

THE AMERICAN BOARD OF PATHOLOGY  
Maintenance of Certification (MOC) Program



SAM PROVIDER<sup>®</sup>  
REQUIREMENTS  
AND TOOLKIT

Developing Self-Assessment Modules (SAMs)

[www.abpath.org](http://www.abpath.org)

Updated September 2017

Self-Assessment Modules (SAM) eligible for meeting MOC Part II requirements, must be accredited AMA PRA Category 1 CME activities. Not all CME activities qualify as SAMs.

To become an ABP-approved SAMs provider, you must complete and submit the *SAM Provider Agreement* located on our website [www.abpath.org](http://www.abpath.org).

After being approved by the ABP to offer SAM eligible CME activities, follow these guidelines to develop your self-assessment modules and construct your annual SAMs report.

SAMs may include multiple different learning and delivery formats, including:

- 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.

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>

All activities offered as SAM eligible CME must be clearly denoted as such in CME activity descriptions. All records documenting the participant's completion of the activity must be clearly labeled as SAMs credit.

A post-test is required for all SAMs. 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 test questions

- The ABP'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.
- The ABP 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.

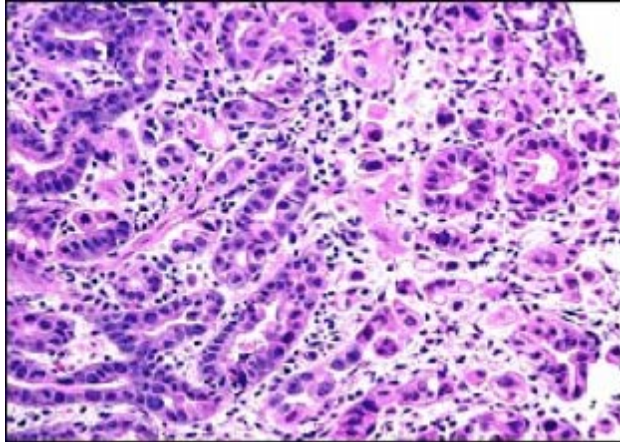
Sample test questions:

- 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. Aphthous 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.

All approved SAM providers will be required to submit an annual SAMs report to ABP. This report will be requested by ABP via email at the beginning of each year and must be received by April 1<sup>st</sup>. Failure to submit a SAMs report will result in suspension of SAM provider approval. Submit SAMs reports in Excel format via email to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org).

Example of annual SAMs report:

| ABP-APPROVED SAM PROVIDER NAME  |                    |                        |           |
|---|--------------------|------------------------|-----------|
| NAME OF SAM ACTIVITY  | METHOD OF DELIVERY | ACGME COMPETENCIES     | # CREDITS |
| Molecular Biomarkers in Breast Cancer: How Do We Best Get to the Truth? | annual symposium   | MK                     | 2.50      |
| 2015 CPIP-D Case 04 - Special Considerations for Neonates               | online module      | MK, PB, SB             | 1.25      |
| Multidisciplinary Hematopathology Conference                            | weekly symposium   | PC, MK, PB, IC, PF, SB | 1.00      |
| Practical and Effective Diagnostic Hematopathology                      | live course        | PC, MK, PB, IC, PF, SB | 5.00      |
| Latest Developments in Forensic Pathology and Forensic Toxicology       | journal            | MK, PB                 | 13.00     |
| 2015-2016 Glass Slides Subscription A                                   | US mail            | PC, MK, PB             | 16.00     |

ACGME competencies:

|           |   |
|-----------|---|
| <b>PC</b> | PATIENT CARE                            |
| <b>MK</b> | MEDICAL KNOWLEDGE                       |
| <b>PB</b> | PRACTICE-BASED LEARNING AND IMPROVEMENT |
| <b>IC</b> | INTERPERSONAL AND COMMUNICATION SKILLS  |
| <b>PF</b> | PROFESSIONALISM                         |
| <b>SB</b> | SYSTEMS-BASED PRACTICE                  |

The ABP will periodically audit SAMs to assure that the offerings are meeting SAMs requirements.

#### Guidelines for advertising

- The American Board of Pathology's logo may not be used in advertising SAM activities without prior approval.
- 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 mentioned previously.

