

# Developing Assessments for CME with MOC 2

## A Resource Kit for CME Activity Directors

### Contents:

- **Roadmap** of technical elements required in MOC questions
- **Suggested Practices** for question-writing in MOC/CME
- **Question Templates** your authors can use
- **Peer Reviewer Form** to document adherence to question Review Process

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- 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**

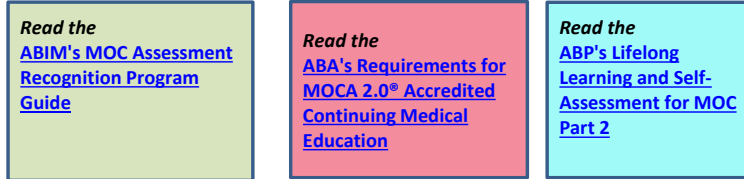
**Start Here:**

**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?**



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



**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?**

Category	Requirement	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 <a href="#">MOCA 2.0 Content Outline</a>	NA	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/OM 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.	--		Y
	• 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.	--		Y
	• 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.	--		Y
If you chose PS	Must address at least one of the following topics: <b>Foundational knowledge (must include all of the following):</b> 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		

**Read the [Guide to Using Reflective Statements as the Assessment Mechanism in Live](#)**

**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**

# Suggested Practices in Multiple Choice Test (MCT) Item-Writing for MOC and CME

with Pre/Post Test questions template

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## Suggested practices:

### ***multiple choice test-item writing:***

- All answer choices should be of similar **length and detail**.
  - We advise offering four answer choices.
- **Avoid Order-dependent** ( “A and C only”) answers-
  - We alphabetize or randomize the choice order, so your numbering may change.
- **Avoid Combination answers** (“A and D”) etc.
  - Combination choices impose extra cognitive load and only indirectly measure the learning objective  
(Half right should not be treated as all wrong!).
- **Avoid “All/None” answers**
  - Anomalies like these that “steer” the attention can shortcut the learner’s full consideration of options.
- **Avoid unfair and “trick questions”** such as introducing material NOT covered in your curriculum.

# Questions templates

- **Medical Knowledge question:** \_\_\_\_\_  
\_\_\_\_\_  
a) Answer option 1: \_\_\_\_\_  
b) Answer option 2: \_\_\_\_\_  
c) Answer option 3: \_\_\_\_\_  
d) Answer option 4: \_\_\_\_\_
- Correct Answer choice is: \_\_\_\_\_
- A single correct answer should 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:  
\_\_\_\_\_

# Questions templates

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

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- If your Practice Assessment question uses a rating scale, please include exactly FOUR scale labels.
  - Avoid using an odd number of scale labels, that people are not as 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 question:**
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- *Examples of Reflective Response Question stems:*

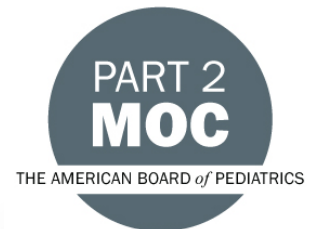
- **Please describe a barrier you currently face in adopting (\_\_\_recommended practice change\_\_\_) .....[Free Text response]**
- **Please describe how you will implement (\_\_\_recommended practice change \_\_\_):..... [Free Text response]**
- **How often do you currently (\_\_\_recommended practice change\_\_\_) in your practice? ..... [Free Text response]**



# Peer Review Requirements

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

	Question Type	
<u>Requirement Type</u>	<u>Medical Knowledge</u>	<u>Practice Assessment</u>
<b>Question Quality</b>	<b>Peer Review</b>	<b>Peer Review</b>
<b>Answer Quality</b>	<i>Machine scored</i> if multiple choice, must meet a <b>peer reviewed</b> level of satisfactory completion, usually 70% correct.	<b>Peer Review</b> of reflective answer; or <b>Moderator's assessment</b> of individual participation in group discussion



**Peer Reviewer Form for MOC Part 2 Assessment Instruments**

Activity Name: \_\_\_\_\_ Activity Date: \_\_\_\_\_ Peer Review Due Date \_\_\_\_\_

Peer Reviewer Name: \_\_\_\_\_ **Email form to [RAMartin@NYUwinthrop.org](mailto:RAMartin@NYUwinthrop.org) by 4:30 PM on due date.**

*Learning Objectives for this Activity:*

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_

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

**Peer Reviewer Form for MOC Part 2 Assessment Instruments**

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

Peer Reviewer Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_