THE AMERICAN BOARD OF PATHOLOGY

Continuing Certification (CC) Program, formerly
Maintenance of Certification (MOC)

SAM PROVIDER REQUIREMENTS AND TOOLKIT

Developing Self-Assessment Modules (SAMs)

www.abpath.org

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SAM Credit Overview

Self-Assessment Module (SAM) credit is a special designation for AMA Category I CME credit. SAM eligible for meeting Continuing Certification Part II requirements must be accredited AMA PRA Category 1 CME activities. Not all CME activities qualify as SAM-eligible.

An activity which wishes to qualify as SAM-eligible CME must follow the guidelines in this toolkit. ABPath reserves the right to audit SAM activity/learner records at any time.

ABPath asks that organizations submit CME/SAM activity and learner data to the board through ACCME PARS. Both ACCME and ABPath can answer questions related to SAM credits. The program guide can be found on ACCME's website: http://www.accme.org/sites/default/files/ABPath_Program_Guide_MOC_CME.pdf

SAM Activity Construction

SAMs may include multiple different learning and delivery formats. Delivery formats include:

- Live activities, with in-person or remote participation. These include conferences, workshops, seminars, and live internet webinars.
- Enduring materials, including journals/print, audio, video, and internet materials. Examples are monographs, podcasts, CD-ROM, DVDs, archived webinars, and glass slide/virtual microscopy review programs.

Evaluation of an activity may occur at the session level or at the activity level. A provider is not limited to a single method of evaluation per activity.

An evaluation method or methods must have a defined standard of participation and individual pathologists must be shown to have met said standard. It is the responsibility of the provider to document feedback and participation.

The evaluation and materials for evaluation should be given in a timely manner after the activity ends.

Example Evaluation Mechanisms:

Evaluation Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
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 best next steps for learners.
Audience Response System	Learners select answers to provocative questions using the ARS.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Fraction of answers correct set by provider. ABP recommends 80%	Best answer to each question is discussed or shared, including rational for correct answers with relevant citations.
Table-top Exercise	Learners write down next steps in an evolving case at various set points.	Learner writes 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 - could be role-play or formal simulation lab.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.

SAMs must incorporate at least one of the following ABMS/ACGME competencies in their content.

- Patient Care (PC)
- Medical Knowledge (MK)
- Practice-Based Learning and Improvement (PB)
- Interpersonal and Communication Skills (IC)
- Professionalism (PF)
- Systems-Based Practice (SB)

Self-assessment modules must meet the core requirements for CME. These can be found on the AMA's website at https://www.ama-assn.org/education/cme-provider-resources

Activity/Completion Documentation

All activities offering SAM-eligible CME should be clearly denoted as such in CME activity descriptions. ABPath requests all records documenting the participant's completion of the activity be clearly labeled as awarding SAM or SAM-eligible CME credit. If a provider is not submitting electronic learner completion records to ABPath via PARS, denoting that SAM-eligible CME has been awarded on completion documentation such as CME certificates is mandatory. ABPath must be able to tell either from a PARS record or a CME certificate if CME which counts as self-assessment has been awarded.

SAM are AMA Category I CME credits and thus the number of SAM awarded can never exceed the number of CME awarded. For example, if an activity awards five SAM the pathologist has been awarded five credits, not ten. Stating that five SAM credits have been awarded is the same as stating five AMA Category I CME credits have been awarded, but the credits may be reported to ABPath as SAM.

Quiz Evaluation Guidelines

When using the quiz evaluation mechanism, a pre-test is recommended to identify or demonstrate participant gaps in knowledge.

- Participants must achieve a passing score on the post-test set by the provider (typically 75-80 %) to earn SAM credits for the course.
- Participants may be allowed to take the post-test more than once in order to achieve a passing score.
- Participants must be provided timely post-test feedback, including a brief explanation and/or reference(s) for the correct answer.
- Post-tests and feedback may be offered online.
- A minimum of two questions per half hour of CME is required.

Guidelines for developing quiz/test questions

- ABPath's guidelines are derived from those used by NBME
- SAMs questions should test important concepts that are medically (clinically) relevant. Questions should link to the learning objectives.
- ABPath recommends all questions be multiple choice, single best answer with 3-5 choices. True/False or Yes/No questions are not acceptable. If an item truly has only two choices, and it is not a T/F or Y/N question, such an item is acceptable.
- An ideal question is one that can be answered without looking at the choices. Higher order questions that require interpretation, judgment, or problem-solving are better than simple recall of information.
- Questions should be stated as a positive (do not use no, not, etc). Do not use "all of the following except".
- Do not use absolutes such as "all", "none", "always" and "never". "All of the above" or "none of the above" are not acceptable choices.

- No possible question answers should include other possible answers, e.g. “C: Both A & B” (No K Type Questions)
- Answer choices should be in alphabetical or numerical order and approximately the same length.
- Responses must be logical and homogenous (e.g. all IHC stains, all laboratory test results, all clinical associations).
- References should be provided when appropriate.
- A brief narrative/explanation of the correct answer must be provided.

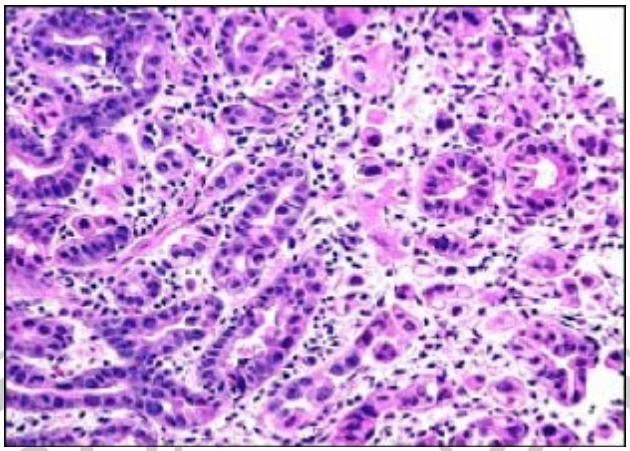
Sample Quiz/Test Questions:

1) Which type of metaplastic epithelium is diagnostic for Barrett esophagus?
   A. Cardiac.
   B. Fundic.
   C. Intestinal.
   D. Pancreatic acinar.
   E. Squamous.

Correct answer: C

Explanation: Barrett esophagus can be diagnosed if an endoscopic abnormality is seen (columnar-lined esophagus) and intestinal metaplastic columnar epithelium with goblet cells are identified in a biopsy taken from the area of endoscopic abnormality. Although cardiac and fundic-type metaplasia are frequently seen in patients with Barrett esophagus, it is not sufficient to render this diagnosis, as goblet cells are necessary. Although an Alcian blue stain will confirm the presence of acid mucin in goblet cells, this stain is not required for their identification.

Reference: Hirota WK, Loughney TM, Lazis DJ, et al. Specialized intestinal metaplasia, dysplasia and cancer of the esophagus and esophagogastric junction: prevalence and clinical data. Gastroenterology 1999; 116:277.



2) What is the most likely diagnosis for this lower esophageal biopsy from a 72-year-old male with a long-standing history of Barrett esophagus?
   A. Intestinal-type metaplasia.
   B. Low-grade dysplasia.
   C. High-grade dysplasia.
   D. Adenocarcinoma.

Correct answer: D

Explanation: This biopsy shows invasion of individual cells into the lamina propria, consistent with intramucosal adenocarcinoma. Barrett esophagus is a serious complication of gastrointestinal reflux disease. Approximately 1% of patients with long-standing Barrett esophagus will develop adenocarcinoma. Because there are lymphatic channels in the esophageal mucosa, this lesion can metastasize to lymph nodes. Given this fact, definitive therapy (either endoscopic mucosal resection or esophagectomy with or without ablation therapy) is required.

Reference: Sabik JF, Rice TW, Goldblum JR, et al. Superficial esophageal carcinoma. Ann Thorac Surg 1995: 60:896.

3) The main histologic difference between normal right colon and normal left colon is that normal right colon has:
   A. fewer eosinophils.
   B. fewer Paneth cells.
   C. less lamina propria cellularity.
   D. more goblet cells.
   E. more surface epithelial lymphocytes.

Correct answer: E

Explanation: The right colon has histologic differences from the left colon. In particular, there is a progressive decrease in the lamina propria cellularity as well as a progressive decrease in the number of surface epithelial lymphocytes as one moves from the cecum to the rectum. There can be up to 10 lymphocytes per 100 epithelial cells or even more present in the right colon. The rectum also has far more goblet cells than other parts of the colon. Paneth cells can be present in the right colon but are not a normal component of the colon distal to the right colon.

Reference: Lazenby AJ. Collagenous and lymphocytic colitis. Semin Diagn Pathol 2005; 22:295.

4) Ulcerative colitis is characterized by:

A. Apthous and linear ulcers.
B. Basal plasmacytosis.
C. Granulomas.
D. Pyloric gland metaplasia.
E. Transmural inflammation.

Correct answer: B

Explanation: Ulcerative colitis is characterized by marked increase in inflammatory cells in the lamina propria, basal plasmacytosis, Paneth cell metaplasia, and marked crypt architectural distortion. Granulomas, pyloric gland metaplasia, aphthous and linear ulcers, and transmural inflammation are far more characteristic of Crohn's disease.

Reference: Surawicz CM, Haggitt RC, Husseman M, et al. Mucosal biopsy diagnosis of colitis: acute self-limited colitis and idiopathic inflammatory bowel disease. Gastroenterology 1994; 107:755.

Guidelines for Advertising

We ask that any advertisements be truthful to the activity or activities being advertised. We do not have explicit advertising guidelines outside the use of our logo.

Logo

- Accredited providers may use the ABPath logo. Use of the logo is optional and may appear on any activity materials, brochures, and announcements that promote CME activities which may be reported to ABPath's Continuing Certification Program.
- Accredited providers may determine the size and placement of the logo. However, providers are not permitted to makes changes to the logo.
- Link to Logo PNG File on ACCME's Website