Hospice and Palliative Medicine
Certification Examination Blueprint

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified physician practicing in the broad domain of hospice and palliative medicine. The ability to make appropriate diagnostic and management decisions that have important consequences for patients will be assessed. The exam may require recognition of common as well as rare clinical problems for which patients may consult a certified physician practicing hospice and palliative medicine. The exam is developed jointly by the ABIM, the American Board of Anesthesiology, the American Board of Emergency Medicine, the American Board of Family Medicine, the American Board of Obstetrics and Gynecology, the American Board of Pediatrics, the American Board of Physical Medicine and Rehabilitation, the American Board of Psychiatry and Neurology, the American Board of Radiology, and the American Board of Surgery.

Exam content

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

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

<table>
<thead>
<tr>
<th>Medical Content Category</th>
<th>% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to Care</td>
<td>9%</td>
</tr>
<tr>
<td>Psychosocial and Spiritual Considerations</td>
<td>11%</td>
</tr>
<tr>
<td>Impending Death</td>
<td>9%</td>
</tr>
<tr>
<td>Grief and Bereavement</td>
<td>5%</td>
</tr>
<tr>
<td>Pain</td>
<td>20%</td>
</tr>
<tr>
<td>Management of Nonpain Conditions</td>
<td>25%</td>
</tr>
<tr>
<td>Communication and Teamwork</td>
<td>6%</td>
</tr>
<tr>
<td>Ethical and Legal Decision Making</td>
<td>7%</td>
</tr>
<tr>
<td>Prognostication and Natural History of Serious Illness</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
Exam questions in the content areas above may also address topics in pediatrics that are important to the practice of hospice and palliative medicine (approximately 10% of the exam).

**Exam format**

The exam is composed of multiple-choice questions with a single best answer, predominantly describing patient scenarios. Questions ask about the work done (that is, tasks performed) by physicians in the course of practice:

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

Clinical information presented may include patient photographs, radiographs, electrocardiograms, and other media to illustrate relevant patient findings.


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

<table>
<thead>
<tr>
<th>Approach to Care</th>
<th>9% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Components</strong></td>
<td>3%</td>
</tr>
<tr>
<td>Family and patient as unit of care</td>
<td></td>
</tr>
<tr>
<td>Relief of symptoms</td>
<td></td>
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<tr>
<td>Bereavement care</td>
<td></td>
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<tr>
<td>Access to care and barriers to care</td>
<td></td>
</tr>
<tr>
<td>Goals of care and care preferences</td>
<td></td>
</tr>
<tr>
<td><strong>Care settings</strong></td>
<td>3%</td>
</tr>
<tr>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
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<tr>
<td>Extended</td>
<td></td>
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</tbody>
</table>
Medicare hospice benefit
Eligibility
Levels of care

<table>
<thead>
<tr>
<th>Psychosocial and Spiritual Considerations</th>
<th>11% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial considerations</td>
<td>7%</td>
</tr>
<tr>
<td>Emotional responses to illness and coping</td>
<td></td>
</tr>
<tr>
<td>Cultural considerations</td>
<td></td>
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<tr>
<td>Socioeconomic considerations</td>
<td></td>
</tr>
<tr>
<td>Family considerations</td>
<td></td>
</tr>
<tr>
<td>Underlying psychiatric disorders</td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
</tr>
<tr>
<td>Personality disorders</td>
<td></td>
</tr>
<tr>
<td>Spiritual considerations</td>
<td>4%</td>
</tr>
<tr>
<td>Meaning and hope</td>
<td></td>
</tr>
<tr>
<td>Spiritual life</td>
<td></td>
</tr>
<tr>
<td>Religious beliefs and practices</td>
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</table>

<table>
<thead>
<tr>
<th>Impending Death</th>
<th>9% of Exam</th>
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</thead>
<tbody>
<tr>
<td>Manifestations</td>
<td>3%</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td></td>
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<tr>
<td>Gastrointestinal</td>
<td></td>
</tr>
<tr>
<td>Skin and mucous membranes</td>
<td></td>
</tr>
<tr>
<td>Prognostication</td>
<td>3%</td>
</tr>
<tr>
<td>Management</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grief and Bereavement</th>
<th>5% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipatory grief</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Normal grief and bereavement patterns</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Problematic grief and bereavement patterns</td>
<td>2%</td>
</tr>
<tr>
<td>Causes</td>
<td></td>
</tr>
<tr>
<td>Suicide risk in the bereaved</td>
<td></td>
</tr>
<tr>
<td>Loss history</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Therapeutic interventions</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Needs of bereaved minor children</td>
<td>&lt;2%</td>
</tr>
</tbody>
</table>
Pain

**Concepts of total pain**<2%
  - Physical
  - Psychosocial
  - Social
  - Spiritual

**Pain classification systems** 2%
  - Acute versus chronic pain
  - Nociceptive versus neuropathic pain
  - Central sensitization

**Pain assessment** 4.5%
  - History
    - Function
    - Intensity
    - Meaning
    - Psychologic
    - Social
    - Spiritual
    - Existential
  - Physical examination
    - Cancer pain examination
    - Physiologic manifestations of acute pain
  - Diagnostic testing
  - Measurements
    - Functional
    - Intensity

**Pain management** 10.5%
  - Analgesics
    - Opioids
      - Pharmacology
      - Adverse effects
      - Routes of administration
      - Equianalgesic dosing
    - Nonopioids
      - Pharmacology
      - Adverse effects
      - Routes of administration
Adjuvants
  Nociceptive
  Neuroleptic
  Pharmacology
Substance abuse
Interventional pain management

**Barriers to pain relief**<2%

### Management of Nonpain Conditions 25% of Exam

<table>
<thead>
<tr>
<th>Common conditions</th>
<th>15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia and cachexia</td>
<td></td>
</tr>
<tr>
<td>Weakness and fatigue</td>
<td></td>
</tr>
<tr>
<td>Oral conditions (including dry mouth, sialorrhea, and oral lesions)</td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td></td>
</tr>
<tr>
<td>Dysphagia</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
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<tr>
<td>Myoclonus</td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td></td>
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<tr>
<td>Edema</td>
<td></td>
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<tr>
<td>Ascites</td>
<td></td>
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<tr>
<td>Hiccups</td>
<td></td>
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<tr>
<td>Sleep issues</td>
<td></td>
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<tr>
<td>Pruritus</td>
<td></td>
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<tr>
<td>Incontinence</td>
<td></td>
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<tr>
<td>Wounds</td>
<td></td>
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<tr>
<td>Erectile dysfunction</td>
<td></td>
</tr>
<tr>
<td>Agitation</td>
<td></td>
</tr>
</tbody>
</table>

**Urgent medical conditions** 5%

| Spinal cord compression |
| Hypercalcemia |
| Increased intracranial pressure |
| Fractures |
| Seizures |
| Delirium |
| Superior vena cava syndrome |
Device loss or malfunction
Hemorrhage
Bowel obstruction
Acute airway obstruction
Aspiration pneumonia
Serotonin syndrome
Pneumothorax
Acute hypoxia

**Additional management strategies**
- Radiation
- Chemotherapy
- Rehabilitative therapies
- Nutrition
- Complementary and alternative medicine

**Palliative sedation**
- Eligibility
- Medication and techniques

**Discontinuation of technological support**
- Respiratory support
- Renal replacement therapy
- Cardiac support
- Organ donation

<table>
<thead>
<tr>
<th>Communication and Teamwork</th>
<th>6% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication skills</strong></td>
<td>2%</td>
</tr>
<tr>
<td>Communication techniques</td>
<td></td>
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<tr>
<td>Delivering bad news</td>
<td></td>
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<tr>
<td>Death notification</td>
<td></td>
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<tr>
<td>Autopsy</td>
<td></td>
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<tr>
<td>Organ or tissue donation</td>
<td></td>
</tr>
<tr>
<td><strong>Family-centered approach</strong></td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Family systems theory</td>
<td></td>
</tr>
<tr>
<td>Counseling techniques</td>
<td></td>
</tr>
<tr>
<td>Family conference</td>
<td></td>
</tr>
<tr>
<td>Lifestyle considerations</td>
<td></td>
</tr>
<tr>
<td><strong>Dynamics of interdisciplinary care</strong></td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Roles and functions of team members</td>
<td></td>
</tr>
</tbody>
</table>
**Physician leadership**
- Communication
- Consultation and co-management
- Quality improvement
- Staff support
- Physician as team member

**Ethical and Legal Decision Making**

<table>
<thead>
<tr>
<th>Decision making</th>
<th>2% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed consent</td>
<td></td>
</tr>
<tr>
<td>Decision making capacity and competency</td>
<td></td>
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<tr>
<td>Surrogate decision making</td>
<td></td>
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<tr>
<td>Advance directives</td>
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<tr>
<td>Patient and family values</td>
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<tr>
<td>Principle of double effect</td>
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<tr>
<td>Documentation</td>
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<table>
<thead>
<tr>
<th>Patient rights</th>
<th>&lt;2% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy</td>
<td></td>
</tr>
<tr>
<td>Treatment refusal</td>
<td></td>
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<tr>
<td>Confidentiality</td>
<td></td>
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<tr>
<td>Safety</td>
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<table>
<thead>
<tr>
<th>Ethics of the physician-patient relationship</th>
<th>&lt;2% of Exam</th>
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</thead>
<tbody>
<tr>
<td>Nonabandonment</td>
<td></td>
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<tr>
<td>Truth-telling</td>
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<table>
<thead>
<tr>
<th>Professionalism</th>
<th>&lt;2% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Controversies</th>
<th>&lt;2% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Futility</td>
<td></td>
</tr>
<tr>
<td>Perinatal considerations</td>
<td></td>
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<tr>
<td>End-of-life interventions</td>
<td></td>
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<tr>
<td>Artificial nutrition and hydration</td>
<td></td>
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<tr>
<td>Physician aid-in-dying</td>
<td></td>
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<tr>
<td>Access to care and rationing</td>
<td></td>
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<tr>
<td>Withdrawal of interventions</td>
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<table>
<thead>
<tr>
<th>States of reduced consciousness</th>
<th>&lt;2% of Exam</th>
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<tbody>
<tr>
<td>Minimally conscious state</td>
<td></td>
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<tr>
<td>Vegetative state</td>
<td></td>
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<tr>
<td>Death by neurologic criteria</td>
<td></td>
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<tr>
<td>Coma</td>
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</table>
## Prognostication and Natural History of Serious Illness

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Multiorgan dysfunction syndrome</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Stroke</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Dementia</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Frailty</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Amyotrophic lateral sclerosis</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Perinatal and infant death</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Renal failure</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Unintentional injury and trauma</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Pediatric neurologic conditions</td>
<td>&lt;2%</td>
</tr>
<tr>
<td>Liver disease</td>
<td>&lt;2%</td>
</tr>
</tbody>
</table>

July, 2017