

Attitudes and Experiences of Early and Midcareer Pediatricians With the Maintenance of Certification Process



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ABSTRACT

OBJECTIVE: Maintenance of certification (MOC) value and relevance have been recent topics of controversy and discussion in medicine. Systematically assessing pediatrician's attitudes and experiences to encourage and inform future modifications is important.

METHODS: We surveyed 866 pediatricians in 2014 who graduated from residency 10 to 12 years ago and are part of a larger longitudinal study. Cross-sectional quantitative and qualitative data on understanding, attitudes, barriers, and needs specific to MOC part 2 (self-assessment/continued learning activities) and part 4 (quality improvement projects) were analyzed. McNemar tests compared responses on questions specific to part 2 with those specific to part 4. Multivariable logistic regression considered differences in participants who did and did not have positive part 4 attitudes.

RESULTS: A total of 77.8% completed the survey. Comparing part 4 to part 2, there was less understanding of requirements (59.9%, 72.9%, $P < .001$), more agreement that relevant available activities is a barrier (67.6%, 44.0%, $P < .001$), stronger

agreement that more choices would be helpful (72.8%, 53.8%, $P < .001$), and less perceived impact on patient care or lifelong learning (12.5%, 47.2%, $P < .001$). Participants reporting that part 4 improves care were less likely to agree that time to fulfill requirements (adjusted odds ratio = 0.30, 95% confidence interval 0.18–0.51) and relevant available activities (adjusted odds ratio = 0.22, 95% confidence interval 0.13–0.39) were barriers. Qualitative analysis revealed themes including time, cost, and relevance.

CONCLUSIONS: Pediatricians expressed significant frustration with the MOC process, poor understanding of requirements, and barriers with the process, especially for part 4. Increasing diplomate education on the process and increasing available and relevant activities may be important to optimize physician's continuous learning.

KEYWORDS: American Board of Pediatrics; early career pediatrician; maintenance of certification; midcareer pediatrician

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WHAT'S NEW

Early to midcareer pediatricians express confusion about and barriers to maintenance of certification participation, particularly part 4. Improved education on the process and increasing availability and relevance of activities may be important to improve patient care, with considerations for pediatrician time and cost.

MAINTENANCE OF CERTIFICATION (MOC) is sponsored by the American Board of Medical Specialties (ABMS) and its 24 member boards, including the American Board of Pediatrics (ABP).^{1,2} Board certification expanded from a one-time examination to time-limited certification with required retesting in 1988 to continuous professional development requirements in 2000. The current MOC process includes 4 parts,^{1,2} which aim to

incorporate assessment of 6 core competencies.³ The 4 elements are consistent across member boards, but specific activities used to measure these competencies vary by specialty.³

The current ABP MOC program includes 4 requirements: 1) maintain a valid, unrestricted medical license, 2) complete approved self-assessment and continued learning activities (≥ 40 points), 3) pass a secure examination every 10 years, and 4) complete approved quality improvement (QI) activities (≥ 40 points).⁴ One hundred points total are required in parts 2 and 4 during every 5-year cycle, and the overall activity costs vary.⁵ The ABP recognizes permanent certificates (those awarded before May 1, 1988). These certificate holders are encouraged to participate in MOC, and those who do not are listed on the ABP Web site as not meeting the current requirements.⁶

Recently MOC value and relevance have been topics of substantial controversy and discussion.⁷ Individuals and research studies cite concern regarding unclear cost/benefit ratio,⁸ potential for violation of antitrust laws,⁹ and uncertain impact on patient outcomes.¹⁰

Information on physician perceptions, attitudes, and experiences with MOC is important to optimize the continuous learning of physicians, but few studies have been conducted to collect such information.^{11–15} MOC barriers reported for pediatricians include cost, time to complete MOC, and lack of relevance to their practice.¹⁵ A 2015 member survey of the Society for Pediatric Research and the American Pediatric Society found that 45% and 79% of respondents thought that MOC parts 2 and 4 were of little importance or unimportant in helping maintain clinical competency and providing excellent care.¹⁶

Internal medicine and family medicine physician focus groups reported that part 2 modules and part 4 projects were irrelevant to their work and inefficient in updating their knowledge and skills.¹³ Given the variability in which MOC parts 2 and 4 can be implemented,³ it is important to survey physicians by specialty. Especially important are perspectives of early and midcareer pediatricians who may be participating in MOC for many years and who are currently at or near deadlines for completion of several parts.

The purpose of this investigation was to explore early and midcareer pediatricians' understanding, attitudes, barriers, and needs relevant to MOC parts 2 and 4; to assess whether perceptions of MOC vary by work characteristics; and to collect experiences of pediatricians reporting higher satisfaction with part 4.

METHODS

We analyzed cross-sectional data collected in 2014 from the American Academy of Pediatrics (AAP) Pediatrician Life and Career Experience Study (PLACES), a national longitudinal study that tracks job paths and lives of early and midcareer pediatricians.¹⁷ PLACES participants are surveyed twice each year, with a longer survey covering several domains (eg, work characteristics, satisfaction, work-life balance, life experiences) and a shorter survey on topics of importance to participants (eg, MOC).

PLACES pediatricians were recruited using an AAP database that includes all pediatricians who completed US residency programs, both AAP members and nonmembers. A total of 41.2% of pediatricians randomly selected to participate in PLACES initially signed up for the study. Detail regarding PLACES methodology, including target population, sample size analysis, and nonresponse and poststratification weights, has been described previously.¹⁷ For the current study, initial study weights were adjusted for gender, AAP membership status, and medical school location of participants who completed the 2014 survey and were applied to all analyses presented here.

We analyzed MOC survey data collected from 866 PLACES participants graduating residency between 2002 and

2004. The survey was sent up to 3 times from October to November 2014 via e-mail and mail, depending on participant preference. The AAP institutional review board approved the survey.

SURVEY INSTRUMENT

The cross-sectional survey included several questions on MOC attitudes and experiences. Questions were primarily fixed response and were developed on the basis of literature review and input from AAP PLACES project advisory committee, AAP survey manager, and researchers (including authors BJB, MPF, AJS) and ABP staff.

Pediatricians answered questions on their understanding of ABP MOC program requirements on 4-point scales (1 = not well—I have a general concept, but don't know the details; 2 = slightly—I understand some of the requirements; 3 = moderately well—I understand most of the requirements; and 4 = very well—I understand all of the requirements), separately for part 2 (lifelong learning and self-assessment) and part 4 (performance in practice and QI) ([Online Appendix Table 1](#)). For perceived barriers to MOC participation, they provided their agreement (5-point scale: strongly disagree to strongly agree) on the following: availability of part 2 and part 4 MOC activities relevant to my practice/work (asked separately for each part); overall cost; and time required to fulfill MOC requirements. To assess needs, pediatricians answered on 4-point scales (1 = not at all, 2 = somewhat, 3 = moderately, and 4 = very helpful) how helpful the following would be in completing requirements: more choices to satisfy part 2, more choices to satisfy part 4, and part 4 credit for QI activities already being done at work. In assessing attitudes, they provided their agreement (5-point scale: strongly disagree to strongly agree) on whether MOC part 2 participation helps achieve lifelong learning goals and part 4 participation improves ability to care for patients. To assess MOC impact, they indicated whether changes implemented as a result of part 4 were maintained, responding "Yes," "No," "Unsure," or "I have not yet completed any part 4 activities." The survey concluded with one open-ended question, "What more should we know about your experiences with MOC?"

Data were incorporated on participants' work characteristics collected earlier in 2014 via the main PLACES survey,¹⁷ including type of position, work setting, work hours, busyness of work setting,¹⁸ support staff,¹⁹ and colleagues being a source of professional stimulation²⁰ ([Online Appendix Table 1](#)).

DATA ANALYSIS

QUANTITATIVE DATA

To examine whether early and midcareer pediatricians' understanding, attitudes, barriers, and needs differ for parts 2 and 4, we used McNemar tests to compare responses on the MOC questions specific to part 2 with those specific to part 4 ([Online Appendix Table 1](#)). To assess whether

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