ABNM and MOC Assessment

Daniel A. Pryma, M.D. – MOC Committee Chair

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One of the most stress-provoking aspects of Maintenance of Certification (MOC) is the assessment examination taken every 10 years. While pass rates are generally quite high (as one would expect since the test takers have all been previously board certified), the exam poses two challenges: 1) the stakes are high with serious implications for a non-passing result; 2) while the exam assesses current knowledge it provides only limited feedback on performance (and limited feedback once every 10 years does little to foster productive lifelong learning). Thus, we have a great interest in ways to enhance the MOC assessment process to continue to accomplish the goal of ensuring that practitioners maintain currency in the field but in the context of an ongoing and instructive process.

The ABNM is a member board of the American Board of Medical Specialties (ABMS). Following the lead of the American Board of Anesthesiology (ABA), the ABMS will be developing tools for MOC assessment that can be used by member boards (http://abnm_wordpress_uploads.s3.amazonaws.com/wordpress/wp-content/uploads/2015-2_ABMS.pdf). In 2014, the ABA developed a CME project, the MOCA Minute™, where a pilot group of ABA diplomates received one question each week. The diplomate had one minute to answer the question. Immediately after answering the question, the diplomates would be given the correct answer, the key point, and a brief explanation. The MOCA Minute™ was well received by the pilot group. In 2016, the MOCA Minute™ will be expanded to all ABA diplomates, and participation in this (one minute per week) process will replace the every-10-year ABA MOC examination.

The ABMS tools will be similar to the MOCA Minute. The goal of the initial pilot project will be to determine if this type of system can be used not only for CME, but also for ongoing diplomate assessment. If the results of diplomate assessment are shown to be accurate, then a system like this could be used as an alternate to the traditional MOC exam. Compared to the traditional MOC exam, there would be several advantages to this type of MOC assessment. The evaluation would be longitudinal with feedback on performance via a diplomate dashboard. There would be space for repetition to promote learning and retention. Answering a single question would involve much less anxiety than the high-stakes MOC exam and a weekly process would allow for far more questions over the 10-year cycle than are typically seen on an MOC exam, so each individual question would have less at stake. Cramming for an exam, which has been shown to be a poor strategy for long-term retention, would be avoided. Indeed, the primary purpose of MOC is to improve healthcare delivery though encouraging continuous lifelong learning, not cramming for a few weeks every 10 years.

The ABNM plans to take part in the ABMS pilot project. The ABNM hopes to pilot a CME project some time in 2017. A major challenge for the ABNM is developing the large number of questions that will be needed to start this project. One possibility for content development is crowdsourcing though the exact method for implementation content development has yet to be determined. However, crowdsourcing question writing and question answering raises some interesting possibilities for the future of MOC, (https://abnm_wordpress_uploads.s3.amazonaws.com/wordpress/wp-content/uploads/2015-2_AED_Report.pdf). If you are interested in helping out with the development of content for the pilot project contact abnm@abnm.org.