

Examination Specifications

Name of Credential	Hospice Medical Director Certification (HMDC®)
Name of Certifying Body	Hospice Medical Director Certification Board (HMDCB)
Designation Awarded	HMDC® Credential
Target Population	Hospice Medical Directors or Physicians
Level of Proficiency	Specialty
Scoring Method	Objectively Scored; Number Correct
Decision Outcome Method	Single Hurdle, Non-compensatory
Number of Test Portions	1
Total Number of Items	150
Number of Scored Items	150
Number of Pretest Items	0
Administration Time	180 Minutes
Year ECO Created	2020



Examination Content Outline

1	Patient and Family Care	30
1A	Provide medical direction and support for:	
1A1	family meetings	
1A2	goals of care	
1A3	advance care planning (e.g., DNR, Medical Power of Attorney, Surrogate Decision-Maker)	
1A4	medication selection and deprescribing	
1B	Assess and support cultural and personal diversities (e.g., age, race, gender identity)	
1C	Assess and support emotional, spiritual, and psychosocial characteristics and needs	
1D	Educate about disease trajectory (e.g., prognosis, symptom management, potential complications, and impending death)	
1E	Assess and document the patient's decision-making capacity	
1F	Facilitate surrogate's role in decision making	
1G	Recognize social determinants of health and collaborate with the interdisciplinary group to assess and manage them	
1H	Understand issues with family dynamics (e.g., coping styles, psychological defenses, and developmental stages)	
2	Medical Knowledge	45
2A	Assess and differentiate types of pain including total pain	
2B	Assess and manage acute and chronic pain:	
2B1	opioids	
2B2	non-opioids	
2B3	non-pharmacologic measures (including complementary and alternative therapies)	
2C	Assess and manage non-pain symptoms:	
2C1	opioids	
2C2	non-opioids	
2C3	non-pharmacologic measures (including complementary and alternative therapies)	
2D	Assess and manage side effects and complications of commonly used medications (e.g., opioids, benzos, anti-psychotics, and steroids)	
2E	Assess and manage diagnoses (e.g., delirium, dementia, depression, and anxiety)	
2F	Demonstrate knowledge of:	
2F1	settings where hospice and palliative care are provided	
2F2	patient assessment and management across hospice care settings	
2F3	substance use disorder and dependence/tolerance	
2F4	brain death, persistent vegetative state, and minimal conscious state	
2F5	normal and complex grief	
2F6	pediatric life-threatening conditions	
2F7	signs and symptoms of impending death	
2F8	alternative routes of medication delivery	

2F9	palliative sedation	
2F10	prognostic assessment tools (e.g. FAST, PPS, BMI, KPS, ECOG, NYHA)	
2F11	artificial nutrition (i.e., benefits and burden)	
2G	Manage medication selection and deprescribing based on disease trajectory	
2H	Assess the risk and manage substance use disorder or diversion	
2I	Identify indications for interventional symptom management (e.g., nerve blocks, radiation therapy)	
2J	Determine prognosis (e.g., comorbid and secondary conditions, medical findings, disease progression, medications and treatment)	
2K	Manage withdrawal of life-sustaining therapies	
3	Medical Leadership and Communication	21
3A	Facilitate empathic communication (e.g., acknowledge what another person is experiencing)	
3B	Facilitate conflict resolution and 'service recovery'	
3C	Facilitate effective communication between hospice staff and community providers	
3D	Provide ongoing education for hospice staff:	
3D1	certification and recertification	
3D2	development of a plan of care	
3D3	symptom management	
3D4	clinical assessments and face-to-face encounters	
3D5	pharmacy and formulary management	
3D6	documentation of care	
3E	Support staff around difficult decisions and care scenarios	
3F	Support the interdisciplinary group process	
4	Professionalism	15
4A	Recognize and manage fatigue and burnout	
4B	Knowledge of strategies of self-care	
4C	Understand and promote healthy boundaries with colleagues, patients, and families	
4D	Disclose medical errors in accord with institutional policies and professional ethics	
4E	Collaborate with physicians and other health professionals to coordinate the plan of care	
4F	Promote patient privacy and confidentiality	
4G	Apply the five principles of medical ethics to:	
4G1	informed consent	
4G2	truth-telling	
4G3	withholding/withdrawing life-sustaining therapies	
4G4	medical futility	
4G5	voluntary stopping of eating and drinking (VSED)	
4G6	request for medical aid in dying	
4G7	euthanasia	
4G8	principle of double effect	
4G9	conflicts of interest	

5	Regulatory Compliance and Quality Improvement	39
5A	Understand hospice services as outlined in the Conditions of Participation (CoPs):	
5A1	access to core services	
5A2	access to allied health professionals (e.g., speech therapist, nutritionist)	
5A3	levels of care	
5A4	responsibility for medical care when the attending is not available	
5A5	continuous quality assessment and performance improvement (QAPI)	
5A6	patient safety	
5A7	emergency preparedness	
5A8	community providers (e.g., GV and GW modifiers)	
5A9	hospice providers (e.g., medical visits, FTF encounters, pre-hospice consult, NP billing)	
5B	Comply with regulations regarding certification of terminal illness (CTI):	
5B1	local coverage determinations including their limitations	
5B2	determination of relatedness of comorbidities	
5B3	physician narratives (e.g., timing, content)	
5B4	face-to-face encounters	
5B5	documentation of noncoverage of medications and treatments	
5C	Understand the process of:	
5C1	audits (e.g., additional development requests (ADR), Targeted Probe and Education (TPE))	
5C2	redetermination, appeals, and testifying to the Administrative Law Judge	
5C3	technical and medical denials	
5C4	survey process (e.g., CMS, State Department of Health, other accrediting organizations)	
Total		150

Secondary Classifications

Cognitive Level	Minimum Required	Maximum Allowable
Recall	17%	23%
Application	49%	55%
Analysis	25%	31%

