Purpose of this report

The purpose of this report is to provide feedback to the pediatric infectious diseases 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 2021.

MOCA-Peds content areas

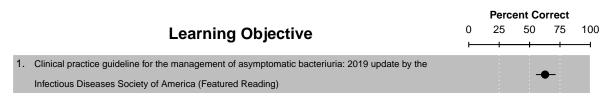
In 2021, MOCA-Peds—Pediatric Infectious Diseases consisted of questions from a total of 49 content areas, broken down as follows:

- 45 learning objectives¹ Each diplomate initially received one question from each of the 45 specific content areas drawn from the pediatric infectious diseases content outline.
- Three featured readings¹ Each diplomate also received two questions per featured reading (eg, clinical guidelines, journal articles) for a total of six featured reading questions.
- One emerging topic Diplomates also received one question pertaining to a timely or pressing clinical pediatric issue.

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 2021 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 2021. 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 infectious diseases. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric infectious diseases. 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.

2021 Content Area Feedback Report Pediatric Infectious Diseases

	Learning Objective	Perce	nt Correct 50 75	100
1.	Clinical practice guideline for the management of asymptomatic bacteriuria: 2019 update by the	,	-	
2.	Infectious Diseases Society of America (Featured Reading) Recognize the subset of patients at risk for infective endocarditis for whom antimicrobial prophylaxis			
	with dental procedures should be considered.			_
3.	Manage a patient with suspected pericarditis.			
4.	Manage a child with a gram-negative central catheter infection.		-	=
5.	Identify potential conflicts of interest for investigators participating in a clinical trial.			
6.	Describe the pathogenesis of hemolytic–uremic syndrome.		-	
7.	Identify an appropriate alternate antimicrobial regimen for a patient with pelvic inflammatory disease	: :	: : : : : : : : : : : : : : : : : : :	
	who is allergic to one of the first-line agents.		•	
8.	Plan the evaluation of a patient who requires beta–lactam therapy and has a poorly documented history of penicillin allergy.		-	
9.	Recognize situations in which culture methods may be preferred over molecular diagnostic techniques.		-	
10.	Plan the treatment of a patient with Candida endophthalmitis.			_
11.	Recognize the mechanisms of resistance to fluconazole.		•	
12.	Manage an asymptomatic child with a positive screening test for tuberculosis.		-	_
13.	Describe the pathogenesis of toxic shock syndrome.			
	Evaluate a child with suspected acute rheumatic fever.			
_	Evaluate a child with a suspected inherited cause of recurrent fever.		: :	
	Select appropriate statistical tools for a research study in which the data are not expected to be normally distributed.		-	_
17	Manage the antimycobacterial medications for a child with pulmonary tuberculosis.	:	: : .	
18.	Manage a neonate with conjunctivitis.	:		
	Advise parents regarding immunization of a child with a history of Guillain–Barre syndrome.			_
20.	Evaluate a child with suspected arboviral infection.			
	Select an appropriate antimicrobial regimen for a child with ascending cholangitis.			
22.	Interpret the results of serum immunoglobulin concentrations based on patient age.		_	_
23.	Describe the appropriate utilization of molecular testing for C difficile.		_	
24.	Plan the evaluation of a patient returning from the tropics with an acute febrile illness.	:		
25.	Recognize the clinical presentation of congenital toxoplasmosis.	:		
26.	Recognize the clinical manifestations of disseminated cat scratch disease.	:	-	
	Manage a child with suspected bacterial meningitis.	:		
28.	Develop an appropriate antibiotic stewardship policy for carbapenem utilization in children.	:		
_	Describe the clinical implications of specific defects in neutrophil function.		_	
30.	·	:	: : :	
	Describe the mechanism of action of tetanus toxin.		_	,
31.	Manage a patient with suspected acute HIV infection.			
	Select an appropriate antimicrobial regimen for a child with a polymicrobial intra–abdominal infection.			_
33.	Clinical practice guidelines for Clostridium difficile Infection in adults and children: 2017 update by			
	the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America		_	
	(SHEA) (Featured Reading)	:	: :	
	Recognize the clinical presentation of pathogens associated with the Lone Star tick.			<u>-</u>
35.	Recognize contraindications to MMR vaccine.			
36.	Recognize the side effects of mefloquine.			•
37.	Recognize the clinical presentation of primary antibody deficiency (eg, X–linked agammaglobulinemia).	:	<u> </u>	
38.	Manage a neonate born to a mother with varicella.			•
39.	Recognize the indications for doxycycline treatment in young children.		<u> </u>	•
40.	Distinguish pyomyositis from necrotizing fasciitis.		-	•
41.	Recognize the complications of COVID–19 in children (Emerging Topic)			
42.	Manage a patient with suspected diskitis.			•
43.	Recognize vaccines that should be postponed after IGIV administration.			•
44.	Recognize the clinical features of epiglottitis.			•
45.	Manage a child with acyclovir–resistant herpes simplex virus infection.			•
46.	Prevention of infectious complications in patients with chronic granulomatous disease (Featured Reading)			•
47.	Recognize the risk factors for parameningeal infections.		: : : : <u>: : : : : : : : : : : : : : : </u>	•
48.	Recognize the clinical features of empyema.			•
49.	Interpret the results of diagnostic tests for urinary tract infection.			

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 2021 (N = 411).