

## ABMS Member Board Panel: Innovations in Testing at Other Member Boards Summary Report

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**Moderator:** Mira Irons, MD  
*Senior Vice President for Academic Affairs  
American Board of Medical Specialties*

### Panelists:

Ann Harman, PhD  
*Chief Assessment Officer  
American Board of Anesthesiology*

Lela Lee, MD  
*Associate Executive Director  
American Board of Dermatology*

Thomas O'Neill, PhD  
*Vice President of Psychometric Services  
American Board of Family Medicine*

Rebecca Lipner, PhD  
*Senior Vice President for Evaluation, Research, and Development  
American Board of Internal Medicine*

Dr. Mira Irons opened the session by acknowledging that the debate regarding the current Maintenance of Certification (MOC) process has been healthy and professional. She reminded everyone that the new MOC standards, launched in January 2015, are now available on the ABMS website. She also noted that ABMS plans to allow for more innovation and flexibility in MOC with the goal of moving away from the focus on the parts of MOC. She pointed out that people seem to understand the *why* behind MOC, but it is the *how* that has caused so much frustration. She also briefly touched upon how the initial certification process is different from MOC, noting that it would be important during the conference to consider how to evaluate these distinct periods in a physician's career.

### American Board of Anesthesiology

#### Topic: MOCA Minute – Pilot to Replace MOC Part 3

Dr. Ann Harman led off with an overview of a recent pilot study of a learning and assessment platform called MOCA Minute that resulted in the newly announced MOCA 2.0, which will commence in January 2016. Using a new delivery platform, ABA will send its diplomates an email alerting them to a new question that is accessible at any time for 1 week. Upon accessing the question, a diplomate has 60 seconds to answer the question. Whether the question is answered correctly or not, the correct answer, rationale and links to additional resource materials are displayed on screen and emailed to each participant. Describing it as a “continuous, dynamic assessment of knowledge,” the activity provides focused content that can be accessed and reviewed later to refresh knowledge. It allows diplomates to quickly assess their knowledge and guides them to resources to strengthen their expertise. ABA concluded that an MOC exam once every 10 years “simply isn't sufficient.” The MOCA Minute pilot was so well received that the ABA Board of Directors decided to expand it to all diplomates in January 2016, replacing the current MOC Part 3 examination. Measurement decision theory will be used to assess competency. Dr. Harman also highlighted another

benefit in moving to MOCA 2.0, which is the amount of data that can be collected from the ABA's community of learners, helping guide future improvement initiatives. Future plans call for each diplomate to complete 120 questions per year, which would yield 1200 data points per diplomate over a 10-year period.

## American Board of Dermatology

### Topic: Online (Remote) Proctoring

Dr. Lela Lee described a pilot project in which they have been delivering their MOC Part 3 examination through remote proctoring in lieu of going to a secure testing center. Working with a remote proctoring vendor, the Board allows its diplomates to take their exams anywhere. Diplomates are responsible for ensuring that they have a computer with a webcam and microphone, a reliable Internet connection, and a quiet, fully lit room free of books and papers.

Dr. Lee noted that remote proctoring has provided a convenient alternative to the test centers and may prove to be less expensive over the long run. More important, Dr. Lee pointed out that the secure testing centers had limited their ability to assess domains such as dermatopathology. After a small trial using the in-training examination in 2013 with 12 persons, the pilot expanded to the MOC examination with more than 50 diplomates in both 2014 and 2015. Dr. Lee reported that all irregularities observed by the remote proctoring firm were documented and investigated, but none were serious. Dr. Lee explained that although there were some technical issues, the greatest challenge has been "inadequate bandwidth" for the examinees testing remotely. Confirming that the examinee has equipment that meets the system requirements is essential. Some diplomates did not participate in the study, as they did not meet the system requirements. The consensus of those participating in the pilot thus far has been that "the remote proctoring experience was easy to navigate." Dr. Lee did not feel that the questions used on a remote proctoring examination were less secure than those in a testing center as diplomates were still being proctored. Their Board will continue to explore this option.

## American Board of Family Medicine

### Topic: In-Training Examination as Predictor, Simulations, and Future Use of Electronic Health Record Data for Part 3

Dr. Thomas O'Neill began by reminding the audience that the American Board of Family Medicine has always required its diplomates to take a periodic knowledge assessment. In addition, the same examination is administered to their diplomates regardless of whether they are seeking initial certification or taking their 10-year MOC examination.

Dr. O'Neill described efforts to develop a Bayesian score predictor for use with their in-training examination, giving more meaningful feedback to residents and program directors. Dr. O'Neill also described efforts over many years to develop simulations of common conditions such as dyspnea, which are also scored using the Bayesian model. At present, the simulations are limited to lower-stakes self-assessments due to the complexity in scoring.

Dr. O'Neill also described two extensive data extraction efforts aimed at helping physicians fulfill Part 4 requirements. One process allows diplomates to send their own quality measures for analysis. A second process leads to the return of de-identified patient-level data to diplomates with quality measures. These processes are helping to build a family medicine registry, which could help satisfy a number of requirements including meaningful use. Although more study is needed, the ultimate goal is that these data may eventually be used as a substitute for Part 3.

## American Board of Internal Medicine

### Topic: Accessing External Resources during a High Stakes Exam

Dr. Rebecca Lipner provided two examples of the use of external resources during its high stakes exams. A clinical calculator is currently being implemented in ABIM exams that will allow physicians to perform risk calculations as they might do in practice. Dr. Lipner also described ABIM's efforts to evaluate the feasibility of using a web resource during a secure exam delivered at the Pearson VUE testing centers. The web resource chosen for the pilot study was Isabel Healthcare, a decision support system as well as a knowledge resource developed in partnership with the BMJ Group. Although many technical issues were overcome during the pilot study, the challenges of closing off the tool to the wider Internet remained (e.g., Facebook, email, Twitter). Important considerations include the choice of resources to use, whether the resources provide the same correct answers as the experts, how much time to allocate for the examination, potential use with different item formats, and how to address ADA accommodations. ABIM will be conducting a second research study to answer some of these questions.

Separate from the technical issues are the philosophical and measurement issues related to testing. Dr. Lipner noted that before allowing access to the Internet, it is important to understand the construct being assessed and how that construct might change by introducing the ability to search. If the goal is to assess an examinee's ability to look up information, then access to resources becomes essential. Further study is also needed to determine the impact on the testing time allotted, question types, age of examinee and other variables that may affect the outcome. There was a general feeling, for example, that the current allotted time would likely prevent non-experts from passing the exam, making the variable of time especially critical.