ABMS is initiating a pilot project to test assessment models for the recertification examination similar to the American Board of Anesthesiology® (ABA) MOCA Minute™.

This pilot is the result of a workshop attended by representatives from 13 of the 24 Member Boards held this past July in Raleigh, North Carolina. The workshop, which was sponsored by ABMS and ABA, focused on the possibility of adapting the MOCA Minute approach for other Member Boards’ diplomates. ABMS is in the process of identifying Boards interested in joining the pilot.

The MOCA Minute is a longitudinal assessment tool that ABA began piloting in 2014. It will replace the ABA’s current Maintenance of Certification in Anesthesiology (MOCA) Examination. Beginning January 4, 2016, ABA diplomates will no longer be required to take the 10-year exam and will instead participate in an expanded MOCA Minute pilot, in which they will answer 30 questions per calendar quarter; 120 per year.

“The educational literature supports the concept of more frequent, lower stakes assessments that contribute to an overall summative decision,” stated Mira Irons, MD, ABMS Senior Vice President for Academic Affairs. “Through this pilot, ABMS will invest in innovative models that deliver intensive, longitudinal, practice-relevant assessments that serve to both rigorously assess diplomates’ knowledge, judgment, and skills and assist them in keeping up to date and improving practice in a manner consistent with new principles and forms of assessment and adult learning,” she noted. “A secondary, but equally important, goal is to evaluate the effectiveness of the assessment and learning models and how they contribute to the value of Maintenance of Certification.” These innovations are encouraged by the updated Standards for the ABMS Program for Maintenance of Certification (ABMS MOC®) approved by the ABMS Board of Directors in January, 2014.

“This approach requires a somewhat different way of thinking because it focuses on assessment for learning instead of assessment of learning,” noted David B. Swanson, PhD, ABMS’ Vice President of Academic Programs and Services. “The traditional MOC Part III exam assesses whether or not learning has occurred at a point in time – an assessment of learning. In contrast, this approach focuses on assessment for learning, that is, assisting diplomates in keeping up to date on an ongoing basis,” he explained, adding, “The use of frequent longitudinal assessments with retesting of key content also promotes retention of information.”

The assessment models to be tested in this pilot will have common characteristics. They will include:

- Longitudinal assessment with spaced repetition to promote learning and retention.
- Use of more focused, diagnostic assessments to identify knowledge gaps and assist diplomates in keeping up to date.
- Immediate feedback on performance through confirmation of correct/incorrect answers and explanation of correct responses.

“Within this general framework, there is substantial room for Board-specific differences in program emphasis and assessment formats,” Dr. Swanson said. While the ABA’s MOCA Minute uses question-based assessments, other options include article-based assessments and problem/topic-based assessments that group items around a theme, such as management of asthma in children, or a combination of the two. “Member Boards will need to decide which approaches are most appropriate for them,” he added. In addition to item formats, other considerations that need to be addressed are item-writing needs and potential sources of test material. During the pilot, however, Member Boards will be required to maintain their MOC Part III exams.

As part of the pilot, ABMS will conduct research and evaluation to test psychometric validity of the questions and assessment methods, the ability of the construct to inform summative decisions, and the associations of different delivery methods with processes and outcomes of care, among other measures.