

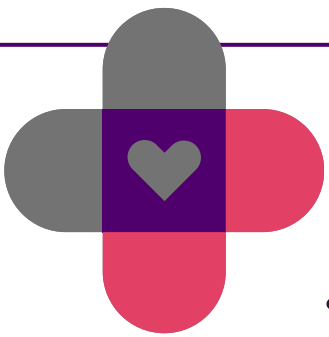
MOC 2

Writing Multiple Choice Quiz Question Guidelines

BEST PRACTICES

KEEP IN MIND TO

- Measure knowledge and skill(s). Testing recall is good, but testing how to use that recall is even better.
- Reinforce learning and practical application.
- Integrate to the course content & learning objectives.



WRITE GOOD QUESTIONS

- Test important concepts that are medically/clinically relevant.
- Good questions can be answered without looking at the choices.
- State questions as a positive (do not use no, not, etc.).
- Test right answer/action, not “what not to do”.
- Questions that require interpretation, judgment, or problem solving are better than simple recall.
- DON'T use “All of the following EXCEPT”
- DON'T use absolutes such as “all”, “none”, “always” and “never”.
- DON'T use “you”, as this refers to perspective.
- DON'T write trivia questions. (i.e. the condition was first described in 1802).
- Write answer choices that are:
 - Single best answer only
 - Consistent in length
 - DO NOT include T/F, Y/N, all/none of the above, both A&B, etc.



DOs & DON'Ts

- DO include a brief narrative/explanation of the correct answer. - ***Required**
- DO include references for further learning.
- DON'T be overly difficult, tricky, or misleading.
- DON'T introduce new content. If content wasn't important (or relevant) enough to include during the activity, it's not important enough to put on the test.
- DON'T use “you”, as this refers to perspective.
- DON'T be use “all of the following EXCEPT”
- DON'T use True/False or Yes/No questions.
- DON'T use absolutes such as “all”, “none”, “always” and “never”.



ADDITIONAL REQUIREMENTS

- 1-2 questions per learning objective.
- A brief narrative/explanation of the correct answer **MUST** be provided.
- References should be provided when appropriate.

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EXAMPLES

Example #	Question
1	<p>A 30-year-old man with eosinophilic esophagitis responsive to omeprazole comes to see you in clinic. He relates severe dysphagia when off therapy and has been unresponsive to topical steroids and elimination diet; however, his symptoms and inflammation completely resolve when on omeprazole. The main reason for his visit is concern regarding the potential long-term risk of proton pump inhibitor therapy. Which of the following has been speculated to be associated with long-term proton pump inhibitor use?</p> <ul style="list-style-type: none">a. Achalasiab. Breast cancerc. Eosinophilic esophagitisd. Osteoporosise. Thyroid disease <p>Rationale: Chronic proton pump inhibitor use has been speculated to link with multiple potential complications, including osteoporosis; however, data are largely anecdotal and based on weak/low-grade evidence. Osteoporosis is the only one of the above answers to have significant data suggesting a potential association.</p>
2	<p>What is the most common symptom reported following magnetic sphincter augmentation?</p> <ul style="list-style-type: none">a. Erosionb. Migrationc. Dysphagiad. Gas bloat <p>Rationale: While Erosion is certainly the most severe complication following MSA placement, the risk is low (0.3% at 4 years after implantation). Migration is similarly a rare complication, even after gastric surgery, including sleeve gastrectomy. Dysphagia is the most common symptom with >60% of patients reporting some dysphagia. Most often this is a self-limiting complication in the short-term period that resolves on its own. Dilation can also be a safe and effective way of treating post MSA dysphagia. Gas bloat is a less common adverse event, but patients treated with MSA have lower rates of gas bloat and are more likely to retain the ability to belch than patients who undergo Nissen Funduplications.</p> <p>Reference: Bonavina, L, Saino, GI, Bona, D, Lipham, J, Ganz, RA, Dunn, D, and DeMeester, T (2008) Magnetic augmentation of the lower esophageal sphincter: results of a feasibility clinical trial. <i>J Gastrointest Surg</i>; 12(12):2133-2140</p>
3	<p>Which of the following needs to be routinely monitored in a patient on masculinizing testosterone therapy?</p> <ul style="list-style-type: none">a. BMPb. LFTc. CBCd. Alc <p>Rationale: It is important to monitor erythropoiesis caused by testosterone to avoid polycythemia</p> <p>Reference: Eric Bachman, Thomas G. Trivison, Shehzad Basaria, Maithili N. Davda, Wen Guo, Michelle Li, John Connor Westfall, Harold Bae, Victor Gordeuk, Shalender Bhasin, Testosterone Induces Erythrocytosis via Increased Erythropoietin and Suppressed Hepcidin: Evidence for a New Erythropoietin/Hemoglobin Set Point, <i>The Journals of Gerontology: Series A</i>, Volume 69, Issue 6, June 2014, Pages 725-735, https://doi.org/10.1093/gerona/glt154</p>

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EXAMPLES

Example #	Question
4	<p>A 35-year-old patient has the following cervical cancer screening history:</p> <ul style="list-style-type: none">• <u>5 years ago</u> – cytology negative for intraepithelial lesion or malignancy (NILM), high-risk HPV negative• <u>Now</u> – cytology atypical squamous cells of undetermined significance (ASC-US), high-risk HPV positive <p>Which of the following is the recommended management:</p> <ol style="list-style-type: none">ColposcopyRepeat cotest (cytology + high-risk HPV testing) in 6 monthsRepeat cotest (cytology + high-risk HPV testing) in one yearLoop electrosurgical excision procedure <p>Rationale: The 2019 ASCCP Risk-Based Management Consensus Guidelines incorporate prior cervical cancer screening history to give an adjusted risk estimate. In the setting of a prior negative high-risk HPV test, a new high-risk HPV positive test with a minor abnormality on cytology has a lower risk of CIN3+ such that referral to colposcopy is no longer indicated. The recommendation is to repeat cotesting (cytology + high-risk HPV testing) in one year.</p>
5	<p>What are the key differences between ulcerative colitis and Crohn's disease?</p> <ol style="list-style-type: none">Ulcerative colitis affects all layers of the bowel, while Crohn's disease only affects the inner liningUlcerative colitis involves the colon and typically starts at the rectum, while Crohn's disease can affect the entire gastrointestinal tractUlcerative colitis is characterized by frequent abdominal pain and fever, while Crohn's disease presents with joint pain and eye symptomsUlcerative colitis primarily affects the small intestine, while Crohn's disease is limited to the large intestine <p>Rationale: Ulcerative colitis primarily affects the inner lining of the colon, starting from the rectum and extending upwards, with varying degrees of involvement in patients. This condition is limited to the colon's inner layer. In contrast, Crohn's disease can affect all layers of the bowel, from the mouth to the anus, and is characterized by patchy inflammation throughout the gastrointestinal tract.</p>
6	<p>What is a key step to achieving diversity, equity, and inclusion (DEI) in the field of medicine and healthcare?</p> <ol style="list-style-type: none">More government involvement regarding healthcare issuesEnhancing doctor-patient relationshipsEducating the public on the importance of DEI policiesAccelerating the healthcare delivery process <p>Rationale: Everyone should expect quality care regardless of their background. When people realize that dismantling diversity efforts hinders equitable health outcomes, there will be more public support to counteract these obstacles. Public understanding can lead to advocacy and allies working together to ensure patients receive the care they deserve.</p>

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EXAMPLES

Example #	Question	Reason
1	After a patient suffers a stroke, which of the following is the treatment option? a. Thombolysis b. Thomboectomy c. Aspirin and antiplatelets d. All of the above are options	All of the above is <u>not</u> an acceptable answer choice.
2	Developmental psychopathology: a. Is the result of an interplay of intra-individual and extra-individual contacts b. Emphasizes the sole use of psychopharmacology c. Is practiced by psychologists alone d. Is a hindrance to the use of DSM5	Answer A is twice as long as all other answers.
3	Demolition of the Berlin wall separating East and West Germany began in what year? a. 1988 b. 1989 c. 1998 d. 1992	This is trivia. Not helpful for a physician to diagnose/treat.
4	Common migraine symptoms include all <u>except</u> : a. headache b. dizziness c. nausea d. fever	Reinforces an exception.
5	Signs of depression in children can manifest with the following: a. Happiness or good mood b. Sadness or bad mood c. Lack of energy d. Being self-critical e. b, c, or d	Multiple correct answers.
6	A patient with symptoms compatible with achalasia has a esophagram and manometry compatible with the diagnosis. You schedule an EGD with Functional Luminal Impedance Planimetry (FLIP) Study with plans to perform a Pneumatic Dilation during the endoscopy. The FLIP study shows normal distensibility of the EG junction. You would proceed with the planned Pneumatic Dilation? a. Yes b. No	Yes/No and True/False questions are <u>not</u> acceptable answer choices.

References:

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48/MC questions - All of the above final.pdf