FOR IMMEDIATE RELEASE

Media Contact:
Michele Pore
919-745-2283
michele.pore@theABA.org

MOCA Minute® Transitions from Pilot to Permanent MOCA® Program Component
Diplomates no longer required to take MOCA Examination

Raleigh, N.C. (May 15, 2018) – The American Board of Medical Specialties (ABMS) recently approved the American Board of Anesthesiology’s (ABA) request to transition our MOCA Minute pilot to a permanent component of the Maintenance of Certification in Anesthesiology™ (MOCA®) program. The innovative longitudinal assessment has been widely embraced by anesthesiologists and has proven to be a robust evaluation tool for determining if they are maintaining their medical knowledge over time.

“The value of MOCA Minute is that it promotes continuous assessment and guides anesthesiologists’ lifelong learning by providing immediate feedback that helps identify areas where they may want to pursue more intensive study,” said Deborah J. Culley, M.D., secretary of the Board. “Additionally, we can gauge the performance of the entire population of board-certified anesthesiologists to identify how much knowledge is acquired and maintained over time.”

We launched the web-based tool in 2014 to help our physicians prepare for the once-every-10-years MOCA Cognitive Examination, which fulfilled the ABMS Maintenance of Certification (MOC) Knowledge, Judgment, and Skills requirement. In the initial pilot, anesthesiologists answered a weekly multiple-choice question related to clinical practice, much like the questions on the MOCA Exam. A study of that pilot found that physicians who participated in MOCA Minute performed better on subsequent MOCA Exams than those who did not participate.

We expanded the pilot in 2016, with the launch of MOCA 2.0®, to include most diplomates (board-certified physicians) maintaining certificates in anesthesiology. In 2017, those maintaining subspecialty certificates began participating as well. MOCA 2.0 is our web-based continuing certification program that we redesigned to more seamlessly integrate into physicians’ practice, guide lifelong learning and provide relevant content that adds value to their practice. MOCA Minute is at the core of MOCA 2.0.

Here’s how MOCA Minute works: Diplomates answer 30 multiple-choice questions each calendar quarter (120 per year) at their convenience via the web or the MOCA Minute mobile app. Their questions are customized based on which certificate(s) physician are maintaining and their practice profile, which they fill out indicating the focus of their clinical practice. Upon answering questions, they learn immediately if their answers are correct and they see the rationale, a critique and links to learning resources related the questions. Some questions are repeated over time to ensure that physicians have learned information they did not previously know and are retaining information they did know.

-more-
Anesthesiologists have responded enthusiastically to this longitudinal assessment approach, noting that they get more out of it than they did the exam. In 2017, 77 percent of diplomates surveyed reported that MOCA Minute is serving them somewhat or very well as an assessment tool.

“We attribute some of this success to the community effort that has gone into developing the new assessment,” said Thomas M. McLoughlin Jr., M.D., chair of the MOC Committee. “We have surveyed our diplomates repeatedly to understand how we can evolve MOCA to meet their needs and our mission. We’ve relied upon dozens of anesthesiologist volunteers who have helped us craft and edit hundreds of MOCA Minute questions to create a robust question bank. This partnership is guiding our effort to create relevant content that our diplomates report they find valuable.”

Research has shown that frequent assessments that require information retrieval, interleaving of topics and spaced repetition, like that offered by MOCA Minute, are more effective than infrequent, point-in-time exams for long-term knowledge retention. We will continue to research MOCA Minute performance data and collaborate with the ABMS Member Board community to study the impact of the longitudinal assessment tool on diplomates’ knowledge retention.

For physicians participating in MOCA Minute, this transition from pilot to permanent will be seamless. They will continue to answer 120 questions per year and must meet a MOCA Minute performance standard to demonstrate they have the knowledge, judgment and skills of a board-certified anesthesiologist. If they do not and have certificates set to expire in the current year, they may take and pass the Anesthesiology Special Purpose Examination (ASPEX) to avoid losing their certification.

“The ABA is an excellent example of the American Board of Medical Specialties (ABMS) Boards Community’s commitment to develop and offer new and innovative approaches to assessment that better meet the needs of today’s physicians and their practices,” said Richard E. Hawkins, M.D., ABMS President and Chief Executive Officer. “The ABA has worked closely with ABMS throughout its pilot to ensure that its new assessment program brings value to physicians in supporting their learning and improvement needs while providing the high standards expected of our certification programs by the public.”

Inspired by MOCA Minute, nearly all the ABMS Member Boards are piloting or considering developing some form of longitudinal assessment, including seven that are using the CertLink™ online platform.

About the American Board of Anesthesiology®
Our mission is to advance the highest standards of the practice of anesthesiology. As the certifying body for anesthesiologists since 1938, we partner with physicians to elevate practice standards and foster exceptional patient care. We administer primary and subspecialty certification exams as well as the Maintenance of Certification in Anesthesiology™ (MOCA®) program, which is designed to promote lifelong learning, a commitment to quality clinical outcomes and patient safety. Based in Raleigh, N.C., we are a nonprofit organization and a Member Board of the American Board of Medical Subspecialties (ABMS).