

Pediatric Academic Societies (PAS) 2024 Meeting Maintenance of Certification (MOC) Part 2 Assessment Process

PAS Meeting attendees, who are diplomates of the American Board of Pediatrics (ABP), are invited to complete a reflective assessment of what they learned in five educational sessions they attended.

1. **Eligible Sessions:** The session types that are eligible for MOC points include Scholarly Science (e.g. Basic-Clinical-Translation Roundtable, Debate Pro-Con Discussion, Hot Topic/Topic Symposia, Panel Discussion, and State-of-the-Art Plenary) and Workshops. Successful completion of the PAS Meeting CME activity, which include participation in the activity, with individual assessments of the participant and feedback to the participant, enable the participant to earn 10 MOC points in the ABP MOC program.
2. **Reflective Assessment:**
 - a. MOC 2 submission is a 3-step process via the PAS 2024 Meeting website and the Baylor College of Medicine MOC portal that will open on Tuesday May 21, 2024. Attendees will be asked to complete the meeting evaluation, claim their CME credits, before being prompted to complete the MOC reflective assessment process at the MOC portal.
 - b. Attendees of the PAS Meeting may use the worksheet available to document their learning reflections for five (5) sessions that they participated in. **IN ORDER TO BE ELIGIBLE FOR MOC CREDIT, YOU MUST ATTEND AT LEAST FIVE (5) MOC ELIGIBLE SESSIONS.** Attendees are asked to reflect, identify new knowledge, updates, strategies, professional practice changes, and/or insights gained as a result of the sessions attended. The answers should be unique to the new knowledge gained and specific to the session. Each reflection will be limited to 150 words. [Appendix A](#) provides examples of reflective responses that meet the passing standard and those that do not.
 - c. A worksheet is available for attendees to draft their answers for transfer to the online form. **ALL FIELDS MUST BE COMPLETED AT THE TIME OF ENTRY AND SUBMITTED IN ORDER TO HAVE RESPONSES TRANSMITTED.** It is recommended that Attendees complete the worksheet to copy and paste them into the fields in the MOC portal.
3. **Value of Reflection:** Attendees will also be asked to comment on the value of the reflective exercise in enhancing their learning from the conference. This evaluation will be required but not assessed in terms of meeting the passing standard.
4. **Attendee Eligibility:** This assessment relates to ABP MOC Part 2 points which is open only to ABP diplomates who are registered attendees of the PAS Meeting.
5. **Deadline:** The electronic assessment will be closed at 5:00pm CDT, June 18, 2024.
6. **Review of Reflective Assessments and Determination of Meeting the Passing Standard:** PAS reviewers, with assistance from the Baylor College of Medicine Division of Continuing Professional Development staff, will review and determine those that successfully met the passing standard.

Reflective statements meeting the passing standard are those in which:

- Statements were detailed, individualized, meaningful and unique to new knowledge gained.
- Individuals specified updates, strategies, practice changes, and/or other insights gained from sessions attended.
- The diplomate described how the specific learning points would be used or applied to their professional practice in the future.
- Reflections were provided on each of five different sessions in the eligible session categories.

Examples of responses that met the passing standard, along with examples of those that did not, are included in [Appendix A](#).

7. **Communicating Feedback to Attendees:** Feedback will be provided via email to all individuals who completed an assessment.
 - a. Attendees who meet passing standards will receive feedback including descriptions of practice changes and recommendations for implementation.
 - b. Attendees not meeting the passing standard will receive feedback and guidance on areas requiring improvement in their reflective statements and provided with an additional week to remediate their statements and resubmit. **If you do not complete all questions with an acceptable response, ABP MOC Part 2 points will not be awarded; partial credit cannot be provided.**
8. **Reporting:** Upon notification to the Attendees of meeting the passing standard, learner completion information will be submitted to the ABP through the Accreditation Council for CME (ACCME) Program and Activity Reporting System (PARS).
9. **Timeline:** [Appendix B](#) provides a timeline of when diplomates can expect to MOC points to be reported to the ABP.

APPENDIX A

**EXAMPLES OF RESPONSES SATISFACTORILY MEETING THE STANDARDS
AND EXAMPLES NOT MEETING THE STANDARD**

To assist your completing your reflective assessments, we have listed below some examples of good and insufficient responses. Your answers should be unique to the new knowledge that you have learned by attending the PAS Meeting. The following are examples of reflective statements that meet the standard and those that do not. As you develop your reflective statements, the criteria and examples may be suitably applied to a wide range of topics including relevant academic and training presentations from the PAS Meeting.

To receive credit, your answers will need to be reflective, specific, and detailed. Please identify what new knowledge, updates, strategies, professional practice changes, and/or insights you gained as a result of attending each session. Also describe how you will connect or use the learning point(s) that you identified to change your professional practice. Your answers should be unique to the new knowledge that you gained from the specific session; please do not provide the same answer for each of the questions. Each reflection will be limited to 150 words, although answers including the required elements articulated above may be shorter. Acceptable content may range widely in accordance with the breadth of the meeting content in the eligible sessions, e.g., basic science; clinical research; academic topics; professional, ethical, and training issues.

Responses with sufficient details and elements to meet the standard.

- Although we know uncontrolled asthma frequently causes patients to visit the ED and become hospitalized, we as providers often feel limited in our ability (usually due to time constraints) to change this course. During this session, relatively easy process changes were discussed – including the creation of a dedicated asthma clinic within a primary clinic to better assess and educate patients in a streamlined fashion, a home visit program to ensure better disease knowledge and medication usage/adherence, and engaging patients in their own asthma action plan development and education to ensure better recall. Having learned about successful models, I plan to work with our inpatient team to identify better ways to engage patients and families in asthma action plan development and medication administration technique and to work with our clinic towards the Medicaid Health Home Model to treat uncontrolled asthmatics.
- In this session on transplant, the current state of immunosuppression for kidney transplant was reviewed. I learned that 30% of pediatric kidney transplants in the US are done without steroids. This offers the advantage of avoiding life long exposure to steroid side effects. However, I was actually surprised that the percentage was not higher. It was presented that centers are being cautious with steroid free protocols, reserving them for low immunologic risk patients. Our center does not currently offer steroid free transplantation in children. This presentation gave me guidance on how we could introduce steroid free protocols are my center. I will use these data to start the process at our center, likely reserving such protocols for low immunologic risk patients per this presentation.
- "Choosing Wisely" is a campaign to reduce non-recommended tests or treatments that have been shown to be of low-value. With this session I learned about how this campaign has been used in Canada as well as in the US to reduce unwarranted care. One novel idea that I learned about which I am working to implement in my own practice is the idea of trainees (e.g. medical students/residents) developing their own framework. The next time I'm on a teaching team I plan to work with the team to develop a list of 3-5 items that they will focus on for the week (not ordering routine morning labs, not using albuterol in bronchiolitis etc) that are pertinent to our patient population.
- The critical role played by the development and maturation of the neonatal gut is intriguing. Diagnostic strategies for GERD and therapeutic options as well as the new NASPGHAN guidelines are definite practice updates that I will use to benefit in my practice. Specifically, use and abuse of acid-suppressive therapies for GERD in infants will be weighed for pros and cons carefully before using. On a different note, the rationale and judicious choice of tests for feeding difficulties, as well as personalized therapies is helpful for our practice change. I learnt that the microbiome of the gut has origins from multiple sources and are modified by the prevailing NICU practices, and I will carefully weigh in those practices before using antibiotics or acid-suppressive therapies. Finally, the importance of omega fatty acids in keeping the liver healthy while on TPN is the new knowledge I will apply in practice.

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- In this session, several cognitive phenotypes were discussed, categorizing vaccine-hesitant individuals by moral foundations informing their views, and better methods of increasing vaccine compliance were discussed, including the use of the default option rather than opt-in approaches. When the default option is not successful, the session then discussed using motivational interviewing techniques to communicate with parents, and several case studies demonstrated the success of focusing on the diseases prevented and benefits to the patient, rather than solely on side effects. These ideas suggest that more parents adopt vaccines when a default, opt-out approach is used, when motivational interviewing techniques are used, and when physicians focus on harms prevented. I will be using the default option and motivational interviewing techniques more often in my own practice, and will also be following the research on cognitive phenotypes to determine whether more individualized communication styles can succeed in place of blanket approaches.

Responses lacking detailed reflection and not meeting the standard.

- My research area- allowed me to hear others' work and network as well as gain new knowledge and create new ideas.
- The lecture was especially meaningful, bringing the audience up to date with new disease entities within this large category of genetic renal disease that have been identified by the advent of technologies such as Whole Exome Sequencing.
- prematurity is associated with decreased BH4, add HI and this decrease in BH4 is below threshold cord pH is a weak correlate for NE Using MRI, human DTI scale is not associated with outcomes in HIE
- Early progressive feedings are effective and does not seem to increase risk of NEC when compare to trophic feeds in the extreme preterm infant.
- This session focused on children with special health care needs and highlighted how more research needs (and is) being done. It stressed how these kids are not exactly like your regular child who gets admitted with a Viral syndrome etc.

**APPENDIX B
MOC PART 2 PROCESS TIMELINE**

Target Date	Milestone
05/07/24	CME Evaluation and certificate claims opens
05/21/24	MOC Part 2 Portal Opens
05/21/24	CME Evaluation and certificate claims closes
06/18/24	MOC submission closes
06/19/24 – 07/08/24	Review window of MOC self-assessment reflection submissions.
07/15/24 – 07/19/24	Notification of MOC results with feedback.
07/26/24	MOC Resubmission window closes for assessments that did not meet passing standards.
07/29/24 – 08/12/24	Review window of MOC self-assessment reflection resubmissions.
08/19/24	Notification of results with feedback for MOC resubmissions
08/26/24	MOC reporting to American Board of Pediatrics