

Hospice and Palliative Medicine

Certification Examination Blueprint

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified physician practicing in the broad domain of hospice and palliative medicine. 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 physician practicing hospice and palliative medicine. The exam is developed jointly by the ABIM, the American Board of Anesthesiology, the American Board of Emergency Medicine, the American Board of Family Medicine, the American Board of Obstetrics and Gynecology, the American Board of Pediatrics, the American Board of Physical Medicine and Rehabilitation, the American Board of Psychiatry and Neurology, the American Board of Radiology, and the American Board of Surgery.

Exam content

Exam content is determined by a pre-established blueprint, or table of specifications, which 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
Approach to Care	9%
Psychosocial and Spiritual Considerations	11%
Impending Death	9%
Grief and Bereavement	5%
Pain	20%
Management of Nonpain Conditions	25%
Communication and Teamwork	6%
Ethical and Legal Decision Making	7%
Prognostication and Natural History of Serious Illness	8%
	100%

Exam questions in the content areas above may also address topics in pediatrics that are important to the practice of hospice and palliative medicine (approximately 10% of the exam).

Exam format

The exam is composed of multiple-choice questions with a single best answer, predominantly describing patient scenarios. Questions 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, radiographs, electrocardiograms, and other media to illustrate relevant patient findings.

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

Approach to Care	9% of Exam
Components	3%
Family and patient as unit of care	
Relief of symptoms	
Bereavement care	
Access to care and barriers to care	
Goals of care and care preferences	
Managing transitions of care	3%
Home	
Inpatient	
Outpatient	
Extended care	

Medicare hospice benefit	3%
Eligibility	
Levels of care	

Psychosocial and Spiritual Considerations	11% of Exam
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Psychosocial considerations	7%
Emotional responses to illness and coping	
Cultural considerations	
Socioeconomic considerations	
Family considerations	
Underlying psychiatric disorders	
Substance abuse	
Personality disorders	
Spiritual considerations	4%
Meaning and hope	
Spiritual life	
Religious beliefs and practices	

Impending Death	9% of Exam
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Manifestations	3%
Respiratory	
Cardiovascular	
Neurologic	
Renal	
Gastrointestinal	
Skin and mucous membranes	
Prognostication	3%
Management	3%

Grief and Bereavement	5% of Exam
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Anticipatory grief	<2%
Normal grief and bereavement patterns	<2%
Problematic grief and bereavement patterns	2%
Causes	
Suicide risk in the bereaved	
Loss history	<2%
Therapeutic interventions	<2%
Needs of bereaved minor children	<2%

Pain	20% of Exam
Concepts of total pain	<2%
Pain classification systems	2%
Acute versus chronic pain	
Nociceptive versus neuropathic pain	
Central sensitization	
Pain assessment	4.5%
History	
Function	
Intensity	
Meaning	
Psychologic	
Social	
Spiritual	
Existential	
Physical examination	
Cancer pain examination	
Physiologic manifestations of acute pain	
Diagnostic testing	
Measurements	
Functional	
Intensity	
Pain management	11%
Analgesics	
Opioids	
Pharmacology	
Adverse effects	
Routes of administration	
Equianalgesic dosing	
Nonopioids	
Pharmacology	
Adverse effects	
Routes of administration	
Adjuvants	
Substance abuse	
Interventional pain management	
Organ failure	
Barriers to pain relief	<2%

Management of Nonpain Conditions**25%** of Exam**Common conditions**

15%

Anorexia and cachexia
Weakness and fatigue
Oral conditions (including dry mouth, sialorrhea, and oral lesions)
Dyspnea
Cough
Nausea and vomiting
Dysphagia
Diarrhea
Constipation
Anxiety
Depression
Myoclonus
Dysuria
Edema
Ascites
Hiccups
Sleep issues
Pruritus
Incontinence
Wounds
Erectile dysfunction
Agitation

Urgent medical conditions

5%

Spinal cord compression
Hypercalcemia
Increased intracranial pressure
Fractures
Seizures
Delirium
Superior vena cava syndrome
Device loss or malfunction
Hemorrhage
Bowel obstruction
Acute airway obstruction
Aspiration pneumonia
Serotonin syndrome
Pneumothorax
Acute hypoxia

Additional management strategies	2.5%
Radiation	
Chemotherapy	
Rehabilitative therapies	
Nutrition	
Complementary and alternative medicine	
Palliative sedation	<2%
Eligibility	
Medication and techniques	
Management of technological support	<2%
Respiratory support	
Renal replacement therapy	
Cardiac support	
Organ donation	

Communication and Teamwork	6% of Exam
Communication skills	2%
Communication techniques	
Delivering bad news	
Death notification	
Autopsy	
Organ or tissue donation	
Family-centered approach	<2%
Counseling techniques	
Family conference	
Nontraditional families	
Dynamics of interdisciplinary care	<2%
Roles and functions of team members	
Effective teamwork	
Conflict resolution skills	
Professional boundaries	
Physician leadership	<2%
Communication	
Consultation and co-management	
Quality improvement	
Staff support	
Physician as team member	

Ethical and Legal Decision Making	7% of Exam
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Decision making	2%
Informed consent	
Decision making capacity and competency	
Surrogate decision making	
Advance directives	
Patient and family values	
Principle of double effect	
Documentation	
Patient rights	<2%
Privacy	
Treatment refusal	
Confidentiality	
Safety	
Ethics of the physician-patient relationship	<2%
Nonabandonment	
Truth-telling	
Professionalism	<2%
Burnout	
Controversies	<2%
Futility	
Perinatal considerations	
End-of-life interventions	
Artificial nutrition and hydration	
Physician aid-in-dying	
Access to care and rationing	
Withdrawal of interventions	
Altered states of consciousness	<2%
Minimally conscious state	
Vegetative state	
Coma	
Death by neurologic criteria	<2%

Prognostication and Natural History of Serious Illness	8% of Exam
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Cancer	<2%
Cardiovascular disease	<2%
Pulmonary disease	<2%
Multiorgan dysfunction syndrome	<2%
Stroke	<2%
Dementia	<2%

Frailty	<2%
Amyotrophic lateral sclerosis	<2%
Perinatal and infant death	<2%
Renal failure	<2%
Unintentional injury and trauma	<2%
Pediatric neurologic conditions	<2%
Liver disease	<2%

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