Purpose of this report

The purpose of this report is to provide feedback to the child abuse pediatrics community regarding content areas of strength and weakness, information which may be useful for identifying potential gaps in knowledge and guiding the development of educational materials. Using data from the American Board of Pediatrics' (ABP) Maintenance of Certification Assessment for Pediatrics (MOCA-Peds), this report summarizes diplomate performance on the questions within each of the 48 content areas assessed in 2019.

MOCA-Peds content areas

In 2019, MOCA-Peds—Child Abuse Pediatrics consisted of questions from a total of 48 content areas, broken down as follows:

- 45 learning objectives Each diplomate received a total of 60 questions associated with the set of 45 specific content areas drawn from the child abuse pediatrics content outline. Those 60 questions consisted of 45 "new" questions (one for each learning objective) and 15 identical "repeat" questions selected from the original set of 45 new questions.
- 3 featured readings Each diplomate also received 6 questions (2 questions per featured reading) associated with the 3 featured readings (eg, clinical guidelines, journal articles).

It is important to note that a pool of questions was developed for each learning objective and for each featured reading. Questions were then drawn from the pool and administered to diplomates throughout 2019, adhering to the specifications described above (1 new question per learning objective, 2 new questions per featured reading, 15 repeat questions).

Understanding this report

This report provides a graphical summary of diplomate performance on each of the 48 content areas assessed in 2019. Within the graphic and in the example below, the point (•) reflects the average percent correct for all questions within that learning objective or featured reading. The bar (—) reflects the range of percent correct values for the questions within that learning objective or featured reading. More specifically, the bar's lower endpoint indicates the most difficult question (ie, answered correctly by the lowest percentage of diplomates) and the bar's upper endpoint indicates the easiest question (ie, answered correctly by the highest percentage of diplomates).



A note of caution

Many factors (eg, specific content of the question, wording of the question, plausibility of the incorrect answers) can impact diplomate performance on any question. It is thus difficult to determine if poor performance on a single question, or small set of questions, within a given content area reflects a true gap in diplomate knowledge or if the question(s) associated with that content area were difficult for other reasons (or some combination of both). Collectively, the entire set of MOCA-Peds questions (across all content areas) constitutes a psychometrically valid assessment of the diplomate's overall level of knowledge. Performance within a given content area is based on fewer questions, however, and is therefore less useful for making inferences about diplomate knowledge in that specific content area.

It is important to note again that for security reasons, a pool of questions was developed for each content area so that each diplomate received a unique set of questions. In addition, the number of questions can vary from one content area to the next. In cases where a content area had a relatively large pool of questions, the number of diplomates who answered each question was reduced, which diminished the statistical precision of each question's percent correct value. In cases where a content area had a relatively small number of questions, each question was answered by a larger number of diplomates, but the overall breadth of the content being assessed within that content area was constrained, which limits the generalizability of the results.

In other words, MOCA-Peds was designed to assess individual diplomates with respect to their overall level of knowledge in child abuse pediatrics. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within child abuse pediatrics. The results within this report may be informative and useful for that secondary purpose, but they should be interpreted with a degree of caution.

Additional notes

- To protect the security of the content of the assessment, the questions themselves, along with information about the number of questions in the pool for any particular learning objective or featured reading, are not provided in this report.
- This report contains data aggregated across many diplomates participating in the MOCA-Peds program and cannot be used to make inferences or draw conclusions regarding any particular diplomate.

2019 Content Area Feedback Report Child Abuse Pediatrics

	Loorning Objective	0	Percent Correct			t 100
	Learning Objective	<u> </u>	+	+	-	
1.	Risk factors for child neglect: a meta–analytic review (Featured Reading)			-	<u> </u>	
2.	Prevalence of abuse among young children with rib fractures: a systematic review (Featured Reading)		_	•		_
3.	Recognize physician barriers to reporting child maltreatment.				-	
4.	Distinguish statistical significance from clinical importance.				•	
5.	Understand how prenatal drug exposure can affect short– and long–term development in children.				-	
6.	Identify metabolic diseases that may be mistaken for abusive head trauma.				-	
7.	Identify key historical components necessary when evaluating a child with failure to thrive.				-0	-
8.	Plan the evaluation for hepatic injury.				-	•
9.	Identify risk factors for commercial sexual exploitation of children.				-	—
10.	Know the necessary elements to diagnose a death as SIDS.				-	-
11.	Plan collection for forensic evidence from non–genital areas of injury.				:	•
12.	Differentiate between partial and full-thickness burns.		·		(•
13.	Diagnose cranial nerve injuries based on ocular findings.					
14.	Understand the impact of neglect on child development.				-	•
15.	Evaluate and manage an adolescent with a vaginal discharge.		:	:	-	•
16.	Evaluate a child with recurrent hypoglycemia in the context of suspected child abuse in the medical				•	_
	setting.				•	•
17.			:	:		•
18.	Recognize patient barriers to IPV disclosure.			:	-	•
19.	Recognize the need for consent in specific cases of suspected child sexual assault.					
20.	Interpret the significance of posterior pharyngeal injury in infants and children.			:	:	_
21.	Recognize factors necessary for the diagnosis of medical neglect.		:	:	:	
22.	Identify factors to be considered during clinical evaluation of a case of possible supervisory neglect.		:	:	:	
23.	Identify sexual maturation stages for girls.					
24.	Recognize the pectinate line as a normal finding.					
25.	Identify the pre–test probability of child abuse based on site of fracture.		:	:	:	
26.	Interpretation of medical findings in suspected child sexual abuse: an update for 2018 (Featured					•
0=	Reading)					
27.	Recognize and plan the evaluation of a child with suspected rickets.					•
28.	Recognize child behaviors that trigger abusive head trauma.					•
29.	Differentiate bruises from congenital skin conditions.					
30.	Understand the need for differences in the legal definitions of burden of proof.					•
31.	Recognize adult health consequences of adverse childhood experiences.		÷	:		
32.	Understand data sources regarding child maltreatment epidemiology.					•
33.	Evaluate and manage an infant with multiple rib fractures.					•
34.	Know the indications for HIV PEP after child sexual assault.					•
35.	Recognize that domestic violence is a form of psychological maltreatment.					•
36.	Recognize potential harms to a child living in an environment where drugs are manufactured.					•
37.	Differentiate between normative sexual behaviors and sexual behavior problems in children.					•
38.	Recognize provider barriers to identifying abusive head trauma.					•
39.	Identify contact mechanisms of head injuries.					•
40.	Interpret location of bruising in the context of a child's age/developmental status to distinguish					
	between accidental and abusive etiologies.					•
41.	Develop an assessment plan for an infant with bruising.					•
42.	Interpret a follow-up skeletal survey in the context of suspected child abuse.					•
43.	Know common causes of genital bleeding in a pre–pubertal child.					•
44.	Recognize congenital hymen variations.					•
45.	Evaluate and manage a post–pubertal child with a positive urine NAAT.					
46.	Recognize the various clinical presentations of herpes simplex virus in children.					
47.	Know the role of a guardian ad litem for a child in custody.					
48.	Know the role and scope of involvement of a child abuse pediatrician within the multidisciplinary team.					
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Sample: Included in the sample were all diplomates who currently have a Part 3 (exam) requirement that could be fulfilled through MOCA–Peds and answered at least one question in 2019 (N = 46).