## Purpose of this report

The purpose of this report is to provide feedback to the pediatric hospital medicine 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 Hospital Medicine consisted of questions from a total of 49 content areas, broken down as follows:

- 45 learning objectives<sup>1</sup> Each diplomate initially received one question from each of the 45 specific content areas drawn from the pediatric hospital medicine content outline.
- Four featured readings<sup>1</sup> 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).



<sup>&</sup>lt;sup>1</sup>Each 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 hospital medicine. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric hospital medicine. 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 Hospital Medicine

	Learning Objective	0	Perce 25	ent Cori	r <b>ect</b> 75	100
1.	Treat acute respiratory distress in a patient with neuromuscular disease.			 		
2.	Analyze the results of a urine toxicology screen.				•	
3.	Manage a child hospitalized with acute pancreatitis, including complications (such as ileus, pseudocyst, and necrotizing pancreatitis).			_	•	
4.	2019 Update on Pediatric Medical Overuse: A Systematic Review (Featured Reading)		•		•	
5.	Choose categories for an effective fishbone/cause–effect/lshikawa diagram.		:	:	•	
6.	2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education		•		_	_
	and Prevention Program Coordinating Committee Expert Panel Working Group (Featured Reading)			_	•	
7.	Compare clinical presentation of retropharyngeal and parapharyngeal abscesses.				<b>-</b>	
8.	Apply the following terms: relative risk, absolute risk, number needed to treat, number needed to harm.			_	•	
9.	Contrast root cause analysis, failure modes, and effects analysis.			_	•	_
10.	Compare and contrast per diem reimbursement, diagnosis-related group-based reimbursement, cost-based					
	reimbursement, episode of care, at-risk compensation, and value-based purchasing.					
	Describe reasons for changing a tracheostomy tube.				-	_
12.	Surviving sepsis campaign international guidelines for the management of septic shock and				-	_
	sepsis-associated organ dysfunction in children (Featured Reading)					_
13.			:	:	. •	
14.	American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children			_	•	_
4.5	Associated With SARS-CoV-2 and Hyperinflammation in Pediatric COVID-19: Version 2 (Featured Reading)					_
	Recognize syndrome of inappropriate antidiuretic hormone secretion in a postoperative pediatric patient.		:	: :	•	
_	Recognize clinical manifestation of rheumatic fever.				-0	_
17.	Interpret common dermatological manifestations of systemic illnesses including bacterial and viral				-	_
1Ω	infections, and rheumatologic and genetic conditions.  Apply reported predictive values from research studies in order to interpret the results of a test		:	:		
19.	Apply reported predictive values from research studies in order to interpret the results of a test.  Distinguish between the mechanisms of action of common drugs used to treat depression, psychosis, and				_	
19.	agitation.				•	,
20	Manage electrolyte abnormalities.		:		_	
	Recognize and treat signs of cerebral edema in a patient with diabetic ketoacidosis.		:	:		
	Stratify the potential risks of various animal bites.			- :		
23.	· ·				_	
24.	Formulate an initial treatment plan for an infant born to a mother with active herpes simplex virus				•	
	infection.				•	<b>)</b> -
25.	Describe the principles of team leadership and change management.		:			
26.	List the factors for complications of sinusitis.				4	•
27.	Investigate a feeding tube malfunction in a child with medical complexity.				_	•
28.	Identify types of complex medical conditions that place patients at risk for fractures due to				_	•
	osteopenia.					_
29.	Identify appropriate referrals based on results of a cardiac examination, chest radiography, and pre-					•
00	and post–ductal saturation in a term, immediate newborn.					
30.	Evaluate a child with a vasculitic rash.				_	-
31.	• • •			:	- : -	<b>D</b> -
32.	Diagnose and manage urinary tract infection (UTI) including UTI in children with vesicoureteral reflux and/or hydronephrosis.				-	•
33	Examine the impact of ineffective handoffs and transitions of care on patient safety and quality of		:	:	:	
55.	care.				-	•
34.	Identify the risks of polypharmacy in a child with medical complexity.				_	
35.	Formulate a plan for bedside teaching with a ward team consisting of multiple levels of learners.		:	:	_	
	Provide urgent treatment for a child with a bleeding disorder.		•	•		
37.	Describe the clinical manifestation of pediatric heart failure.		:	:	:	-
38.	Diagnose a child with lupus and related complications.					•
39.	Differentiate injury patterns that are suspicious for inflicted/nonaccidental injury in children.					-
40.	Evaluate and manage a child with pelvic pain (PID).				•	•
41.	Specify the inpatient evaluation of a child with possible immunodeficiency.					
42.	Recognize and manage acute respiratory failure.		•		•	•
43.	Evaluate a child with inflammatory neuropathy (ie, Guillain-Barré syndrome, Miller Fisher syndrome).					-
44.	Compare and contrast ethics consultation, ethics committee, institutional review board, emancipated					_
	minor, child protective services, mandated reporting, and court-order.					•
45.	Demonstrate shared decision–making with a patient and/or family.					•
46.	Choose the appropriate initial management for a newborn with direct hyperbilirubinemia.					•
47.	Diagnose a child with new onset of anemia.					•
48.	, , , , , , , , , , , , , , , , , , ,					•
49.	Develop a differential diagnosis of failure to thrive.					•
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