

GERIATRIC MEDICINE Blueprint

For traditional, 10-year Maintenance of Certification (MOC) exam and Longitudinal Knowledge Assessment (LKA)

ABIM and ABFM invite diplomates to help develop the Geriatric Medicine MOC exam blueprint

Based on feedback from physicians that MOC assessments should better reflect what they see in practice, in 2017 the American Board of Internal Medicine (ABIM) and the American Board of Familly Medicine (ABFM) invited all certified geriatricians to provide ratings of the relative frequency and importance of blueprint topics in practice.

This review process, which resulted in a new MOC exam blueprint, will be used on a periodic basis to inform and update all MOC assessments created by ABIM. No matter what form the assessments ultimately take, they will need to be informed by front-line clinicians sharing their perspective on what is important to know.

A sample of approximately 500 geriatricians, similar to the total invited population of geriatricians in age, gender, time spent in direct patient care, and geographic region of practice, provided the blueprint topic ratings. ABIM used this feedback to update the blueprint for the MOC assessments (beginning with the Fall 2017 administration).

To inform how assessment content should be distributed across the major blueprint content categories, ABIM considered the average respondent ratings of topic frequency and importance in each of the content categories.

To determine prioritization of specific assessment content within each major medical content category, ABIM used the respondent ratings of topic frequency and importance to set thresholds for these parameters in the exam assembly process. A second source of information was the relative frequency of patient conditions seen in these categories by certified geriatricians as documented by national health care data (described further under *Content distribution* below).

Purpose of the Geriatric Medicine MOC Assessments

MOC assessments are designed to evaluate whether a certified geriatrician has maintained competence and currency in the knowledge and judgment required for practice. The MOC assessments emphasize diagnosis and management of prevalent conditions, particularly in areas where practice has changed in recent years. As a result of the blueprint review by diplomates, assessments place less emphasis on rare conditions and focus more on situations in which physician intervention can have important consequences for patients. For conditions that are usually managed by other specialists, the focus will be on recognition rather than on management.

Assessment format

The traditional, 10-year MOC exam contains up to 220 singlebest-answer multiple-choice questions, of which approximately 50 are new questions that do not count in the examinee's score. Examinees taking the traditional, 10-year MOC exam will have access to an external resource (i.e., UpToDate[®]) for the entire exam.

The LKA for MOC, is a five-year cycle in which physicians answer questions on an ongoing basis and receive feedback on how they're performing along the way. More information on how assessments are developed can be found at abim.org/ about/exam-information/exam-development.aspx.

Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- **Diagnosis:** making a diagnosis or identifying an underlying condition
- Testing: ordering tests for diagnosis, staging, or follow-up
- Treatment/Care Decisions: recommending treatment or other patient care
- Risk Assessment/Prognosis/Epidemiology: assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Pathophysiology/Basic Science: understanding the pathophysiology of disease and basic science knowledge applicable to patient care

ABIM is committed to working toward health equity and believes that board-certified physicians should have an understanding of health care disparities. Therefore, health equity content that is clinically important to each discipline will be included in assessments, and the use of gender, race, and ethnicity identifiers will be re-evaluated.

Clinical information presented may include patient photographs, radiographs, electrocardiograms, recordings of heart sounds, video, and other media to illustrate relevant patient findings.

Exam tutorials, including examples of question format, can be found at abim.org/maintenance-of-certification/ exam-information/geriatric-medicine/exam-tutorial.aspx.

Content distribution

Listed below are the major medical content categories that define the domain for the Geriatric Medicine traditional, 10-year MOC exam and LKA. The relative distribution of content is expressed as a percentage of the total assessment. To determine the content distribution, ABIM considered the average respondent ratings of topic frequency and importance. To cross-validate these self-reported ratings, ABIM also considered the relative frequency of conditions seen in Medicare patients by a cohort of certified geriatricians. Informed by these data, the Geriatric Medicine Approval Committee and Board have determined medical content category targets shown below.

CONTENT CATEGORY	Blueprint Target %
Gerontology	5%
Diseases in the Elderly	45%
Geriatric Psychiatry	8.5%
Geriatric Syndromes	22.5%
Functional Assessment and Rehabilitation	3%
Caring for Elderly Patients	16%
Total	100%

How the blueprint ratings are used to assemble the MOC assessment

Blueprint reviewers provided ratings of relative frequency in practice for each of the detailed content topics in the blueprint and provided ratings of the relative importance of the topics for each of the tasks described in *Assessment format* above. In rating importance, reviewers were asked to consider factors such as the following:

- High risk of a significant adverse outcome
- Cost of care and stewardship of resources
- Common errors in diagnosis or management
- Effect on population health
- Effect on quality of life
- When failure to intervene by the physician deprives a patient of significant benefit

Frequency and importance were rated on a three-point scale corresponding to low, medium, or high. The median importance ratings are reflected in the *Detailed content outline* below. The Geriatric Medicine Approval Committee and Board, in partnership with the physician community, have set the following parameters for selecting MOC assessment questions according to the blueprint review ratings:

- At least 75% of questions will address high-importance content (indicated in green)
- No more than 25% of questions will address mediumimportance content (indicated in yellow)
- No questions will address low-importance content (indicated in red)

Independent of the importance and task ratings, no more than 25% of questions will address low-frequency content (indicated by "LF" following the topic description).

The content selection priorities below are applicable beginning with the Fall 2017 traditional, 10-year MOC exam and are subject to change in response to future blueprint review.

Note: The same topic may appear in more than one medical content category.

Detailed content outline for the Geriatric Medicine traditional, 10-year MOC exam and the LKA

- High Importance: At least 75% of questions will address topics and tasks with this designation.
- Medium Importance: No more than 25% of questions will address topics and tasks with this designation.
- Eow Importance: No questions will address topics and tasks with this designation.

GERONTOLOGY (5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
BIOLOGY (<2% of exam)					
Biology LF					
PHYSIOLOGY (2% of exam)					
General principles					
Normal physiologic changes with aging	\bigcirc			\bigcirc	
Clinical implications of age-related changes		\checkmark	\bigcirc	\bigcirc	
DEMOGRAPHY AND EPIDEMIOLOGY (<2%	of exam)				
Age groups					
Living arrangements					$\overline{\mathbf{x}}$
Social determinants of health					$\overline{\mathbf{X}}$
Disability			\bigcirc		
Life expectancy			\bigcirc		
Determinants of health and longevity					
PSYCHOLOGY AND SOCIOLOGY OF AGING	a (<2% of exam)				
Stressors and coping strategies					×
Social network and social involvement					\mathbf{x}
Spirituality	\mathbf{x}	×			$\overline{\mathbf{x}}$
Sexuality					



- Low Importance: No questions will address topics and tasks with this designation.

GERONTOLOGY continued (5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
INTERPRETATION OF LITERATURE IN COM		<2% of exam)			
Study design LF					$\overline{\mathbf{x}}$
Biostatistics LF		\checkmark			\bigotimes
Bias LF					\bigotimes
MEDICATION ISSUES IN THE ELDERLY NO	T RELATED TO SI	PECIFIC CONDIT	IONS (<2% of exar	n)	
Pharmacokinetics			\bigcirc		
Pharmacodynamics					
Adverse reaction related to drug discontinuation in older adults	\bigcirc		\bigcirc	\bigcirc	
DISEASES IN THE ELDERLY (45% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ALLERGY (<2% of exam)					
Allergic rhinitis		×		×	
Ocular		×		×	×
Drug allergy					
Other allergy topics LF					
CARDIOVASCULAR (6% of exam)					
Rhythm disturbances	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Heart failure	\bigcirc	\checkmark	\bigcirc	\bigcirc	\bigcirc
Valvular heart disease	\bigcirc	\checkmark	\bigcirc	\bigcirc	
Cor pulmonale					
Pericardial diseases LF					
Atherosclerosis and coronary artery disease	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc



 Eow Importance: No questions will address topics and tasks with this designation.

Diabetes mellitus	\bigcirc	\checkmark	\bigcirc	\checkmark	\bigcirc
Metabolic syndrome	\checkmark	\bigcirc	\bigcirc	\bigcirc	\checkmark
Adrenal disorders LF					
Thyroid disorders	\checkmark	\bigcirc	\bigcirc		
Osteoporosis	\checkmark	\bigcirc	\bigcirc	\bigcirc	
Disorders of calcium metabolism		\checkmark		\checkmark	\checkmark
Vitamin D	\checkmark		\bigcirc		
Diabetes insipidus LF				\bigotimes	
Osteopenia		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Pituitary	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark



 Eow Importance: No questions will address topics and tasks with this designation.

DISEASES IN THE ELDERLY continued (45% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
GASTROENTEROLOGY (2.5% of exam)					
Esophageal disorders					
Stomach and duodenum disorders					\checkmark
Liver disorders					
Biliary tract disorders					\checkmark
Pancreas disorders LF					\checkmark
Small intestine (jejunum and ileum) LF disorders				\mathbf{x}	\bigotimes
Colon disorders	\bigcirc	\checkmark	\bigcirc		
Gastrointestinal bleeding disorders	\bigcirc	\checkmark	\checkmark	\bigcirc	
GENITOURINARY AND GENDER-SPECIFIC	DISORDERS (2%	of exam)			
Male genitourinary disorders	\bigcirc		\checkmark		
Gynecologic disorders	\checkmark				\checkmark
Transgender health issues			\checkmark	\bigcirc	
HEMATOLOGY AND ONCOLOGY (4% exam)					
Hematology					
Decreased blood cell counts	\bigcirc	\checkmark			\checkmark
Increased blood cell counts					
Coagulation disorders					
Thrombotic disorders	\bigcirc				
Hematologic malignancies					
Solid tumors, presentation	\bigcirc				
Complications of malignancy	\checkmark				



 Eow Importance: No questions will address topics and tasks with this designation.

DISEASES IN THE ELDERLY continued (45% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
INFECTIOUS DISEASES (4% of exam)						
Atypical presentations		\checkmark	\checkmark			
Fever of unknown origin	LF					
Respiratory infections		\checkmark	\checkmark	\checkmark	\checkmark	
Genitourinary		\checkmark	\checkmark	\checkmark		
HIV and AIDS	LF			×		×
Intra-abdominal and gastrointestinal		\checkmark				
Neurologic	LF	\checkmark				
Bones and joints		\checkmark				
Miscellaneous infections						
Lyme disease	LF					×
Infestations	LF					×
Bacteremia and sepsis						·
Endocarditis	LF	\bigcirc				
Other bacteremia and sepsis topics		\checkmark	\bigcirc	\bigcirc		
Drug-resistant and associated infecti	ons					
Common antibiotic resistance		\checkmark		\checkmark		
Vancomycin-resistant Enterococcus faecium (VREF)	LF		\checkmark			
Methicillin-resistant Staphylococcus aureus (MRSA)		\checkmark				
Clostridioides (Clostridium) difficile		\bigcirc		\bigcirc	\bigcirc	
Extended-spectrum beta- lactamase-producing organisms			\bigcirc		\bigcirc	



 Eow Importance: No questions will address topics and tasks with this designation.

LF – *Low Frequency*: No more than 25% of questions will address topics with this designation, regardless of task or importance.

DISEASES IN THE ELDERLY continued (45% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
NEPHROLOGY (2.5% of exam)					
Hyponatremia	\checkmark	\bigcirc	\bigcirc		
Hypernatremia	\bigcirc		\bigcirc		
Acute kidney injury	\checkmark	\bigcirc		\checkmark	\checkmark
Chronic kidney disease	\checkmark	\bigcirc		\checkmark	\checkmark
Glomerular disorders LF					
Renovascular disease					
Tubulointerstitial nephritis					×
Acid-base disorders					
Hypokalemia	\checkmark	\bigcirc			
Hyperkalemia	\checkmark	\bigcirc			

NEUROLOGY (5% of exam)

Cerebrovascular disease		\checkmark	\checkmark	\checkmark	\checkmark	\bigcirc
Seizures		\checkmark				
Neuromuscular disorders					\bigcirc	
Headaches			\bigcirc	\bigcirc	\bigcirc	
Myelopathies	LF				\bigcirc	
Traumatic brain injury	LF				\bigcirc	
Spinal cord injury	LF					\bigotimes
Dysphagia		\checkmark	\bigcirc			



 Eow Importance: No questions will address topics and tasks with this designation.

DISEASES IN THE ELDERLY continued (45% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ORAL HEALTH (<2% of exam)						
Dental caries			×	×		×
Periodontal diseases			×			×
Candidiasis						×
Xerostomia						
Temporomandibular joint	LF		×		×	×
Leukoplakia	LF					×
Dentures			×		×	×
Nutritional deficiencies and oral health						
PULMONARY DISEASE (2.5% of exam	n)					
Asthma and bronchospasm		\bigcirc	\checkmark			
Chronic obstructive pulmonary disease (COPD)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Interstitial lung diseases						
Pulmonary thromboembolism		\checkmark	\bigcirc	\checkmark	\bigcirc	
Pleural diseases	LF					×
Acute respiratory failure		\bigcirc	\bigcirc	\bigcirc		
Occupational and environmental lung diseases	LF		\bigcirc			\mathbf{x}
Other pulmonary disease topics (carbon monoxide poisoning, pulmonary hypertension)	LF					\bigotimes



 Eow Importance: No questions will address topics and tasks with this designation.

DISEASES IN THE ELDERLY continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(45% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
RHEUMATOLOGY AND MUSCULOSK	ELETAI	L CONDITIONS (S	5.5% of exam)			
Osteoarthritis		\checkmark	\checkmark	\bigcirc	\bigcirc	\checkmark
Musculoskeletal conditions						
Bursitis and tendinitis		\bigcirc		\checkmark		
Fibromyalgia						×
Adhesive capsulitis (frozen shoulder syndrome)						\bigcirc
Acute disk herniation	LF					
Vertebral compression fracture		\checkmark	\checkmark	\checkmark	\bigcirc	
Hip fracture		\checkmark	\checkmark	\checkmark	\bigcirc	
Lower extremity amputation	LF					×
Lumbar stenosis		\checkmark	\checkmark	\checkmark		
Cervical stenosis		\checkmark				
Low back pain (acute and chronic)		\checkmark	\checkmark	\checkmark		
Carpal tunnel syndrome						
Fasciitis	LF				×	×
Deconditioning		\checkmark		\checkmark	\bigcirc	
Other musculoskeletal condition topics (compartment syndrome)	LF					\bigotimes
Crystal deposition disease		\bigcirc	\checkmark			
Arteritis and vasculitis	LF					
Rheumatoid arthritis		\bigcirc				
Systemic lupus erythematosus	LF					
Dermatomyositis and polymyositis	LF					×
Amyloidosis	LF			×	×	×
Systemic sclerosis	LF			×	×	×
Foot and ankle conditions	LF				×	×



 Eow Importance: No questions will address topics and tasks with this designation.

DISEASES IN THE ELDERLY			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(45% of exam)	Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
EARS, NOSE, AND THROAT (ENT) (<2% of ex	(am)				
Hearing loss	\checkmark	\checkmark	\checkmark		
Cerumen impaction LF	\checkmark				$\overline{\mathbf{x}}$
Throat and laryngeal disorders (age-related vocal cord atrophy; submandibular mass; laryngopharyngeal reflux)					×
OPHTHALMOLOGY (<2% of exam)					
Macular degeneration	\bigcirc	\checkmark			
Glaucoma	\bigcirc				
Cataract	\bigcirc				
Other opthalmologic issues LF	\checkmark				×
GERIATRIC PSYCHIATRY (8.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
MAJOR DEPRESSIVE DISORDER (3% of exal	m)	-			-
Without psychotic features	\bigcirc				
With psychotic features	\bigcirc				
PERSISTENT DEPRESSIVE DISORDER (DYS	THYMIA) (<2% o	f exam)			
Persistent depressive disorder (dysthymia)	\checkmark		\bigcirc		
ADJUSTMENT DISORDER (<2% of exam)					
Adjustment disorder					
BIPOLAR DISORDER (<2% of exam)					
Bipolar disorder LF					
ANXIETY (<2% of exam)					
Anxiety	\bigcirc		\checkmark	\bigcirc	
Anxiety PSYCHOTIC DISORDERS (<2% of exam)	\bigotimes			\bigcirc	



 Eow Importance: No questions will address topics and tasks with this designation.

GERIATRIC PSYCHIATRY continued (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SUBSTANCE USE DISORDERS (<2% c	of exam))				
Substance use disorders		\checkmark				
OTHER PSYCHIATRIC DISORDERS (<	2% of e	exam)				
Personality disorders	LF		×			×
Somatoform disorders						×
Serotonin syndrome	LF	\bigcirc				
Neuroleptic malignant syndrome	LF	\bigcirc				
SUICIDE (<2% of exam)						
Suicide	LF	\bigcirc	\bigcirc		\bigcirc	
GERIATRIC SYNDROMES (22.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
COGNITIVE IMPAIRMENT (6% of exam)					
Mild cognitive impairment		\bigcirc	\bigcirc			
Dementia						1
Alzheimer disease		\checkmark	\checkmark		\bigcirc	\bigcirc
Dementia with Lewy bodies		\checkmark	\checkmark			
Frontotemporal dementia	LF	\checkmark	\checkmark			
Vascular dementia		\checkmark	\checkmark	\bigcirc	\checkmark	
Other types of dementia	F					1
Creutzfeldt-Jakob disease	LF				×	×
Normal-pressure hydrocephalus	LF	\bigcirc				
Dementia of Parkinson disease		\checkmark				
HIV-associated dementia	LF					×
Other topics in dementia (clinical features; patient safety)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Behavioral disturbances		\checkmark	\checkmark	\checkmark		



 Eow Importance: No questions will address topics and tasks with this designation.

GERIATRIC SYNDROMES continued (22.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
COGNITIVE IMPAIRMENT continued (6% o	f exam)				
Amnestic syndromes LF					×
Other cognitive impairment topics					
DELIRIUM (3% of exam)					
Delirium	\checkmark	\bigcirc	\checkmark		\checkmark
DIZZINESS AND LIGHT-HEADEDNESS (<2%	of exam)				
Vertigo	\bigcirc	\checkmark	\bigcirc		
Non-vertigo	\checkmark				
FALLS (NON-SYNCOPAL) (3% of exam)					
Falls (non-syncopal)	\bigcirc	\checkmark	\checkmark	\bigcirc	\checkmark
INCONTINENCE (2% of exam)					
Incontinence	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\checkmark
PRESSURE ULCERS (<2% of exam)					
Pressure ulcers	\bigcirc	\checkmark	\bigcirc	\bigcirc	\bigcirc
SLEEP DISORDERS (<2% of exam)					
Sleep disorders	\bigcirc		\bigcirc		
UNDERNUTRITION AND INVOLUNTARY WE	IGHT LOSS (<2%	of exam)			
Undernutrition and involuntary weight loss	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
OBESITY AND OVERWEIGHT (<2% of exam)					
Obesity and overweight					
FRAILTY (<2% of exam)					
Frailty	\checkmark	\checkmark			



 Eow Importance: No questions will address topics and tasks with this designation.

GERIATRIC SYNDROMES				Risk Assessment/	
continued (22.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ELDER MISTREATMENT (<2% of exam)					1
Elder mistreatment	\bigcirc		\bigcirc	\bigcirc	
DECONDITIONING					
Deconditioning			\bigcirc	\bigcirc	
Appropriate prescribing			\bigcirc	\bigcirc	
FUNCTIONAL ASSESSMENT AND REHABILITATION (3% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ASSESSMENT OF DISABILITY (<2% of e	exam)		l		I
Assessment of disability		\checkmark	\checkmark	\bigcirc	
ASSESSMENT OF REHABILITATION PO	TENTIAL (<2% of exan	n)		,	
Assessment of rehabilitation potential	\bigcirc		\bigcirc	\bigcirc	
ASPECTS OF REHABILITATION (<2% of	exam)				
Interdisciplinary team			\bigcirc		
Assistive devices					
Adaptive equipment					
Therapeutic modalities					
Orthotics					
Prosthetics					×
Environmental modifications					
REHABILITATION SETTINGS (<2% of ex	am)				
Rehabilitation settings					



- High Importance: At least 75% of questions will address topics and tasks with this designation.

✓ – Medium Importance: No more than 25% of questions will address topics and tasks with this designation.

× – Low Importance: <u>No</u> questions will address topics and tasks with this designation.

CARING FOR ELDERLY PATIENTS (16% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science			
PREVENTIVE MEDICINE (4% of exam)								
Immunizations			\bigcirc	\bigcirc				
Screening		\bigcirc	\bigcirc	\bigcirc				
Lipid abnormalities		\checkmark	\bigcirc	\bigcirc				
Health behaviors and lifestyle issues			\bigcirc	\bigcirc				
Secondary prevention		\checkmark	\bigcirc	\bigcirc				
Hospital care		\bigcirc	\bigcirc	\bigcirc				
latrogenic disorders		\bigcirc	\bigcirc	\bigcirc				
COMPLEMENTARY, ALTERNATIVE, AND IN	ITEGRATIVE MEDI	CINE (<2% of ex	am)					
Complementary, alternative, and integrative medicine		\checkmark						
ECONOMIC ASPECTS OF HEALTH CARE	<2% of exam)							
Economic aspects of health care								
HEALTH CARE DELIVERY MODELS (2% of	exam)							
Delivery models					×			
Community-based long-term care			\bigcirc					
Institutional long-term care			\bigcirc	\bigcirc				
Hospital care		\checkmark	\bigcirc	\bigcirc				
Transition in care			\bigcirc	\bigcirc				
End-of-life models		\checkmark	\checkmark	\bigcirc				
ETHICS (<2% of exam)	ETHICS (<2% of exam)							
Ethical principles of care			\bigcirc	\bigcirc				
Case-based ethical dilemmas			\checkmark					



 Eow Importance: No questions will address topics and tasks with this designation.

CARING FOR ELDERLY PATIENTS continued (16% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
DECISION MAKING (<2% of exam)	'				I
Advance directives	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Surrogate decision making	\bigcirc	\checkmark	\bigcirc	\bigcirc	
Decision-making capacity	\bigcirc	\checkmark			
CAREGIVER AND FAMILY CONCERNS (<2	% of exam)				
Caregiver stress and burnout	\bigcirc	\checkmark			
Inability to live alone	\bigcirc	\bigcirc		\bigcirc	
Driving	\bigcirc	\bigcirc		\bigcirc	
Management of finances					×
CULTURAL ASPECTS OF AGING (<2% of e	xam)				
Use of medical interpreters					×
Issues regarding patient preference					
PALLIATIVE CARE (5% of exam)					1
Pain and other symptom management	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
States of reduced consciousness	\bigcirc	\checkmark		\bigcirc	
Cardiopulmonary resuscitation (CPR) outcomes			\bigcirc	\bigcirc	
Hospice benefit	\bigcirc	\checkmark			
Goals of care	\bigcirc	\checkmark		\bigcirc	
Communication	\bigcirc	\bigcirc		\checkmark	