AAP Requirements for Developing Multiple-Choice Assessment Questions
In Support of ABP MOC Part 2

GENERAL REQUIREMENTS
• The total number of questions offered should be commensurate with the scope/length of the learning activity. For example, longer, more intense courses like a multi-day CME course would include more questions than a one hour webinar/online course.
• All content must be consistent with AAP policy and guidelines and be based on evidence that is accepted within the profession of medicine.
• Learners must achieve a minimum passing score, as established by the CME planning group/editorial board and communicated to learners in advance of the activity. Unlimited re-takes of the assessment are allowed.
• A minimum of five multiple-choice questions are required for all activities regardless of their scope/length and number of MOC Part 2 points designated. For activities that offer more than 5 points of MOC credit, the number of questions must be equal to or exceed the number of points designated. For example, an activity designated for 5 MOC points should ask 5 or more questions; an activity designated for 10 MOC points should ask 10 or more questions.

RESPONSE/ANSWER CHOICES
• There must be 3-5 options from which the learner chooses. All questions should stay consistent and provide the same number of answer options (A-C or A-D)
• True/False questions are not permitted.
• The best option must be clearly the best choice in the context of the question and all incorrect responses should be logical misconceptions of the best option.
• All answer choices should be of similar length and similar categories/type.
• Do not use mutually exclusive responses, such as percentages that overlap (0% to 10%; 10% to 50%; 75% to 90%; and 100%--the 10% would be included in both A and B.)
• Do not use as answer options: “None of the above” or “All of the Above”, nor any combinations of responses (eg, “Both A and C”).

FEEDBACK
• The learner must be able to view the critique/feedback on the question immediately or following completion of a post-test, if a pre-test is offered.
• The feedback should validate the correct answer choice. Addressing the other response choices is recommended (optional).

SAMPLE Questions
At what visit types does the American Academy of Pediatrics currently recommend screening for food insecurity?

a. Acute visits (urgent or same day)
b. Any visit to the health system
c. Health supervision visits
d. Hospitalizations
Correct answer is C. According to the 2015 Promoting Food Security for All Children Policy Statement, the AAP recommends screening for food insecurity at all health supervision visits (well child checks). The policy statement does not make recommendations as to whether or not screening should occur at any visit, acute visits, or hospitalizations.

A previously healthy 10-year-old boy has had a cough for the past 5 weeks. He had a presumed viral URI prior to the onset of the cough. He has no shortness of breath or cough with exercise. His parents do not recall wheezing. The cough has not responded to over-the-counter cough syrup. The cough is harsh and dry. His physical exam, chest radiograph, and spirometry are normal. Which of the following is the best next step in the management of this patient?

a. Chest CT scan
b. Complete pulmonary function testing
c. Course of oral antibiotics
d. Return visit in 2 weeks for reevaluation
Correct Answer: d. Return visit in 2 weeks for reevaluation. This child presents with a chronic cough without specific pointers and may resolve without intervention within 2 weeks. If the cough persists at the next visit then a trial of inhaled cortico-steroids could be considered. The cough is dry thus and antibiotic is not indicated. A CT scan is would expose the patient to unnecessary radiation and would be very low yield for a non-specific cough with normal lung function and chest radiograph. Complete pulmonary function testing is a low risk procedure but not indicated in the absence of dyspnea, normal spirometry and chest radiograph. Chang, A.B., and W.B. Glomb. Chest, 129: 260S-283S, 2006.