CME for Maintenance of Certification (MOC)
Evaluation Guide

Introduction

The certifying boards and the Accreditation Council for Continuing Medical Education (ACCME®) share the expectation that accredited providers evaluate the impact of their activities on learners' knowledge, strategies/skills, performance, and/or patient outcomes in order to award learners Maintenance of Certification (MOC), or Continuing Certification credit. These evaluation guidelines are applicable across the currently collaborating certifying boards, for those credit types which require participation in an evaluation/feedback process. *ACCME requirements related to evaluation can be found in the* Accreditation Criteria.

Process Overview

Component	Requirement	Expectation
Evaluation Mechanism	All activities, including live activities, must include a comprehensive evaluation component that assesses individual learner competence, knowledge and/or skill.	The evaluation measures the competence or performance of the individual learner and not of the activity. Evaluation methods employed should identify individual learning (not anonymous).
Participation Threshold	The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit.	The participation threshold must be clearly communicated to the learner prior to engagement in the activity. The learner must meet the participation threshold set by the provider before credit is reported.
Feedback	All activities must include feedback to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate.	Evaluation of the learner and feedback to the learner must be completed before completion credit may be awarded.

The following examples of evaluation approaches have been compiled as a resource for accredited providers. The assessment and passing standards listed below are not exhaustive. The method of learner assessment and passing standard (sometimes referred to as participation threshold) should be determined by the provider and be appropriate not only to the evaluation mechanism utilized, but also to the expected outcomes for learners and the activity format.

Evaluation Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level.
- The provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider determines the passing standard/participation threshold of the evaluation and should give clear instructions to their learners on what they need to do in order to earn MOC credit.
- The accredited provider must be able to demonstrate that the learner participated in/completed the evaluation for the educational activity for the learner to earn MOC credit.
- If the activity is selected for review, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented, how feedback was provided to learners (if applicable), and a list of the physician learners who met the requirements to earn MOC credit. This does not need to include the answers submitted by learners.
- Learner completion should be reported into PARS after the learner has participated in the evaluation, met the participation threshold, and received feedback. The general expectation by the boards is that learners will be submitted into PARS no more than 30 days after they complete the evaluation so learners can see their credit reflected with their certifying board in a timely manner.

Examples of Mechanisms:

Mechanism	Evaluation Method	Passing Standard	Feedback Method
Case Discussion	Learners are asked to share with each other and the group about how they would approach the case at various stages.	Learners actively participate in the conversation as judged by a group leader or observer.	The outcome of the case is shared in real time, and learners are informed that their participation met standards.
Written Responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and provides next best steps for the learner.
Audience Response System	Learners select answers to provocative questions using the ARS. The ARS must be traceable to the individual	Learners engage adequately with an acceptable number of attempts. Threshold set by provider.	Answer to each question is shared verbally or in writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Percent of correct answers set by provider.	Best answer to each question is discussed or shared.
Table-top Exercise	Learners write down next steps in an evolving case at various set points.	Learners write a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting. This could be role-play or a formal simulation lab.	Learners participate in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout the simulation, or at the conclusion of the activity.
Review of Manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.	Acceptable quality of the manuscript review is determined by the editor.	Editor provides feedback on the adequacy of the review to the learner
Writing Test Items	Learners write test items that are evaluated by committee chair and peers.	Item quality is adequate as determined by committee chair.	Feedback is received from peers and committee chair throughout the process.
Learning from Teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled in order to teach the material.	A reflective assessment by the teacher/learner identifying ways in which the knowledge gaps were filled.	Structured, documented feedback provided to teacher by a mentor or peer upon review of the gap and the identified learning.

Examples of Reflective Statements:

Accredited providers have asked for examples that would illustrate the use of reflective statements as the mechanism for assessment in large, live activities. *Please note these examples are for illustrative purposes only and are not meant to be the only way that reflective statements might be used either alone or as part of a broader assessment mechanism.*

Example 1: The provider plans a multi-day, large live activity that includes a wide variety of sessions (e.g., case discussion, didactic, skills-training). In the case discussion and skills-training sessions, facilitators manage the discussion/training and record those learners who demonstrate meaningful participation. To assess learning overall for the activity, learners are asked to keep a learning journal and are given time at the start of each session to

record their intended learning goals, learning points achieved, and an intent to change as a result of the activity. The learning journals are reviewed for completeness and suggested resources are provided back to the learners.

Example 2: A provider convenes a live meeting to optimize communication with patients, with peers, and with students. Each learner self-identifies the theme that they seek to pursue (such as optimal communication with patients) from the meeting agenda and completes a digital diary as they learn through the activity. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 3: A provider plans a large annual meeting with a range of content related to a specific specialty field. The meeting has tracks that help learners select the sessions that meet their own learning needs. Learners are asked to write one or more reflective statements linking their own needs with the content in the track. Key faculty from each track review the reflective statements for appropriateness and provide feedback to individual learners.

Example 4: A provider plans a large annual meeting with a range of content related to a specific specialty field. Learners are asked to choose 10 sessions reflective of their top learning priorities and to keep track of at least one key learning point from each of the sessions. Toward the end of the meeting, a special homeroom-style session is held where learners share their top patient problems, their key learning points, and discuss with their colleagues. Faculty members review learning points and attest to engagement.

Example 5: The provider develops a 3-day workshop focused on improving quality of care for children with chronic musculoskeletal disability. The program includes a didactic focus on management of acute rheumatologic presentations, a series of case presentations, and a skill development program about effective application of orthopedic casts. The participation of the learners in the program is verified, and learners are asked to complete a series of reflective statements about what they learned and what they will change. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 6: A provider convenes a half-day live program focused on optimizing palliative care that includes a variety of case presentations, discussions, and interviews with patients. At the conclusion of the activity, learners are provided with the learning objectives for the activity and asked to document their own reflective statements and intent to change. The group reconvenes to discuss and share what they wrote for these statements and give feedback to each other; a facilitator confirms that each learner engaged and participated in this discussion and peer-feedback.