

INTERNAL MEDICINE: INPATIENT Blueprint

For traditional, 10-year Maintenance of Certification (MOC) exam and Longitudinal Knowledge Assessment (LKA®)

ABIM invites diplomates to help develop the 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 hospitalists and those enrolled in the focused practice program 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 100 hospitalists, similar to the total invited population of hospitalists in age, gender, geographic region, and time spent in direct patient care, provided the blueprint topic ratings. ABIM used this feedback to update the blueprint for the traditional, 10-year MOC exam (beginning with the Fall 2016 administration).

To inform how assessment 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. A second source of information was the relative frequency of patient conditions in the content categories, as seen by certified hospitalists and documented by national health care data (described further under *Content distribution* below).

To determine prioritization of specific assessment 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 Internal Medicine: Inpatient MOC and the LKA Assessments

The MOC assessments is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified hospitalist in the broad domain of the discipline. The exam emphasizes diagnosis and management of prevalent conditions, particularly in areas where practice has changed in recent years. As a result of the blueprint review by ABIM diplomates, the MOC assessments places less emphasis on rare conditions and focuses more on situations in which physician intervention can have important consequences for patients. For conditions that are usually managed by other specialists, the focus is on recognition rather than on management. The assessment is developed jointly by the ABIM and the American Board of Family Medicine.

Assessment format

The traditional, 10-year MOC exam is composed of 220 single-best- answer multiple-choice questions, of which approximately 50 are new questions that do not count in the examinee's score. Examinees taking a traditional, 10-year MOC exam will have access to an external resource (i.e., UpToDate*) for the entire exam.

The LKA for MOC is a five-year cycle in which physicians answer questions on an ongoing basis and receive feedback on how they're performing along the way. More information on how assessments are developed can be found at 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

Questions on the IM Inpatient assessments describe patient encounters that take place in the hospital or other inpatient settings.

Clinical information presented may include patient photographs, radiographs, electrocardiograms, and other media to illustrate relevant patient findings. Exam tutorials, including examples of question format, can be found at abim.org/maintenance-of-certification/exam-information/hospital-medicine/exam-tutorial.aspx.

Content distribution

Listed below are the major medical content categories that define the domain for the Internal Medicine: Inpatient traditional, 10-year MOC exam and the LKA. The relative distribution of content is expressed as a percentage of the total assessment. To determine the content distribution, ABIM considered the average respondent ratings of topic frequency and importance. To cross-validate these self-reported ratings, ABIM also considered the relative frequency of conditions seen in the National Hospital Discharge Survey. Informed by these data, the Hospital Medicine Approval Committee and Internal Medicine Board have determined the content category targets shown below.

CONTENT CATEGORY	TARGET %
Inpatient and transitional care:	63.5%
Cardiovascular disorders	12%
Pulmonary disease and critical care medicine	12.5%
Gastroenterologic and hepatic disorders	10.5%
Nephrologic and urologic disorders	8.5%
Endocrinologic disorders	5%
Hematologic and oncologic disorders	3.5%
Neurologic disorders	7.5%
Allergic, immunologic, dermatologic, and rheumatologic disorders	4%
Palliative care, medical ethics, and decision-making	6.5%
Consultative co-management	15%
Quality, safety, and clinical reasoning	15%
Total	100%

ABIM is committed to working toward health equity and believes that board-certified physicians should have an understanding of health care disparities. Therefore, health equity content that is clinically important to each discipline will be included in assessments, and the use of gender, race, and ethnicity identifiers will be re-evaluated.

How the blueprint ratings are used to assemble the MOC assessment

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 *Assessment 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 Internal Medicine: Inpatient Approval Committee and Internal Medicine Board, in partnership with the physician community, have set the following parameters for selecting MOC assessment questions according to the blueprint review ratings:

- At least 75% of questions will address high-importance content (indicated in green)
- No more than 25% of questions will address mediumimportance 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 questions will address low-frequency content (indicated by "LF" following the topic description).

Note: The same topic may appear in more than one medical content category.

Detailed content outline for the Internal Medicine: Inpatient traditional, 10-year MOC exam and the LKA

High Importance: At least 75% of questions will address topics and tasks with this designation.

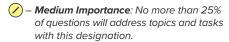
— Medium Importance: No more than 25% of questions will address topics and tasks with this designation. Low Importance: No questions will address topics and tasks with this designation.

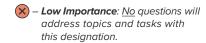
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INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS (12% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HYPERTENSION (<2% of exam)						
Secondary		\bigcirc	⊘	⊘	⊘	×
Hypertensive crisis		\bigcirc	\bigcirc	⊘	⊘	⊘
PERICARDIAL DISEASE (<2% of example)	n)					
Acute pericarditis	LF	\bigcirc	⊘	⊘	⊘	⊘
Cardiac tamponade	LF	\bigcirc	\bigcirc	⊘	⊘	⊘
Constrictive pericarditis	LF	⊘			⊘	×
ISCHEMIC HEART DISEASE (3% of e	xam)					
Stable angina pectoris		\bigcirc	\bigcirc	⊘	⊘	⊘
Unstable angina pectoris		\bigcirc	\bigcirc	⊘	\bigcirc	⊘
ST-segment elevation myocardial infarction		\bigcirc	\bigcirc	⊘	\bigcirc	
Non-ST-segment elevation myocardial infarction		\bigcirc	\bigcirc	⊘	⊘	⊘
Right ventricular infarction	LF	\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Other ischemic heart disease (cocaine-induced chest pain)		\bigcirc	⊘	⊘	⊘	⊘
ARRHYTHMIAS (2% of exam)						
Atrial fibrillation or flutter		\bigcirc	\bigcirc	⊘	⊘	⊘
Atrioventricular nodal reentrant tachycardia	LF	\bigcirc	⊘	⊗	⊘	Ø
Atrioventricular reciprocating tachycardia and Wolff-Parkinson-White syndrome	LF	⊘				×



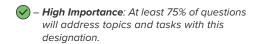
Diastolic

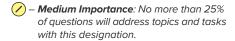




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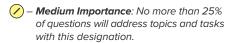
INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology,
(12% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
ARRHYTHMIAS continued (2% of exa	ım)					
Atrial tachycardia and multifocal atrial tachycardia		⊘	⊘	⊘	⊘	×
Ventricular arrhythmias		\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Long QT syndrome and torsades de pointes	LF	⊘	\bigcirc	⊘		⊘
Bradyarrhythmias and conduction defects		\bigcirc	\bigcirc	⊘	⊘	×
Sudden cardiac death (ventricular fibrillation, pulseless electrical activity, asystole)	LF	\bigcirc	\bigcirc	⊘	⊘	⊘
STRUCTURAL HEART DISEASE (<2%	of exam)				
Atrial septal defect	LF	⊘	⊘	⊘	×	×
Aortic stenosis		⊘	\bigcirc	⊘	⊘	⊘
Aortic insufficiency		⊘	⊘	⊘	⊘	⊘
Mitral regurgitation		⊘	⊘	⊘	⊘	×
Mitral stenosis		⊘	⊘	⊘	⊘	×
Prosthetic heart valve		\bigcirc	\bigcirc	⊘	⊘	×
Hypertrophic obstructive cardiomyopathy	LF	⊘	⊘	⊘	⊘	⊘
HEART FAILURE (2% of exam)						
Systolic						
Ischemic cardiomyopathy		\bigcirc	\bigcirc	⊘	⊘	⊘
Viral cardiomyopathy	LF	⊘	⊘	⊘	⊘	×
Toxin cardiomyopathy	LF	⊘	⊘	⊘	⊘	×
Takotsubo cardiomyopathy	LF	⊘	⊘	⊘	⊘	×
Sepsis-induced cardiomyopathy		⊘	⊘	⊘	⊘	×
Systolic dysfunction and heart failure		\bigcirc	\bigcirc	⊘	⊘	⊘
Diactolic						





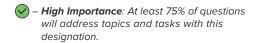
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INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS continued			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(12% of exam)	Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
ENDOCARDITIS AND OTHER CARDIOVA	SCULAR INFECTIO	NS (<2% of exam)		
Endocarditis and other cardiovascular infections	⊘	⊘	⊘	⊘	×
VASCULAR DISEASE (<2% of exam)					
Carotid artery disease	⊘	⊘	⊘	⊘	×
Aortic aneurysm and dissection	⊘	⊘	⊘	⊘	×
Peripheral arterial disease	⊘	\bigcirc	\bigcirc	⊘	×
Acute arterial occlusion L	.F	⊘	⊘		×
Venous disease of the lower extremities	⊘	⊘	⊘	⊘	
Vasculitis (Takayasu's arteritis)	F ×	×	×	×	×
SYNCOPE (<2% of exam)					
Syncope	⊘	⊘	⊘	⊘	\bigcirc
INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE AND CRITICAL CARE MEDICINE (12.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
OBSTRUCTIVE AIRWAY DISEASE (2% of	exam)				
Asthma					
Allergic bronchopulmonary aspergillosis	F	⊘	⊘	×	×
Asthma mimics (including vocal cord dysfunction)	F	⊘	⊘	⊘	×
Acute asthma	\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Chronic bronchitis and emphysema	⊘	⊘	⊘	⊘	×
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss L syndrome)	F	⊘	×	×	×



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INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE						
AND CRITICAL CARE MEDICINE continued					Risk Assessment/	
(12.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
OCCUPATIONAL AND ENVIRONMENT	AL LU	ING DISEASE (<2	% of exam)			
Organic inhalations (hypersensitivity pneumonitis)	LF	⊘	⊘	⊘	×	×
Inhalation lung injury						
Allergic	LF	⊘	⊘	⊘	⊘	×
Toxic	LF	⊘	×	⊘	×	×
Particulate (including silicosis and asbestosis)	LF	⊘	⊘	⊘	(X)	×
Carbon monoxide poisoning	LF	\bigcirc	\bigcirc	⊘	⊘	×
INTERSTITIAL LUNG DISEASE (<2% o	f exam	1)				
Pulmonary fibrosis						
Idiopathic pulmonary fibrosis		\bigcirc	⊘	⊘	⊘	×
Drug-induced pulmonary fibrosis	LF	⊘	⊘	⊘	⊘	×
Sarcoidosis	LF	\bigcirc	⊘	⊘	⊘	×
Connective tissue disorders and vas	culitis	;				
Granulomatosis with polyangiitis (Wegener's)	LF	⊘	⊘	⊘	⊘	×
Systemic lupus erythematosus – interstitial lung disease	LF	⊘	⊘	⊘		×
Anti-glomerular basement membrane disease (Goodpasture's syndrome)	LF	⊘	⊘	⊘	×	\bigotimes
PULMONARY VASCULAR DISEASE (<	2% of	exam)				
Pulmonary embolism						
Venous		\bigcirc	\bigcirc	⊘	⊘	×
Fat embolism	LF	\bigcirc	⊘	⊘	⊘	×
Pulmonary hypertension						
Idiopathic		⊘	⊘	Ø	Ø	×
Cor pulmonale		\bigcirc	⊘	⊘	⊘	×

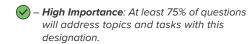


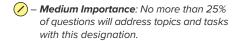
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INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE AND CRITICAL CARE MEDICINE continued (12.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PULMONARY VASCULAR DISEASE con	ntinued	l (<2% of exam	n)			
Superior vena cava syndrome	LF	\bigcirc	⊘	⊘	⊘	×
Hepatopulmonary syndrome	LF	Ø	⊘	⊘	⊘	×
PLEURAL DISEASE (<2% of exam)						
Pleural effusion						
Malignant pleural effusions		\bigcirc	⊘	⊘	⊘	×
Non-malignant pleural effusions		\bigcirc	⊘	⊘	⊘	×
Infections of the pleural space and empyema		\bigcirc	⊘	⊘	⊘	×
Pneumothorax		⊘	⊘	⊘	⊘	×
UPPER RESPIRATORY TRACT AND HE	AD AN	ND NECK DISOF	RDERS (<2% of e	xam)		
Acute and chronic sinusitis		/	⊘	⊘	⊘	×
Otitis media and externa	LF	⊘	⊘	⊘	⊘	×
Pharyngitis and pharyngeal abscess						
Deep infections of the head and neck	LF	⊘	⊘	⊘	⊘	×
Peritonsillar abscess		⊘	⊘	⊘	⊘	×
Tracheomalacia and tracheal stenosis	LF	⊘	⊘	⊘	⊘	×
Management of tracheostomy tubes	LF	⊘	⊘	⊘	⊘	×

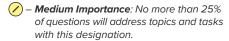




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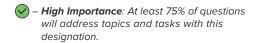
INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE AND CRITICAL CARE MEDICINE continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(12.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
LOWER RESPIRATORY TRACT INFEC	CTION	(2% of exam)				
Pneumonia						
Bacterial pneumonia other than mycobacterial		\bigcirc	⊘	⊘	⊘	×
Fungal pneumonia	LF	⊘	⊘	✓	✓	×
Viral pneumonia		\bigcirc	\bigcirc	\bigcirc		\otimes
Ventilator-associated pneumonia		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Hospital-acquired pneumonia		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Pneumocystis pneumonia	LF	\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Aspiration pneumonia		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Bronchiolitis obliterans with organizing pneumonia and cryptogenic pneumonia (BOOP) to Cryptogenic organizing pneumonia (COP)	LF	⊘	⊘	⊘	⊘	*
Lung abscess	LF		⊘		⊘	\otimes
Tuberculosis	LF	\bigcirc	\bigcirc	\bigcirc	⊘	×
Bronchiectasis			⊘		⊘	\otimes
Cystic fibrosis	LF		⊘		⊘	⊘
CRITICAL CARE MEDICINE (3.5% of e	exam)					
Acute respiratory distress syndrome		\bigcirc	⊘	⊘	⊘	×
Mechanical ventilation		\bigcirc	⊘	⊘	⊘	Ø
Bacteremia and sepsis syndrome						
Septic shock		\bigcirc	\bigcirc	⊘	\bigcirc	⊘
Toxic shock syndrome	LF	\bigcirc	⊘	⊘	⊘	×
LUNG CANCER (<2% of exam)						
Lung cancer		\bigcirc	\bigcirc	⊘	⊘	⊘





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INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE AND CRITICAL CARE MEDICINE continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(12.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
SMOKING CESSATION (<2% of exam)				,		
Smoking cessation		Not Applicable	⊘	⊘	⊘	⊘
OBSTRUCTIVE SLEEP APNEA (<2% o	f exan	1)				
Obstructive sleep apnea		\bigcirc	\bigcirc	\bigcirc	\bigcirc	×
INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS (10.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ESOPHAGEAL DISEASE (<2% of example))					
Gastroesophageal reflux		⊘	⊘	⊘	⊘	⊘
Mallory-Weiss syndrome		⊘	⊘	⊘	⊘	⊘
Esophageal carcinoma	LF	\bigcirc	\bigcirc	⊘	⊘	⊘
Gastroesophageal varices		\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Infectious esophagitis	LF	⊘	⊘	\bigcirc	⊘	⊘
Motility disorders (achalasia)	LF	⊘	⊘	⊘	⊘	⊘
GASTRIC DISORDERS (<2% of exam)						
Peptic ulcer disease						
Metastatic gastrinoma (Zollinger- Ellison syndrome)	LF			⊘	\otimes	×
Helicobacter pylori-induced peptic ulcer		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Gastritis and gastropathy		\bigcirc	\bigcirc	\bigcirc	⊘	×
Stomach cancer	LF	⊘	⊘	⊘	⊘	×
Bariatric surgery and its complications		⊘		Ø	(X)	×
Gastroparesis		\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Cyclic vomiting		⊘	Not Applicable	⊘	×	×

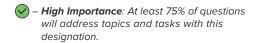


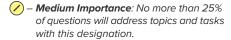
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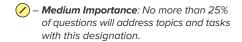
INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS continued			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(10.5% of exam)	Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
SMALL INTESTINAL DISEASE (<2% of exam)			·		
Celiac disease	⊘	⊘	⊘	×	⊘
Mesenteric ischemia and ischemic enteritis	\bigcirc	\bigcirc	⊘	⊘	⊘
Crohn's disease	\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Enteritis other than antibiotic colitis	⊘	\bigcirc	⊘	⊘	⊘
Duodenal ulcer disease	⊘	\bigcirc	⊘	⊘	⊘
Small intestine obstruction and ileus	⊘	⊘	⊘	⊘	⊘
COLONIC AND ANORECTAL DISEASE (<2%	of exam)				
Colorectal cancer	\bigcirc	\bigcirc	⊘	⊘	×
Diverticular disease					
Diverticulosis	\bigcirc	⊘	⊘	⊘	×
Diverticulitis	\bigcirc	\bigcirc	⊘	\bigcirc	×
Ulcerative colitis	\bigcirc	\bigcirc	\bigcirc	⊘	×
Antibiotic colitis	⊘	\bigcirc	⊘	⊘	⊘
Large intestine obstruction and volvulus	Ø	⊘	⊘	⊘	⊘
Large intestine hemorrhage and arteriovenous malformation	\bigcirc	\bigcirc	⊘	⊘	×
Acute appendicitis	\bigcirc	\bigcirc	⊘	⊘	×
Carcinoid syndrome LF	⊘	⊘	⊘	×	×
Constipation	⊘	\bigcirc	⊘	⊘	⊘

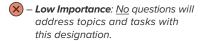




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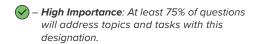
INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(10.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
PANCREATIC DISEASE (<2% of exam)						
Acute pancreatitis						
Infections of the pancreas and pancreatic abscess	LF	⊘	⊘	⊘	×	×
Pseudocyst		\bigcirc	\bigcirc	\bigcirc	⊘	×
Necrotizing pancreatitis	LF	\bigcirc	\bigcirc	\bigcirc	⊘	×
Gallstone pancreatitis		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Chronic pancreatitis		✓	⊘	⊘	⊘	⊘
Pancreatic carcinoma	LF	\bigcirc	\bigcirc	⊘	×	×
Alcoholic pancreatitis		\bigcirc	\bigcirc	\bigcirc	⊘	×
BILIARY TRACT DISEASE (<2% of exa	m)					
Cholelithiasis and choledocholithiasis		\bigcirc	⊘	⊘	⊘	×
Cholecystitis		\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Cholangitis		\bigcirc	\bigcirc	\bigcirc	⊘	×
Sclerosing cholangitis	LF		⊘		⊘	×
LIVER DISEASE (3% of exam)						
Viral hepatitis						
Hepatitis A	LF	⊘	⊘	⊘	⊘	×
Hepatitis B		⊘	⊘	⊘	⊘	×
Hepatitis C		⊘	⊘	⊘	⊘	×
Indications for transplantation	LF	\bigcirc	⊘	⊘	×	×
Liver abscess	LF	⊘	⊘	⊘	⊘	×





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INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(10.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
LIVER DISEASE continued (3% of exa	am)					
Cirrhosis and portal hypertension						
Ascites		\bigcirc	⊘	⊘	⊘	⊘
Hepatic encephalopathy		\bigcirc	\bigcirc	⊘	⊘	⊘
Hepatorenal syndrome		\bigcirc	⊘	⊘	⊘	⊘
Indications and management of transjugular intrahepatic portosystemic shunt	LF	⊘	×	⊘	⊘	×
Drug-induced liver disease		/	⊘	⊘	⊘	×
Autoimmune hepatitis	LF	⊘	⊘	⊘	⊘	×
Primary biliary cirrhosis	LF	⊘	⊘	⊘	⊘	×
Hemochromatosis	LF	⊘	⊘	⊘	×	×
Hepatic-vein thrombosis (Budd-Chiari syndrome)	LF	⊘	⊘	(×	×
Fatty liver and nonalcoholic steatohepatitis		\bigcirc	⊘	⊘		⊘
Alcoholic hepatitis		\bigcirc	\bigcirc	\bigcirc	\bigcirc	×
Gilbert's syndrome	LF		⊘		×	×
Hepatocellular carcinoma			⊘		⊘	×
PERITONEAL AND RETROPERITONE	AL DISE	EASE (<2% of ex	am)			
Bacterial peritonitis secondary to perforation		\bigcirc	⊘	⊘	⊘	×
Spontaneous bacterial peritonitis		\bigcirc	⊘	⊘	⊘	⊘
Intra-abdominal abscess		\bigcirc	⊘	⊘	⊘	×
Retroperitoneal hemorrhage		⊘	⊘	Ø	×	×
Retroperitoneal infections						
Psoas abscess	LF	⊘	⊘	✓	×	×
Abdominal compartment syndrome	LF	⊘	⊘	⊘	×	×

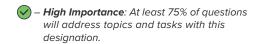


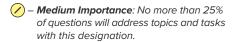
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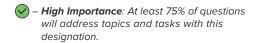
INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS continued (10.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PERITONEAL AND RETROPERITONEAL DIS	SEASE continued.	(<2% of exam)			
Ruptured ovarian cyst LF	⊘	⊘	×	×	×
Uterine fibroids LF	⊘	⊘	×	×	×
NUTRITIONAL DISORDERS (<2% of exam)					
Obesity	⊘	⊘	⊘	⊘	×
Malnutrition	\bigcirc	⊘	⊘	Ø	×
INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS (8.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ACUTE KIDNEY INJURY (2% of exam)		'			
Hypotension or shock-induced acute kidney injury	\bigcirc	⊘	⊘	⊘	⊘
Toxic and drug-induced kidney injury	\bigcirc	⊘	⊘	⊘	⊘
Rhabdomyolysis	\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Disseminated atheroembolism (cholesterol embolization syndrome)	Ø	⊘	⊘	⊘	×
Tubulointerstitial disease					
Acute interstitial nephritis	\bigcirc	⊘	⊘	⊘	⊘
Acute tubular necrosis	\bigcirc	\bigcirc	⊘	\bigcirc	⊘
Nephrotic syndrome	(⊘	⊘	⊘	⊘
Nephritic syndrome					
Systemic lupus erythematosus – LF glomerulonephritis	⊘	⊘	Ø	⊘	⊘
Hepatitis C-related (cryoglobulinemia)	⊘	⊘	⊘	⊘	⊘
Vasculitis and the kidney LF	⊘	✓	⊘	⊘	

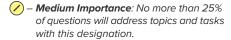


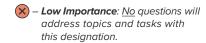


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INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(8.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
CHRONIC KIDNEY DISEASE (<2% of	exam)					
Renal replacement therapy		\bigcirc	\bigcirc	⊘	⊘	⊘
Renal osteodystrophy		⊘	⊘	⊘	⊘	⊘
Kidney transplantation	LF	⊘	⊘	⊘	⊘	⊘
URINARY TRACT INFECTION (<2% of	f exam)					
Asymptomatic bacteriuria		⊘	\bigcirc	⊘	⊘	⊘
Urethritis and cystitis		⊘	\bigcirc	⊘	⊘	⊘
Pyelonephritis and perinephric abscess		⊘	⊘	⊘	⊘	⊘
Prostatitis		⊘	⊘	⊘	⊘	×
SEXUALLY TRANSMITTED DISEASE	AND IN	FECTION OF REI	PRODUCTIVE O	RGANS (<2% of ex	am)	
Gonorrhea	LF	⊘	⊘	⊘	⊘	⊘
Primary syphilis	LF	⊘	⊘	⊘	⊘	⊘
Salpingitis, tubo-ovarian abscess, and other infections of the female pelvis	LF	⊘	⊘		⊘	\otimes
NEPHROLITHIASIS (<2% of exam)						
Nephrolithiasis		\bigcirc	\bigcirc	⊘	⊘	⊘
UROLOGIC CANCER (<2% of exam)						
Renal cell carcinoma		\bigcirc	\bigcirc	⊘	⊘	⊘
Bladder carcinoma	LF	⊘	⊘	⊘	⊘	×
Prostate carcinoma	LF	⊘	⊘	Ø	Ø	⊘
Testicular carcinoma and tumors	LF	⊘	⊘	×	×	×
Uterine cancer	LF	⊘	⊘	⊘	×	×
Ovarian cancer	LF	⊘	⊘	⊘	⊘	×



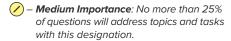




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INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS continued			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(8.5% of exam)	Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
WATER AND ELECTROLYTE BALANCE (2%	of exam)				
Hypernatremia					
Diabetes insipidus LF	\bigcirc	⊘	⊘	⊘	⊘
Hypovolemic hypernatremia	⊘	⊘	⊘	⊘	⊘
Hyponatremia					
Hyponatremia from hypovolemia	⊘	⊘	⊘	⊘	⊘
Hyponatremia from syndrome of inappropriate antidiuretic hormone secretion	\bigcirc	⊘	⊘	⊘	⊘
Postoperative hyponatremia	\bigcirc	⊘	⊘	⊘	⊘
Hypokalemia	⊘	⊘	⊘	⊘	⊘
Hyperkalemia	⊘	⊘	⊘	⊘	⊘
Hypomagnesemia	⊘	⊘	⊘	⊘	⊘
Hypermagnesemia	⊘	⊘	⊘	Ø	⊘
ACID-BASE DISORDERS (<2% of exam)					
Metabolic acidosis					
Elevated anion gap	\bigcirc	⊘	⊘	⊘	⊘
Normal anion gap	\bigcirc	⊘	⊘	Ø	⊘
Metabolic alkalosis	⊘	⊘	⊘	⊘	⊘
Respiratory acidosis	\bigcirc	⊘	⊘	⊘	⊘
Respiratory alkalosis	⊘	⊘	⊘	⊘	⊘
Mixed acid-base disturbance	\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘





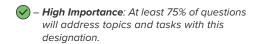
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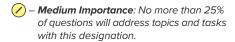
INPATIENT AND TRANSITIONAL CARE: ENDOCRINOLOGIC DISORDERS (5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ADRENAL AND THYROID DISORDERS (<2	% of exam)		'	'	
Primary aldosteronism and mineralocorticoid excess	⊘	⊘	⊘	×	×
Pheochromocytoma LF	⊘		⊘	⊘	×
Adrenal adenoma	⊘	⊘	⊘	⊘	×
Cushing's disease LF	⊘	⊘	⊘	⊘	⊘
Adrenal insufficiency	\bigcirc	\bigcirc	⊘	⊘	⊘
Hyperthyroidism					
Graves' disease	⊘	⊘	⊘	⊘	⊘
Thyroiditis	⊘	⊘	⊘	⊘	⊘
Thyroid storm LF	\bigcirc	\bigcirc	⊘	⊘	⊘
Hypothyroidism					
Hashimoto's thyroiditis and other autoimmune thyroiditis	⊘	Ø	⊘	⊘	⊘
Myxedema coma LF	\bigcirc	\bigcirc		⊘	
Euthyroid sick syndrome	⊘	\bigcirc	⊘	⊘	⊘
DIABETES MELLITUS (3.5% of exam)					
Type 1	⊘	\bigcirc	⊘	⊘	⊘
Type 2	⊘	\bigcirc	⊘	⊘	⊘
Complications of diabetes mellitus					
Diabetic ketoacidosis	\bigcirc	\bigcirc	⊘	⊘	\bigcirc
Hyperosmolar coma	⊘	⊘	⊘	⊘	⊘
Diabetic nephropathy	\bigcirc	\bigcirc	⊘	⊘	⊘
Diabetic gastroparesis	\bigcirc	\bigcirc	⊘	⊘	⊘
Diabetic neuropathy	⊘	\bigcirc	⊘	⊘	⊘
Diabetic foot other than necrotizing infection	⊘	\bigcirc	⊘	⊘	⊘

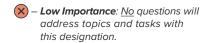


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INPATIENT AND TRANSITIONAL CA ENDOCRINOLOGIC DISORDERS continued	RE:			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
HYPOGLYCEMIA (<2% of exam)						
Hypoglycemia		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
DISORDERS OF CALCIUM METABOLIS	SM A	ND BONE (<2% o	f exam)			
Hypercalcemia						
Primary hyperparathyroidism	LF	\bigcirc	\bigcirc	\bigcirc		
Malignancy-associated hypercalcemia		\bigcirc	⊘	⊘		⊘
Sarcoidosis and hypercalcemia	LF	⊘	⊘	⊘	⊘	⊘
Hypocalcemia		⊘	⊘	⊘	⊘	⊘
Hyperphosphatemia		⊘	⊘	⊘	⊘	⊘
Osteopenia and osteoporosis		⊘	⊘	⊘	⊘	⊘
PITUITARY DISORDERS (<2% of exam)						
Pituitary tumor		×	×	×	×	×
Hypopituitarism	LF	⊘	⊘	⊘	⊘	
INPATIENT AND TRANSITIONAL CARE: HEMATOLOGIC AND ONCOLOGIC DISORDERS (3.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HYPOPROLIFERATIVE ANEMIA (<2% o	of exa	m)			1	
Aplastic anemias	LF	⊘	⊘	⊘	⊘	×
Anemia of chronic disease		\bigcirc	⊘	⊘	⊘	⊘
Anemia due to kidney failure		\bigcirc	⊘	⊘	⊘	⊘
Iron deficiency anemia		\bigcirc	⊘	⊘	\bigcirc	⊘
Vitamin B12 and folate deficiencies		\bigcirc	⊘	⊘	⊘	⊘
Myelodysplastic syndromes		⊘	⊘	⊘	⊘	×
Infiltrative bone marrow disease	LF	⊘	⊘	⊘	⊘	×
Toxin- and alcohol-related bone marrow suppression		\bigcirc	⊘		Ø	







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INPATIENT AND TRANSITIONAL CARE: HEMATOLOGIC AND ONCOLOGIC DISORDERS continued (3.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HEMOLYTIC ANEMIA (<2% of exam)						
Glucose-6-phosphate dehydrogenase deficiency	LF	⊘	⊘	⊘	×	×
Autoimmune hemolytic anemia	LF		✓	⊘	⊘	×
HEMOGLOBINOPATHIES (<2% of exam))					
Sickle cell anemia (pain crises and complications)		⊘	⊘	⊘	⊘	⊘
Thalassemias	LF		⊘	⊘	×	×
PLATELET DISORDERS (<2% of exam)						
Idiopathic thrombocytopenic purpura		\bigcirc	⊘	⊘	⊘	⊘
Heparin-induced thrombocytopenia (HIT)		\bigcirc	\bigcirc	⊘		⊘
Thrombotic thrombocytopenic purpura	LF	⊘	\bigcirc	⊘		⊘
COAGULATION FACTOR DEFICIENCY	AND D	ISORDERS (<29	% of exam)			
Disseminated intravascular coagulation		\bigcirc	⊘	⊘	⊘	⊘
Warfarin-related coagulopathy			⊘	⊘	×	×
Inherited factor deficiencies (Factors VIII and IX)	LF	(Ø	×	×	×
von Willebrand disease	LF		✓		✓	×
Direct oral anticoagulant management and complications		\bigcirc	\bigcirc	⊘	⊘	⊘
THROMBOTIC DISORDERS (<2% of exa	am)					
Inherited hypercoagulable state		\bigcirc	\bigcirc	⊘	⊘	⊘
Antiphospholipid antibody syndrome	LF	⊘	Ø	⊘	⊘	×
Paraneoplastic thrombosis		\bigcirc	\bigcirc	\bigcirc	⊘	⊘



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INPATIENT AND TRANSITIONAL CARE: HEMATOLOGIC AND ONCOLOGIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(3.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
HEMATOLOGIC MALIGNANCIES (<2%	of exa	am)				
Chronic myelogenous leukemia	LF	⊘	⊘	⊘	⊘	×
Chronic lymphocytic leukemia		⊘		⊘	⊘	⊘
Acute lymphocytic leukemia	LF	⊘		⊘	⊘	×
Acute myelogenous leukemia	LF	⊘		⊘	⊘	×
Non-Hodgkin's lymphoma		⊘			⊘	×
Hodgkin's disease	LF				⊘	×
Multiple myeloma					⊘	×
Monoclonal gammopathy	LF	⊘		⊘	⊘	×
Waldenstrom's macroglobulinemia	LF			×	×	×
Polycythemia vera and other erythrocytosis	LF	⊘	⊘	⊘		\otimes
Essential thrombocythemia	LF				⊘	×
TRANSFUSION MEDICINE (PRINCIPL	ES AN	D COMPLICATIO	NS) (<2% of exa	m)		
Hemolytic transfusion reactions	LF	⊘	⊘	✓	⊘	⊘
Febrile nonhemolytic transfusion reactions		⊘	⊘	⊘	⊘	⊘
Transfusion-related acute lung injury and transfusion-associated circulatory overload	LF	⊘	⊘	⊘	⊘	(X)
Indications for platelet transfusion						
Hypoproliferative thrombocytopenia		\bigcirc	⊘	⊘	×	×
Anemia		\bigcirc	\bigcirc	\bigcirc	⊘	\bigcirc
ADVERSE EFFECTS OF CANCER CHE	MOTH	IERAPY (<2% of e	exam)			
Toxic effects of chemotherapy		Ø	⊘	Ø	⊘	⊘
Fever and neutropenia		\bigcirc	\bigcirc	⊘	⊘	⊘
Tumor lysis syndrome		⊘	⊘	⊘	⊘	⊘



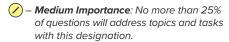
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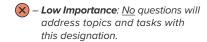
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INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDERS (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SEIZURE (<2% of exam)					
Tonic-clonic seizure disorders	⊘	⊘	⊘	⊘	⊘
Non-convulsive status	\bigcirc	\bigcirc	\bigcirc	⊘	
STROKE (<2% of exam)					
Transient ischemic attack	⊘	\bigcirc	⊘	⊘	⊘
Hemorrhagic stroke	⊘	⊘	⊘	⊘	⊘
Ischemic stroke	⊘	\bigcirc	⊘	⊘	⊘
HEADACHE OR FACIAL PAIN (<2% of exam	m)				
Migraine headache	⊘	\bigcirc	⊘	⊘	⊘
Temporal arteritis, giant cell arteritis, and polymyalgia rheumatica		⊘	⊘	⊘	⊘
Subdural hematoma	⊘	\bigcirc	⊘	\bigcirc	⊘
Subarachnoid hemorrhage and aneurysms	⊘	\bigcirc	⊘	⊘	⊘
Pseudotumor cerebri (idiopathic intracranial hypertension)		⊘			⊘
Cavernous sinus thrombosis LF					×
PERIPHERAL NEUROPATHY (<2% of exam	1)				
Neurologic complications of vitamin B6 and vitamin B12 deficiency	⊘	⊘	⊘	⊘	⊘
Acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome)	⊘	⊘	⊘	⊘	⊘
Compression neuropathy	⊘	⊘	⊘	⊘	⊘
Mononeuritis multiplex LF		⊘	⊘	⊘	×
Drug-induced neuropathy LF	- •	⊘	⊘	⊘	×







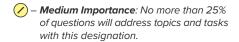
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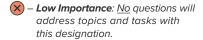
INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDERS continued (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
NEURO-OPHTHALMOLOGY (<2% of exam)					
Bell's palsy	\bigcirc	⊘	(Ø	(
Eye infection					
Periorbital cellulitis	\bigcirc	⊘	\bigcirc	⊘	⊘
Conjunctivitis	⊘	⊘	⊘	⊘	×
Herpes zoster	⊘	\bigcirc	⊘	⊘	⊘
Glaucoma	×	×	×	×	×
Retinal disease					
Retinal detachment LF	×	×	×	×	×
Retinal artery and vein occlusion LF	⊘	⊘	⊘	⊘	×
Retinal infections (toxoplasmosis, cytomegalovirus)	⊘	⊘	⊘	⊘	×
Uveitis LF	⊘	⊘	Ø	×	×
DISORDERS OF CEREBRAL FUNCTION (<29	% of exam)				
Dementia					
Alzheimer's disease	⊘	\bigcirc	⊘	⊘	×
Multi-infarct dementia	\bigcirc		⊘	⊘	⊘
Normal pressure hydrocephalus				⊘	⊘
Frontal-temporal-parietal (FTP) LF dementia		⊘		⊘	×
Thiamine deficiency, Wernicke- Korsakoff syndrome	⊘	⊘	⊘	⊘	×
Neurosyphilis LF	⊘	⊘	⊘	⊘	×
Pseudodementia (thyroid- stimulating hormone [TSH], LF subdural, vitamin B12)	⊘	⊘	⊘	⊘	⊘
Brain death and persistent vegetative state	⊘	⊘	⊘	Ø	×



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INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDE continued (7.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
DISORDERS OF CEREBRAL FUNCT	TION cont	tinued (<2% of e	exam)			
Delirium						
Alcohol withdrawal and delirium		⊘	\bigcirc	⊘	⊘	⊘
Drug-induced delirium		\bigcirc	\bigcirc	⊘	⊘	⊘
Electrolyte-induced delirium		\bigcirc	\bigcirc	⊘	⊘	⊘
Hyperosmolar nonketotic coma		\bigcirc	\bigcirc	⊘	⊘	\bigcirc
Uremia-induced delirium		\bigcirc	\bigcirc	⊘	⊘	\bigcirc
Posterior reversible encephalopathy syndrome	LF	\bigcirc	⊘	⊘	⊘	⊘
MOVEMENT DISORDER (<2% of exa	am)					
Parkinson's disease and parkinson	nism					
Lewy body disease	LF	⊘	⊘	⊘	⊘	×
Parkinson-plus syndromes	LF	⊘	⊘	✓	⊘	×
Parkinson's disease - general		⊘	⊘	⊘	⊘	⊘
CENTRAL NERVOUS SYSTEM INFE	CTION (<	:2% of exam)				
Viral meningitis		\bigcirc	\bigcirc	⊘	\bigcirc	⊘
Bacterial meningitis		\bigcirc	\bigcirc	⊘	⊘	\bigcirc
Tuberculous meningitis	LF	⊘	⊘	⊘	⊘	×
Carcinomatous meningitis to leptomeningeal carcinomatosis (LPD)	LF	⊘	⊘	⊘	⊘	×
Drug-induced meningitis	LF	\bigcirc	\bigcirc	⊘	⊘	×
Basilar meningitis	LF	\otimes	×	×	×	×
Brain abscess	LF	⊘	⊘	Ø	⊘	⊘
Viral encephalitis		\bigcirc	\bigcirc	Ø	⊘	⊘
Herpes encephalitis		\bigcirc	\bigcirc	⊘	⊘	⊘
Meningovascular syphilis	LF	\otimes	\otimes	×	×	×





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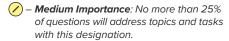
INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDERS continued	;			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology.
(7.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
NEUROLOGIC COMPLICATIONS OF H	UMAN	IMMUNODEFIC	IENCY VIRUS (HIV) INFECTION (<2	2% of exam)	
Toxoplasmosis	LF	⊘	⊘	⊘	⊘	×
Central nervous system lymphoma	LF	⊘	⊘	⊘	⊘	×
Progressive multifocal leukoencephalopathy (PML)	LF	Ø	⊘	⊘	⊘	×
Cryptococcal meningitis	LF		✓		⊘	⊘
CENTRAL NERVOUS SYSTEM TUMOR	R (<2%	of exam)				
Meningioma	LF	⊘	⊘	⊘	⊘	×
Metastatic brain lesion		⊘	\bigcirc	⊘	⊘	⊘
MULTIPLE SCLEROSIS AND OTHER D	EMYE	LINATING DISEA	.SES (<2% of ex	am)		
Multiple sclerosis and other demyelinating diseases		\bigcirc	\bigcirc	⊘	⊘	⊘
SPINAL CORD DISEASE (<2% of examp)					
Spinal cord compression						
Epidural abscess	LF	\bigcirc	\bigcirc	⊘	⊘	⊘
Metastatic spinal cord lesions		\bigcirc	\bigcirc	\bigcirc	⊘	⊘
Amyotrophic lateral sclerosis	LF	⊘	⊘	Ø	⊘	×
Cauda equina syndrome	LF	⊘	\bigcirc	⊘	⊘	⊘
DISEASES OF MUSCLE AND NEURON	NUSCL	JLAR JUNCTION	(<2% of exam)			
Myasthenia gravis and Lambert-Eator Syndrome after Myasthenia gravis	LF	\bigcirc	\bigcirc	⊘	⊘	⊘
Polymyositis	LF	⊘	⊘	⊘	⊘	⊘
Drug-induced myopathy and myositis			(⊘	⊘	⊘
Neuroleptic malignant syndrome	LF	⊘	⊘	⊘	⊘	⊘
Malignant hyperthermia	LF	⊘	⊘	⊘	⊘	×
Thyroid-induced myopathy and myositis	LF		⊘	⊘	⊘	⊘
Neuropathy of critical illness		\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘



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INPATIENT AND TRANSITIONAL CARE: ALLERGIC, IMMUNOLOGIC, DERMATOLOGIC, AND RHEUMATOLOGIC DISORDERS (4% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ALLERGIC AND IMMUNOLOGIC DISOR	DER	S (<2% of exam)				
Anaphylaxis		\bigcirc	⊘	⊘	⊘	×
Urticaria and angioedema		\bigcirc	⊘	\bigcirc	⊘	⊘
Serum sickness	LF	⊘	⊘	⊘	⊘	×
Immunization recommendations		⊘	\otimes	⊘	⊘	×
DERMATOLOGIC DISORDERS (2% of ex	(am)					
Dermatologic manifestation of system	ic di	sease				
Erythema nodosum	LF	⊘	⊘	⊘	⊘	×
Pyoderma gangrenosum (ulcerative colitis and Crohn's disease)	LF	⊘	⊘	⊘		×
Ecthyma gangrenosum	LF	⊘	⊘	×	×	×
Acanthosis nigricans		⊘	×	×	⊘	×
Measles	LF	⊘	⊘	⊘	⊘	⊘
Vesicles and bullae						
Pemphigus vulgaris	LF	⊘	⊘	×	×	×
Bullous pemphigoid	LF	⊘	×	×	×	×
Porphyria cutanea tarda	LF	⊘		×	×	×
Herpes viruses		\bigcirc		\bigcirc	⊘	×
Varicella (initial infection and zoster)		\bigcirc	⊘	⊘	⊘	×
Skin and soft tissue infection						
Cellulitis		\bigcirc	\bigcirc	⊘	⊘	×
Necrotizing soft tissue infections and gas gangrene		⊘	⊘	⊘	⊘	×
Abscess		\bigcirc	⊘	\bigcirc	⊘	⊘
Lyme disease	LF		⊘	⊘	⊘	×
Secondary syphilis	LF		⊘	⊘	⊘	×
Skin cancer	LF	⊘	(×	×	×

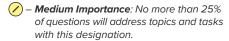


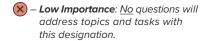


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INPATIENT AND TRANSITIONAL CARE: ALLERGIC, IMMUNOLOGIC DERMATOLOGIC, AND RHEUMATOLOGIC DISORDERS continued (4% of exam)	,	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
RHEUMATOLOGIC DISORDERS (<2% of	of exa	m)				
Crystal-induced arthropathy		\bigcirc	\bigcirc	⊘	Ø	Ø
Seronegative arthropathy and spond	yloart	hropathy				
Ankylosing spondylitis	LF	⊘		⊘	⊘	×
Reactive arthritis	LF	⊘	⊘	⊘	⊘	×
Inflammatory bowel disease		\bigcirc	\bigcirc	⊘	⊘	×
Psoriatic arthritis	LF	⊘	⊘	⊘	×	×
Rheumatoid arthritis		⊘	⊘	⊘	⊘	×
Systemic lupus erythematosus – gene	ral	⊘	/	⊘	⊘	×
Systemic sclerosis						
Diffuse	LF	⊘	⊘	⊘	⊘	×
CREST syndrome (calcinosis of the digits, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia)	LF	⊘	⊘	⊘	×	*
Vasculitis (Buerger's disease)	LF	×	\otimes	×	×	×
Sjogren's syndrome		⊘	⊘	⊘	×	×
Infectious arthritis						
Viral (parvovirus)	LF	⊘	⊘	×	×	×
Bacterial		⊘	\bigcirc	⊘	⊘	×
Disseminated gonorrhea	LF	⊘	⊘	⊘	⊘	×
Osteomyelitis		\bigcirc	⊘	⊘	⊘	⊘
Adult Still's disease	LF	⊘	⊘	×	×	×
Behcet's syndrome	LF	⊘	⊘	×	×	×
Dermatomyositis	LF	⊘	(Ø	⊘	×
Mixed connective tissue disease	LF	⊘	⊘	×	×	×



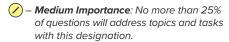


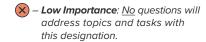


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PALLIATIVE CARE, MEDICAL ETHICS, AND DECISION-MAKING (6.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
MEDICAL ETHICS AND DECISION MAKING	(<2% of exam)	•			
Results disclosure	Not Applicable		⊘	\bigcirc	Not Applicable
Physician-patient relationship	Not Ap	plicable	⊘	⊘	Not Applicable
Confidentiality	Not Ap	plicable	⊘	⊘	Not Applicable
Communication about prognosis	Not Ap	plicable	⊘	⊘	Not Applicable
Informed consent	Not Ap	plicable	⊘	⊘	Not Applicable
Cultural competency	Not Ap	plicable	⊘	⊘	Not Applicable
Lines of decision-making authority	Not Ap	plicable	⊘	⊘	Not Applicable
FACILITATION OF HOSPICE CARE (<2% of e	xam)				
Cancer diagnoses	Not Ap	plicable	⊘	\bigcirc	Not Applicable
Non-cancer diagnoses	Not Ap	plicable	⊘	\bigcirc	Not Applicable
PALLIATIVE CARE (4.5% of exam)					
Discontinuation of life-sustaining care					
Discontinuation of devices	Not Applicable		⊘	⊘	Not Applicable
Discontinuation of interventions	Not Ap	plicable	⊘	⊘	Not Applicable
Pain management in palliative care	Not Applicable		⊘	⊘	Not Applicable
Non-pain symptom management at end o	f life				
Secretions	Not Ap	plicable	⊘	⊘	Not Applicable
Dyspnea	Not Ap	plicable	⊘	\bigcirc	Not Applicable
Nausea	Not Ap	plicable	⊘	\bigcirc	Not Applicable
Delirium	Not Applicable		⊘	⊘	Not Applicable
Depression	Not Applicable		⊘	\bigcirc	Not Applicable
PAIN MANAGEMENT (<2% of exam)					
Dosage conversion	Not Applicable		⊘	⊘	Not Applicable
Chronic kidney or liver disease	Not Ap	plicable	⊘	⊘	Not Applicable

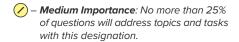






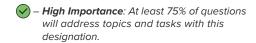
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CONSULTATIVE CO-MANAGEMENT (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science		
PERIOPERATIVE CARE (12.5% of exam)							
Cardiology (3% of exam)							
Endocarditis prophylaxis LF	⊘	⊘	⊘	⊘	×		
Perioperative risk stratification	\bigcirc	⊘	⊘	⊘	×		
Perioperative arrhythmias	⊘	⊘	⊘	⊘	×		
Perioperative hypertension management	⊘	⊘	⊘	⊘	×		
Postoperative acute coronary syndrome	②	⊘	⊘	⊘	×		
Pulmonology (<2% of exam)							
Perioperative asthma management	⊘	⊘	\bigcirc	⊘	×		
Perioperative chronic obstructive pulmonary disease management	⊘	⊘	⊘	⊘	×		
Postoperative hypoxia	\bigcirc	⊘	⊘	⊘	⊘		
Obstructive sleep apnea/ hypoventilation syndrome			⊘	⊘	×		
Hematology (<2% of exam)							
Perioperative anticoagulation and antiplatelet therapy	⊘	⊗	⊘	⊘	⊘		
Perioperative deep venous thrombosis prophylaxis	\bigcirc	\bigcirc	⊘	②	×		
Endocrinology (<2% of exam)							
Perioperative diabetes mellitus management	⊘	⊘	⊘	⊘	×		
Perioperative stress-dose corticosteroid management		(⊘		×		
Perioperative thyroid management and thyroid storm	⊘	⊘	⊘	×	×		
Perioperative and postoperative infections (2% of exam)	\bigcirc	⊘	⊘	⊘	×		



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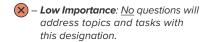
CONSULTATIVE CO-MANAGEMENT continued (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
Neurology (<2% of exam)					
Postoperative delirium	⊘	⊘	⊘	⊘	⊘
Compressive neuropathies LF	⊘	⊘	⊘	⊘	×
Postoperative stroke	⊘	×	×	\otimes	×
Nephrology (<2% of exam)					
Postoperative urinary retention	⊘	⊘	⊘	⊘	×
Postoperative acute kidney injury	⊘	⊘	⊘	×	×
PREGNANCY (2.5% of exam)					
Hypertension in pregnancy (pre-eclampsia and eclampsia)	⊘	⊘	⊘	⊘	⊘
Asthma and pregnancy LF	⊘	⊘	⊘	⊘	×
Hyperthyroidism during pregnancy or peripartum period	⊘	⊘	⊘	⊘	×
Liver disease in pregnancy LF	⊘	⊘	⊘	×	×
Peripartum cardiomyopathy LF	⊘	⊘	⊘	×	×
Diabetes mellitus and pregnancy	⊘	⊘	⊘	⊘	×
Medications safe in pregnancy	×	×	⊘	×	×
Dyspnea in pregnancy LF	⊘			⊘	×
QUALITY, SAFETY, AND CLINICAL REASONING (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HOSPITAL-BASED PREVENTION STRATEG	GIES (3% of exam)		•		
Deep venous thrombosis prophylaxis	Not Applicable		⊘	⊘	Not Applicable
Gastroenterologic prophylaxis	Not Applicable		⊘	⊘	Not Applicable
Fall prevention	Not Applicable		⊘	\bigcirc	Not Applicable
Delirium prevention	Not Ap	plicable	⊘	\bigcirc	Not Applicable
Aspiration prevention	Not Ap	plicable	⊘	\bigcirc	Not Applicable



QUALITY, SAFETY, AND CLINICAL

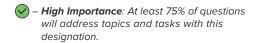
REASONING

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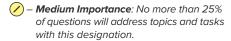
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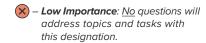
continued (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HEALTHCARE-ASSOCIATED INFECTIONS	(3.5% of exam)				
Infection control (including isolation)					
Clostridium difficile infection	\bigcirc	\bigcirc	⊘	\bigcirc	⊘
Methicillin-resistant Staphylococcus aureus (MRSA) infection	⊘	\bigcirc	⊘	⊘	×
Central line-associated blood stream infection	⊘	\bigcirc	⊘	⊘	⊘
Hospital-acquired pneumonia	\bigcirc	\bigcirc	⊘	\bigcirc	×
Ventilator-associated pneumonia	\bigcirc	\bigcirc	\bigcirc	\bigcirc	⊘
Catheter-associated urinary tract infection	⊘	\bigcirc	⊘	⊘	\otimes
MEDICATION ERRORS AND ADVERSE DE	RUG EFFECTS (4% o	of exam)			
Drug-induced nephrologic disease					
Kidney failure	⊘	\bigcirc	⊘	⊘	⊘
Electrolyte disorders	⊘	\bigcirc	⊘	\bigcirc	⊘
Drug-induced cardiac disease					
Arrhythmias	⊘	⊘	⊘	⊘	⊘
Cardiomyopathy	⊘	⊘	⊘	⊘	⊘
Drug-induced hematologic disease					
Hemolytic anemia	⊘	⊘	⊘	⊘	⊘
Neutropenia	⊘	⊘	⊘	⊘	×



QUALITY, SAFETY, AND CLINICAL

REASONING





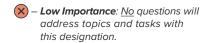
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continued (15% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
MEDICATION ERRORS AND ADVERSE	DRU	G EFFECTS conti	inued (4% of e	xam)		
Drug-induced rheumatologic disease)					
Lupus erythematosus	LF	⊘	⊘	⊘	⊘	×
Complications of immuno- suppressive therapy		⊘	⊘	⊘	⊘	×
Reactivation disease following immunosuppression	LF	⊘	×	×	\otimes	×
Dermatologic drug reactions						
Drug-induced leukocytoclastic vasculitis	LF	⊘	×	×	×	×
Erythema multiforme, Stevens- Johnson syndrome, and toxic epidermal necrolysis	LF	⊘	⊘	©	⊘	(X)
Drug-induced psychiatric disease						
Serotonin syndrome	LF	\bigcirc	⊘	⊘	⊘	×
Lithium toxicity	LF	\bigcirc		⊘	⊘	×
Anti-psychotic complications		\bigcirc		⊘	⊘	⊘
Benzodiazepine withdrawal		\bigcirc	⊘	⊘	⊘	×
Complications of pain management						
Management of patient-controlled analgesia (PCA) pumps		⊘	⊘	⊘	⊘	×
Neuro-excitatory adverse effects of opioid therapy		\bigcirc	⊘	⊘		×
Pain control in chronic kidney disease			×	⊘		×
Pain control in chronic liver disease		⊘	⊘	⊘	⊘	×
Medication reconciliation		⊘	⊘	⊘	Ø	×
Drug-induced ophthalmologic disease (retinal toxicity)	LF	⊘	⊘		⊘	×



Lumbar puncture

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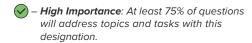
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QUALITY, SAFETY, AND CLINICAL REASONING continued			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(15% of exam)	Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
INTERPROFESSIONAL AND INTERDISCIPI	LINARY COMMUN	ICATIONS AND P	PROFESSIONALIS	M (<2% of exam)	
The role and importance of the healthcar	e team				
Identification of the ways in which team members and stakeholders facilitate or impede improvement	Not App	olicable	×	×	Not Applicable
Identification of stakeholders who are important to improving a process or system of care	Not App	olicable	8	(X)	Not Applicable
Interprofessional communication	Not App	olicable	⊘	⊘	Not Applicable
Closed-loop communication	Not App	olicable	⊘	\bigcirc	Not Applicable
PRE-TEST AND POST-TEST PROBABILITIE	ES (<2% of exam)				
Pre-test and post-test probabilities	Not App	olicable	⊘	⊘	Not Applicable
HAZARDS OF IMMOBILITY AND BED RES	「 (<2% of exam)				
Pressure ulcers	⊘	⊘	⊘	⊘	×
Catheter management	⊘	⊘	⊘	⊘	×
PROCEDURAL COMPLICATIONS (<2% of e	exam)				
Thoracentesis	⊘	\bigcirc	\bigcirc	⊘	×
Paracentesis	⊘	⊘	⊘	⊘	×
Central venous line	⊘	⊘	⊘	⊘	×



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QUALITY, SAFETY, AND CLINICAL REASONING continued (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PREVENTION STRATEGIES FOR MEDICAL	ERRORS (<2% of	exam)			
Principles of failure mode effect analysis	Not Ap _l	plicable	×	×	Not Applicable
Principles of root cause analysis LF	Not App	plicable	⊘	×	Not Applicable
Principles of Plan-Do-Study-Act (PDSA) of	cycle				
Indicators of poor system performance; system and process LF versus individual accountability	Not Ap _l	plicable	×	×	Not Applicable
Challenges to changing systems and processes of care – the value LF of small tests of change	Not Ap	plicable	×	(X)	Not Applicable
Tools for changing systems LF	Not Ap	plicable	×	×	Not Applicable
Clinical quality measurement					
Structure, process, and outcome measures	Not Ap	Not Applicable		×	Not Applicable
Patient-reported and patient experience measures	Not Applicable		⊘	×	Not Applicable
Constructing measures (appropriate numerator and denominator descriptions, appropriate exclusions)	Not Applicable		×	(X)	Not Applicable
Quality monitoring systems					
Electronic health records as primary data generators	Not Ap _l	plicable	*	×	Not Applicable
Structured documentation in electronic record keeping systems	Not Ap	plicable	⊘	⊘	Not Applicable
Data use in identifying and describing clinical quality issues	Not Ap	plicable	⊘	×	Not Applicable
Electronic data for measuring and monitoring care	Not Applicable		⊘	⊘	Not Applicable
Clinical quality data for identifying and describing a clinical-quality issue with a population of patients	Not Applicable		×	(X)	Not Applicable
Error reporting systems	Not Applicable		⊘	×	Not Applicable
Teach-back method	Not Applicable		⊘	×	Not Applicable
Universal protocol	Not App	plicable	⊘	×	Not Applicable



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QUALITY, SAFETY, AND CLINICAL REASONING continued (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science			
ERRORS AND PRINCIPLES OF ERROR DISCLOSURE (<2% of exam)								
Errors and principles of errors disclosures	Not Applicable		⊘	⊘	Not Applicable			
VALUE BASED CARE (<2% of exam)								
Value based care	Not Applicable		⊘	⊘	Not Applicable			