

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. This most recent update also links exam content to the Hospice and Palliative Medicine Curricular Milestones (http://aahpm.org/uploads/HPM_Curricular_Milestones.pdf). The exam committee recognizes that some competencies and blueprint content areas are best assessed by fellowship directors and faculty through observation. Thus the weighting of content areas does NOT reflect the relative importance of the skill set in palliative care, but rather the degree to which the knowledge base or skill can be meaningfully tested in a multiple-choice question format. For example, communication skills are not well assessed in a multiple-choice question and thus comprise 2% of questions, but they are a core palliative competency.

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
Prognostication and Natural History of Serious and Complex Illness	10%
Comprehensive Whole-Patient Assessment	20%
Managing Suffering and Distress	40%
Palliative Care Emergencies and Refractory Symptoms	5%
Management of Medical Interventions	6%
Impending Death and the Death Event	3%
Communication Skills	2%
Grief, Loss, and Bereavement	3%
Interdisciplinary Teamwork, Quality, and Professionalism	2%
Quality and Compliance	2%
Ethical and Legal Aspects of Care	7%
	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.

ABIM recognizes that alternative opioid dose conversion scales may be in use. Answers for the test are derived utilizing the scale provided below. This table is available as a resource during the exam.

Equianalgesic Table

Drug	Oral Dose (mg)	Parenteral Dose	Transdermal Dose
Morphine	30	10 mg	--
Hydromorphone	7.5	1.5 mg	--
Oxycodone	20	--	--
Hydrocodone	30	--	--
Fentanyl	--	100 mcg	12.5 mcg/hr

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.

CURRICULAR MILESTONES

1. Knowledge of Serious and Complex Illness

- A. Knowledge of disease trajectories (eg, pathophysiology, differential diagnosis, complications)
- B. Prognostication
- C. Scope of palliative treatments for different serious and complex illnesses (eg, surgery, radiation therapy)
- D. Assessment of benefits and burdens of treatments on the seriously ill patient and family
- E. Pharmacology of essential palliative symptom management
- F. Advance care planning for specific illnesses and potential advanced therapies (eg, mechanical ventilation, implantable defibrillator, ventricular assist device) across the age spectrum

2. Comprehensive Whole-Patient Assessment

- A. Assess pain and non-pain symptoms
- B. Assess decisional capacity and/or developmental stage (eg, cognitive, behavioral, emotional)
- C. Identify cultural values as they relate to care
- D. Identify supports and stressors (eg, psychological, psychiatric, spiritual, social, financial)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

1. Prognostication and Natural History of Serious and Complex Illness (10% of Exam)

- Cancer
- Cardiovascular disease
- Pulmonary disease
- Multi-organ dysfunction syndrome
- Acute neurologic disease
- Neurodegenerative disease
- Frailty syndrome
- Multimorbidity (multiple comorbidities)
- Renal failure
- Liver disease
- Unintentional injury and trauma
- Diseases of childhood
 - Perinatal conditions and infant death
 - Genetic/congenital conditions
 - Other pediatric conditions
- Factors associated with prognostic accuracy

2. Comprehensive Whole-Patient Assessment (20% of Exam)

- Concepts of total pain and suffering
 - Psychological and psychiatric
 - Mood disorders
 - Anxiety
 - Impact of trauma
 - Personality traits
 - Spiritual
 - Social (including financial)
- Pain and symptom assessment
 - History
 - Measurement of symptoms
 - Function
 - Intensity

CURRICULAR MILESTONES

2. Comprehensive Whole-Patient Assessment

- A. Assess pain and non-pain symptoms
- B. Assess decisional capacity and/or developmental stage (eg, cognitive, behavioral, emotional)
- C. Identify cultural values as they relate to care
- D. Identify supports and stressors (eg, psychological, psychiatric, spiritual, social, financial)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

2. Comprehensive Whole-Patient Assessment (20% of Exam) ...continued

Measurement within the context of
communication challenges

Delirium

Cognitive impairment

Developmental capacity

Pain classification

Nociceptive

Somatic

Visceral

Neuropathic

Peripheral nerve injury

Spinal cord injury

Central

Phantom limb pain

Central sensitization and neuroplasticity

Descending modulation of nociception

Incident pain

Ischemic pain

Physiologic manifestations of acute vs. chronic
pain

Diagnostic testing

Barriers in pain and symptom relief

Cultural considerations

Patient and family culture and values

Implicit bias

Social determinants

Decision-making capacity

Assessment

Developmental stages

Caregiver assessment

Spiritual considerations

Meaning and hope

Spiritual life

Religious beliefs and practices

CURRICULAR MILESTONES

3. Addressing Suffering/Distress

- A. Manage pain and non-pain symptoms using pharmacologic strategies
- B. Manage pain and non-pain symptoms using non-pharmacologic strategies (eg, integrative, interventional, surgical)
- C. Manage basic psychosocial/spiritual distress

ASSOCIATED EXAM BLUEPRINT CATEGORIES

3. Managing Suffering and Distress (40% of Exam)

Pain management

Analgesics

Opioids

Pharmacology

Adverse effects

Routes of administration

Equianalgesic dosing

Nonopioids

Pharmacology

Adverse effects

Routes of administration

Adjuvants

Pharmacology

Adverse effects

Routes of administration

Nonpharmacologic interventions

Behavioral

Integrative

Interventional pain management

Organ failure and pharmacology

Management of non-pain symptoms

Anorexia and cachexia

Weakness and fatigue

Oral conditions

Dyspnea

Cough

Nausea and/or vomiting

Dysphagia

Diarrhea

Constipation

Anxiety

Depression

Myoclonus

Dysuria

Edema

Ascites

CURRICULAR MILESTONES

3. Addressing Suffering/Distress

- A. Manage pain and non-pain symptoms using pharmacologic strategies
- B. Manage pain and non-pain symptoms using non-pharmacologic strategies (eg, integrative, interventional, surgical)
- C. Manage basic psychosocial/spiritual distress

ASSOCIATED EXAM BLUEPRINT CATEGORIES

3. Managing Suffering and Distress (40% of Exam)

...continued

- Hiccups
- Sleep issues
- Pruritus
- Incontinence
- Wounds
- Sexual dysfunction
- Agitation
- Hallucinations
- Delirium (nonemergent)
- Additional management strategies
 - Anticancer therapeutics
 - Radiation therapy
 - Chemotherapy
 - Targeted therapy
 - Immunotherapy
 - Rehabilitative therapies
 - Nutrition
 - Integrative medicine

4. Palliative Care Emergencies and Refractory Symptoms

- A. Identify common palliative care emergencies
- B. Anticipate, triage, assess, and manage palliative care emergencies
- C. Manage proportional sedation for refractory symptoms

4. Palliative Care Emergencies and Refractory Symptoms

(5% of Exam)

- Acute airway obstruction
- Acute hypoxia
- Bowel obstruction
- Delirium (emergent)
- Device loss or malfunction
- Fractures
- Hemorrhage
- Hypercalcemia
- Increased intracranial pressure
- Pneumonia
- Pneumothorax
- Seizures

CURRICULAR MILESTONES

4. Palliative Care Emergencies and Refractory Symptoms

- A. Identify common palliative care emergencies
- B. Anticipate, triage, assess, and manage palliative care emergencies
- C. Manage proportional sedation for refractory symptoms

5. Withholding/Withdrawal of Life-Sustaining Therapies

- A. Counsel patient, family, and providers about the process of withdrawal (eg, prognosticate, attend to psychosocial, spiritual, cultural needs of patient/families, promote shared decision-making for goals of care, utilize interdisciplinary team)
- B. Manage physical symptoms before, during, and after withdrawal
- C. Orchestrate the technical withdrawal
- D. Consider issues related to withholding/withdrawal of artificial nutrition and hydration that may differ from advanced life-sustaining therapies
- E. Attend to personal, team, and other provider reactions (eg, values, emotions)
- F. Apply ethical and legal standards and institutional culture and policies related to withdrawal of life-sustaining therapies

6. Care of the Imminently Dying

- A. Manage physical symptoms during the dying process
- B. Attend to psychosocial, spiritual, cultural needs of patient/family
- C. Collaborate effectively within own and across other interdisciplinary teams
- D. Communicate around the time of death (eg, empathic presence, preparing family)
- E. Attend to self-awareness and self-care
- F. Attend to post-death care (eg, death pronouncement, note, death certificate, communication with others)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

4. Palliative Care Emergencies and Refractory Symptoms (5% of Exam) ...continued

- Serotonin syndrome
- Spinal cord compression
- Superior vena cava syndrome
- Proportional sedation
 - Indications for therapy
 - Medication and techniques

5. Management of Medical Interventions (6% of Exam)

- Respiratory
- Renal replacement therapy
- Cardiac
 - LVAD
 - Pacemakers and AICDs
 - Other advanced cardiac therapies
- Antibiotics
- Anticoagulation
- Intravenous fluids and nutrition
- Withdrawal of life-sustaining therapies
 - Ethical and legal standards
 - Institutional culture and policies

6. Impending Death and the Death Event (3% of Exam)

- Manifestations of impending death
 - Noisy respiratory secretions
 - Other respiratory manifestations
 - Cardiovascular
 - Neurologic
 - Renal
 - Skin and mucous membranes
 - Gastrointestinal
- Management of the death event
 - Religious and spiritual considerations

CURRICULAR MILESTONES

6. Care of the Imminently Dying

- A. Manage physical symptoms during the dying process
- B. Attend to psychosocial, spiritual, cultural needs of patient/family
- C. Collaborate effectively within own and across other interdisciplinary teams
- D. Communicate around the time of death (eg, empathic presence, preparing family)
- E. Attend to self-awareness and self-care
- F. Attend to post-death care (eg, death pronouncement, note, death certificate, communication with others)

7. Fundamental Communication Skills for Attending to Emotion

- A. Build rapport
- B. Acknowledge and respond to emotion (eg, listening vs hearing, compassionate presence and strategic silence, intuition around cues and guiding discussion)
- C. Acknowledge one's own emotions and preconceptions (eg, implicit bias)
- D. Address conflict (eg, among patients, families, other care providers)

8. Communication to Facilitate Complex Decision-Making

- A. Deliver medical information (eg, serious news, prognosis)
- B. Elicit patient values and goals
- C. Promote shared decision-making
- D. Facilitate a family meeting
- E. Foster adaptive coping (eg, reframe hope, promote resilience, legacy, humor, affiliation, anticipation)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

6. Impending Death and the Death Event (3% of Exam)

...continued

- Psychosocial considerations
- Cultural considerations
- Socioeconomic considerations
- Family considerations
- Emotional responses to death and dying
- Post-death care
 - Death pronouncement
 - Autopsy
 - Organ donation

7. Communication Skills (2% of Exam)

- Communication techniques
- Delivering serious news
- Death notification

- Patient- and family-centered approach
 - Counseling techniques
 - Family conference
 - Nontraditional families
- Conflict resolution skills

CURRICULAR MILESTONES

9. Prognostication

- A. Acknowledge uncertainty and support patients and families facing uncertainty
- B. Possess knowledge of individual illness trajectories and potential responses to therapies
- C. Formulate prognosis (eg, clinical assessment, utilization of tools, input from other healthcare providers, consequences of failure to prognosticate)
- D. Communicate prognosis (eg, function, timeframe, quality of life, challenges of communication prognosis, promote prognostic awareness, acknowledge uncertainty)

10. Documentation

- A. Communicate treatment recommendations professionally and diplomatically to others
- B. Understand the relationship between documentation and billing (eg, CPT requirements and ICD coding, medical complexity and time-based billing)
- C. Document comprehensive hospice and palliative medicine plans (eg, medical decision-making and rationale behind realistic treatment recommendations, patient and treatment goals, ethical and legal implications)

11. Grief, Loss, and Bereavement

- A. Understand risk factors for and types of grief based on age and developmental stage (eg, anticipatory, normal, complicated grief)
- B. Identify and assess individuals for grief and/or bereavement
- C. Provide basic support for anticipatory grief and/or bereavement
- D. Refer for grief and/or bereavement support and therapeutic interventions

ASSOCIATED EXAM BLUEPRINT CATEGORIES

SEE SECTION 1. Prognostication and Natural History of Serious and Complex Illness (10% of Exam)

8. Grief, Loss, and Bereavement (3% of Exam)

- Anticipatory grief
- Normal grief and bereavement patterns
- Problematic grief and bereavement patterns
- Loss history
- Needs of bereaved minor children

CURRICULAR MILESTONES

12. Interdisciplinary Teamwork

- A. Understand and respect role/function of team members
- B. Facilitate interdisciplinary team meetings (eg, understand team dynamics, elicit varied and unexpressed opinions)
- C. Support team members (eg, provide and receive feedback, address conflict, educate)
- D. Develop and demonstrate leadership skills

13. Consultation

- A. Assess and acknowledge institutional/system rules and culture (eg, ethics committee role, religious institution affiliations, medical staff requirements)
- B. Promote professional consultation etiquette (eg, negotiation with other providers around goals, respect for primary team relationships, diplomacy in advocacy)
- C. Demonstrate empathy and respect toward other involved colleagues

14. Transitions of Care

- A. Practice safe handoffs across settings of care
- B. Counsel patient, family, and teams about eligibility, capabilities, payer sources, expectations for next and alternative sites of care (eg, hospital, nursing facility, inpatient hospice, home hospice, long-term acute care facility, home-based palliative care)
- C. Address medication management issues during transitions of care (eg, medication reconciliation, formularies, safety especially with controlled substances, rational de-prescribing)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

9. Interdisciplinary Teamwork, Quality, and Professionalism (2% of Exam)

Roles and functions of team members

Effective teamwork

- Communication
- Conflict resolution skills, team-related

Staff support and safety

Physician as team member

Professionalism

Consultation and co-management

Managing transitions of care

- Home
- Inpatient
- Outpatient
- Extended care

CURRICULAR MILESTONES

15. Safety and Risk Mitigation

- A. Practice safe prescribing (eg, polypharmacy, medication reconciliation and disposal, legal and regulatory issues, Risk Evaluation and Mitigation Strategies, Prescription Drug Monitoring Program)
- B. Understand issues around comorbid substance use disorders (eg, diversion risk, addiction treatment)
- C. Understand processes to promote patient safety (eg, screening for safety risk factors, error reporting, handoff procedures, learner supervision, fatigue mitigation)
- D. Identify safety events and participate in their investigation
- E. Promote situational awareness and provider safety in different healthcare settings

16. Hospice Regulations and Administration

- A. Understand hospice regulations (eg, hospice Medicare benefit, non-Medicare hospice coverage, eligibility, evolving business models, levels of care)
- B. Fulfill the role of a hospice team physician
- C. Perform hospice-specific documentation that meets regulatory requirements (eg, physician visits, certification of terminal illness, face-to-face visits, interdisciplinary team input)
- D. Understand the hospice business environment (eg, formularies, contracts, specific resources and policies)

17. Ethics of Serious Illness

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ASSOCIATED EXAM BLUEPRINT CATEGORIES

10. Quality and Compliance (2% of Exam)

- Substance abuse
 - Opioid risk assessment
 - Managing symptoms in patients at risk
 - Safety
 - Documentation
- Quality improvement
- Medication management

- Medicare hospice benefit
 - Eligibility
 - Levels of care

11. Ethical and Legal Aspects of Care (7% of Exam)

NEXT PAGE

CURRICULAR MILESTONES

17. Ethics of Serious Illness

- A. Fundamentals of bioethics (eg, historic and ethical-legal context, ethical paradigms)
- B. Ethics of responding to requests for hastened death
- C. Ethics of proportional sedation for refractory symptoms
- D. Ethical aspects of death definition and disorders of consciousness (eg, coma, persistent vegetative state, minimally conscious state)
- E. Ethics of medically assisted nutrition and hydration
- F. Ethics of withholding and withdrawing life-sustaining therapies
- G. Ethics and legal theory of decision-making capacity and confidentiality (eg, assent, consent, dissent, emancipated minors, surrogacy)

18. Self-Awareness Within the Training Experience

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ASSOCIATED EXAM BLUEPRINT CATEGORIES

11. Ethical and Legal Aspects of Care (7% of Exam)

Ethics of the physician-patient relationship

- Nonabandonment
- Truth-telling

Patient rights

Access to care and rationing

Decision making

- Informed assent and consent
- Pediatric decision making
- Surrogate decision making
- Best interest
- Beneficence/Nonmaleficence

Advance care planning

Privacy

Confidentiality

Treatment refusal

Futility/nonbeneficial treatment

Withdrawal of interventions

Principle of double effect

Medically assisted nutrition and hydration

Physician aid in dying

Altered states of consciousness

- Minimally conscious state
- Vegetative state
- Coma

Death by neurologic criteria

SEE SECTION 9. Interdisciplinary Teamwork, Quality and Professionalism (2% of Exam)

NEXT PAGE

CURRICULAR MILESTONES

18. Self-Awareness Within the Training Experience

- A. Demonstrate personal accountability in clinical duty tasks (eg, timeliness of task completion and attendance, documentation, communication follow up)
- B. Demonstrate personal accountability in administrative tasks (eg, teaching organization and improvement, credentialing activities, assignment completion, committee work tasks and participation)
- C. Identify conflicts of interests (eg, personal, professional, or corporate gains)
- D. Display awareness of one's role, identity, and boundaries in the private, professional, and public domains
- E. Integrate past clinical and personal life experience into a therapeutic patient-provider relationship (eg, cultural, spiritual, emotional, cognitive, and implicit bias)

19. Self-Care and Resilience

- A. Outline characteristics and types of distress (eg, excessive stress, moral or spiritual distress, exhaustion, compassion fatigue, depersonalization)
- B. Identify risk factors for burnout in self, others, and system (eg, high volume, high acuity, misaligned values and incentives, lack of transparency and recognition)
- C. Identify strategies for cultivating self-care and resilience for self and others (eg, medical humanities, healthy boundaries and realistic expectations, physical health, recreation, engagement and receptivity with team and community)
- D. Exhibit evolving self-reflection and conscious personal/professional identity formation (eg, loss and bereavement, insight around actions and consequences, mindfulness, compassion)

ASSOCIATED EXAM BLUEPRINT CATEGORIES

SEE SECTION 9. Interdisciplinary Teamwork, Quality and Professionalism (2% of Exam)

SEE SECTION 9. Interdisciplinary Teamwork, Quality and Professionalism (2% of Exam)

CURRICULAR MILESTONES

ASSOCIATED EXAM BLUEPRINT CATEGORIES

20. Teaching

- A. Provide and receive feedback
- B. Teach basic palliative care to other healthcare providers (eg, conducting learner needs assessment; defining learning goals and objectives; adjusting teaching content and methods to the setting and learners; recognizing teaching, coaching, and mentoring opportunities in every hospice and palliative medicine setting)
- C. Share evidence-based hospice and palliative medicine literature with others

21. Scholarship, Quality Improvement, and Research

- A. Appraise and assimilate evidence from hospice and palliative medicine scholarship
- B. Recognize and participate in quality improvement methods and activities (eg, interpret quality data, distinguish between quality improvement and research)
- C. Describe basic approaches and unique aspects of research in hospice and palliative medicine (eg, funding, ethics, vulnerable populations)

22. Career Preparation

- A. Discuss the context of hospice and palliative medicine (eg, history, future trajectory, current regulatory and political issues with need for advocacy, reimbursement, model of interdisciplinary collaboration)
- B. Engage in leadership skill development and planning for career trajectory (eg, lifelong learning, advocacy)
- C. Participate in elements of program development (eg, Program Evaluation Committee participation, quality metric identification)
- D. Demonstrate billing fundamentals and delivery of cost-effective care in hospice and palliative medicine practice

SEE SECTION 10. Quality and Compliance (2% of Exam)