Frequently Asked Questions About Simulation Courses Offered for Part IV MOCA® Credit

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1.	Why is simulation part of ABA recertification (MOCA)?	The American Board of Medical Specialties requires the American Board of Anesthesiology (ABA) to include practice performance assessment and improvement in Part IV of the Maintenance of Certification (MOC). The ABA recognizes simulation training as an innovative approach to assess a physician's clinical and teamwork skills in managing critical events and included it in the Part IV Maintenance of Certification in Anesthesiology (MOCA®) requirements.
2.	Why simulation?	There are relatively few learning forms that help anesthesiologists maintain clinical competence in ways that impact patient care. Many simulation programs now deliver this form of learning. There is a belief that simulation will be valuable for anesthesiologists to refresh and assess their life-saving skills.
3.	How much will it cost?	Each simulation program sets fees based on local costs, number and type of support personnel, and other course-specific costs.
4.	Why are MOCA-compliant courses only offered at specific simulation centers?	To ensure high-quality learning experiences that meet the simulation requirements of MOCA Part IV the ABA requested that the American Society of Anesthesiologists (ASA) establish standards and endorse simulation centers that meet those standards. Simulation-based courses fulfill one requirement of MOCA Part IV. Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.
5.	Are there core aspects common to all simulation courses that meet ABA requirements?	The ASA Committee on Simulation Education, in conjunction with the ABA, has established core curricular components for all simulation courses that are taken to satisfy ABA requirements. These include: • A minimum of six hours of total course instruction • Active participation in realistic simulation scenarios • Post-scenario peer debriefing

		• Management of difficult patient-care scenarios • An emphasis on teamwork and communication • All participants have at least one opportunity to be the primary anesthesiologist-in-charge (i.e., the "hot seat") • One instructor must be an ABA Diplomate (i.e., a board-certified anesthesiologist) • The instructor-to-student ratio must be no greater than 1:5
6.	Are there any differences in courses offered at different centers?	In addition to obvious differences like date, time, location, and institutional affiliation, courses may also differ in how the course content is organized and presented, instructor-to-trainee ratio, whether CME credit is offered, and cost.
7.	After I go to the course, how will I get my MOCA credit?	To receive MOCA credit, the Diplomate must actively participate in the entire simulation course and complete a course evaluation and Practice Improvement Plan within three days of the course conclusion. Beginning 30 days after your course, you will receive three monthly reminders to complete a web-based attestation that includes a description of your Practice Improvement Plan.
8.	Can I participate in a simulation course that offers Part IV MOCA credit if I am not a MOCA Diplomate?	Licensed physician anesthesiologists who have completed their anesthesia residency training are allowed to participate in a simulation course that offers Part IV MOCA credit. However, the MOCA program requirements are specific to Board Certified anesthesiologists who have enrolled in the ABA MOCA program. These requirements are spread out over a 10-year period to ensure continuous learning and improvement. As a result, the required activities have specific completion dates. For example, a Diplomate who was certified in 2005 can complete a simulation activity between 2011 and 2015. This Diplomate would not receive credit for completion of a simulation course taken prior to 2011.
9.	Will I get CME credit as well as MOCA credit?	MOCA credit is independent of CME credit. Some centers may elect to provide CME credit. Contact the center where you will take the course for specific CME information about their courses.
10.	What can I expect to experience during a simulation course at an ASA- endorsed program?	Simulation courses are given by ASA-endorsed simulation programs and directed by ABA-certified anesthesiologists. Course faculty must include individuals with demonstrated expertise in simulation-based education. The number of students is generally limited, with a high instructor-to-student ratio so that each participant can have a high-quality experience. Courses are designed to realistically recreate challenging clinical cases to allow participants to problem-solve in a manner that is similar to actual clinical experience. Faculty facilitates after-action debriefing, calling on all participants to contribute to the discussion about what went well and what could be improved.
11.	Do simulation-based courses focus on specific topics or clinical problems?	Topics that may be substantively addressed include: 1. Management of significant hemodynamic instability 2. Management of significant hypoxemia from any cause, including difficult airway

		management 3. Principles and practice of teamwork and communication
12.	I only do subspecialty anesthesia. Will the course be relevant to my practice?	The MOCA-SUBS program is the only option for ABA Diplomates certified or recertified in a subspecialty in or after 2010. Diplomates awarded certification or recertification before 2010 may apply for subspecialty recertification as early as seven (7) years from their certification date and up to the application deadline of March 31, 2016.One requirement of the MOCA-SUBS program is participation in and completion of an ASA-endorsed simulation course. [Note: THE CONTENT OF SIMULATION COURSES FOR MOCA DIPLOMATES MAY NOT BE TARGETED TO SUB-SPECIALISTS]
13.	What is instructor-facilitated peer debriefing?	This is a process wherein a trained instructor/facilitator assists the participants as they review and reflect upon their own performances. It focuses on the learner and is designed to elicit thoughtful discussion after the simulation. This important element of the simulation allows the learner to sort out events, interpret what happened and develop strategies to improve performance.
14.	Will my performance during the course be evaluated?	Your performance during the course will be reviewed during the instructor-facilitated peer debriefing. However, you will not receive a formal, written evaluation of your performance. This is not a pass/fail exam, but an experiential learning opportunity that is designed to stimulate practice improvement.
15.	Will anyone besides the ASA and ABA know that I took an endorsed course or how I performed?	A notice of your participation will be sent to the ASA and ABA, but no report or record of your performance is given to other entities. Furthermore, each participant will be asked to sign a confidentiality agreement so that events and debriefings will not be discussed outside of the simulation experience.
16.	Can you assess my performance individually?	A valid assessment would require observation of performance of eight or more scenarios. Performance on several scenarios does not provide sufficient information.
17.	Will my performance be video recorded? How will these videos be used?	Most centers video record the simulation sessions to review performance during the instructor-facilitated debriefing. However, each center will use audiovisual technology differently, and you can discuss particular policies with the center that you select.
18.	I'm anxious about performing cases in front of my peers. How will this be handled?	Performance anxiety is normal, and instructors are aware of and sensitive to it. This important concern will be acknowledged and addressed at the beginning of each course. It is crucial that all participants agree to maintain the confidentiality of what happens at the simulation center.
19.	Will my peers discuss my performance with others after the course?	Each participant will be asked to sign a confidentiality agreement so that events and debriefings will not be discussed outside of the simulation experience.
20.	Mannequins are plastic, not real people. How can this be realistic?	There are limitations in the technology. However, the mannequins, in conjunction with an effective story and other participants, can still provide an emotive experience.

21.	Will what I learn in the course have any effect on my care of real patients?	The course is designed to be relevant to the challenges of real patient care. It is certainly our hope that what you learn will help you to optimize your skills and behaviors. The simulation programs in ASA's Simulation Endorsement Network have demonstrated their ability to teach effectively using mannequin-based simulation.
22.	How will I interact with the other course trainees?	Some parts of the course involve presentation to and discussion by the entire group of participants. A typical course has four to five participants going through the simulations (some might have more participants, but more than one room for simulation). The course contains several case scenarios. Participants rotate through different roles in the scenarios (such as the primary anesthesiologist, and one or more anesthesiologists who might respond if the primary person calls for help). Other roles in the rotation might involve observing a scenario in real-time on video, or acting as the scrub tech. All participants from all the different roles will undergo a facilitated debriefing together so that all viewpoints can be heard.
23.	Will I handle any cases by myself (as opposed to working in groups)?	Each participant has at least one scenario in which they are the primary anesthesiologist (sometimes described as "being in the hot seat"). That person may start the case from scratch, or may take it over from a preceding anesthesiologist (who may be played by an instructor). As in real cases, the primary anesthesiologist may call for help at any time, but it may take a while for help to be mobilized. The primary anesthesiologist and any helpers are expected to manage the clinical situation as they would in a real case, working collectively to optimize the outcome for the patient.
24.	How long does the course last?	The course requires a minimum of six hours.
25.	The course is pretty long. Will there be meal or other breaks?	Some centers may elect to divide a six to eight-hour course into two sessions, in which case meals may not be offered. Single-day courses include a lunch break.
26.	Is there anything I can do to prepare for my simulation course?	Since the course will focus on hemodynamic events, hypoxemic crises and teamwork skills, course participants may wish to review these topics in advance.
27.	How do I sign up for a simulation course?	See the ASA Simulation website www.asahq.org/sim for the list of Simulation Education Network (SEN) centers that offer simulation-based training. This webpage contains links to the centers' websites, where information can be obtained about each center's specific courses. Once you select a center, contact them directly to enroll. You may also click on the Calendar link on the ASA website and select the Simulation Education Network category to find programs submitted by SEN centers.