

Hospice and Palliative Medicine

Maintenance of 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/maintenance-of-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. <u>Please note:</u> 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	
Care settings	3%
Home	
Inpatient	
Outpatient	
Extended	

Medicare hospice benefit

3%

Eligibility
Levels of care

Religious beliefs and practices

Psychosocial and Spiritual Considerations Psychosocial considerations Emotional responses to illness and coping Cultural considerations Socioeconomic considerations Family considerations Underlying psychiatric disorders Substance abuse Personality disorders Spiritual considerations Meaning and hope Spiritual life

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

Grief and Bereavement	5% of Exam
Anticipatory grief	<2%
Normal grief and bereavement patterns	<2%
Problematic grief and bereavement patterns	2%
Causes	
Suicide risk in the bereaved	
Management	

Loss history	<2%
Therapeutic interventions	<2%
Needs of bereaved minor children	<2%

Pain		20% of Exam
	Concepts of total pain	<2%
	Physical	
	Psychosocial	
	Social	
	Spiritual	
	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	10.5%
	Analgesics	
	Opioids	
	Pharmacology	
	Adverse effects	
	Routes of administration	
	Equianalgesic dosing	

Nonopioids

Pharmacology

Adverse effects

Routes of administration

Adjuvants

Nociceptive

Neuroleptic

Pharmacology

Substance abuse

Interventional pain management

Barriers to pain relief

<2%

15%

Management of Nonpain Conditions

25% of Exam

Common conditions

Anorexia and cachexia

Weakness and fatigue

Dry mouth 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

Urgent medical conditions

5%

Spinal cord compression

Hypercalcemia

Increased intracranial pressure

munication and Teamwork	6% of
Orban donation	
Organ donation	
Cardiac support	
Renal replacement therapy	
Respiratory support	12/0
Discontinuation of technological support	<2%
Medication and techniques	
Eligibility	`270
Palliative sedation	<2%
Complementary and alternative medicine	
Nutrition	
Rehabilitative therapies	
Chemotherapy	
Additional management strategies Radiation	2.5%
Acute hypoxia	2.5%
Serotonin syndrome Pneumothorax	
Aspiration pneumonia	
Acute airway obstruction	
Bowel obstruction	
Hemorrhage	
Device loss or malfunction	
Superior vena cava syndrome	
Delirium	
Seizures	
Fractures	

mmunication and Teamwork	6% of Exam
Communication skills	2%
Communication techniques	
Delivering bad news	
Death notification	
Autopsy	
Organ or tissue donation	
Family-centered approach	<2%
Family systems theory	
Counseling techniques	
Family conference	
Lifestyle considerations	

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
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	

Dynamics of interdisciplinary care

Professionalism

Controversies

Burnout

Futility

Perinatal considerations End-of-life interventions

Artificial nutrition and hydration

Access to care and rationing Withdrawal of interventions

Physician aid-in-dying

<2%

<2%

<2%

States of reduced consciousness

<2%

Minimally conscious state

Vegetative state

Death by neurologic criteria

Coma

Prognostication and Natural History of Serious Illness	8% of Exam
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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