

Pulmonary Disease

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 pulmonologist 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 pulmonologist.

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
Obstructive Lung Disease	17.5%
Critical Care Medicine	15%
Diffuse Parenchymal Lung Disease (DPLD)	10%
Sleep Medicine, Neuromuscular and Skeletal	10%
Epidemiology	2%
Infections	12%
Neoplasia	9.5%
Pleural Disease	5%
Quality, Safety, and Complications	5%
Transplantation	2%
Vascular Diseases	6%
Respiratory Physiology and Pulmonary Symptoms	4%
Occupational and Environmental Diseases	2%
	100%

Exam questions in the content areas above may also address clinical topics in general internal medicine that are relevant to the practice of pulmonary medicine.

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, recordings of heart or lung sounds, video, and other media to illustrate relevant patient findings. It is possible to enlarge ("zoom") most radiographic and histologic images.

A tutorial including examples of ABIM exam question format can be found at http://www.abim.org/certification/exam-information/pulmonary-disease/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.

Obstructive Lung Disease

17.5% of Exam

Asthma

9%

Pathophysiology and diagnosis of asthma

Genetics

Epidemiology

Biology

Evaluation (bronchodilator responses and

provocative challenge)

Severity and stepped care

Mild to moderate

Severe

Asthma in pregnancy

Perioperative care

Complications of care

Special types and phenotypes of asthma

Aspirin-sensitive asthma

Exercise-induced asthma

Eosinophilic TH2-high asthma

Cough variant asthma and other special types

Asthma mimics

Vocal cord dysfunction

Genetic (cystic fibrosis, alpha-1 antitrypsin disease, primary

ciliary dyskinesia), and nongenetic

Hypereosinophilic Löffler's syndrome, and other

parasitic infections

Infiltrative airway processes (granulomatous, amyloidosis,

and other processes)

Heart failure

Central airway obstruction

Exacerbation

Status asthmaticus

Viral infections, allergens, and other causes

Allergic bronchopulmonary aspergillosis and fungosis

Eosinophilic granulomatosis with polyangiitis

Chronic obstructive pulmonary disease (COPD)

6.5%

Pathophysiology and diagnosis of COPD

Genetics

Epidemiology

Biology

Evaluation (guidelines, physiology of airflow, and imaging)

Management of chronic stable disease

Pharmaceutical therapies

Nonpharmaceutical therapies (rehabilitation,

oxygen, palliation, and other therapies)

Operative and perioperative management (lung

volume reduction, lung cancer, other management)

Comorbidities (vascular disease, lung cancer,

and other conditions)

Exacerbation of COPD

Pharmaceutical therapies

Nonpharmaceutical therapies (noninvasive positive-

pressure ventilation [NIPPV] and mucociliary clearance)

Prevention of exacerbations

Mimics (heart failure and pulmonary embolism)

Obstructive, other than asthma and COPD

2%

Cystic fibrosis (CF)

Pathophysiology

Airway clearance

Non-CF bronchiectasis and issues other than infection

Central airway obstruction

Critical Care Medicine

15% of Exam

Assessment and monitoring

Outcomes prediction including prognostic scoring systems

Assessment for agitation, cognitive impairment, and delirium

Cardiovascular assessment and monitoring

Critical care ultrasound

Determination of brain death

Therapeutics

4%

2%

Airway management in respiratory failure

Assisted ventilation

Invasive mechanical ventilation

Noninvasive mechanical ventilation

Extracorporeal membrane oxygenation and

CO2 removal

Weaning from mechanical ventilator support

Sedation, analgesia, and neuromuscular blockade

Blood component replacement

Enteral and parenteral nutrition (including feeding tubes)

Early mobilization and rehabilitation

Cardiopulmonary resuscitation and

brain protective strategies

Indications for renal replacement therapy

Management of potential organ donors

Prevention and management of complications

2.5%

Catheter-associated complications

Ventilator-associated complications

Acquired coagulation disorders

Acquired gastroduodenal stress ulcers, ileus, and diarrhea

Aspiration

Acquired neuromuscular weakness

Respiratory Failure

Acute respiratory distress syndrome

Other hypoxemic respiratory failure

Respiratory failure complicating airway obstruction

Asthma

COPD

Central airway obstruction

Hypercapnic respiratory failure

Massive hemoptysis and diffuse alveolar hemorrhage

Nonrespiratory critical care

2.5%

4%

Shock

Septic shock

Cardiogenic shock

Hypovolemic and distributive shock

Hypovolemic shock

Anaphylaxis and drug-induced shock

Hemorrhagic shock (non-pulmonary hemorrhage)

Cardiovascular critical care

Acute coronary syndromes

Acute heart failure

Tachyarrhythmias and bradyarrhythmias

Hypertensive and other vascular emergencies

Neurologic critical care

Acute liver failure and other acute abdominal processes

Acute renal failure

Severe, acute endocrine and metabolic disorders

Coagulopathies

Hypothermia and hyperthermia

Toxicology

Diffuse Parenchymal Lung Disease (DPLD)

10% of Exam

Interstitial lung disease (ILD) associated with systemic inflammatory disease

2.5%

Connective tissue disease (CTD)-associated ILD

Rheumatoid arthritis

Systemic sclerosis

Polymyositis and dermatomyositis

Sjögren's syndrome, psoriasis, systemic lupus

erythematosus, and other CTDs

Inflammatory bowel disease-associated ILD

IgG4-related disease and other diseases

Idiopathic interstitial pneumonias	3.5%
Acute interstitial pneumonia	
Cryptogenic organizing pneumonia	
Desquamative interstitial pneumonia	
Idiopathic pulmonary fibrosis	
Diagnostic evaluation	
Therapeutic approach	
Lymphocytic interstitial pneumonia (LIP)	
Nonspecific interstitial pneumonia	
Respiratory bronchiolitis—associated ILD	
Acute and chronic eosinophilic pneumonias	
Idiopathic pleuropulmonary fibroelastosis and other conditions	
Granulomatous interstitial lung diseases	2%
Sarcoidosis	
Pulmonary	
Extrapulmonary	
Hypersensitivity pneumonitis	
Granulomatous lymphocytic ILD and other	
Diffuse cystic lung diseases (DCLDs)	<2%
Lymphangioleiomyomatosis	
Langerhans cell histiocytosis	
Birt-Hogg-Dube syndrome	
Follicular bronchiolitis and cystic LIP	
Light-chain deposition disease, neurofibromatosis,	
Marfan syndrome, and other DCLDs	
Radiation induced pneumonitis and fibrosis	<2%
Drug-induced interstitial lung disease	
Pulmonary alveolar proteinosis	
Constrictive bronchiolitis (idiopathic and toxic exposure-induced)	
Genetic and other rare interstitial lung diseases	

Sleep Medicine, Neuromuscular and Skeletal	10% of Exa
Sleep, Respiratory	6.5%
Central sleep apnea	
Altitude	
Cheyne-Stokes breathing	
Other sleep, respiratory topics (idiopathic, pathophysiolog	gy)
Evaluation	
Normal Physiology, sleep and respiration	
Obstructive sleep apnea	
Pathophysiology	
Evaluation	
Therapy	
Outcomes	
Procedures	
Polysomnography	
Home sleep apnea testing	
Multiple Sleep Latency Test (MSLT) and Maintenance of	
Wakefulness Test (MWT)	
Sleep, Nonrespiratory	<2%
Narcolepsy	
Periodic limb movement disorder	
Restless legs syndrome	
Interactions of cardiopulmonary disease and sleep	

Hypoventilation
Chest wall and skeletal

Obesity

Neuromuscular disease

Ventilatory control

Epidemiology 2% of Exam

Interpretation of clinical studies

Study design

Causal inference

Sources of error

Analytic issues

Screening studies

Diagnostic studies

2.5%

2%

Infections	12% of Exam
Host defense mechanisms	<2%
Nonimmune mechanisms	
Innate immunity	
Adaptive immunity	
Vaccination	<2%
Pneumococcus and other bacteria (HIB, Pertussis)	
Influenza and other respiratory viruses	
Common syndromes of pulmonary infection	4%
Upper respiratory tract infections	
Acute bronchitis	
Community-acquired pneumonia	
Aspiration, lung abscess, and anaerobic infections	
Empyema	
Nosocomial pneumonia (hospital-acquired pneumonia [HAP], he	althcare-
acquired pneumonia [HCAP], ventilator-associated pneumonia	[VAP])
Bronchiectasis	
CF-related	
Non-CF-related	
Mediastinitis	
The Immunocompromised Host	<2%
Chemotherapy-related, post-transplantation, and drug-induced	
HIV and AIDS	
Congenital and acquired immune system disorders	
Major pathogens in pulmonary infection	5%
Pneumonia due to gram-positive bacteria	
Pneumococcus	
Staphylococcus aureus, including methicillin-resistant	
S. aureus (MRSA) and community-associated	
MRSA (CA-MRSA)	
Other gram-positive bacteria (<i>Nocardia</i> , enterococci)	
Pneumonia due to gram-negative bacteria	
Pseudomonas	
Enterobacteriaceae	
Other gram-negative bacteria (Burkholderia, Legionella)	
Viruses	
Influenza	
Cytomegalovirus infection, herpes, and varicella	
Aspergillus and other opportunistic fungi (Mucor)	

Endemic fungoses (histoplasmosis, blastomycosis, coccidioidomycosis) and cryptococcosis
Parasitic infections
Tuberculosis (TB)
Non-TB mycobacterial infection

Extrapulmonary Infections in the ICU

Solitary pulmonary nodule Multiple pulmonary nodules

Neoplasia 9.5% of Exam 3% Lung cancer Non-small cell lung cancer Diagnostic evaluation Staging TNM staging and noninvasive staging Invasive mediastinal staging Molecular markers Small cell lung cancer Treatments for lung cancer Lung cancer requiring surgical treatment Lung cancer requiring nonsurgical treatment (chemotherapy, radiation therapy, palliative therapy) Other intrathoracic tumors 2% Other primary lung tumors Carcinoid tumors Hamartoma Adenoid cystic carcinoma and other primary lung tumors Tumors of the mediastinum Thymoma Lymphoma Other mediastinal tumors Plasmacytoma, sarcoma, and other thoracic tumors Metastatic disease Malignant pleural disease <2% Mesothelioma Malignant pleural effusion or pleural metastasis **Complications** <2% Paraneoplastic syndromes Superior vena cava syndrome **Pulmonary nodules** <2%

<2%

Mimics of pulmonary nodules and masses	
Physiologic assessment for thoracic surgery	<2%
Interventional pulmonary medicine and thoracic surgery	<2%
Bronchoscopy, EBUS, and other interventional	
airway procedures	
Palliative interventions	
Video-assisted thoracoscopy (VATS) and other surgery	
Lung cancer screening	<2%

Pleural Disease	5% of Exam
Structure and physiology	<2%
Fibrosis	
Calcification	
Thickening	
Fluid dynamics	
Trapped lung and lung entrapment	
Pneumothorax	<2%
Primary spontaneous	
Secondary	
Parenchymal disease-related	
latrogenic	
Traumatic	
Catamenial, familial, and other types	
Outcomes	
Effusions and pleural pathology	2%
Transudative	
Hemodynamic and oncotic	
Hydrothorax	
Urinothorax and other types	
Exudative	
Infectious	
Occupational	
Noninfectious inflammatory	
Hemorrhagic	
Chylous	
Drug-induced	
Eosinophilic	
Diagnostic and therapeutic procedures	<2%
Thoracentesis and pleuroscopy	

Chest tubes and tunneled pleural catheters

uality, Safety, and Complications	5% of Exam
Methods of assessing quality, safety, and patient satisfaction	<2%
Benchmarking	
Adverse event reporting	
Patient satisfaction surveys	
Root cause analysis	
Failure mode and effects analysis	
Methods for improving quality and safety	<2%
Disclosure of errors to patients and family members	<2%
Complications of medical care	2%
Adverse drug effects and drug interactions	
Complications of bronchoscopy and pleural procedures	
Adverse outcomes of thoracic surgery	
Adverse effects of thoracic radiation therapy	
Complications of translaryngeal intubation and tracheostomy	
Infection control	
Ethics and professionalism	<2%
ansplantation	2% of Exam
Lung tugusulantatian	<2%
Lung transplantation	
Patient selection	
Patient selection	
Patient selection Complications of lung transplantation	<2%
Patient selection Complications of lung transplantation Transplantation outcomes	
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung	
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung Infections	
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung Infections Neoplastic complications	
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung Infections Neoplastic complications Other complications of organ transplantation	<2%
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung Infections Neoplastic complications Other complications of organ transplantation (graft-versus-host disease)	<2%
Patient selection Complications of lung transplantation Transplantation outcomes Pulmonary complications of transplantation other than lung Infections Neoplastic complications Other complications of organ transplantation (graft-versus-host disease)	<2% 6% of Exam

Nonthrombotic pulmonary embolism

Pulmonary arterial hypertension Chronic thromboembolic disease

Lemierre's syndrome

Pulmonary hypertension

<2%

portopulmonary hypertension) Pulmonary vasculitis and capillaritis Granulomatosis with polyangiitis Anti-glomerular basement membrane disease Microscopic polyangiitis and other pulmonary vasculitides Pulmonary vascular malformations	<2%
Granulomatosis with polyangiitis Anti-glomerular basement membrane disease Microscopic polyangiitis and other pulmonary vasculitides	<2%
Anti-glomerular basement membrane disease Microscopic polyangiitis and other pulmonary vasculitides	
Microscopic polyangiitis and other pulmonary vasculitides	
Pulmonary vascular malformations	
•	<2%
Pulmonary arteriovenous malformation	
Hepatopulmonary syndrome	
Sickle cell disease	<2%
piratory Physiology and Pulmonary Symptoms	4% of Exam
Respiratory physiology	2%
Pulmonary mechanics	
Oxygenation	
Cardiovascular physiology	
Cardiopulmonary exercise testing	
Acid-base interpretation	
Hypercapnia and hypocapnia	
Pulmonary function testing	
Special situations	<2%
Pregnancy	
Obesity	
Neuromuscular disease	
Preoperative evaluation (nonthoracic surgery)	
Barometric pressure-related (high altitude, diving, and	
other special situations)	
Approach to pulmonary symptoms	<2%
Dyspnea	
Cough	
Chest pain	
Hemoptysis	
pational and Environmental Diseases	2% of Exam

Right ventricular failure

Barometric- or thermal-related disorders

Pneumoconioses

Asbestosis

Berylliosis

Coal-workers' pneumoconiosis

Hard metal pneumoconiosis

Silicosis

Work and disability evaluation

Toxic inhalations

Carbon monoxide

Smoke inhalation

Other toxic exposures (cobalt, dust, endotoxin, metal fume fever,

organic agents)

Environmental cancer risk

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