

Pulmonary Disease Blueprint

Certification Examination (CERT)

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified pulmonologist in the broad domain of the discipline. The ability to make appropriate diagnostic and management decisions that have important consequences for patients will be assessed. The exam may require recognition of common as well as rare clinical problems for which patients may consult a certified pulmonologist.

Exam content

Exam content is determined by a pre-established blueprint, or table of specifications. The blueprint is developed by ABIM and is reviewed annually and updated as needed for currency. Trainees, training program directors, and certified practitioners in the discipline are surveyed periodically to provide feedback and inform the blueprinting process.

The primary medical content categories of the blueprint are shown below, with the percentage assigned to each for a typical exam:

| Medical Content Category | % of Exam |
|---|-----------|
| Obstructive Lung Disease | 17.5% |
| Critical Care Medicine | 15% |
| Diffuse Parenchymal Lung Disease (DPLD) | 10% |
| Sleep Medicine, Neuromuscular and Skeletal | 10% |
| Epidemiology | 2% |
| Infections | 12% |
| Neoplasia | 9.5% |
| Pleural Disease | 5% |
| Quality, Safety, and Complications | 5% |
| Transplantation | 2% |
| Vascular Diseases | 6% |
| Respiratory Physiology and Pulmonary Symptoms | 4% |
| Occupational and Environmental Diseases | 2% |
| | 100% |

Exam questions in the content areas above may also address clinical topics in general internal medicine that are relevant to the practice of pulmonary medicine.

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.

Exam format

The exam is composed of up to 240 single-best-answer multiple-choice questions, of which approximately 40 are new questions that do not count in the examinee's score. Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- Making a diagnosis
- Ordering and interpreting results of tests
- Recommending treatment or other patient care
- Assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Understanding the underlying pathophysiology of disease and basic science knowledge applicable to patient care

Clinical information presented may include patient photographs, radiographs, electrocardiograms, recordings of heart or lung sounds, video, and other media to illustrate relevant patient findings. It is possible to enlarge ("zoom") most radiographic and histologic images. <u>Learn more information on how exams are developed.</u>

A tutorial including examples of ABIM exam question format can be found at http://www.abim.org/certification/exam-information/pulmonary-disease/exam-tutorial.aspx.

The blueprint can be expanded for additional detail as shown below. Each of the medical content categories is listed there, and below each major category are the content subsections and specific topics that *may* appear in the exam. <u>Please note:</u> actual exam content may vary.



Obstructive Lung Disease

17.5% of Exam

| Asthma 9% |
|---|
| Pathophysiology and diagnosis of asthma |
| Genetics |
| Epidemiology |
| Biology |
| Evaluation (bronchodilator responses and |
| provocative challenge) |
| Severity and stepped care |
| Mild to moderate |
| Severe |
| Asthma in pregnancy |
| Perioperative care |
| Complications of care |
| Special types and phenotypes of asthma |
| Aspirin-sensitive asthma |
| Exercise-induced asthma |
| Eosinophilic TH2-high asthma |
| Cough variant asthma and other special types |
| Asthma mimics |
| Paradoxical vocal fold motion (Inducible laryngeal obstruction) |
| Genetic (cystic fibrosis, alpha-1 antitrypsin disease, primary ciliary dyskinesia) and nongenetic |
| Hypereosinophilic Löffler syndrome and other parasitic infections |
| Infiltrative airway processes (granulomatous, amyloidosis, and other processes) |
| Heart failure |
| Central airway obstruction |
| Exacerbation |
| Status asthmaticus |
| Viral infections, allergens, and other causes |
| Allergic bronchopulmonary aspergillosis and fungosis |

Chronic obstructive pulmonary disease (COPD)

Pathophysiology and diagnosis of COPD

Eosinophilic granulomatosis with polyangiitis

Genetics

Epidemiology



6.5%

Biology Evaluation (guidelines, physiology of airflow, and imaging) Management of chronic stable disease Pharmaceutical therapies Nonpharmaceutical therapies (rehabilitation, oxygen, palliation, and other therapies) Operative and bronchoscopic procedures Preoperative assessment and perioperative management Comorbidities (vascular disease, lung cancer, and other conditions) Exacerbation of COPD Pharmaceutical therapies Nonpharmaceutical therapies (noninvasive positivepressure ventilation [NIPPV] and mucociliary clearance) Prevention of exacerbations Mimics (heart failure and pulmonary embolism) Obstructive, other than asthma and COPD 2% Cystic fibrosis (CF) Pathophysiology Airway clearance Non-CF bronchiectasis and issues other than infection Central airway obstruction **Critical Care Medicine 15%** of Exam 2% Assessment and monitoring

Therapeutics

Outcomes prediction including prognostic scoring systems Assessment for agitation, cognitive impairment, and delirium Cardiovascular assessment and monitoring

Critical care ultrasound

Determination of brain death

Airway management in respiratory failure

Assisted ventilation

Invasive mechanical ventilation

Noninvasive mechanical ventilation

Extracorporeal membrane oxygenation and

CO2 removal



4%

Sedation, analgesia, and neuromuscular blockade Blood component replacement Enteral and parenteral nutrition (including feeding tubes) Early mobilization and rehabilitation Cardiopulmonary resuscitation and brain protective strategies Indications for renal replacement therapy Management of potential organ donors 2.5% Prevention and management of complications Catheter-associated complications Ventilator-associated complications Acquired coagulation disorders Acquired gastroduodenal stress ulcers, ileus, and diarrhea Aspiration Acquired neuromuscular weakness 2.5% Nonrespiratory critical care Shock Septic shock Cardiogenic shock Hypovolemic and distributive shock Hypovolemic shock Anaphylaxis and drug-induced shock Hemorrhagic shock (non-pulmonary hemorrhage) Cardiovascular critical care Acute coronary syndromes Acute heart failure Tachyarrhythmias and bradyarrhythmias Hypertensive and other vascular emergencies Neurologic critical care Acute liver failure and other acute abdominal processes Acute renal failure Severe, acute endocrine and metabolic disorders Coagulopathies Hypothermia and hyperthermia Toxicology **Respiratory Failure** 4% Acute respiratory distress syndrome Other hypoxemic respiratory failure (e.g., e-cigarette and vaping-associated lung injury



Respiratory failure complicating airway obstruction
Asthma
COPD
Central airway obstruction
Hypercapnic respiratory failure
Massive hemoptysis and diffuse alveolar hemorrhage
Respiratory failure related to COVID-19

Diffuse Parenchymal Lung Disease (DPLD)

10% of Exam

Interstitial lung disease (ILD) associated with

systemic inflammatory disease

2.5%

Connective tissue disease (CTD)—associated ILD

Rheumatoid arthritis

Systemic sclerosis

Polymyositis, dermatomyositis, and

anti-synthetase syndromes

Sjogren syndrome

Systemic lupus erythematosus

Other connective tissue diseases

Inflammatory bowel disease-associated ILD

IgG4-related disease and other diseases

Idiopathic interstitial pneumonias

3.5%

Acute interstitial pneumonia

Cryptogenic organizing pneumonia

Desquamative interstitial pneumonia

Idiopathic pulmonary fibrosis

Lymphocytic interstitial pneumonia (LIP)

Nonspecific interstitial pneumonia

Respiratory bronchiolitis-associated ILD

Acute and chronic eosinophilic pneumonias

Idiopathic pleuropulmonary fibroelastosis and other conditions

Granulomatous interstitial lung diseases

2%

Sarcoidosis

Pulmonary

Extrapulmonary

Hypersensitivity pneumonitis

Granulomatous lymphocytic ILD and other conditions



Diffuse cystic lung diseases (DCLDs)

<2%

Lymphangioleiomyomatosis

Langerhans cell histiocytosis

Birt-Hogg-Dube syndrome

Follicular bronchiolitis and cystic LIP

Light-chain deposition disease, neurofibromatosis,

Marfan syndrome, and other DCLDs

Radiation induced pneumonitis and fibrosis

<2%

Drug-induced interstitial lung disease

Pulmonary alveolar proteinosis

Constrictive bronchiolitis (idiopathic and toxic exposure-induced)

Genetic and other rare interstitial lung diseases

Sleep Medicine, Neuromuscular and Skeletal

10% of Exam

6.5%

Sleep, Respiratory

Central sleep apnea

Altitude

Cheyne-Stokes breathing

Other sleep, respiratory topics (idiopathic, pathophysiology)

Evaluation

Normal Physiology, sleep and respiration

Obstructive sleep apnea

Pathophysiology

Evaluation

Therapy

Outcomes

Procedures

Polysomnography

Home sleep apnea testing

Multiple Sleep Latency Test (MSLT) and Maintenance of

Wakefulness Test (MWT)

Sleep, Nonrespiratory

<2%

Insomnia

Narcolepsy

Periodic limb movement disorder

Restless legs syndrome

Interactions of cardiopulmonary disease and sleep



| Chest wan and skeletar | |
|--|--------------------|
| Obesity | |
| Neuromuscular disease | |
| Ventilatory control | |
| Epidemiology | 2% of Exam |
| Interpretation of clinical studies | <2% |
| Study design | \Z /0 |
| Causal inference | |
| Sources of error | |
| Analytic issues | |
| Screening studies | |
| Diagnostic studies | |
| Pandemic response | <2% |
| randennic response | \Z /0 |
| Infections | 12% of Exam |
| | |
| Host defense mechanisms | <2% |
| Nonimmune mechanisms | |
| Innate immunity | |
| Adaptive immunity | |
| Vaccination | <2% |
| Pneumococcus and other bacteria (HIB, Pertussis) | |
| Influenza and other respiratory viruses | |
| Common syndromes of pulmonary infection | 4% |
| Upper respiratory tract infections | |
| Acute bronchitis | |
| Community-acquired pneumonia | |
| Aspiration, lung abscess, and anaerobic infections | |
| Empyema | |
| Nosocomial pneumonia (hospital-acquired pneumonia | [HAP], healthcare- |
| acquired pneumonia [HCAP], ventilator-associated programme acquired pr | neumonia [VAP]) |
| Bronchiectasis | |
| CF-related | |
| Non-CF-related | |
| Mediastinitis | |

Hypoventilation

Chest wall and skeletal



2.5%

| The Immunocompromised Host | <2% |
|--|-----|
| Chemotherapy-related, post-transplantation, and drug-induced | |
| HIV and AIDS | |
| Congenital and acquired immune system disorders | |
| Major pathogens in pulmonary infection | 5% |
| Pneumonia due to gram-positive bacteria | |
| Pneumococcus | |
| Staphylococcus aureus, including methicillin-resistant | |
| S. aureus (MRSA) and community-associated | |
| MRSA (CA-MRSA) | |
| Other gram-positive bacteria (Nocardia, enterococci) | |
| Pneumonia due to gram-negative bacteria | |
| Pseudomonas | |
| Enterobacteriaceae | |
| Other gram-negative bacteria (Burkholderia, Legionella) | |
| Viruses | |
| Influenza | |
| COVID-19/SARS-CoV-2 | |
| Cytomegalovirus infection, herpes, and varicella | |
| Aspergillus and other opportunistic fungi (Mucor) | |
| Endemic fungoses (histoplasmosis, blastomycosis, | |
| coccidioidomycosis) and cryptococcosis | |
| Parasitic infections | |
| Tuberculosis (TB) | |
| Non-TB mycobacterial infection | |
| Extrapulmonary Infections in the ICU | <2% |
| | |

Neoplasia9.5% of ExamLung cancer3%Non-small cell lung cancer5tagingTNM staging and noninvasive staging1nvasive mediastinal stagingMolecular markersSmall cell lung cancer



| al Disease | 5% |
|--|------|
| . J | |
| Lung cancer screening | <2% |
| Video-assisted thoracoscopy (VATS) and other surgery | |
| airway procedures Palliative interventions | |
| Bronchoscopy, EBUS, and other interventional | |
| Interventional pulmonary medicine and thoracic surgery | <2% |
| Physiologic assessment for thoracic surgery | <2% |
| Mimics of pulmonary nodules and masses | .207 |
| Multiple pulmonary nodules | |
| Solitary pulmonary nodule | |
| Pulmonary nodules | <2% |
| Superior vena cava syndrome | |
| Paraneoplastic syndromes | |
| Complications | <2% |
| Malignant pleural effusion or pleural metastasis | |
| Mesothelioma | |
| Malignant pleural disease | <2% |
| Metastatic disease | |
| Plasmacytoma, sarcoma, and other thoracic tumors | |
| Other mediastinal tumors | |
| Lymphoma | |
| Thymoma | |
| Tumors of the mediastinum | |
| Adenoid cystic carcinoma and other primary lung tumors | |
| Hamartoma | |
| Carcinoid tumors | |
| Other primary lung tumors | _,, |
| Other intrathoracic tumors | 2% |
| (chemotherapy, radiation therapy, palliative therapy) | |
| Lung cancer requiring nonsurgical treatment | |
| Lung cancer requiring surgical treatment | |
| Treatments for lung cancer | |

Pleural Disease 5% of Exam Structure and physiology Fibrosis Calcification Thickening



Fluid dynamics Trapped lung and lung entrapment **Pneumothorax** <2% Primary spontaneous Secondary Parenchymal disease-related latrogenic Traumatic Catamenial, familial, and other types Outcomes **Effusions and pleural pathology** 2% Transudative Hemodynamic and oncotic Hydrothorax Urinothorax and other types Exudative Infectious Occupational Noninfectious inflammatory Hemorrhagic Chylous Drug-induced Eosinophilic Diagnostic and therapeutic procedures <2% Thoracentesis and pleuroscopy Chest tubes and tunneled pleural catheters

| Quality, Safety, and Complications | 5% of Exam |
|--|-------------------|
| Methods of assessing quality, safety, and patient satisfaction | <2% |
| Benchmarking | \2 /0 |
| Adverse event reporting | |
| Patient satisfaction surveys | |
| Root cause analysis | |
| Failure mode and effects analysis | |
| Methods for improving quality and safety | <2% |



| Complications of medical care | 2% |
|--|-----|
| Adverse drug effects and drug interactions | |
| Complications of bronchoscopy and pleural procedures | |
| Adverse outcomes of thoracic surgery | |
| Adverse effects of thoracic radiation therapy | |
| Complications of translaryngeal intubation and tracheostomy | |
| Infection control | |
| Ethics and professionalism (advance directives, end of life, | |
| decision-making capacity, etc.) | <2% |

| Transplantation | 2% of Exam |
|--|-------------------|
| Lung transplantation | <2% |
| Patient selection | |
| Complications of lung transplantation | |
| Transplantation outcomes | |
| Pulmonary complications of transplantation other than lung | <2% |
| Infections | |
| Neoplastic complications | |
| Other complications of organ transplantation | |
| (graft-versus-host disease) | |

| Vascular Diseases | 6% of Exam |
|---|-------------------|
| Pulmonary thromboembolic disease | 2.5% |
| • | 2.370 |
| Deep venous thrombosis | |
| Pulmonary thromboembolism | |
| Nonthrombotic pulmonary embolism | |
| Infectious thrombophlebitis | |
| Pulmonary hypertension | <2% |
| Pulmonary arterial hypertension | |
| Chronic thromboembolic disease | |
| Other pulmonary hypertension related to heart or lung disease | |
| Right ventricular failure | |
| Pulmonary vasculitis and capillaritis | <2% |
| Granulomatosis with polyangiitis | |
| Anti-glomerular basement membrane disease | |
| Microscopic polyangiitis and other pulmonary vasculitides | |



| Hepatopulmonary syndrome | |
|---|------------------|
| Sickle cell disease | <2% |
| iratory Physiology and Pulmonary Symptoms | 4% of Exa |
| Respiratory physiology | 2% |
| Pulmonary mechanics | |
| Oxygenation | |
| Cardiovascular physiology | |
| Cardiopulmonary exercise testing | |
| Acid-base interpretation | |
| Hypercapnia and hypocapnia | |
| Pulmonary function testing | |
| Special situations | <2% |
| Pregnancy | |
| Obesity | |
| Neuromuscular disease | |
| Preoperative evaluation (nonthoracic surgery) | |
| Barometric pressure-related (high altitude, diving, and | |
| other special situations) | |
| Approach to pulmonary symptoms | <2% |
| Dyspnea | |
| Cough | |
| Chest pain | |
| | |

Tobacco use treatment and smoking cessation
Occupational asthma and work-exacerbated asthma
Indoor and outdoor air pollution
Barometric- or thermal-related disorders
Pneumoconioses

Asbestosis

Pulmonary vascular malformations

Berylliosis

Coal-workers' pneumoconiosis



<2%

Hard metal pneumoconiosis

Silicosis

Toxic inhalations

E-cigarette and vaping-associated lung injury

Carbon monoxide

Smoke inhalation

Other toxic exposures (cobalt, dust, endotoxin, metal fume fever, organic agents)

Environmental cancer risk

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