



# “That Was Pretty Powerful”: Physicians describe how preparing for MOC exams can improve patient care



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## Background & Objectives

**Background:** Not enough is known about how physicians prepare for MOC exams, what they learn in the process, and how this can affect their patient care.

**Objective:** To understand how preparing for MOC exams can affect physicians’ knowledge and lead to changes in practice, by closely analyzing physicians’ real-life experiences.

## Methods

**Recruitment population:** Primary care general internists and family physicians who took the Spring or Fall ‘16 MOC exam from their respective board.

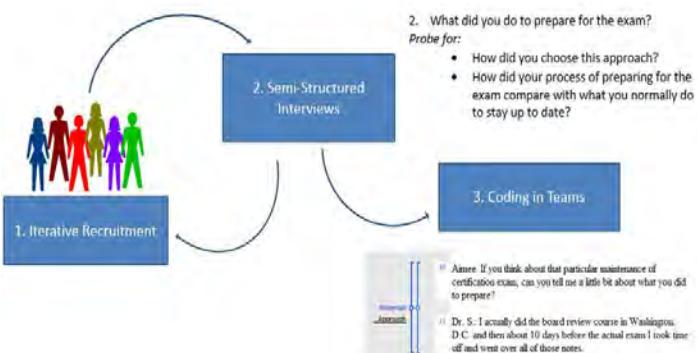
**Recruitment method:** Physicians were recruited through an iterative process designed to maximize response rates and to ensure a diverse, representative sample of 40 from each board.

**Interview methodology:** 45-60 minute semi-structured telephone interviews.

**Data analysis:** We coded and analyzed interview notes and transcripts, sifting for patterns and themes.

**IRB approval:** This study was approved by the AAFP IRB.

**Support:** This study was supported by a grant from the ABFM Foundation.



## Results

### Substantial time spent studying beyond routine “keeping up”

- 78 of 80 devoted *extra time & resources* to studying, beyond what they would normally do to stay current
- 66 of 80 studied for *two months or more*

### Acquiring relevant knowledge and improving patient care

- 67 of 80 reported *acquiring relevant knowledge*
- 63 of 80 described *specific examples* of how what they learned affected practice

### Examples of improved patient care

- *Diagnosis* -- better criteria for diagnosing specific conditions
- *Guidelines* – updated knowledge of guidelines & how to apply them
- *Referrals* – reduced need to refer patients to specialists
- *Testing* – reduced unnecessary testing, or increased appropriate testing
- *Communication* – better credibility with patients and/or colleagues

For some, studying expanded the scope of their practice, i.e., what they could provide their patients under the rubric of “primary care”.

## Discussion

### Changing practice

Our data suggest several ways MOC exams can affect physicians’ practice:

- Direct – new information can lead directly to a change in practice
- Reinforcing – studying can increase confidence in current practice patterns
- Communicating – studying can improve co-management with other providers, and/or communication with patients
- Indirect – physicians can spread what they learn, formally or informally, to trainees or other providers

### The “testing effect”: possibilities for further research

Studies of testing and memory<sup>1,2</sup> imply the high-stakes, summative nature of current MOC exams may lead to increased learning, and thus, increased benefits to practice. More research is needed to understand this aspect of MOC exams.

In addition, further research can explore how generalizable these findings are, and if they translate into improvement in health outcomes.

## Conclusion

Most physicians described concrete ways preparing for an MOC exam benefited their patient care.

## How preparing for an MOC exam can affect care – examples

Themes	Quotes from physicians
Guidelines; Prescriptions	I would say that I was using statins way more before, and now, with the ASCVD calculator, it is not as often... I have noticed the difference in patients that I would have otherwise said, “Yes, I should use them”, and now, “No”... I think it is making me more specific on who I’m using statins on.
Referrals	I think since I’m diagnosing [patients] down the pathway a little bit further, I’m starting them on treatment a little bit earlier... [S]tarting the treatment without waiting for the specialist... [patients] were definitely much... happier because they can feel better [faster].
Testing	There are many scenarios where anyone who’s ever had a cardiac problem, <u>ever</u> , whether they’re asymptomatic and running marathons, the surgeons will say, “I need a stress test.” And the answer is, “No, you don’t. They are fine.” So, I think, being able to push back a little bit - I’ve done that since I took the boards. That actually changed how I practice.
Diagnosis	[O]ne thing that I definitely can think of that changed... was, I had a patient who had had a TIA... and she went on to have a stroke. I had a similar patient recently and, using the ABCD guidelines for TIA, I realized she was at high risk of progressing, so I put her in the hospital and was more aggressive about the management and [I] suspect her outcome was probably better than it might have been otherwise.
Testing; Communication	[O]ne of the things I learned when I was studying is... I practice a lot of defensive medicine... I learned to maybe talk to patients more, spend more time instead of just ordering what they want... Let’s say I have a 78-year-old patient who wants a colonoscopy.... [B]efore, I used to just order it and do what the patient wants, but I now talk to them more about the risks, the complications, rather than just ordering it.
Expanded scope; Reduced burden	I could probably reduce, significantly, the number of visits to the consultant... Having more in-depth understanding of diseases and theoretical knowledge helps me to reduce [specialist] visits and reduce the financial burden on [indigent] patients.
Communication	It just gives you confidence you’re doing the right thing, and that you could tell the patient about it... “This is the right thing to do”... I would say, “You know, I just read about this on my board exam” ... Especially if it was, like, something that I don’t see all the time... And that was pretty powerful. Otherwise, if I weren’t [studying at] that time, I don’t think I would have that conversation.

### References

1. Roediger HL, Karpicke JD. The power of testing memory. *Perspectives on Psychological Science*. 2006;1(3):181-210.
2. Roediger HL, Karpicke JD. Test-enhanced learning. *Psychological Science*. ‘06;17(3):249-255.