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 47 content areas assessed in 2022.

MOCA-Peds content areas

In 2022, MOCA-Peds—Child Abuse Pediatrics consisted of questions from a total of 47 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 child abuse pediatrics content outline.
- Two featured readings¹ Each diplomate also received two questions per featured reading (eg, clinical guidelines, journal articles) for a total of four 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 47 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 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.

2022 Content Area Feedback Report Child Abuse Pediatrics

		0	Percent Correct			400
	Learning Objective	0 ——	25 — 	50	75 	100 —
1.	Develop a management and treatment plan for sexually transmitted infections.			:	•	
2.	Recognize medical conditions that result in genital ambiguity.				•	_
3.	Differentiate between positive, tolerable, and toxic stress.				-	_
4.	Characterize child maltreatment epidemiological trends.				•	
5.	Understand the implications of the Belmont Report.				•	
6.	Plan an appropriate hematologic evaluation for a child with abusive head trauma.				-	_
7.	Recognize neglect as the most common form of child maltreatment.				-	-
8.	Evaluate and manage genital bleeding in a post–pubertal child.				•	
9.	Identifying Maltreatment in Infants and Young Children Presenting With Fractures: Does Age Matter?					
	(Featured Reading)					
10.	Recognize maternal risk factors in the prenatal and perinatal period that impact infant health and					
	well-being.					
11.	Understand that societal responses to child maltreatment vary among high– and low–resource countries.				-	
12.	Interpret a child's scald burns to differentiate accidental vs inflicted injury mechanisms.				•	_
13.	Distinguish between consent and assent in research with children.				-0)
14.	Know the requirements for good photo documentation of skin findings.				-	
15.	Plan the evaluation and management of intrathoracic trauma.				•	•
16.	Formulate a plan to evaluate coagulation disorders in a child with bruising.				_	<u> </u>
17.	Recognize and develop a management plan for children with suspected dental neglect.				-)
18.	Formulate a differential diagnosis of fractures, including normal variants and medical conditions.					•
19.	Describe challenges for detecting and managing IPV.				-	
20.	Characterize the age of a long bone fracture.		•			•
21.	Understand how to develop a quality improvement project.				(Ð
22.	Interpret dry contact burns to differentiate accidental vs inflicted injury mechanisms.				-	•
23.	Recognize and manage social determinants of health in children.				-	•
24.	Demographic and Psychosocial Factors Associated With Child Sexual Exploitation: A Systematic Review and					_
	Meta-analysis (Featured Reading)				-	•
25.	Recognize and evaluate a child with isosexual precocious puberty.					
26.	Distinguish bruises from acquired and medical skin conditions.				_	<u> </u>
27.	Understand the clinical presentation and diagnostic techniques for Treponema pallidum.				_	•
28.	Interpret intracranial hemorrhages identified on neuroimaging.					•
29.	Understand the impact of HIPAA laws on investigations of suspected child maltreatment.			:		
30.	Characterize and interpret the significance of injuries to the oral cavity.		•	•		•
31.	Characterize appropriate time frames for collection of forensic evidence after sexual assault.			_		•
32.	Understand the medical provider's role in preventing and/or addressing medical neglect.				_	•
33.	Understand the complexities of covert video surveillance.					•
34.	Characterize the median age of abusive head trauma victims.					•
35.	Recognize neuroimaging findings that may be confused with abusive head trauma.					•
36.	Differentiate forms of psychological maltreatment.			•	•	•
37.	Interpret photo documentation of acute genital injuries.			:		•
38.	Recognize late and long-term clinical presentations and/or outcomes of abusive head trauma.		•		•	•
39.	Discuss the importance of scene investigations in distinguishing etiologies of child fatalities.					•
40.	Develop a management plan for labial adhesions.					•
41.	Recognize and/or respond to signs and symptoms of acute drug exposure.					
42.	Understand the pathophysiology of retinoschisis.					•
43.	Know adjunctive techniques for evaluating victims of acute sexual assault.					
44.	Interpret test results and findings for sexually transmitted infections.					•
45.	Distinguish the various causes of anal dilation.					•
46.	Understand the limitations in estimating the age of fractures.					•
_	Characterize the roles and responsibilities of mandated reporters of child maltreatment.					