Purpose of this report

The purpose of this report is to provide feedback to the pediatric rheumatology 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 Rheumatology 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 rheumatology 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 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 rheumatology. It was not designed to provide the pediatric community with diagnostic feedback pertaining to specific content areas within pediatric rheumatology. 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 Rheumatology

| | Logueine Objective | 0 | Percent Correct 25 50 75 10 | | 100 | |
|-----|--|----------|--------------------------------|-----|--|----------|
| | Learning Objective | <u> </u> | | 50 | | —i |
| 1. | Know the clinical characteristics of children with joint hypermobility syndrome. | | | | • | _ |
| 2. | Know the principles of management of children with oligoarticular JIA. | | | | • | _ |
| 3. | Recognize normal and abnormal gait patterns in children. | | | | - | _ |
| 4. | Know the prognosis and outcome of children with Henoch–Schönlein purpura. | | | | - | _ |
| 5. | Understand the principles of ethics of research in human subjects. | | | | • | |
| 6. | Systemic juvenile idiopathic arthritis–associated lung disease: characterization and risk factors | | | _ | • | |
| 7. | (Featured Reading) | | : | | | |
| 8. | Know the diagnostic evaluation of cardiac disease in children with SLE. Know the prognosis and outcome of children with enthesitis–related JIA. | | : | | | |
| 9. | Know the principles of management of children with lupus nephritis. | | : | | _ | |
| 10. | Know the principles of management of children with Raynaud phenomenon. | | | | | |
| | Understand the methodology, limitations, and uses of clinical laboratory techniques commonly used in | | : | : | | |
| | rheumatology and immunology. | | | | —————————————————————————————————————— |) |
| 12. | Know the current theories regarding the pathogenesis of RF–positive polyarticular JIA. | | | | _ | |
| 13. | | | | | | |
| 14. | | | • | | | |
| | treatment of juvenile idiopathic arthritis-associated uveitis (Featured Reading) | | | | • | |
| 15. | Know the clinical characteristics of psychological issues of chronic illnesses on the child and family. | | | - ; | | • |
| | Understand the indications and contraindications for the use of NSAIDs. | | | · | · — | <u> </u> |
| 17. | Understand the consequence of single base DNA changes, including synonymous, missense, and nonsense | | ÷ | : | | |
| | substitutions. | | | | | • |
| 18. | Know the differential diagnosis in children with dermatomyositis. | | | | | • |
| 19. | 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile | | | | | |
| | idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroillitis, and | | | | | • |
| | enthesitis (Featured Reading) | | | | | |
| 20. | Know the side effects and toxicity of B-lymphocyte-directed therapy. | | | | | • |
| 21. | Know the clinical presentation of pulmonary disease in children with SLE. | | | | _ | • |
| | Know the clinical presentation of children with pernio. | | | | _ | • |
| 23. | 2019 European League Against Rheumatism/American College of Rheumatology classification criteria for | | | | | • |
| | systemic lupus erythematosus (Featured Reading) | | | | | |
| 24. | Know the principles of management of children with RF-negative polyarticular JIA. | | | | | • |
| 25. | Know the diagnostic evaluation of children with central nervous system lupus. | | | | - | • |
| 26. | Know the principles of management of children with acute rheumatic fever and post–streptococcal arthritis. | | | | | • |
| 27. | Know the clinical presentation of drug-induced lupus in children. | | ÷ | | | • |
| 28. | Know the diagnostic evaluation of children with Sjögren syndrome. | | | | · | → |
| 29. | Know the principles of management of children with pain amplification syndrome (including primary | | : | | | |
| | fibromyalgia syndrome and complex regional pain syndrome). | | | | - | |
| 30. | Understand the indications and contraindications for the use of anti–TNF agents. | | | | | • |
| 31. | Know the clinical presentation and management of the pulmonary manifestations of IIM. | | | : | | |
| 32. | Know the clinical presentation and management of the gastrointestinal manifestations of IIM. | | | | | - |
| 33. | Know the prognosis and outcome of children with PFAPA. | | | | | - |
| 34. | Know the manifestations of hematologic malignancies that mimic rheumatic illnesses. | | | | | • |
| 35. | Know the clinical characteristics of children with musculoskeletal manifestations with chromosomal disorders. | | | | | • |
| 36. | Know the clinical presentation of children with slipped capital femoral epiphysis. | | | | | — |
| 37. | Understand the concept and relevance of an interferon signature. | | | | | - |
| 38. | Know the side effects and toxicity of glucocorticoid drugs. | | • | | | • |
| 39. | Know the differential diagnosis for children with RF–negative polyarticular JIA. | | : | | : | • |
| 40. | Know the principles of management of children with granulomatosis with polyangiitis. | | | | | • |
| 41. | Know the prognosis and outcome of children with systemic JIA. | | | | | |
| 42. | Know the clinical presentation of children with RF-positive polyarticular JIA. | | | | | • |
| 43. | Understand the indications and contraindications for the use of cyclophosphamide. | | | | | • |
| 44. | Know the principles of management of children with JIA-associated uveitis. | | | | | • |
| 45. | Know the diagnostic evaluation of children with FMF. | | : | | : : | • |
| 46. | Know the side effects and toxicity of hydroxychloroquine. | | | | | • |
| 47. | Know the principles of management of children with Kawasaki disease. | | | | | • |
| 48. | Know the principles of management for children with localized scleroderma. | | | | | • |
| 49. | Know the pathogenesis of hemophagocytic lymphohistiocytosis. | | | | | • |
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