2. American Educational Research Association. Standards for educational and psychological testing. American Educational Research Association, American Psychological Association and National Council on Measurement in Education. Washington, DC: American Educational Research Association; 1999.
3. National Commission for Certifying Agencies. Standards for the accreditation of certification programs. Washington, DC: American Educational Research Association; 2005.

 http://dx.doi.org/10.1016/j.ajog.2013.12.046

REPLY

Thank you for the opportunity to respond to the letter from the president of the National Certification Corporation.

Dr Bessinger's assertion that, because many professionals have taken their examination, the need for an electronic fetal monitoring credentialing examination has been met, begs the question of whether that examination is accomplishing its objective. The examination described in our article was created because the authors believe that utilization of a more sophisticated assessment of the examinee's understanding of the optimal use of fetal heart rate monitoring will result in better care of laboring patients.

The primary difference between the 2 examinations is our use of script concordance testing, which is designed to assess clinical reasoning, or judgment, in addition to questions relating to pure factual knowledge.[1] As educators and clinicians, we believe that the former is a significantly improved tool to assess responses to the dynamic aspects of a patient in labor by presenting multiple clinical scenarios with important aspects of the case changing over time, just as they do in the real world.

We agree that credentialing is a rigorous procedure. Our examination was created by a panel of nationally recognized medical and nursing experts and pretested thoroughly on beta populations. Questions were selected based on their medical relevance, item variances, correlations with all other question scores, and the impact of each question on the examination's overall reliability as measured by Cronbach's alpha analysis.[2] In addition, reliability criteria for multidimensional examinations were assessed using the overall Omega and Armor's theta analysis.[3]

We disagree that separate examinations for medical caregivers and nurses is counterproductive to the goals of promoting multidisciplinary communication and collaboration. There is no question that nurses and medical caregivers have to function as a coordinated team and must communicate using the same language, but they have different roles and responsibilities on those teams. Our examinations were designed to assess the knowledge necessary for electronic fetal monitoring interpretation by both groups as well as those areas relating specifically to the use of that knowledge for each of them as labor evolves and tracings change.

In summary, we believe that our examination is a more clinically relevant means to assess the understanding of electronic fetal monitoring by all the members of the obstetrical care team than currently existing credentialing examinations. ■

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REFERENCES

1. Lubarsky S, Dory V, Duggan P, Gagnon R, Charlin B. Script concordance testing: from theory to practice. AMEE guide no. 75. Med Teacher 2013;35:184-93.
2. Cronbach LJ. Coefficient alpha and the internal structure of tests. Psychometrika 1951;16:297-334.
3. Carmines EG, Zeller RA. Reliability and validity assessment. Beverly Hills, CA: Sage Publications; 1982.

 http://dx.doi.org/10.1016/j.ajog.2013.12.047

Manual therapy, exercise, and education for low back pain and pelvic pain during pregnancy

TO THE EDITORS: We read with interest the paper by George et al[1] on a multimodal intervention involving manual therapy, exercise, and education for low back pain and pelvic pain during pregnancy. Although the authors concluded that musculoskeletal and obstetric management (MOM) in mid-pregnancy is more beneficial to patients than standard obstetric care, they acknowledged several important study limitations including the absence of active or placebo comparators, the inability to independently assess individual components of the multimodal intervention, and likely the enrollment of patients motivated to achieve successful results, thereby having an impact on the generalizability of results.

However, other aspects of study design, analysis, and reporting raise further questions. The eligibility criteria