# Detailed Content Blueprint

Percentage of Items on the Exam

## 1.Patient and Family Care — 20%

A. Provide medical direction and support for:
   1. family meetings
   2. goals of care
   3. advance care planning (e.g., DNR, Medical Power of Attorney, Surrogate Decision-Maker)
   4. medication selection and deprescribing

B. Assess and support cultural and personal diversities (e.g., age, race, gender identity)
C. Assess and support emotional, spiritual, and psychosocial characteristics and needs
D. Educate about disease trajectory (e.g., prognosis, symptom management, potential complications, and impending death)
E. Assess and document the patient's decision-making capacity
F. Facilitate surrogate's role in decision making
G. Recognize social determinants of health and collaborate with the interdisciplinary group to assess and manage them
H. Understand issues with family dynamics (e.g., coping styles, psychological defenses, and developmental stages)

## 2. Medical Knowledge — 30%

A. Assess and differentiate types of pain including total pain
B. Assess and manage acute and chronic pain:
   1. opioids
   2. non-opioids
   3. non-pharmacologic measures (including complementary and alternative therapies)

C. Assess and manage non-pain symptoms:
   1. opioids
   2. non-opioids
   3. non-pharmacologic measures (including complementary and alternative therapies)

D. Assess and manage side effects and complications of commonly used medications (e.g., opioids, benzos, anti-psychotics, and steroids)
E. Assess and manage diagnoses (e.g., delirium, dementia, depression, and anxiety)
F. Demonstrate knowledge of:
   1. settings where hospice and palliative care are provided
   2. patient assessment and management across hospice care settings
   3. substance use disorder and dependence/tolerance
   4. brain death, persistent vegetative state, and minimal conscious state
   5. normal and complex grief
   6. pediatric life-threatening conditions
   7. signs and symptoms of impending death
   8. alternative routes of medication delivery
   9. palliative sedation
   10. prognostic assessment tools (e.g. FAST, PPS, BMI, KPS, ECOG, NYHA)
   11. artificial nutrition (i.e., benefits and burden)

G. Manage medication selection and deprescribing based on disease trajectory
H. Assess the risk and manage substance use disorder or diversion
I. Identify indications for interventional symptom management (e.g., nerve blocks, radiation therapy)
J. Determine prognosis (e.g., comorbid and secondary conditions, medical findings, disease progression, medications and treatment)
K. Manage withdrawal of life-sustaining therapies

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| **3.Medical Leadership and Communication** | **14%** |
| A. Facilitate empathic communication (e.g., acknowledge what another person is experiencing)<br>B. Facilitate conflict resolution and 'service recovery'<br>C. Facilitate effective communication between hospice staff and community providers<br>D. Provide ongoing education for hospice staff:<br>1. certification and recertification<br>2. development of a plan of care<br>3. symptom management<br>4. clinical assessments and face-to-face encounters<br>5. pharmacy and formulary management<br>6. documentation of care<br>E. Support staff around difficult decisions and care scenarios<br>F. Support the interdisciplinary group process | |
| **4. Professionalism** | **10%** |
| A. Recognize and manage fatigue and burnout<br>B. Knowledge of strategies of self-care<br>C. Understand and promote healthy boundaries with colleagues, patients, and families<br>D. Disclose medical errors in accord with institutional policies and professional ethics<br>E. Collaborate with physicians and other health professionals to coordinate the plan of care<br>F. Promote patient privacy and confidentiality<br>G. Apply the five principles of medical ethics to:<br>1. informed consent<br>2. truth-telling<br>3. withholding/withdrawing life-sustaining therapies<br>4. medical futility<br>5. voluntary stopping of eating and drinking (VSED)<br>6. request for medical aid in dying<br>7. euthanasia<br>8. principle of double effect<br>9. conflicts of interest | |
| **5.Regulatory Compliance and Quality Improvement** | **26%** |
| A. Understand hospice services as outlined in the Conditions of Participation (CoPs):<br>1. access to core services<br>2. access to allied health professionals (e.g., speech therapist, nutritionist)<br>3. levels of care<br>4. responsibility for medical care when the attending is not available<br>5. continuous quality assessment and performance improvement (QAPI)<br>6. patient safety<br>7. emergency preparedness<br>8. community providers (e.g., GV and GW modifiers)<br>9. hospice providers (e.g., medical visits, FTF encounters, pre-hospice consult, NP billing)<br>B. Comply with regulations regarding certification of terminal illness (CTI):<br>1. local coverage determinations including their limitations<br>2. determination of relatedness of comordities<br>3. physician narratives (e.g., timing, content)<br>4. face-to-face encounters<br>5. documentation of noncoverage of medications and treatments | |

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| C. Understand the process of:<br>1. audits (e.g., additional development requests (ADR), Targeted Probe and Education (TPE))<br>2. redetermination, appeals, and testifying to the Administrative Law Judge<br>3. technical and medical denials<br>4. survey process (e.g., CMS, State Department of Health, other accrediting organizations) | |