



# Gastroenterology Blueprint

## Certification Examination (CERT)

### Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified gastroenterologist in the broad domain of the discipline. The ability to make appropriate diagnostic and management decisions that have important consequences for patients will be assessed. The exam may require recognition of common as well as rare clinical problems for which patients may consult a certified gastroenterologist.

### Exam content

Exam content is determined by a pre-established blueprint, or table of specifications. The blueprint is developed by ABIM and is reviewed annually and updated as needed for currency. Trainees, training program directors, and certified practitioners in the discipline are surveyed periodically to provide feedback and inform the blueprinting process.

The primary medical content categories of the blueprint are shown below, with the percentage assigned to each for a typical exam:

Medical Content Category	% of Exam
Esophagus	11%
Stomach and Duodenum	15%
Liver	25%
Biliary Tract	10%
Pancreas	11%
Small Intestine	10%
Colon	18%
	100%

Exam questions in the content areas below may also address topics in endoscopy, genetic conditions, medication management and risks, nutritional support, and quality benchmarking.

*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.*

### **Exam format**

The exam is composed of up to 240 single-best-answer multiple-choice questions, of which approximately 40 are new questions that do not count in the examinee's score. Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- Making a diagnosis
- Ordering and interpreting results of tests
- Recommending treatment or other patient care
- Assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Understanding the underlying pathophysiology of disease and basic science knowledge applicable to patient care

Clinical information presented may include patient photographs, imaging studies, electrocardiograms, endoscopic video, and other media to illustrate relevant patient findings.

[Learn more information on how exams are developed.](#)

A tutorial including examples of ABIM exam question format can be found at <http://www.abim.org/certification/exam-information/gastroenterology/exam-tutorial.aspx>.

The blueprint can be expanded for additional detail as shown below. Each of the medical content categories is listed there, and below each major category are the content subsections and specific topics that *may* appear in the exam. Please note: actual exam content may vary.

<b>Esophagus</b>	<b>11%</b> of Exam
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<b>Anatomy, development, and physiology</b>	<b>&lt;2%</b>
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Anatomic abnormalities

Esophageal physiology

<b>Symptoms and clinical presentation</b>	<2%
Dysphagia	
Heartburn	
Chest pain	
Globus sensation	
<b>Diseases and disorders</b>	9%
Oropharyngeal disorders	
Gastroesophageal reflux disease (GERD)	
Esophageal motility and functional disorders	
Barrett esophagus	
Foreign body and food impaction	
Esophageal injury	
Esophageal infections	
Neoplasms of the esophagus	
Benign	
Malignant	
Esophageal ulcerations	
Eosinophilic esophagitis	
Esophageal varices	
Systemic disorders involving the esophagus	

<b>Stomach and Duodenum</b>	<b>15%</b> of Exam
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<b>Anatomy, development, and physiology</b>	<2%
Anatomic abnormalities	
Physiology of the stomach and duodenum	
<b>Symptoms and clinical presentation</b>	3%
Upper gastrointestinal bleeding	
Dyspepsia and upper abdominal pain	
Nausea and vomiting	
<b>Diseases and disorders</b>	10.5%
Gastric mucosal disorders	
Inflammatory	
Infiltrative	
Peptic ulcer disease	
<i>Helicobacter pylori</i>	
Medication-induced	

- Neoplasms of the stomach and duodenum
  - Benign
  - Malignant
- Gastric motility and functional disorders
- Post-surgical conditions
  - Bariatric surgery
  - Gastric resection
  - Surgery for benign disease
  - Surgery for malignant disease

<b>Liver</b>	<b>25%</b> of Exam
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<b>Anatomy, development, and physiology</b>	2.5%
Anatomic abnormalities	
Hepatic physiology	
<b>Symptoms and clinical presentation</b>	2.5%
Abnormal liver chemistries	
Jaundice	
Portal hypertension	
Varices	
Ascites and hepatic hydrothorax	
Hepatorenal syndrome	
Portosystemic encephalopathy	
Pulmonary complications	
Pruritus	
<b>Diseases and disorders</b>	20%
Inherited disorders	
Iron overload	
Wilson disease	
Alpha <sub>1</sub> -antitrypsin deficiency	
Cystic fibrosis	
Sickle cell hepatopathy	
Cholestatic liver diseases	
Primary biliary cholangitis	
Primary sclerosing cholangitis	
Secondary biliary cholangitis	

- Viral hepatitis
  - Hepatitis A
  - Hepatitis B
    - Acute hepatitis B
    - Chronic hepatitis B
  - Hepatitis C
    - Acute hepatitis C
    - Chronic hepatitis C
  - Delta hepatitis
  - Hepatitis E
- Autoimmune hepatitis
- Vascular liver disease
- Alcohol-associated liver disease
- Metabolic dysfunction–associated steatotic liver disease (MASLD)
- Drug-induced liver disease
- Pregnancy-related liver disease
- Acute liver failure
- Neoplasms of the liver
  - Benign
  - Malignant
- Liver abscess
- Hepatic manifestations of systemic disease
- Liver transplantation
  - Indications and complications
- Surgical considerations for patients who have liver disease
- Extrahepatic manifestations in patients who have liver disease

<b>Biliary Tract</b>	<b>10%</b> of Exam
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<b>Anatomy, development, and physiology</b>	<2%
Anatomic abnormalities	
Physiology of the biliary tract	
<b>Symptoms and clinical presentation</b>	<2%
Obstructive jaundice	
Right upper quadrant pain	
Hemobilia	



<b>Diseases and disorders</b>	8%
Gallstone disease	
Gallbladder diseases	
Bile duct diseases	
Biliary infections	
Neoplasms of the biliary tract	
Benign	
Malignant	
Biliary motility and functional disorders	

<b>Pancreas</b>	<b>11%</b> of Exam
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<b>Anatomy, development, and physiology</b>	<2%
Anatomic abnormalities	
Physiology of the pancreas	
<b>Symptoms and clinical presentation</b>	<2%
Duct disruptions	
Malabsorption	
Ascites	
<b>Diseases and disorders</b>	8%
Acute pancreatitis	
Chronic pancreatitis	
Neoplasms of the pancreas	
Benign	
Malignant	

<b>Small Intestine</b>	<b>10%</b> of Exam
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<b>Anatomy, development, and physiology</b>	2%
Congenital anomalies	
Acquired structural anomalies	
Digestion, absorption, and malabsorption	
Mechanical obstruction and ileus	
<b>Symptoms and clinical presentation</b>	<2%
Diarrhea	
Acute abdominal pain	

Chronic abdominal pain  
 Bleeding from small intestinal source  
 Abdominal distention, bloating, and gas

**Diseases and disorders** 7%

Small bowel motility and functional disorders  
 Small bowel infections  
 Small bowel injury  
 Immunologic and inflammatory disorders of the gut  
     Eosinophilic gastroenteritis  
     Crohn disease of the small bowel  
         Complications  
         Extra-intestinal manifestations  
     Celiac disease  
 Neoplasms of the small bowel  
     Benign  
     Malignant  
 Vascular disorders of the small bowel

<b>Colon</b>	<b>18%</b> of Exam
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**Anatomy, development, and physiology** <2%

Volvulus and intussusception  
 Defecation

**Symptoms and clinical presentation** <2%

Constipation  
 Diarrhea  
 Fecal incontinence  
 Lower gastrointestinal bleeding  
 Abdominal pain

**Diseases and disorders** 15%

Colorectal motility and functional disorders  
 Colorectal infections  
 Colorectal injury  
 Inflammatory bowel disease  
     Microscopic colitis  
     Ulcerative colitis



- Crohn disease
- Drug-induced inflammatory bowel disease
- Diverticular disease
  - Hemorrhage
  - Diverticulitis
- Appendicitis
- Neoplasms of the colon and rectum
  - Benign
  - Malignant
- Vascular disorders of the colon and rectum
- Perianal and anorectal disorders
- Post-surgical colorectal conditions

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