Purpose of this report

The purpose of this report is to provide feedback to the pediatric gastroenterology 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 2020.

MOCA-Peds content areas

In 2020, MOCA-Peds—Pediatric Gastroenterology 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 gastroenterology 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 2020 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 2020. 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 gastroenterology. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric gastroenterology. 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.

2020 Content Area Feedback Report Pediatric Gastroenterology

	Learning Objective	O.	Perce 25	ent Correct	: 100
1.	Describe alterations in vitamin levels in pathophysiological states.		+		
2.	Management of paediatric ulcerative colitis, part 1: ambulatory care—an evidence–based guideline from				
	ECCO and ESPGHAN (Featured Reading)				_
3.	Understand the role of probiotics in the management of diarrheal disorders.				
4. 5.	Understand the principles of study design. Know the clinical and laboratory findings associated with severe malnutrition, and the accepted methods		:		
0.	of treatment.				_
6.	Be familiar with the limitations, sensitivity, and specificity of serum tests, skin tests, and food				
	challenge testing for food allergies.				
7.	Be familiar with diagnosis and management of glycogen storage diseases, including long–term complications.				—
8.	Plan the management of a patient with gastroesophageal reflux disease.			_	
9.	Recognize extra-intestinal causes of abdominal pain, including gynecologic, urologic, musculoskeletal,				
	and pulmonary disease.				
10.	Know the presentation of appendicitis at different ages and the appropriate use of physical examination, laboratory tests, and imaging modalities in its diagnosis.			_) —
11.	Understand the role of capsule endoscopy in the diagnostic evaluation of gastrointestinal disorders in			: :	
	children, including its indications and contraindications.			-	•-
	Understand the composition of the microbiome and its role in health and disease.			_	•
13.	· · · · · · · · · · · · · · · · · · ·			: :-	•
14.	Joint ESPGHAN/NASPGHAN guidelines for the management of Helicobacter pylori in children and adolescents (Update 2016) (Featured Reading)				-●-
15.	Understand the pathophysiology of acid–peptic disease.			: -	-
	Understand the diagnostic evaluation and treatment of autoimmune hepatitis.			-	•
17.	Understand the current methods for diagnosis of hepatitis B and C, differentiating acute, chronic, and			<u> </u>	-
18	past infections, and understand when treatment should be recommended. Be able to discuss the ethical issues involved in nutrition support.			: :	
	Plan the evaluation of an infant with cholestasis in order to rapidly rule out biliary atresia and other			- : · · · · · · ·	
	treatable disorders.				-
	Plan the management of a child with an esophageal foreign body ingestion.				-
21.	Identify the various presentations of pediatric gastrointestinal polyposis syndromes and know their distinguishing histologic characteristics.				-
22.	Know the risk factors for development of functional gastrointestinal disorders.				
	Plan the management of foreign body ingestions of various types located beyond the esophagus.			: :	-
24.	Management of paediatric ulcerative colitis, part 2: acute severe colitis—an evidence-based consensus				
	guideline from the European Crohn's and Colitis Organization and the European Society of Paediatric Gastroenterology, Hepatology and Nutrition (Featured Reading)				-
25.	Understand the specialized formula and vitamin supplementation requirements for management of				
20.	cholestasis.				-
26.	Describe the presentation of an infant with Hirschsprung disease, understand its diagnosis, and plan				_
27	appropriate preoperative management.				_
21.	Describe the indications for placement, complications, and management of percutaneous endoscopic gastrostomy tubes.				-
28.	Understand the diagnostic evaluation and management of inflammatory bowel disease (IBD) and its				_
	complications.				_
29.	Management of acute pancreatitis in the pediatric population: a clinical report from the North American				-
30.	Society for Pediatric Gastroenterology, Hepatology and Nutrition Pancreas Committee (Featured Reading) Order and interpret radionuclide gastric–emptying studies correctly, including preparation, type of				
00.	meal, duration of scintigraphy, and percent emptying.				•
	Understand the pathogenesis of eosinophilic esophagitis and its complications.				
	Be able to recognize, diagnose, and plan treatment of midgut malrotation and volvulus.				•
	Understand the use of laxatives in the management of constipation. Recognize and plan the management of achalasia.				
	Know the risks and indications for liver biopsy and be able to recommend percutaneous vs transjugular		:	: :	
	biopsy based on laboratory and clinical information.				•
36.	Understand the complications of parenteral nutrition, including nutrient deficiencies, and potential				•
27	hepatic and intestinal adverse effects.				_
	Differentiate hepatorenal syndrome from other causes of renal dysfunction in chronic liver disease. Know the origin of intestinal gas.				-
	Differentiate among the various causes of failure to thrive based on growth parameters.		:	: :	
	Know the physiologic basis and genetics of hereditary pancreatitis and understand options for surgical				_
44	and medical interventions.				
41.	Recommend the nutritional management of cholestasis, based on understanding the alterations in absorption of fat and vitamins accompanying this condition.				•
42.	Recognize and plan the management of pyloric stenosis.				-
	Differentiate Crohn disease from ulcerative and indeterminate colitis based on laboratory, endoscopic,				
	histologic, and radiographic findings.				
44. 45	1 0 1 7 0 0				•
45. 46.	Recognize the various clinical manifestations of celiac disease. Plan the diagnostic evaluation for Helicobacter pylori infection.				
47.	···				
	Understand the mechanisms that protect the gastric mucosa from chemical irritation.				•
49.	Describe the available medications for treatment of intestinal motility disorders, including				•
	pharmacology, site of action, and side effects.				