

## 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:

Medical Content Category	% of Exam
Approach to Care	9%
Psychosocial and Spiritual Considerations	11%
Impending Death	9%
Grief and Bereavement	5%
Pain	20%
Management of Nonpain Conditions	25%
Communication and Teamwork	6%
Ethical and Legal Decision Making	7%
Prognostication and Natural History of Serious Illness	8%
	100%

Exam questions in the content areas above may also address topics in pediatrics that are important to the practice of hospice and palliative medicine (approximately 10% of the exam).

### **Exam format**

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

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

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

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

### **Equianalgesic Table**

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

A tutorial including examples of ABIM exam question format can be found at <http://www.abim.org/certification/exam-information/hospice-palliative-medicine/exam-tutorial.aspx>.

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

<b>Approach to Care</b>	<b>9%</b> of Exam
<b>Components</b>	3%
Family and patient as unit of care	
Relief of symptoms	
Bereavement care	
Access to care and barriers to care	
Goals of care and care preferences	
<b>Managing transitions of care</b>	3%
Home	
Inpatient	
Outpatient	
Extended care	
<b>Medicare hospice benefit</b>	3%
Eligibility	
Levels of care	
<b>Psychosocial and Spiritual Considerations</b>	<b>11%</b> of Exam
<b>Psychosocial considerations</b>	7%
Emotional responses to illness and coping	
Cultural considerations	
Socioeconomic considerations	
Family considerations	
Underlying psychiatric disorders	
Substance abuse	
Personality disorders	
<b>Spiritual considerations</b>	4%
Meaning and hope	
Spiritual life	
Religious beliefs and practices	
<b>Impending Death</b>	<b>9%</b> of Exam
<b>Manifestations</b>	3%
Respiratory	
Cardiovascular	
Neurologic	
Renal	
Gastrointestinal	
Skin and mucous membranes	
<b>Prognostication</b>	3%
<b>Management</b>	3%

<b>Grief and Bereavement</b>	<b>5%</b> of Exam
<b>Anticipatory grief</b>	<2%
<b>Normal grief and bereavement patterns</b>	<2%
<b>Problematic grief and bereavement patterns</b>	2%
Causes	
Suicide risk in the bereaved	
<b>Loss history</b>	<2%
<b>Therapeutic interventions</b>	<2%
<b>Needs of bereaved minor children</b>	<2%
<b>Pain</b>	<b>20%</b> of Exam
<b>Concepts of total pain</b>	<2%
<b>Pain classification systems</b>	2%
Acute versus chronic pain	
Nociceptive versus neuropathic pain	
Central sensitization	
<b>Pain assessment</b>	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	
<b>Pain management</b>	11%
Analgesics	
Opioids	
Pharmacology	
Adverse effects	
Routes of administration	
Equianalgesic dosing	

Nonopioids	
Pharmacology	
Adverse effects	
Routes of administration	
Adjuvants	
Substance abuse	
Interventional pain management	
Organ failure	
<b>Barriers to pain relief</b>	<b>&lt;2%</b>

<b>Management of Nonpain Conditions</b>	<b>25%</b> of Exam
<b>Common conditions</b>	<b>15%</b>
Anorexia and cachexia	
Weakness and fatigue	
Oral conditions (including dry mouth, sialorrhea, and oral lesions)	
Dyspnea	
Cough	
Nausea and vomiting	
Dysphagia	
Diarrhea	
Constipation	
Anxiety	
Depression	
Myoclonus	
Urinary symptoms	
Edema	
Ascites	
Hiccups	
Sleep issues	
Pruritus	
Incontinence	
Wounds	
Erectile dysfunction	
Agitation	
<b>Urgent medical conditions</b>	<b>5%</b>
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	
<b>Additional management strategies</b>	2.5%
Radiation	
Chemotherapy	
Rehabilitative therapies	
Nutrition	
Complementary and alternative medicine	
<b>Palliative sedation</b>	<2%
Eligibility	
Medication and techniques	
<b>Management of technological support</b>	<2%
Respiratory support	
Renal replacement therapy	
Cardiac support	
Organ donation	
<b>Communication and Teamwork</b>	<b>6% of Exam</b>
<b>Communication skills</b>	2%
Communication techniques	
Delivering bad news	
Death notification	
Autopsy	
Organ or tissue donation	
<b>Family-centered approach</b>	<2%
Counseling techniques	
Family conference	
Nontraditional families	
<b>Dynamics of interdisciplinary care</b>	<2%
Roles and functions of team members	
Effective teamwork	
Conflict resolution skills	

Professional boundaries	
<b>Physician leadership</b>	<2%
Communication	
Consultation and co-management	
Quality improvement	
Staff support	
Physician as team member	

<b>Ethical and Legal Decision Making</b>	<b>6%</b> of Exam
<b>Decision making</b>	2%
Informed consent	
Decision making capacity and competency	
Surrogate decision making	
Advance directives	
Patient and family values	
Principle of double effect	
Documentation	
<b>Patient rights</b>	<2%
Privacy	
Treatment refusal	
Confidentiality	
Safety	
<b>Ethics of the physician-patient relationship</b>	<2%
Nonabandonment	
Truth-telling	
<b>Professionalism</b>	<2%
Burnout	
<b>Controversies</b>	<2%
Futility	
Perinatal considerations	
End-of-life interventions	
Artificial nutrition and hydration	
Physician aid-in-dying	
Access to care and rationing	
Withdrawal of interventions	
<b>Altered states of consciousness</b>	<2%
Minimally conscious state	
Vegetative state	
Coma	
<b>Death by neurologic criteria</b>	<2%

**Prognostication and Natural History of Serious Illness****8%** of Exam

<b>Cancer</b>	<2%
<b>Cardiovascular disease</b>	<2%
<b>Pulmonary disease</b>	<2%
<b>Multiorgan dysfunction syndrome</b>	<2%
<b>Stroke</b>	<2%
<b>Dementia</b>	<2%
<b>Frailty</b>	<2%
<b>Amyotrophic lateral sclerosis</b>	<2%
<b>Perinatal and infant death</b>	<2%
<b>Renal failure</b>	<2%
<b>Unintentional injury and trauma</b>	<2%
<b>Pediatric neurologic conditions</b>	<2%
<b>Liver disease</b>	<2%

July 2019