



## **ABIM invites diplomates to help develop the Clinical Cardiac Electrophysiology MOC exam blueprint**

Based on feedback from physicians that MOC assessments should better reflect what they see in practice, in 2016 the American Board of Internal Medicine (ABIM) invited all certified clinical cardiac electrophysiologists 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 an ongoing basis to inform and update all MOC assessments created by ABIM. No matter what form ABIM's 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 over 160 electrophysiologists, similar to the total invited population of electrophysiologists in age, gender, time spent in direct patient care, and geographic region of practice, provided the blueprint topic ratings. The ABIM Cardiovascular Board Clinical Cardiac Electrophysiology Exam Committee and Cardiovascular Board have used this feedback to update the blueprint for the MOC exam (beginning with the Fall 2017 administration).

To inform how exam 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 exam 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 (described further under *Detailed content outline* below).

## **Purpose of the Clinical Cardiac Electrophysiology MOC exam**

The MOC exam is designed to evaluate whether a certified electrophysiologist has maintained competence and currency in the knowledge and judgment required for practice. The exam emphasizes diagnosis and management of prevalent conditions, particularly in areas where practice has changed in recent years. As a result of the recent blueprint review by ABIM diplomates, future MOC exams will 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.

## **Exam format**

The exam is composed of 200 single-best-answer multiple-choice questions, of which 30 are new questions that do not count in the examinee's score (more information on how exams are developed can be found at [abim.org/about/exam-information/exam-development.aspx](http://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

Clinical scenarios presented take place in outpatient or inpatient settings as appropriate to a typical electrophysiology practice. Clinical information may include pictorial material, radiographs, electrocardiograms, echocardiograms, venograms, fluoroscopy images, and other media to illustrate relevant patient findings.

A tutorial, including examples of ABIM exam question format, can be found at [abim.org/maintenance-of-certification/exam-information/clinical-cardiac-electrophysiology/exam-tutorial.aspx](http://abim.org/maintenance-of-certification/exam-information/clinical-cardiac-electrophysiology/exam-tutorial.aspx).

## Content distribution

Listed below are the major medical content categories that define the domain for the Clinical Cardiac Electrophysiology MOC exam. The relative distribution of content is expressed as a percentage of the total exam. To determine the content distribution, ABIM considered the average respondent ratings of topic frequency and importance. Informed by these data, the Clinical Cardiac Electrophysiology Exam Committee and Cardiovascular Board have made adjustments to some category targets, as documented below.

CONTENT CATEGORY	Blueprint target %	
	Previous exams	Beginning with Fall 2017 exam
Basic Physiology, Anatomy, Pharmacology, and Genetics	20%	<b>10%</b>
Clinical Arrhythmias: Core Concepts	5%	<b>6%</b>
Clinical Arrhythmias: Bradycardias	5%	<b>6%</b>
Clinical Arrhythmias: Atrial	12%	<b>14%</b>
Clinical Arrhythmias: Supraventricular Tachycardias	15%	<b>17%</b>
Clinical Arrhythmias: Ventricular	15%	<b>17%</b>
Devices	20%	<b>22%</b>
Clinical Scenarios and Syndromes	8%	<b>8%</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>

## How the blueprint ratings are used to assemble the MOC exam

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 *Exam 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 Clinical Cardiac Electrophysiology Exam Committee and Cardiovascular Board, in partnership with the physician community, have set the following parameters for selecting MOC exam questions according to the blueprint review ratings:




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

Independent of the importance and task ratings, no more than 20% of exam 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 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 Clinical Cardiac Electrophysiology MOC exam

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


**LF – Low Frequency:** No more than 20% of exam questions will address topics with this designation, regardless of task or importance.

<b>BASIC PHYSIOLOGY, ANATOMY, PHARMACOLOGY, AND GENETICS</b> (10% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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### CELLULAR ELECTROPHYSIOLOGY (<2% of exam)

Action potentials	LF	Not Applicable			
Ion channels and currents	LF		Not Applicable		
Receptors	LF	Not Applicable			
Gap junctions		Not Applicable			

### CARDIAC ANATOMY (<2% of exam)

Cardiac anatomy		Not Applicable			
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### CARDIAC TISSUE PHYSIOLOGY (5% of exam)

Refractory periods		Not Applicable			
Neuronal control – sympathetic nervous system and catecholamines		Not Applicable			
Atrioventricular (AV) and ventriculoatrial (VA) conduction delay and block		Not Applicable		Not Applicable	
Mechanisms of arrhythmias		Not Applicable			
Electrical and structural remodeling		Not Applicable			
Repolarization – dispersion and reserve		Not Applicable			
Other physiologic phenomena (retrograde block, ACE inhibitors, fractionated electrograms, pseudonormalization)		Not Applicable			

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<b>BASIC PHYSIOLOGY, ANATOMY, PHARMACOLOGY, AND GENETICS</b> <i>continued...</i> (10% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**PHARMACOLOGY** (3% of exam)

Pharmacokinetics	⚡	Not Applicable	✔	Not Applicable	⚡
Use and reverse use dependence	⚡	Not Applicable			⚡
Properties of antiarrhythmic agents	✔	Not Applicable	✔	Not Applicable	✔

**GENETICS** (<2% of exam)

Ion channels	Not Applicable				⚡
Non-ion channels	LF	⚡	⚡	Not Applicable	⚡

<b>CLINICAL ARRHYTHMIAS: CORE CONCEPTS</b> (6% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**RECOGNITION OF ARTIFACT** (<2% of exam)

Recognition of artifact	✔	✔	✔	Not Applicable	
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**PACING, SIGNAL RECORDING, AND MAPPING SYSTEMS (ELECTROPHYSIOLOGY LABORATORY)** (<2% of exam)

Pacing, signal recording, and mapping systems (electrophysiology laboratory)	Not Applicable	✔	Not Applicable		
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**NONINVASIVE TESTING** (2% of exam)

Indications	✔	Not Applicable	✔	✔	Not Applicable
Tilt-table testing	⚡	Not Applicable			
Interpretation of wide QRS tachycardias	✔	Not Applicable	✔	Not Applicable	✔
Ambulatory electrocardiographic monitoring	✔	Not Applicable			

**INVASIVE ELECTROPHYSIOLOGIC TESTING** (2% of exam)

Indications	✔	Not Applicable	✔	✔	Not Applicable
Interpretations	✔	✔	✔	✔	✔

**BIOPHYSICS OF ABLATION** (<2% of exam)

Biophysics of ablation	Not Applicable	⚡	Not Applicable		
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<b>CLINICAL ARRHYTHMIAS: CORE CONCEPTS</b> <i>continued...</i> (6% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**TRANSEPTAL CATHETERIZATION AND PERICARDIAL ACCESS (<2% of exam)**

Transseptal catheterization and pericardial access	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>	
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**CARDIAC AND INTRACARDIAC IMAGING (<2% of exam)**

Cardiac and intracardiac imaging	✔	<i>Not Applicable</i>	✔	<i>Not Applicable</i>	
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<b>CLINICAL ARRHYTHMIAS: BRADYCARDIAS</b> (6% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**SINUS NODE DYSFUNCTION (<2% of exam)**

Electrocardiograms (ECGs) – monitoring and telemetry	✔	<i>Not Applicable</i>	✔	<i>Not Applicable</i>	✔
Invasive electrophysiologic studies	✔	<i>Not Applicable</i>	✔	<i>Not Applicable</i>	

**AV BLOCK (4% of exam)**

AV nodal block	✔	✔	✔	✔	✔
Infranodal AV block	✔	✔	✔	✔	✔

**ESCAPE AND ACCELERATED RHYTHMS (<2% of exam)**

ECGs – monitoring and telemetry	✔	<i>Not Applicable</i>	✔	<i>Not Applicable</i>	
Invasive electrophysiologic studies	✔	<i>Not Applicable</i>	✔	<i>Not Applicable</i>	

<b>CLINICAL ARRHYTHMIAS: ATRIAL</b> (14% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ATRIAL FIBRILLATION (6% of exam)**

Mechanism and etiology	<i>Not Applicable</i>				✔
ECGs – monitoring and telemetry	✔	<i>Not Applicable</i>			
Pharmacologic treatment	<i>Not Applicable</i>		✔	<i>Not Applicable</i>	
Postoperative atrial fibrillation	<i>Not Applicable</i>		✔	✔	<i>Not Applicable</i>
Stroke prevention	<i>Not Applicable</i>		✔	✔	<i>Not Applicable</i>

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CLINICAL ARRHYTHMIAS: ATRIAL <i>continued...</i> (14% of exam)					
	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

**ATRIAL FIBRILLATION** *continued...* (6% of exam)

Cardioversion	Not Applicable		✔	✔	Not Applicable
Catheter ablation	✔	✔	✔	Not Applicable	✔
Surgical ablation	Not Applicable		⚡	Not Applicable	
AV junction ablation	Not Applicable		✔	Not Applicable	

**ATRIAL FLUTTER** (4% of exam)

ECGs – monitoring and telemetry	✔	Not Applicable			✔
Pharmacologic treatment	Not Applicable		✔	Not Applicable	
Stroke prevention	Not Applicable		✔	✔	Not Applicable
Cardioversion	Not Applicable		✔	✔	Not Applicable
Cavotricuspid isthmus (CTI) dependent atrial flutter	✔	Not Applicable	✔	Not Applicable	✔
Atypical right atrial flutter	✔	Not Applicable	✔	Not Applicable	
Atypical left atrial flutter	✔	✔	✔	Not Applicable	✔

**FOCAL ATRIAL TACHYCARDIAS** (4% of exam)

ECGs – monitoring and telemetry	✔	Not Applicable	✔	Not Applicable	✔
Pharmacologic treatment	Not Applicable		✔	Not Applicable	
Catheter ablation	✔	Not Applicable	✔	✔	Not Applicable

CLINICAL ARRHYTHMIAS: SUPRAVENTRICULAR TACHYCARDIAS (17% of exam)					
	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

**ACCESSORY PATHWAY SYNDROMES** (11% of exam)

ECGs – monitoring and telemetry	✔	Not Applicable	✔	✔	✔
Pharmacologic treatment	Not Applicable		✔	Not Applicable	
Electrophysiologic studies in ventricular preexcitation	✔	Not Applicable			✔
Electrophysiologic studies in orthodromic AVRT (typical and atypical pathways)	✔	✔	✔	✔	✔

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CLINICAL ARRHYTHMIAS: SUPRAVENTRICULAR TACHYCARDIAS <i>continued...</i> (17% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ACCESSORY PATHWAY SYNDROMES** *continued...* (11% of exam)

Electrophysiologic studies in antidromic AVRT (typical and atypical pathways)	✔	✔	✔	<i>Not Applicable</i>	✔
Ablation of accessory pathways	✔	<i>Not Applicable</i>	✔	✔	✔
Fasciculoventricular pathways <span style="float: right;">LF</span>	⚡	<i>Not Applicable</i>			
Multiple pathways <span style="float: right;">LF</span>	✔	<i>Not Applicable</i>			

**AV NODAL REENTRY TACHYCARDIA (AVNRT)** (5% of exam)

Typical AVNRT (ECGs, pharmacologic treatment, intracardiac recordings, and ablation)	✔	✔	✔	✔	✔
Atypical AVNRT (ECGs, pharmacologic treatment, intracardiac recordings, and ablation)	✔	✔	✔	✔	✔

**JUNCTIONAL TACHYCARDIAS** (<2% of exam)

ECGs – monitoring and telemetry	✔	<i>Not Applicable</i>			
Pharmacologic treatment <span style="float: right;">LF</span>	<i>Not Applicable</i>		⚡	<i>Not Applicable</i>	
Interpretation of electrophysiology recordings	⚡	<i>Not Applicable</i>		⚡	<i>Not Applicable</i>
Ablation <span style="float: right;">LF</span>	<i>Not Applicable</i>		⚡	<i>Not Applicable</i>	

**MULTIPLE SVT MECHANISMS** (<2% of exam)

ECGs – monitoring and telemetry	✔	<i>Not Applicable</i>			
Pharmacologic treatment	<i>Not Applicable</i>		✔	<i>Not Applicable</i>	
Interpretation of electrophysiology recordings	✔	<i>Not Applicable</i>			
Ablation	<i>Not Applicable</i>		✔	<i>Not Applicable</i>	



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<b>CLINICAL ARRHYTHMIAS: VENTRICULAR</b> (17% of exam)	<b>Diagnosis</b>	<b>Testing</b>	<b>Treatment/ Care Decisions</b>	<b>Risk Assessment/ Prognosis/ Epidemiology</b>	<b>Pathophysiology/ Basic Science</b>
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**ECGS AND AMBULATORY MONITORING** (4% of exam)

Ambulatory monitor recordings	✔	Not Applicable			
ECG localization – premature ventricular complexes (PVC) and VT	✔	Not Applicable	✔	Not Applicable	⚠

**CORE CONCEPTS** (5.5% of exam)

Indications for invasive electrophysiologic studies	✔	Not Applicable	✔	✔	⚠
Interpretation of intracardiac recordings	✔	Not Applicable	✔	Not Applicable	
Pharmacologic treatment	Not Applicable	✔	✔	Not Applicable	
Principles of entrainment	✔	✔	✔	Not Applicable	✔

**VENTRICULAR TACHYCARDIAS AND ISCHEMIC HEART DISEASE** (2% of exam)

Physiology	Not Applicable				⚠
Endocardial ablation	✔	Not Applicable	✔	Not Applicable	✔
Epicardial ablation	LF	⚠	Not Applicable	⚠	Not Applicable

**VENTRICULAR TACHYCARDIAS AND NONISCHEMIC CARDIOMYOPATHY** (<2% of exam)

Physiology	Not Applicable				✔
Endocardial ablation	✔	Not Applicable	✔	Not Applicable	⚠
Epicardial ablation	LF	⚠	Not Applicable	⚠	⚠

**VENTRICULAR TACHYCARDIAS AND PREMATURE VENTRICULAR COMPLEXES AND THE NORMAL HEART** (3% of exam)

Physiology	✔	Not Applicable	✔	✔	⚠
Endocardial ablation	✔	Not Applicable	✔	Not Applicable	
Epicardial ablation	LF	⚠	Not Applicable	⚠	Not Applicable

**VENTRICULAR FIBRILLATION AND POLYMORPHIC VENTRICULAR TACHYCARDIAS** (<2% of exam)

Physiology	Not Applicable				✔
ECGs – monitoring and telemetry	✔	Not Applicable	✔	Not Applicable	
Pharmacologic treatment	Not Applicable		✔	Not Applicable	
Bradycardia-dependent	✔	Not Applicable	✔	Not Applicable	



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<b>CLINICAL ARRHYTHMIAS: VENTRICULAR</b> <i>continued...</i> (17% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**VENTRICULAR FIBRILLATION AND POLYMORPHIC VENTRICULAR TACHYCARDIAS** *continued...* (<2% of exam)

Drug-induced	✔	Not Applicable	✔	Not Applicable	
Ischemic	✔	Not Applicable	✔	Not Applicable	
Indications for invasive electrophysiologic studies	✔	Not Applicable	✔	✔	Not Applicable
Ablation	LF	⚡	Not Applicable	⚡	Not Applicable

<b>DEVICES</b> (22% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**GENERAL CONCEPTS** (<2% of exam)

Electromagnetic interference	✔	Not Applicable			
Biophysics and bioengineering	LF	Not Applicable	⚡	⚡	Not Applicable
Lead extraction	Not Applicable		✔	✔	Not Applicable
Infection	✔	Not Applicable	✔	✔	Not Applicable
Automatic external and wearable defibrillators	✔	⚡	⚡	⚡	Not Applicable

**PACEMAKERS** (7% of exam)

Indications	✔	Not Applicable	✔	✔	Not Applicable
Implantation techniques	Not Applicable		✔	Not Applicable	
Programming and follow-up	✔	Not Applicable	✔	Not Applicable	
Complications	✔	Not Applicable	✔	✔	Not Applicable

**IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD) THERAPY** (8% of exam)

Indications	✔	Not Applicable	✔	✔	Not Applicable
Implantation techniques	Not Applicable		✔	Not Applicable	
ECGs – monitoring and telemetry	✔	Not Applicable	✔	Not Applicable	
Programming	✔	Not Applicable	✔	Not Applicable	
Follow-up	✔	Not Applicable	✔	✔	✔
Complications	✔	Not Applicable	✔	✔	Not Applicable

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<b>DEVICES</b> (22% of exam)	<b>Diagnosis</b>	<b>Testing</b>	<b>Treatment/ Care Decisions</b>	<b>Risk Assessment/ Prognosis/ Epidemiology</b>	<b>Pathophysiology/ Basic Science</b>
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**CARDIAC RESYNCHRONIZATION** (5% of exam)

Indications	✔	Not Applicable	✔	✔	Not Applicable
Implantation techniques	Not Applicable	✔	✔	Not Applicable	
ECGs – monitoring and telemetry	✔	Not Applicable	✔	Not Applicable	
Programming	✔	Not Applicable	✔	Not Applicable	
Leads	✔	Not Applicable	✔	Not Applicable	
Follow-up	✔	Not Applicable	✔	✔	Not Applicable
Complications	✔	✔	✔	Not Applicable	

**INSERTABLE LOOP RECORDERS** (<2% of exam)

Insertable loop recorders	✔	Not Applicable	✔	Not Applicable	
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<b>CLINICAL SCENARIOS AND SYNDROMES</b> (8% of exam)	<b>Diagnosis</b>	<b>Testing</b>	<b>Treatment/ Care Decisions</b>	<b>Risk Assessment/ Prognosis/ Epidemiology</b>	<b>Pathophysiology/ Basic Science</b>
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**COMMON SCENARIOS** (2% of exam)

Syncope	✔	✔	✔	✔	Not Applicable
Palpitations	✔	✔	✔	✔	Not Applicable
Sudden cardiac death	✔	✔	✔	✔	Not Applicable
Ethics	Not Applicable		✔	⚡	Not Applicable

**SPECIFIC SYNDROMES** (6% of exam)

Long QT syndrome	LF	✔	✔	✔	✔	⚡
Brugada syndrome	LF	✔	✔	✔	✔	⚡
Catecholaminergic polymorphic VT	LF	✔	✔	✔	✔	⚡
Hypertrophic cardiomyopathy		✔	✔	✔	✔	⚡
Arrhythmogenic right ventricular cardiomyopathy	LF	✔	✔	✔	✔	⚡

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CLINICAL SCENARIOS AND SYNDROMES <i>continued...</i> (8% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**SPECIFIC SYNDROMES** *continued...* (6% of exam)

Dilated cardiomyopathy	✔	<i>Not Applicable</i>	✔	✔	✔
Sarcoidosis	✔	<i>Not Applicable</i>	✔	✔	⚠
Other arrhythmia substrates (musculoskeletal, short QT syndrome, early repolarization syndrome)	⚠	⚠	⚠	⚠	⚠
Arrhythmias in pregnancy	✔	⚠	✔	⚠	<i>Not Applicable</i>
Arrhythmias in athletes	✔	✔	✔	⚠	<i>Not Applicable</i>
Congenital heart disease	⚠	⚠	⚠	⚠	<i>Not Applicable</i>