluation measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
- ABIM 4: Includes minimum MOC participant threshold demonstrating physician learners meaningful engagement and provides feedback to the learners
- ABIM 5: The ABIM MOC Recognition Statement is provided to learners the start of the activity

ABIM Requirements 6-7: Medical Knowledge

- ABIM 6: Peer-reviewed (by clinicians who are sufficiently familiar with the subject matter) by at least 2 reviewers who are not authors and who can render an opinion as to whether the activity/materials align with learning objectives and are fair, accurate, and free of commercial bias – Required for all activity types except Internet Searching and Learning, Performance Improvement, and Test Item Writing
- ABIM 7: Physician Learner participates in the planning process that includes 3 members – Required for Test Item Writing Only

ABIM Requirements 8-13: Practice Assessment

- ABIM 8: Addresses quality or safety gap supported by a needs assessment or problem analysis
- ABIM 9: Addresses care, care processes, systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the 3 AIMS or 6 Priorities articulated in the National Quality Strategy
- ABIM 10: Has specific, measurable aims for improvement
- ABIM 11: Uses measures appropriate for the aims for improvement
- ABIM 12: Includes interventions intended to result in improvement
- ABIM 13: Includes appropriate data collection and analysis of performance data to assess the impact of the interventions

ABIM Requirements 14

- Defines the minimum participation threshold for MOC
- Describes how to identify physician learners that are meaningfully engaged in the activity
- Physician learners participate in one or more of the areas outlined in ABIM 8-13

ABIM Requirements 15

- Addresses at least one of the following topics:
 - ✓ Foundational Knowledge
 - Epidemiology of Error
 - Fundamentals of patient safety improvement
 - Culture of Safety

 - ✓ Prevention of adverse events
 - Medication Safety
 - Prevention of healthcare acquired infections
 - Falls prevention
 - Teamwork and care coordination

ABIM Recognition Statement

- “Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [MOC point amount and credit type(s)] MOC points [and patient safety MOC credit] in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.”
- “Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity.” may be omitted if part of a larger activity.

ABIM Resources Available Online

- Description of the Elements of Audit
- Evaluation Examples
- ABIM Abstract

Table 2: Description of the Elements of an Audit

ABIM Requirement	Materials to be Submitted by Accredited Provider
ABIM1	None - only providers accredited within the ACCME system are eligible to register activities in PARS for ABIM MOC.
ABIM2	A description of the professional practice gap and educational need for the activity.
ABIM3	Information relevant to the method of evaluation that was utilized for the activity that measured learner change, including: <ul style="list-style-type: none"> • a description of how the evaluation is conducted; and • a copy of the evaluation tool (e.g., multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises).
ABIM4	<ul style="list-style-type: none"> • a description of the minimum participation threshold (e.g., score, correct written or shared response, etc.); • verification that the learners successfully met the minimum participation threshold for the activity; and • a description of the process by which feedback was provided to learners.
ABIM5	Evidence that physician learners were informed that their participation information would be shared with ABIM through PARS prior to the start of the activity.
ABIM6	Verification that the content of the activity was peer-reviewed by two clinician reviewers who were not the original authors/presenters: <ol style="list-style-type: none"> The name, credentials, affiliations and qualification of the reviewers; The results/conclusions of the reviewers.
ABIM7	A description of the committee process that was utilized, including the number of members of the committee.
ABIM8	A description of how the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis.
ABIM9	A description of how the activity addresses care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy.
ABIM10	A description of the specific, measurable aim(s) for improvement.
ABIM11	A description of the measures used in the activity and how they address the gap in quality.
ABIM12	A description of the interventions that were or are being implemented that directly relate to achieving the aim of the activity.
ABIM13	A description of: <ul style="list-style-type: none"> • the method and frequency of data collection and performance analysis; and



The American Board of Internal Medicine (ABIM) and the Accreditation Council for Continuing Medical Education (ACCME) share the expectation that accredited providers evaluate the impact of their activities on learners' knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports ABIM MOC.

ABIM's requirement for evaluation can be found in the [MOC Assessment Recognition Program Guide](#). ACCME requirements related to evaluation can be found in [Criterion 11](#) of its Accreditation Criteria.

Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner's participation completion information for the activity.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the physician learners who met the minimum participation threshold.

Evaluation Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.



ABIM MOC CME Activity Audit Abstract

Instructions: Complete this form for each activity selected for audit by the ACCME for meeting the requirements of the [ABIM's MOC Assessment Recognition Program](#). Complete **all sections** applicable to the activity, and assemble the applicable bookmarked attachments, marking each attachment with the appropriate number (you may not need to include all attachments). Assemble a [single PDF file](#) that includes this form and the required attachments with each attachment bookmarked as noted in the abstract below. Submit to the ACCME as instructed.

ACCME Provider ID	Provider Name	
Activity Title		
Activity Date	Activity Type	ACCME Activity Identifier

For *g* activities:

Table 1: A description of the professional practice gap and educational need for the activity.

State the professional practice gap(s) of your learning activity that the activity will address (maximum 100 words).

State the educational needs that are determined to be the cause of the professional practice gaps (maximum 100 words).

A description of how the evaluation was conducted (maximum 100 words).

American Board of Ophthalmology (ABO)

- ABO diplomate requires an average of 50 AMA PRA Category 1 Credits™, including:
 - ✓ 16 credits that qualify as self-assessment
 - ✓ 1 activity that qualifies as patient safety
 - ✓ 2 activities from the Improvement in Medical Practice Menu
- Activities must be registered for the following credit types:
 - ✓ Lifelong Learning (Part II)
 - ✓ Self-Assessment
 - ✓ Improvement in Medical Practice (Part IV)
 - ✓ Patient Safety
- Activities cannot be registered for both Improvement in Medical Practice and Patient Safety

Improvement in Medical Practice (MOC Part IV) Requirements

- Address quality or safety gap supported by needs assessment/problem analysis
- Address care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the 3 aims or 6 priorities articulated in the National Quality Strategy
- Have specific, measurable aims and use measures appropriate to the aims for improvement
- Include interventions intended to result in improvement
- Include appropriate data collection and analysis of performance data to assess the impact of the interventions
- Provider defines the minimum participant threshold and describes how the diplomates who meaningfully engage will be identified

Patient Safety Credit Requirements

- Must be registered for Lifelong Learning
- May be registered for Self-Assessment if it meets the requirements
- Meets at least one of the following topics
 - ✓ Foundational knowledge:
 - Epidemiology of error
 - Fundamentals of patient safety information
 - Culture of safety
 - ✓ Prevention of adverse events:
 - Prevention of healthcare acquired infections
 - Falls prevention
 - Teamwork and care coordination
 - Medication Safety

ABO MOC Recognition Statement

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to satisfy the Lifelong Learning, Self-Assessment, Improvement in Medical Practice and/or Patient Safety requirements for the American Board of Ophthalmology’s Maintenance of Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting MOC credit.”

ABO Resources

- Descriptions of the elements of audit
- Evaluation Examples

Table 2: Description of the Elements of an Audit

Materials to be Submitted by Accredited Activity Provider	
All Activities	None - only providers accredited within the ACCME system are eligible.
	None - only allowable activity types can be registered for ABO MOC in PARS.
Self-Assessment	A description of the professional practice gap and educational need for the activity.
	Evidence that diplomates were informed that their participation information would be shared with ABO through PARS.
	Information relevant to the method of evaluation that was utilized for the activity that measured learner change, including: <ul style="list-style-type: none"> • a copy of the evaluation tool (e.g., multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises); • a description of how the evaluation is conducted and the minimum participation threshold (e.g., score, correct written or shared response, etc.); • a description of the process by which feedback was provided to learners; and • verification that the learner successfully met the minimum participation threshold for the activity.
Improvement in Medical Practice	A description how the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis.
	A description of how the activity addresses care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy.
	A description of the specific, measurable aim(s) for improvement.
	A description of the measures used in the activity and how they address the gap in quality.
	A description of the interventions that were or are being implemented that directly relate to achieving the aim of the activity.
	A description of: <ul style="list-style-type: none"> • the method and frequency of data collection and performance analysis; and • how data are used to effect improvement throughout the activity.
Patient Safety	A description of: <ul style="list-style-type: none"> • the minimum participation threshold for the activity and how the provider identifies physicians who meet the threshold; and • verification that learners successfully met the minimum participation threshold for the activity.
	Demonstration that the activity addressed one of the required topics (e.g. Foundational Knowledge of Prevention of Adverse Events).

Appendix A: Evaluation Examples

The ABO and the ACCME share the expectation that accredited activity providers evaluate the impact of their activities on learners' knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports ABO MOC.

Important Tips:

- The accredited provider may choose to evaluate an activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e., via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner's participation completion information for the activity.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the physician learners who met the minimum participation threshold.

Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners detail what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience response system	Learners select answers to provocative questions using the audience response system.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Fraction of answers correct set by provider.	Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.

The American Board of Otolaryngology-Head and Neck Surgery (ABOHNS)

- Diplomates must complete 25 hours of AMA category 1 CME credits and either successfully participate in CertLink or complete one ACCME PARS registered CME activity in the otolaryngology focused area of their choice

ABOHNS Requirements

- May be registered for Patient Safety, if it meets the requirements
- May be registered for Improvement in Medical Practice (Part 4) if it meets requirements and designed to assess/improve quality of practice
 - ✓ Addresses quality or safety gap supported by needs assessment/problem analysis
 - ✓ Addresses care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the 3 Aims or 6 Priorities articulated by the National Quality Strategy
 - ✓ Has specific, measurable aims for improvement
 - ✓ Uses measures appropriate to the aims for improvement
 - ✓ Includes interventions intended to result in improvement
 - ✓ Includes appropriate data collection and analysis of performance data to assess the impact of the interventions
 - ✓ Defines a minimum participation threshold for Continuing Certification and describes how physician meaningful engagement will be identified
 - ✓ Physicians may participate in one or more areas, but not required to participate in every step of the quality improvement process

ABOHNS CC Recognition Statement

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn their required annual part II self-assessment credit in the American Board of Otolaryngology – Head and Neck Surgery’s Continuing Certification program (formerly known as MOC). It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of recognizing participation.”

American Board of Pathology (ABPath)

- ABPath diplomates require a minimum of 70 AMA PRA Category 1 CME credits for each two-year reporting period.
- At least 20 of the 70 CME credits must count as self-assessment (SAM) for ABPath's CC Program
- Eighty percent of required CME/SAM must be directly related to the diplomate's scope of practice
- Planned in context of one or more ABMS/ACGME Competencies

ABPath Requirements

- Relevant to ABPath diplomates demonstrated by the professional practice gap and content of the activity
- Includes an evaluation designed to assess changes in learners' competence, performance, or the impact on patient outcomes
- Be registered as a Self-Assessment Module, if it meets requirements 1-7 and:
 - ✓ Evaluation component includes a passing standard and timely feedback to learners (Quiz or tests must comply with the Quiz Evaluation Guidelines. Examples of evaluation mechanisms available.)
 - ✓ Activity is clearly denoted as a Self-Assessment Module in all activity materials

ABPath Requirements Continued

- May be registered for Improvement in Medical Practice (Part IV) for MOC if meets requirements 1-7 and
 - ✓ Addresses a quality or safety gap supported by needs assessment or problem analysis
 - ✓ Designed to assess / improve quality of practice
 - ✓ Has specific, measurable aims for improvement
 - ✓ Includes interventions intended to result in improvement
 - ✓ Includes appropriate data collection and analysis to assess the impact of the interventions
 - ✓ Defines meaningful participation and includes a mechanism for identifying participants who meet the requirement

ABPath Promotion Requirements

- Clearly indicate activity has been registered to offer credits in the ABPath MOC program
- Include credit types available
- Include the number of credits

ABPath Resources

- Evaluation Examples
- Quiz Evaluation Guidelines

Appendix A: Evaluation Examples

Participating specialty boards and ACCME share the expectation that accredited providers evaluate the impact of their activities on learners' knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports MOC.

ACCME requirements related to evaluation can be found in [Criterion 11](#) of its Accreditation Criteria.

Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner's participation completion information for the activity.

Evaluation Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience response system	Learners select answers to provocative questions using the ARS.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete	Fraction of answers	Best answer to each

Appendix B: Quiz Evaluation Guidelines

Providers who opt to use a test or quiz as their evaluation mechanism for Self-Assessment Modules must comply with the following requirements:

1. Participants must achieve a passing score on the post-test set by the provider (typically 75-80 %) to earn SAM credits for the course
2. Participants may be allowed to take the post-test more than once in order to achieve a passing score.
3. Participants must be provided timely post-test feedback, including a brief explanation and/or reference(s) for the correct answer.
4. Post-tests and feedback may be offered online.
5. A minimum of two questions per half hour of CME is required.
6. A pre-test is recommended to identify or demonstrate participant gaps in knowledge.

Guidelines for developing quiz/test questions:

1. SAMs questions should test important concepts that are medically (clinically) relevant. Questions should link to the learning objectives.
2. The ABPath recommends all questions be multiple choice, single best answer with 3-5 choices. True/False or Yes/No questions are not acceptable. If an item truly has only two choices, and it is not a T/F or Y/N question, such an item is acceptable.
3. An ideal question is one that can be answered without looking at the choices. Higher order questions that require interpretation, judgment, or problem-solving are better than simple recall of information.
4. Questions should be stated as a positive (do not use no, not, etc). Do not use "all of the following except".
5. Do not use absolutes such as "all", "none", "always" and "never".
6. "All of the above" or "none of the above" are not acceptable choices.
7. No possible question answers should include other possible answers, e.g. "C: Both A & B" (No K Type Questions)
8. Answer choices should be in alphabetical or numerical order and approximately the same length.
9. Responses must be logical and homogenous (e.g. all IHC stains, all laboratory test results, all clinical associations).

The American Board of Pediatrics (ABP)

- Lifelong Learning and Self-Assessment (Part 2)
- ABP diplomates require 100 points every 5 years
 - ✓ 40 minimum in part 2
 - ✓ 40 minimum in part 4

ABP Recognition Statement

- Must appear on all MOC activity materials and brochures

“Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, enables the learner to earn up to [XX] MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.”

ABP Audits

- Submit within 30 days of the initial request:
 - ✓ Evaluation tools – description or copy of the learner assessment tool
 - ✓ Assessment – description of how the learner assessment was conducted
 - ✓ Feedback – description of the process by which feedback was provided and copy of the feedback tool or sample provided to learners
 - ✓ Passing Standard – Description of passing standard and how active participation was verified and documented for skill / case based activities
 - ✓ Documentation – Evidence that learners were informed their participation information would be shared with the ABP through PARs and an example of a completion certificate
 - ✓ Audit checklist

Learner CME / MOC Documentation

Provide to the learner upon request:

- Name of the Activity and Activity Provider
- Learner Name
- Activity Completion Date
- PARs Activity Identifier
- MOC Points Awarded
- ABP MOC Part 2 Approval Statement

ABP Resources

- Evaluation / Assessment Examples
- A Guide to Using Reflective Statements as Assessment in Live Activities Offered for ABP MOC Part 2
- Audit Checklist

Evaluation/Assessment Examples

Evaluation Mechanism	Evaluation Method	Passing Standard	Feedback Method
Case discussion	Learners are asked to share with each other and the group about how they would approach the case at various stages.	Learners actively participate in the conversation as judged by a group leader or observer. Participation is verified.	The outcome of the case is shared, and learners are informed that their participation met standards.
Written responses (see examples on next page)	Learners write down what they have learned and indicate what practices they'll maintain or change for an individual session.	A minimum "appropriate" threshold is established, and the statement is reviewed to ensure the statements are meaningful and reflective of the knowledge or strategy gained or intended change.	Leader/facilitator provides individualized feedback to the written response by summarizing what was discussed and provides next best steps for the learner.
Audience response system	Learners select answers to provocative questions using the ARS.	Learners engage adequately with an acceptable number of attempts. Threshold set by provider, and the ARS is traceable to the individual.	Answer to each question is shared verbally or in writing.
Quiz	Learners complete answers to a quiz during or after an activity.	Proportion of correct answers set by provider.	Best answer to each question is discussed or shared.
Table-top exercise	Learners write down next steps in an evolving case at various set points.	Learners write a possible next step to each question. Participation documented.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting - could be role-play or formal simulation lab.	Learners participate in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.
Review of manuscript	Learners provide constructive feedback	Quality of the manuscript review is acceptable as determined by	Editor provides feedback on the adequacy of the review



A Guide to Using Reflective Statements as Assessment in Live Activities Offered for ABP MOC Part 2

Key Elements for Using Reflective Statements as the Assessment Mechanism in Live Activities:

- 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.
- 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.
- The participation of the learners is verifiable.

Example 1

The provider plans a multi-day, large live activity that includes a wide variety of sessions (e.g., case discussion, didactic, skills-training). In the case discussion and skills-training sessions, facilitators manage the discussion/training and record those learners who demonstrate meaningful participation. To assess learning overall for the activity, learners are asked to keep a learning journal and are given time at the start of each session, to record their intended learning goals, learning points achieved, and an intent to change as a result of the activity. The learning journals are reviewed for completeness and unneeded resources are provided back to the learners.



Appendix B

Accredited providers may be required to submit materials for activities selected for audit. Please complete the Audit Checklist for each activity and retain this document along with any other relevant materials for your records. The ABP reserves the right to request audited materials directly from the provider at any time. Once contacted, the provider has 30 days to respond and provide requested materials to the ABP.

Activity Title _____ PARS Activity Identifier _____ MOC Credit Value _____

Audit Attachment Checklist

Retain a copy of the audit attachments, along with the Audit Checklist for your records.

- Provide a description or copy/sample of the evaluation tool.
- Provide a description or copy/sample of the type of feedback provided to learners.
- If credit has been awarded, provide documentation showing that the learner(s) successfully met the passing standard for the activity.
- Provide a copy of documentation indicating that learners were informed that their completion data would be shared with the ABP through PARS.
- Provide an example of a completion certificate that would be provided to an ABP diplomate, if requested.

1. Provide a description of how the evaluation of the learner was conducted, including what the passing standard is for the evaluation.

2. Provide a description of how feedback is provided to each individual learner.

Questions?

Thank You!

Terri Neaderhiser
CE Program Administrator
Suburban Health Organization
317-295-5283