Purpose of this report

The purpose of this report is to provide feedback to the pediatric cardiology 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 49 content areas assessed in 2022.

MOCA-Peds content areas

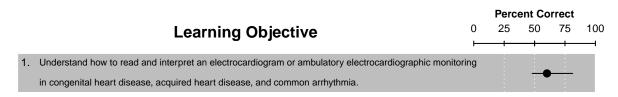
In 2022, MOCA-Peds—Pediatric Cardiology consisted of questions from a total of 49 content areas, broken down as follows:

- 45 learning objectives¹ Each diplomate initially received one question from each of the 45 specific content areas drawn from the pediatric cardiology content outline.
- Four featured readings¹ Each diplomate also received two questions per featured reading (eg, clinical guidelines, journal articles) for a total of eight featured reading questions.

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 2022 according to the specifications described in the bulleted list above.

Understanding this report

This report provides a graphical summary of diplomate performance on each of the 49 content areas assessed in 2022. 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).



¹Each diplomate also received 15 "repeat" questions selected from their original subset of learning objective and featured reading questions. Performance on the repeat administrations is not included in this report.

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 pediatric cardiology. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric cardiology. 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.

2022 Content Area Feedback Report Pediatric Cardiology

	Learning Objective	0	Percent Correct	100
1.	Understand how to read and interpret an electrocardiogram or ambulatory electrocardiographic monitoring		+ + +	
	in congenital heart disease, acquired heart disease, and common arrhythmia.		-	-
2.	Genetic basis for congenital heart disease: revisited: a scientific statement from the American Heart			
	Association (Featured Reading)			
3.	Understand the principles of study design.		-	
4.	Evaluate and plan appropriate management for pediatric patients with partial anomalous pulmonary venous return.		-	_
5.	Recognize the genetic variants which are associated with acquired or congenital heart disease.			
6.	American College of Rheumatology clinical guidance for multisystem inflammatory syndrome in children associated with SARS-CoV-2 and hyperinflammation in pediatric COVID-19: V 2 (Featured Reading)		-	
7.	Differentiate various forms of atrioventricular block via electrocardiographic monitoring.			
8.	Understand and differentiate inheritance patterns (eg, autosomal dominant, recessive, X-linked).			_
9.	Recognize the development of the aortic arch and the embryologic basic of arch defects.		-	_
10.	Distinguish cardiac from noncardiac chest pain.		-	
11.	Evaluate and manage Kawasaki disease.		-	
12.	Evaluate and plan appropriate management for a pediatric patient with double–inlet left ventricle.		-	
13.	Recognize the principles, prevention, and treatment of low cardiac output syndrome in the immediate postoperative period.		—	
14.	Differentiate types of interrupted aortic arch and recognize associated anatomic and medical conditions.		<u> </u>	
15.	Evaluate and plan appropriate management for a pediatric patient with a complete atrioventricular septal defect.		-	_
16.	Understand the anatomy and pathophysiology of ventricular septal defects and the determinants of shunting.		•	-
17.	Evaluate and manage supraventricular tachycardia.			
	Evaluate and plan appropriate management for a pediatric patient with pulmonary atresia and intact ventricular septum.			•
19	Recognize, evaluate, and manage acute rheumatic fever.		: : <u>- :</u>	
	Counsel a patient with single ventricle physiology regarding contraception.		<u>:</u>	
	Counsel a patient with palliative or unrepaired congenital heart disease regarding pregnancy.		<u> </u>	•
	Recognize the differential diagnosis and evaluation of syncope.			•
	Understand the mechanism of action of diuretics.		: :-	•
24.	Manage a patient with heterotaxy and recognize the associated splenic, hepatic, intestinal, and		_	•
0.5	arrhythmia issues.			-
	Results of the FUEL trial (Featured Reading)		<u> </u>	•
	Understand the anatomy and pathophysiology of atrial septal defects and the determinants of shunting.			•
	Recognize medications which may result in teratogenic effects. Understand the basic principles and indications for cardiac catheterization.			-
29.	Plan appropriate sports participation and/or restrictions in congenital and acquired heart disease.		· · · · · · · · · · · · · · · · · · ·	
			_	
	Evaluate and plan appropriate management for a pediatric patient with tricuspid atresia.		: :	-
	Evaluate and manage childhood hyperlipidemia.			-
	Counsel families regarding the short– and long–term risks of interventional or surgical treatment of			
	coarctation of the aorta.			
	Evaluate and plan appropriate management for a pediatric patient with a ventricular septal defect.		_	—
35.	2020 AHA/ACC guideline for the diagnosis and treatment of patients with hypertrophic cardiomyopathy (Featured Reading)		•	• • • • • • • • • • • • • • • • • • •
36.	Evaluate and manage a neonate with critical pulmonary stenosis.			-
37.	Evaluate and plan appropriate management for a pediatric patient with tetralogy of Fallot.			•
	Evaluate and manage a newborn with cardiogenic shock.			-
	Evaluate and plan appropriate management for a pediatric patient with an atrial septal defect.			•
	Recognize and manage various forms of pericarditis.			•
	Understand the short– and long–term consequences of the various stages of single ventricle palliation.		: : :	-
43.	Evaluate and manage the child and family with an inherited arrhythmia or channelopathy. Evaluate and manage a neonate with critical aortic stenosis.			
	Evaluate and manage a fetus/neonate with congenital complete atrioventricular block.		<u> </u>	-
	Evaluate and manage a newborn with cyanosis.			
	Understand the etiology and differential diagnosis of heart failure in the neonate. Evaluate and manage a child with a cor triatriatum.			-
48.	Recognize the classes of the antiarrhythmic agents and the mechanisms of action for each class of drug.			•
49.	Evaluate and plan appropriate management for a pediatric patient with Ebstein malformation of the			
	tricuspid valve.			