



# 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](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

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](https://www.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:	<b>63.5%</b>
Cardiovascular disorders	<b>12%</b>
Pulmonary disease and critical care medicine	<b>12.5%</b>
Gastroenterologic and hepatic disorders	<b>10.5%</b>
Nephrologic and urologic disorders	<b>8.5%</b>
Endocrinologic disorders	<b>5%</b>
Hematologic and oncologic disorders	<b>3.5%</b>
Neurologic disorders	<b>7.5%</b>
Allergic, immunologic, dermatologic, and rheumatologic disorders	<b>4%</b>
Palliative care, medical ethics, and decision-making	<b>6.5%</b>
Consultative co-management	<b>15%</b>
Quality, safety, and clinical reasoning	<b>15%</b>
<b>Total</b>	<b>100%</b>

*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 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 questions will address low-frequency content (indicated by “LF” following the topic description).

The content selection priorities below are applicable beginning with the Fall 2016 traditional, 10-year 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 Internal Medicine: Inpatient traditional, 10-year MOC exam and the LKA
















 – <b>High Importance:</b> At least 75% of questions will address topics and tasks with this designation.	 – <b>Medium Importance:</b> No more than 25% of questions will address topics and tasks with this designation.	 – <b>Low Importance:</b> No questions will address topics and tasks with this designation.
<b>LF – Low Frequency:</b> No more than 20% of questions will address topics with this designation, regardless of task or importance.		

<b>INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS</b> (12% 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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### HYPERTENSION (<2% of exam)

Secondary					
Hypertensive crisis					








### PERICARDIAL DISEASE (<2% of exam)

Acute pericarditis	LF					
Cardiac tamponade	LF					
Constrictive pericarditis	LF					

### ISCHEMIC HEART DISEASE (3% of exam)

Stable angina pectoris						
Unstable angina pectoris						
ST-segment elevation myocardial infarction						
Non-ST-segment elevation myocardial infarction						
Right ventricular infarction	LF					
Other ischemic heart disease (cocaine-induced chest pain)						

### ARRHYTHMIAS (2% of exam)

Atrial fibrillation or flutter						
Atrioventricular nodal reentrant tachycardia	LF					
Atrioventricular reciprocating tachycardia and Wolff-Parkinson-White syndrome	LF					

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INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS <i>continued...</i> (12% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ARRHYTHMIAS** *continued... (2% of exam)*

Atrial tachycardia and multifocal atrial tachycardia	⚠	⚠	⚠	⚠	✘
Ventricular arrhythmias	✔	✔	✔	⚠	⚠
Long QT syndrome and torsades de pointes	LF ✔	✔	✔	⚠	⚠
Bradyarrhythmias and conduction defects	✔	✔	✔	⚠	✘
Sudden cardiac death (ventricular fibrillation, pulseless electrical activity, asystole)	LF ✔	✔	✔	✔	⚠

**STRUCTURAL HEART DISEASE** (<2% of exam)

Atrial septal defect	LF ⚠	⚠	⚠	✘	✘
Aortic stenosis	✔	✔	✔	⚠	⚠
Aortic insufficiency	⚠	⚠	⚠	⚠	⚠
Mitral regurgitation	✔	⚠	✔	⚠	✘
Mitral stenosis	⚠	⚠	⚠	⚠	✘
Prosthetic heart valve	✔	✔	✔	⚠	✘
Hypertrophic obstructive cardiomyopathy	LF ⚠	⚠	⚠	⚠	⚠

**HEART FAILURE** (2% of exam)

Systolic					
Ischemic cardiomyopathy	✔	✔	✔	✔	⚠
Viral cardiomyopathy	LF ⚠	⚠	⚠	⚠	✘
Toxin cardiomyopathy	LF ⚠	⚠	⚠	⚠	✘
Takotsubo cardiomyopathy	LF ⚠	⚠	⚠	⚠	✘
Sepsis-induced cardiomyopathy	⚠	⚠	⚠	⚠	✘
Systolic dysfunction and heart failure	✔	✔	✔	✔	✔
Diastolic					
	✔	✔	✔	✔	⚠

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INPATIENT AND TRANSITIONAL CARE: CARDIOVASCULAR DISORDERS <i>continued...</i> (12% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ENDOCARDITIS AND OTHER CARDIOVASCULAR INFECTIONS** (<2% of exam)

Endocarditis and other cardiovascular infections	✔	✔	✔	✔	✘
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**VASCULAR DISEASE** (<2% of exam)

Carotid artery disease	⚡	⚡	⚡	⚡	✘
Aortic aneurysm and dissection	✔	✔	✔	⚡	✘
Peripheral arterial disease	✔	✔	✔	⚡	✘
Acute arterial occlusion LF	✔	⚡	⚡	⚡	✘
Venous disease of the lower extremities	✔	✔	✔	✔	⚡
Vasculitis (Takayasu's arteritis) LF	✘	✘	✘	✘	✘

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

Syncope	✔	✔	✔	✔	✔
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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
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**OBSTRUCTIVE AIRWAY DISEASE** (2% of exam)

Asthma					
Allergic bronchopulmonary aspergillosis LF	⚡	⚡	⚡	✘	✘
Asthma mimics (including vocal cord dysfunction) LF	⚡	⚡	⚡	⚡	✘
Acute asthma	✔	✔	✔	✔	⚡
Chronic bronchitis and emphysema	✔	✔	✔	✔	✘
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome) LF	⚡	⚡	✘	✘	✘

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INPATIENT AND TRANSITIONAL CARE: PULMONARY DISEASE AND CRITICAL CARE MEDICINE <i>continued...</i> (12.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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#### OCCUPATIONAL AND ENVIRONMENTAL LUNG DISEASE (<2% of exam)

Organic inhalations (hypersensitivity pneumonitis)	LF	⚠	⚠	⚠	✘	✘
Inhalation lung injury						
Allergic	LF	⚠	⚠	⚠	⚠	✘
Toxic	LF	⚠	✘	⚠	✘	✘
Particulate (including silicosis and asbestosis)	LF	⚠	⚠	⚠	✘	✘
Carbon monoxide poisoning	LF	✔	✔	✔	⚠	✘

#### INTERSTITIAL LUNG DISEASE (<2% of exam)

Pulmonary fibrosis						
Idiopathic pulmonary fibrosis		✔	⚠	⚠	⚠	✘
Drug-induced pulmonary fibrosis	LF	⚠	⚠	⚠	⚠	✘
Sarcoidosis	LF	✔	⚠	⚠	⚠	✘
Connective tissue disorders and vasculitis						
Granulomatosis with polyangiitis (Wegener's)	LF	⚠	⚠	⚠	⚠	✘
Systemic lupus erythematosus – interstitial lung disease	LF	⚠	⚠	⚠	⚠	✘
Anti-glomerular basement membrane disease (Goodpasture's syndrome)	LF	⚠	⚠	⚠	✘	✘

#### PULMONARY VASCULAR DISEASE (<2% of exam)

Pulmonary embolism						
Venous		✔	✔	✔	✔	✘
Fat embolism	LF	✔	⚠	⚠	⚠	✘
Pulmonary hypertension						
Idiopathic		✔	✔	⚠	⚠	✘
Cor pulmonale		✔	✔	✔	✔	✘

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**PULMONARY VASCULAR DISEASE** *continued...* (<2% of exam)

Superior vena cava syndrome	LF	✔	⚠	✔	⚠	✘
Hepatopulmonary syndrome	LF	⚠	⚠	⚠	⚠	✘

**PLEURAL DISEASE** (<2% of exam)

Pleural effusion						
Malignant pleural effusions		✔	✔	✔	✔	✘
Non-malignant pleural effusions		✔	✔	✔	✔	✘
Infections of the pleural space and empyema						
Pneumothorax		⚠	⚠	⚠	⚠	✘

**UPPER RESPIRATORY TRACT AND HEAD AND NECK DISORDERS** (<2% of exam)

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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**LOWER RESPIRATORY TRACT INFECTION** (2% of exam)

Pneumonia					
Bacterial pneumonia other than mycobacterial	✔	✔	✔	✔	✘
Fungal pneumonia <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Viral pneumonia	✔	✔	✔	⚠	✘
Ventilator-associated pneumonia	✔	✔	✔	✔	⚠
Hospital-acquired pneumonia	✔	✔	✔	✔	✔
Pneumocystis pneumonia <span style="float: right;">LF</span>	✔	✔	✔	⚠	⚠
Aspiration pneumonia	✔	✔	✔	✔	⚠
Bronchiolitis obliterans with organizing pneumonia and cryptogenic pneumonia (BOOP) to Cryptogenic organizing pneumonia (COP) <span style="float: right;">LF</span>					
Lung abscess <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Tuberculosis <span style="float: right;">LF</span>	✔	✔	✔	⚠	✘
Bronchiectasis	⚠	⚠	⚠	⚠	✘
Cystic fibrosis <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	⚠

**CRITICAL CARE MEDICINE** (3.5% of exam)

Acute respiratory distress syndrome	✔	✔	✔	⚠	✘
Mechanical ventilation	✔	✔	✔	⚠	⚠
Bacteremia and sepsis syndrome					
Septic shock	✔	✔	✔	✔	✔
Toxic shock syndrome <span style="float: right;">LF</span>	✔	✔	✔	✔	✘

**LUNG CANCER** (<2% of exam)

Lung cancer	✔	✔	✔	✔	⚠
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**SMOKING CESSATION** (<2% of exam)

Smoking cessation	Not Applicable	✔	✔	✔	✔
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**OBSTRUCTIVE SLEEP APNEA** (<2% of exam)

Obstructive sleep apnea	✔	✔	✔	✔	✘
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INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS (10.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ESOPHAGEAL DISEASE** (<2% of exam)

Gastroesophageal reflux	✔	⚠	✔	⚠	⚠
Mallory-Weiss syndrome	✔	✔	✔	⚠	⚠
Esophageal carcinoma <b>LF</b>	✔	✔	✔	⚠	⚠
Gastroesophageal varices	✔	✔	✔	✔	⚠
Infectious esophagitis <b>LF</b>	⚠	⚠	✔	⚠	⚠
Motility disorders (achalasia) <b>LF</b>	⚠	⚠	⚠	⚠	⚠

**GASTRIC DISORDERS** (<2% of exam)

Peptic ulcer disease					
Metastatic gastrinoma (Zollinger-Ellison syndrome) <b>LF</b>	⚠	⚠	⚠	✘	✘
Helicobacter pylori-induced peptic ulcer	✔	✔	✔	✔	⚠
Gastritis and gastropathy	✔	✔	✔	⚠	✘
Stomach cancer <b>LF</b>	⚠	⚠	⚠	⚠	✘
Bariatric surgery and its complications	⚠	⚠	⚠	✘	✘
Gastroparesis	✔	✔	✔	⚠	⚠
Cyclic vomiting	⚠	Not Applicable	⚠	✘	✘

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**SMALL INTESTINAL DISEASE** (<2% of exam)

Celiac disease	⚠	⚠	⚠	✘	⚠
Mesenteric ischemia and ischemic enteritis	✔	✔	✔	⚠	⚠
Crohn's disease	✔	✔	✔	⚠	⚠
Enteritis other than antibiotic colitis	✔	✔	✔	⚠	⚠
Duodenal ulcer disease	✔	✔	✔	⚠	⚠
Small intestine obstruction and ileus	✔	✔	✔	✔	⚠

**COLONIC AND ANORECTAL DISEASE** (<2% of exam)

Colorectal cancer	✔	✔	✔	⚠	✘
Diverticular disease					
Diverticulosis	✔	✔	✔	⚠	✘
Diverticulitis	✔	✔	✔	✔	✘
Ulcerative colitis	✔	✔	✔	⚠	✘
Antibiotic colitis	✔	✔	✔	✔	⚠
Large intestine obstruction and volvulus	LF	⚠	⚠	⚠	⚠
Large intestine hemorrhage and arteriovenous malformation	✔	✔	✔	⚠	✘
Acute appendicitis	✔	✔	✔	⚠	✘
Carcinoid syndrome	LF	⚠	⚠	✘	✘
Constipation	✔	✔	✔	⚠	⚠

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**PANCREATIC DISEASE** (<2% of exam)

Acute pancreatitis						
Infections of the pancreas and pancreatic abscess	LF	✔	⚠	✔	✘	✘
Pseudocyst		✔	✔	✔	⚠	✘
Necrotizing pancreatitis	LF	✔	✔	✔	⚠	✘
Gallstone pancreatitis		✔	✔	✔	✔	⚠
Chronic pancreatitis		⚠	⚠	⚠	⚠	⚠
Pancreatic carcinoma	LF	✔	✔	⚠	✘	✘
Alcoholic pancreatitis		✔	✔	✔	⚠	✘

**BILIARY TRACT DISEASE** (<2% of exam)

Cholelithiasis and choledocholithiasis		✔	✔	✔	✔	✘
Cholecystitis		✔	✔	✔	⚠	⚠
Cholangitis		✔	✔	✔	⚠	✘
Sclerosing cholangitis	LF	⚠	⚠	⚠	⚠	✘

**LIVER DISEASE** (3% of exam)

Viral hepatitis						
Hepatitis A	LF	⚠	⚠	⚠	⚠	✘
Hepatitis B		⚠	⚠	⚠	⚠	✘
Hepatitis C		✔	✔	⚠	⚠	✘
Indications for transplantation	LF	⚠	⚠	⚠	✘	✘
Liver abscess	LF	⚠	⚠	⚠	⚠	✘

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INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS <i>continued...</i> (10.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**LIVER DISEASE** *continued...* (3% of exam)

Cirrhosis and portal hypertension					
Ascites	✔	✔	✔	✔	⚠
Hepatic encephalopathy	✔	✔	✔	⚠	⚠
Hepatorenal syndrome	✔	✔	✔	✔	⚠
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	✔	✔	⚠	⚠	⚠
Alcoholic hepatitis	✔	✔	✔	✔	✘
Gilbert's syndrome	LF ⚠	⚠	⚠	✘	✘
Hepatocellular carcinoma	⚠	⚠	⚠	⚠	✘

**PERITONEAL AND RETROPERITONEAL DISEASE** (<2% of exam)

Bacterial peritonitis secondary to perforation	✔	✔	✔	⚠	✘
Spontaneous bacterial peritonitis	✔	✔	✔	⚠	⚠
Intra-abdominal abscess	✔	✔	✔	⚠	✘
Retroperitoneal hemorrhage	⚠	⚠	⚠	✘	✘
Retroperitoneal infections					
Psoas abscess	LF ⚠	⚠	⚠	✘	✘
Abdominal compartment syndrome	LF ⚠	⚠	⚠	✘	✘

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<b>INPATIENT AND TRANSITIONAL CARE: GASTROENTEROLOGIC AND HEPATIC DISORDERS</b> <i>continued...</i> (10.5% 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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**PERITONEAL AND RETROPERITONEAL DISEASE** *continued...* (<2% of exam)

Ruptured ovarian cyst	LF	⚠	⚠	✘	✘	✘
Uterine fibroids	LF	⚠	⚠	✘	✘	✘

**NUTRITIONAL DISORDERS** (<2% of exam)

Obesity		✔	⚠	⚠	✔	✘
Malnutrition		✔	✔	✔	⚠	✘

<b>INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS</b> (8.5% 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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**ACUTE KIDNEY INJURY** (2% of exam)

Hypotension or shock-induced acute kidney injury		✔	✔	✔	✔	⚠
Toxic and drug-induced kidney injury		✔	✔	✔	✔	⚠
Rhabdomyolysis		✔	✔	✔	✔	⚠
Disseminated atheroembolism (cholesterol embolization syndrome)	LF	⚠	⚠	⚠	⚠	✘

Tubulointerstitial disease						
Acute interstitial nephritis		✔	✔	⚠	⚠	⚠
Acute tubular necrosis		✔	✔	✔	✔	⚠
Nephrotic syndrome		⚠	⚠	⚠	⚠	⚠

Nephritic syndrome						
Systemic lupus erythematosus – glomerulonephritis	LF	⚠	⚠	⚠	⚠	⚠
Hepatitis C-related (cryoglobulinemia)	LF	⚠	⚠	⚠	⚠	⚠
Vasculitis and the kidney	LF	⚠	⚠	⚠	⚠	⚠

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INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS <i>continued...</i> (8.5% of exam)					
	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

**CHRONIC KIDNEY DISEASE** (<2% of exam)

Renal replacement therapy	✔	✔	✔	⚠	⚠
Renal osteodystrophy	⚠	⚠	⚠	⚠	⚠
Kidney transplantation	⚠	⚠	⚠	⚠	⚠

**URINARY TRACT INFECTION** (<2% of exam)

Asymptomatic bacteriuria	✔	✔	✔	✔	⚠
Urethritis and cystitis	✔	✔	✔	✔	⚠
Pyelonephritis and perinephric abscess	✔	✔	✔	✔	⚠
Prostatitis	⚠	⚠	⚠	⚠	✘

**SEXUALLY TRANSMITTED DISEASE AND INFECTION OF REPRODUCTIVE ORGANS** (<2% of exam)

Gonorrhea	⚠	⚠	⚠	⚠	⚠
Primary syphilis	⚠	⚠	⚠	⚠	⚠
Salpingitis, tubo-ovarian abscess, and other infections of the female pelvis	⚠	⚠	⚠	⚠	✘

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

Nephrolithiasis	✔	✔	✔	⚠	⚠
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**UROLOGIC CANCER** (<2% of exam)

Renal cell carcinoma	✔	✔	⚠	⚠	⚠
Bladder carcinoma	⚠	⚠	⚠	⚠	✘
Prostate carcinoma	⚠	⚠	⚠	⚠	⚠
Testicular carcinoma and tumors	⚠	⚠	✘	✘	✘
Uterine cancer	⚠	⚠	⚠	✘	✘
Ovarian cancer	⚠	⚠	⚠	⚠	✘

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INPATIENT AND TRANSITIONAL CARE: NEPHROLOGIC AND UROLOGIC DISORDERS <i>continued...</i> (8.5% of exam)					
	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

**WATER AND ELECTROLYTE BALANCE (2% of exam)**

Hypernatremia					
Diabetes insipidus	LF	✔	✔	⚠	⚠
Hypovolemic hypernatremia		✔	✔	✔	⚠
Hyponatremia					
Hyponatremia from hypovolemia		✔	✔	✔	✔
Hyponatremia from syndrome of inappropriate antidiuretic hormone secretion		✔	✔	✔	✔
Postoperative hyponatremia		✔	✔	✔	⚠
Hypokalemia		✔	✔	✔	⚠
Hyperkalemia		✔	✔	✔	⚠
Hypomagnesemia		⚠	⚠	⚠	⚠
Hypermagnesemia		⚠	⚠	⚠	⚠

**ACID-BASE DISORDERS (<2% of exam)**

Metabolic acidosis					
Elevated anion gap		✔	✔	✔	⚠
Normal anion gap		✔	✔	✔	⚠
Metabolic alkalosis		✔	✔	⚠	⚠
Respiratory acidosis		✔	✔	✔	⚠
Respiratory alkalosis		⚠	⚠	⚠	⚠
Mixed acid-base disturbance		✔	✔	✔	⚠

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<b>INPATIENT AND TRANSITIONAL CARE: ENDOCRINOLOGIC DISORDERS</b> (5% 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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**ADRENAL AND THYROID DISORDERS** (<2% of exam)

Primary aldosteronism and mineralocorticoid excess	LF	⚠	⚠	⚠	✘	✘
Pheochromocytoma	LF	⚠	⚠	⚠	⚠	✘
Adrenal adenoma		⚠	⚠	⚠	⚠	✘
Cushing's disease	LF	⚠	⚠	⚠	⚠	⚠
Adrenal insufficiency		✔	✔	✔	✔	⚠

**Hyperthyroidism**

Graves' disease		⚠	⚠	⚠	⚠	⚠
Thyroiditis		⚠	⚠	⚠	⚠	⚠
Thyroid storm	LF	✔	✔	✔	⚠	⚠

**Hypothyroidism**

Hashimoto's thyroiditis and other autoimmune thyroiditis		⚠	⚠	⚠	⚠	⚠
Myxedema coma	LF	✔	✔	⚠	⚠	⚠
Euthyroid sick syndrome		✔	✔	✔	⚠	⚠

**DIABETES MELLITUS** (3.5% of exam)

Type 1		✔	✔	✔	✔	✔
Type 2		✔	✔	✔	✔	✔
<b>Complications of diabetes mellitus</b>						
Diabetic ketoacidosis		✔	✔	✔	✔	✔
Hyperosmolar coma		✔	✔	✔	✔	✔
Diabetic nephropathy		✔	✔	✔	✔	⚠
Diabetic gastroparesis		✔	✔	✔	⚠	⚠
Diabetic neuropathy		✔	✔	✔	⚠	⚠
Diabetic foot other than necrotizing infection		✔	✔	✔	✔	⚠



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INPATIENT AND TRANSITIONAL CARE: ENDOCRINOLOGIC DISORDERS <i>continued...</i> (5% of exam)					
	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

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

Hypoglycemia	✔	✔	✔	✔	⚡
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**DISORDERS OF CALCIUM METABOLISM AND BONE** (<2% of exam)

Hypercalcemia						
Primary hyperparathyroidism	LF	✔	✔	✔	⚡	⚡
Malignancy-associated hypercalcemia		✔	✔	✔	⚡	⚡
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% of exam)

Aplastic anemias	LF	⚡	⚡	⚡	⚡	✘
Anemia of chronic disease		✔	✔	✔	✔	⚡
Anemia due to kidney failure		✔	✔	✔	✔	⚡
Iron deficiency anemia		✔	✔	✔	✔	✔
Vitamin B12 and folate deficiencies		✔	✔	✔	⚡	⚡
Myelodysplastic syndromes		⚡	⚡	⚡	⚡	✘
Infiltrative bone marrow disease	LF	⚡	⚡	⚡	⚡	✘
Toxin- and alcohol-related bone marrow suppression		✔	✔	✔	⚡	⚡

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**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		✔	✔	⚠	⚠	⚠
Heparin-induced thrombocytopenia (HIT)		✔	✔	✔	⚠	⚠
Thrombotic thrombocytopenic purpura	LF	✔	✔	✔	⚠	⚠

**COAGULATION FACTOR DEFICIENCY AND DISORDERS** (<2% of exam)

Disseminated intravascular coagulation		✔	✔	✔	✔	⚠
Warfarin-related coagulopathy		⚠	⚠	⚠	✘	✘
Inherited factor deficiencies (Factors VIII and IX)	LF	⚠	⚠	✘	✘	✘
von Willebrand disease	LF	⚠	⚠	⚠	⚠	✘
Direct oral anticoagulant management and complications		✔	✔	✔	✔	✔

**THROMBOTIC DISORDERS** (<2% of exam)

Inherited hypercoagulable state		✔	✔	✔	⚠	⚠
Antiphospholipid antibody syndrome	LF	⚠	⚠	⚠	⚠	✘
Paraneoplastic thrombosis		✔	✔	✔	⚠	⚠

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**HEMATOLOGIC MALIGNANCIES** (<2% of exam)

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	⚠	⚠	⚠	⚠	✘
Essential thrombocythemia	LF	⚠	⚠	⚠	⚠	✘

**TRANSFUSION MEDICINE (PRINCIPLES AND COMPLICATIONS)** (<2% of exam)

Hemolytic transfusion reactions	LF	⚠	⚠	⚠	⚠	⚠
Febrile nonhemolytic transfusion reactions		⚠	⚠	⚠	⚠	⚠
Transfusion-related acute lung injury and transfusion-associated circulatory overload	LF	⚠	⚠	⚠	⚠	✘

Indications for platelet transfusion

Hypoproliferative thrombocytopenia		✔	✔	✔	✘	✘
Anemia		✔	✔	✔	✔	✔

**ADVERSE EFFECTS OF CANCER CHEMOTHERAPY** (<2% of exam)

Toxic effects of chemotherapy		⚠	⚠	⚠	⚠	⚠
Fever and neutropenia		✔	✔	✔	✔	⚠
Tumor lysis syndrome		⚠	⚠	⚠	⚠	⚠

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<b>INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDERS</b> (7.5% 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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**SEIZURE** (<2% of exam)

Tonic-clonic seizure disorders	✔	✔	✔	✔	⚠
Non-convulsive status	✔	✔	✔	⚠	⚠

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

Transient ischemic attack	✔	✔	✔	✔	✔
Hemorrhagic stroke	✔	✔	✔	✔	⚠
Ischemic stroke	✔	✔	✔	✔	✔

**HEADACHE OR FACIAL PAIN** (<2% of exam)

Migraine headache	✔	✔	✔	⚠	⚠
Temporal arteritis, giant cell arteritis, and polymyalgia rheumatica	✔	⚠	✔	⚠	⚠
Subdural hematoma	✔	✔	✔	✔	⚠
Subarachnoid hemorrhage and aneurysms	✔	✔	✔	✔	⚠
Pseudotumor cerebri (idiopathic intracranial hypertension)	⚠	⚠	⚠	⚠	⚠
Cavernous sinus thrombosis	⚠	⚠	⚠	⚠	✘

**PERIPHERAL NEUROPATHY** (<2% of exam)

Neurologic complications of vitamin B6 and vitamin B12 deficiency	⚠	⚠	⚠	⚠	⚠
Acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome)	✔	✔	✔	⚠	⚠
Compression neuropathy	✔	✔	✔	✔	⚠
Mononeuritis multiplex	⚠	⚠	⚠	⚠	✘
Drug-induced neuropathy	✔	⚠	⚠	⚠	✘

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### NEURO-OPHTHALMOLOGY (<2% of exam)

Bell's palsy	✔	✔	⚠	⚠	⚠
Eye infection					
Periorbital cellulitis	✔	⚠	✔	⚠	⚠
Conjunctivitis	⚠	⚠	⚠	⚠	✘
Herpes zoster	✔	✔	✔	⚠	⚠
Glaucoma	✘	✘	✘	✘	✘
Retinal disease					
Retinal detachment LF	✘	✘	✘	✘	✘
Retinal artery and vein occlusion LF	⚠	⚠	⚠	⚠	✘
Retinal infections (toxoplasmosis, cytomegalovirus) LF	⚠	⚠	⚠	⚠	✘
Uveitis LF	⚠	⚠	⚠	✘	✘

### DISORDERS OF CEREBRAL FUNCTION (<2% of exam)

Dementia					
Alzheimer's disease	⚠	✔	✔	✔	✘
Multi-infarct dementia	✔	⚠	⚠	⚠	⚠
Normal pressure hydrocephalus	⚠	⚠	⚠	⚠	⚠
Frontal-temporal-parietal (FTP) dementia LF	⚠	⚠	⚠	⚠	✘
Thiamine deficiency, Wernicke-Korsakoff syndrome	⚠	⚠	⚠	⚠	✘
Neurosyphilis LF	⚠	⚠	⚠	⚠	✘
Pseudodementia (thyroid-stimulating hormone [TSH], subdural, vitamin B12) LF	⚠	⚠	⚠	⚠	⚠
Brain death and persistent vegetative state	⚠	⚠	⚠	⚠	✘

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**DISORDERS OF CEREBRAL FUNCTION** *continued... (<2% of exam)*

Delirium					
Alcohol withdrawal and delirium	✔	✔	✔	✔	✔
Drug-induced delirium	✔	✔	✔	✔	✔
Electrolyte-induced delirium	✔	✔	✔	✔	✔
Hyperosmolar nonketotic coma	✔	✔	✔	✔	✔
Uremia-induced delirium	✔	✔	✔	✔	✔
Posterior reversible encephalopathy syndrome <span style="float: right;">LF</span>	✔	⚠	✔	⚠	⚠

**MOVEMENT DISORDER** (*<2% of exam*)

Parkinson's disease and parkinsonism					
Lewy body disease <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Parkinson-plus syndromes <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Parkinson's disease - general	⚠	⚠	⚠	⚠	⚠

**CENTRAL NERVOUS SYSTEM INFECTION** (*<2% of exam*)

Viral meningitis	✔	✔	✔	✔	⚠
Bacterial meningitis	✔	✔	✔	✔	✔
Tuberculous meningitis <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Carcinomatous meningitis to leptomeningeal carcinomatosis (LPD) <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	✘
Drug-induced meningitis <span style="float: right;">LF</span>	✔	✔	⚠	⚠	✘
Basilar meningitis <span style="float: right;">LF</span>	✘	✘	✘	✘	✘
Brain abscess <span style="float: right;">LF</span>	⚠	⚠	⚠	⚠	⚠
Viral encephalitis	✔	✔	⚠	⚠	⚠
Herpes encephalitis	✔	✔	✔	⚠	⚠
Meningovascular syphilis <span style="float: right;">LF</span>	✘	✘	✘	✘	✘

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INPATIENT AND TRANSITIONAL CARE: NEUROLOGIC DISORDERS <i>continued...</i> (7.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**NEUROLOGIC COMPLICATIONS OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (<2% of exam)**

Toxoplasmosis	LF	⚡	⚡	⚡	⚡	✘
Central nervous system lymphoma	LF	⚡	⚡	⚡	⚡	✘
Progressive multifocal leukoencephalopathy (PML)	LF	⚡	⚡	⚡	⚡	✘
Cryptococcal meningitis	LF	⚡	⚡	⚡	⚡	⚡

**CENTRAL NERVOUS SYSTEM TUMOR (<2% of exam)**

Meningioma	LF	⚡	⚡	⚡	⚡	✘
Metastatic brain lesion		✔	✔	✔	✔	⚡

**MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES (<2% of exam)**

Multiple sclerosis and other demyelinating diseases		✔	✔	✔	⚡	⚡
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**SPINAL CORD DISEASE (<2% of exam)**

Spinal cord compression						
Epidural abscess	LF	✔	✔	✔	⚡	⚡
Metastatic spinal cord lesions		✔	✔	✔	⚡	⚡
Amyotrophic lateral sclerosis	LF	⚡	⚡	⚡	⚡	✘
Cauda equina syndrome	LF	✔	✔	✔	⚡	⚡

**DISEASES OF MUSCLE AND NEUROMUSCULAR JUNCTION (<2% of exam)**

Myasthenia gravis and Lambert-Eaton Syndrome after Myasthenia gravis	LF	✔	✔	✔	⚡	⚡
Polymyositis	LF	⚡	⚡	⚡	⚡	⚡
Drug-induced myopathy and myositis		⚡	⚡	⚡	⚡	⚡
Neuroleptic malignant syndrome	LF	⚡	⚡	⚡	⚡	⚡
Malignant hyperthermia	LF	⚡	⚡	⚡	⚡	✘
Thyroid-induced myopathy and myositis	LF	⚡	⚡	⚡	⚡	⚡
Neuropathy of critical illness		✔	✔	✔	✔	⚡

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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
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**ALLERGIC AND IMMUNOLOGIC DISORDERS** (<2% of exam)

Anaphylaxis	✔	⚡	✔	⚡	✘
Urticaria and angioedema	✔	⚡	✔	⚡	⚡
Serum sickness LF	⚡	⚡	⚡	⚡	✘
Immunization recommendations	⚡	✘	⚡	⚡	✘

**DERMATOLOGIC DISORDERS** (2% of exam)

Dermatologic manifestation of systemic disease					
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	✔	⚡	✔	⚡	✘
Varicella (initial infection and zoster)	✔	⚡	⚡	⚡	✘
Skin and soft tissue infection					
Cellulitis	✔	✔	✔	⚡	✘
Necrotizing soft tissue infections and gas gangrene	✔	✔	✔	✔	✘
Abscess	✔	✔	✔	⚡	⚡
Lyme disease LF	⚡	⚡	⚡	⚡	✘
Secondary syphilis LF	⚡	⚡	⚡	⚡	✘
Skin cancer LF	⚡	⚡	✘	✘	✘



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INPATIENT AND TRANSITIONAL CARE: ALLERGIC, IMMUNOLOGIC, DERMATOLOGIC, AND RHEUMATOLOGIC DISORDERS <i>continued...</i> (4% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**RHEUMATOLOGIC DISORDERS** (<2% of exam)

Crystal-induced arthropathy	✔	✔	✔	⚠	⚠
Seronegative arthropathy and spondyloarthropathy					
Ankylosing spondylitis LF	⚠	⚠	⚠	⚠	✘
Reactive arthritis LF	⚠	⚠	⚠	⚠	✘
Inflammatory bowel disease	✔	✔	✔	⚠	✘
Psoriatic arthritis LF	⚠	⚠	⚠	✘	✘
Rheumatoid arthritis	⚠	⚠	⚠	⚠	✘
Systemic lupus erythematosus – general	⚠	⚠	⚠	⚠	✘
Systemic sclerosis					
Diffuse LF	⚠	⚠	⚠	⚠	✘
CREST syndrome (calcinosis of the digits, Raynaud’s phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) LF	⚠	⚠	⚠	✘	✘
Vasculitis (Buerger’s disease) LF	✘	✘	✘	✘	✘
Sjogren’s syndrome	⚠	⚠	⚠	✘	✘
Infectious arthritis					
Viral (parvovirus) LF	⚠	⚠	✘	✘	✘
Bacterial	✔	✔	✔	⚠	✘
Disseminated gonorrhea LF	⚠	⚠	⚠	⚠	✘
Osteomyelitis	✔	✔	✔	⚠	⚠
Adult Still’s disease LF	⚠	⚠	✘	✘	✘
Behcet’s syndrome LF	⚠	⚠	✘	✘	✘
Dermatomyositis LF	⚠	⚠	⚠	⚠	✘
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
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**MEDICAL ETHICS AND DECISION MAKING** (<2% of exam)

Results disclosure	Not Applicable	✔	✔	✔	Not Applicable
Physician-patient relationship	Not Applicable	✔	✔	✔	Not Applicable
Confidentiality	Not Applicable	✔	✔	✔	Not Applicable
Communication about prognosis	Not Applicable	✔	✔	✔	Not Applicable
Informed consent	Not Applicable	✔	✔	⚠	Not Applicable
Cultural competency	Not Applicable	✔	✔	✔	Not Applicable
Lines of decision-making authority	Not Applicable	✔	✔	✔	Not Applicable

**FACILITATION OF HOSPICE CARE** (<2% of exam)

Cancer diagnoses	Not Applicable	✔	✔	✔	Not Applicable
Non-cancer diagnoses	Not Applicable	✔	✔	✔	Not Applicable

**PALLIATIVE CARE** (4.5% of exam)

Discontinuation of life-sustaining care					
Discontinuation of devices	Not Applicable	✔	✔	✔	Not Applicable
Discontinuation of interventions	Not Applicable	✔	✔	✔	Not Applicable
Pain management in palliative care	Not Applicable	✔	✔	✔	Not Applicable
Non-pain symptom management at end of life					
Secretions	Not Applicable	✔	✔	⚠	Not Applicable
Dyspnea	Not Applicable	✔	✔	✔	Not Applicable
Nausea	Not Applicable	✔	✔	✔	Not Applicable
Delirium	Not Applicable	✔	✔	✔	Not Applicable
Depression	Not Applicable	✔	✔	✔	Not Applicable

**PAIN MANAGEMENT** (<2% of exam)

Dosage conversion	Not Applicable	✔	✔	✔	Not Applicable
Chronic kidney or liver disease	Not Applicable	✔	✔	✔	Not Applicable

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<b>CONSULTATIVE CO-MANAGEMENT</b> (15% 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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**PERIOPERATIVE CARE** (12.5% of exam)

<b>Cardiology</b> (3% of exam)					
Endocarditis prophylaxis	LF	⚠	⚠	✔	✘
Perioperative risk stratification		✔	✔	✔	✘
Perioperative arrhythmias		✔	✔	⚠	✘
Perioperative hypertension management		✔	✔	⚠	✘
Postoperative acute coronary syndrome		✔	✔	✔	✘
<b>Pulmonology</b> (<2% of exam)					
Perioperative asthma management		⚠	⚠	✔	✘
Perioperative chronic obstructive pulmonary disease management		✔	⚠	✔	✘
Postoperative hypoxia		✔	✔	✔	⚠
Obstructive sleep apnea/hypoventilation syndrome		⚠	⚠	✔	✘
<b>Hematology</b> (<2% of exam)					
Perioperative anticoagulation and antiplatelet therapy		✔	✔	✔	⚠
Perioperative deep venous thrombosis prophylaxis		✔	✔	✔	✘
<b>Endocrinology</b> (<2% of exam)					
Perioperative diabetes mellitus management		✔	✔	✔	✘
Perioperative stress-dose corticosteroid management		⚠	⚠	✔	✘
Perioperative thyroid management and thyroid storm	LF	⚠	⚠	✔	✘
Perioperative and postoperative infections (2% of exam)		✔	✔	✔	✘

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<b>CONSULTATIVE CO-MANAGEMENT</b> <i>continued...</i> (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		⚠	✘	✘	✘	✘
Nephrology (<2% of exam)						
Postoperative urinary retention		✔	✔	✔	⚠	✘
Postoperative acute kidney injury		✔	✔	✔	✘	✘

**PREGNANCY** (2.5% of exam)

Hypertension in pregnancy (pre-eclampsia and eclampsia)	LF	⚠	⚠	⚠	⚠	⚠
Asthma and pregnancy	LF	⚠	⚠	⚠	⚠	✘
Hyperthyroidism during pregnancy or peripartum period	LF	⚠	⚠	⚠	⚠	✘
Liver disease in pregnancy	LF	⚠	⚠	⚠	✘	✘
Peripartum cardiomyopathy	LF	⚠	⚠	⚠	✘	✘
Diabetes mellitus and pregnancy		⚠	⚠	⚠	⚠	✘
Medications safe in pregnancy		✘	✘	⚠	✘	✘
Dyspnea in pregnancy	LF	⚠	⚠	⚠	⚠	✘

<b>QUALITY, SAFETY, AND CLINICAL REASONING</b> (15% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**HOSPITAL-BASED PREVENTION STRATEGIES** (3% of exam)

Deep venous thrombosis prophylaxis	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>
Gastroenterologic prophylaxis	<i>Not Applicable</i>	✔	⚠	<i>Not Applicable</i>
Fall prevention	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>
Delirium prevention	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>
Aspiration prevention	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>

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<b>QUALITY, SAFETY, AND CLINICAL REASONING</b> <i>continued...</i> (15% 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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**HEALTHCARE-ASSOCIATED INFECTIONS** (3.5% of exam)

Infection control (including isolation)					
Clostridium difficile infection	✔	✔	✔	✔	⚠
Methicillin-resistant Staphylococcus aureus (MRSA) infection	✔	✔	✔	✔	✘
Central line-associated blood stream infection	✔	✔	✔	✔	⚠
Hospital-acquired pneumonia	✔	✔	✔	✔	✘
Ventilator-associated pneumonia	✔	✔	✔	✔	⚠
Catheter-associated urinary tract infection	✔	✔	✔	✔	✘

**MEDICATION ERRORS AND ADVERSE DRUG EFFECTS** (4% of exam)

Drug-induced nephrologic disease					
Kidney failure	✔	✔	✔	✔	⚠
Electrolyte disorders	✔	✔	✔	✔	⚠
Drug-induced cardiac disease					
Arrhythmias	⚠	⚠	⚠	⚠	⚠
Cardiomyopathy	⚠	⚠	⚠	⚠	⚠
Drug-induced hematologic disease					
Hemolytic anemia	⚠	⚠	⚠	⚠	⚠
Neutropenia	✔	⚠	✔	⚠	✘

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<b>QUALITY, SAFETY, AND CLINICAL REASONING</b> <i>continued...</i> (15% 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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**MEDICATION ERRORS AND ADVERSE DRUG EFFECTS** *continued...* (4% of exam)

Drug-induced rheumatologic disease						
Lupus erythematosus	LF	⦿	⦿	⦿	⦿	✘
Complications of immuno-suppressive therapy		⦿	⦿	⦿	⦿	✘
Reactivation disease following immunosuppression	LF	⦿	✘	✘	✘	✘
Dermatologic drug reactions						
Drug-induced leukocytoclastic vasculitis	LF	⦿	✘	✘	✘	✘
Erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis	LF	✔	⦿	✔	⦿	✘
Drug-induced psychiatric disease						
Serotonin syndrome	LF	✔	⦿	⦿	⦿	✘
Lithium toxicity	LF	⦿	⦿	⦿	⦿	✘
Anti-psychotic complications		⦿	⦿	⦿	⦿	⦿
Benzodiazepine withdrawal		✔	⦿	⦿	⦿	✘
Complications of pain management						
Management of patient-controlled analgesia (PCA) pumps		⦿	⦿	✔	⦿	✘
Neuro-excitatory adverse effects of opioid therapy		✔	⦿	⦿	⦿	✘
Pain control in chronic kidney disease		⦿	✘	⦿	⦿	✘
Pain control in chronic liver disease		⦿	⦿	⦿	⦿	✘
Medication reconciliation		⦿	⦿	⦿	⦿	✘
Drug-induced ophthalmologic disease (retinal toxicity)	LF	⦿	⦿	⦿	⦿	✘

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QUALITY, SAFETY, AND CLINICAL REASONING <i>continued...</i> (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**INTERPROFESSIONAL AND INTERDISCIPLINARY COMMUNICATIONS AND PROFESSIONALISM** (<2% of exam)

The role and importance of the healthcare team					
Identification of the ways in which team members and stakeholders facilitate or impede improvement	<i>Not Applicable</i>	✘	✘	✘	<i>Not Applicable</i>
Identification of stakeholders who are important to improving a process or system of care	<i>Not Applicable</i>	✘	✘	✘	<i>Not Applicable</i>
Interprofessional communication	<i>Not Applicable</i>	✔	✔	✔	<i>Not Applicable</i>
Closed-loop communication	<i>Not Applicable</i>	✔	✔	✔	<i>Not Applicable</i>

**PRE-TEST AND POST-TEST PROBABILITIES** (<2% of exam)

Pre-test and post-test probabilities	<i>Not Applicable</i>	✔	✔	✔	<i>Not Applicable</i>
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**HAZARDS OF IMMOBILITY AND BED REST** (<2% of exam)

Pressure ulcers	✔	⚠	⚠	⚠	✘
Catheter management	✔	⚠	✔	✔	✘

**PROCEDURAL COMPLICATIONS** (<2% of exam)

Thoracentesis	⚠	✔	✔	⚠	✘
Paracentesis	✔	✔	✔	⚠	✘
Central venous line	✔	✔	✔	✔	✘
Lumbar puncture	⚠	✔	⚠	⚠	✘

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QUALITY, SAFETY, AND CLINICAL REASONING <i>continued...</i> (15% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**PREVENTION STRATEGIES FOR MEDICAL ERRORS (<2% of exam)**

Principles of failure mode effect analysis	LF	Not Applicable	✘	✘	Not Applicable
Principles of root cause analysis	LF	Not Applicable	⚡	✘	Not Applicable

Principles of Plan-Do-Study-Act (PDSA) cycle

Indicators of poor system performance; system and process versus individual accountability	LF	Not Applicable	✘	✘	Not Applicable
Challenges to changing systems and processes of care – the value of small tests of change	LF	Not Applicable	✘	✘	Not Applicable
Tools for changing systems	LF	Not Applicable	✘	✘	Not Applicable

Clinical quality measurement

Structure, process, and outcome measures		Not Applicable	✘	✘	Not Applicable
Patient-reported and patient experience measures		Not Applicable	⚡	✘	Not Applicable
Constructing measures (appropriate numerator and denominator descriptions, appropriate exclusions)	LF	Not Applicable	✘	✘	Not Applicable

Quality monitoring systems

Electronic health records as primary data generators		Not Applicable	✘	✘	Not Applicable
Structured documentation in electronic record keeping systems		Not Applicable	⚡	⚡	Not Applicable
Data use in identifying and describing clinical quality issues		Not Applicable	⚡	✘	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	✘	✘	Not Applicable
Error reporting systems		Not Applicable	⚡	✘	Not Applicable
Teach-back method		Not Applicable	⚡	✘	Not Applicable
Universal protocol		Not Applicable	⚡	✘	Not Applicable



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

QUALITY, SAFETY, AND CLINICAL REASONING <i>continued...</i> (15% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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**ERRORS AND PRINCIPLES OF ERROR DISCLOSURE** (<2% of exam)

Errors and principles of errors disclosures	<i>Not Applicable</i>	✔	✔	<i>Not Applicable</i>
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**VALUE BASED CARE** (<2% of exam)

Value based care	<i>Not Applicable</i>	⚠	⚠	<i>Not Applicable</i>
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