

## AAP National Conference & Exhibition

### MOC Reflective Self-Assessment Examples

The below examples are provided to assist you in gathering responses for the National Conference MOC Self-Assessment. All responses to the self-assessment are required to be submitted electronically.

*How will the new knowledge and/or skills you gained in this session change your practice and impact the care of your patients? (75 words max)*

<b>Acceptable Response Example</b>	<b>Unacceptable Response Example</b>
I really liked learning about a better way to break down headaches: Acute, acute recurrent, chronic progressive and chronic nonprogressive. This really will be helpful in how to approach headache patients. Learning more about how the chronic nonprogressive, which are often the most worrisome to parents, are often related to underlying issues, such as anxiety, depression and stress. I will work harder to look deeper for these underlying issues.	I really liked learning about a better way to break down headaches: Acute, acute recurrent, chronic progressive and chronic nonprogressive. Chronic nonprogressive headaches are commonly related to underlying issues, such as anxiety, depression and stress.
The session reviewed common acute groin concerns in children and adolescents. I had been unfamiliar with neonatal testicular torsion and that some infants may have this present at birth or shortly following. I now know to examine carefully the testicular area and look for asymmetry or color change. If testicular torsion is expected, this is an emergent need of surgeon to ensure we can salvage the contra-lateral testicle and preserve fertility.	The session reviewed common acute groin concerns in children and adolescents. Neonatal testicular torsion may present at birth or shortly following. Common signs are asymmetry and color change.
Knowing that approximately 14% of all newborns have a single minor anomaly, but only 0.8% have two minor anomalies, I will be very careful in my inspection of infants for presence of more than one anomaly. I will look for family patterns, when I see dysmorphic features in a child and will review a thorough family history. I feel better equipped to note subtle anomalies, which I would have overlooked before this lecture.	Approximately 14% of all newborns have a single minor anomaly, but only 0.8% have two minor anomalies. These anomalies often exist as patterns in families and present in family history.
I learned how to assess and treat anterior and posterior tongue ties. Clipping of tongue ties may improve an infant's latch when feeding, but mothers need to be counseled that it may not have an impact. Misdiagnosis and overdiagnosis of upper tongue ties is common and these rarely need treatment. I will counsel my patients that laser therapy for their tongue ties is painful and the has potential for scarring and long-term problems with feeding.	I learned how to assess and treat anterior and posterior tongue ties. Misdiagnosis and overdiagnosis of upper tongue ties are common and these rarely need treatment.