SLEEP MEDICINE Blueprint

For traditional, 10-year Maintenance of Certification (MOC) exam and Longitudinal Knowledge Assessment (LKA)

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified sleep medicine specialist 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 sleep medicine specialist. The exam is developed jointly by the ABIM, the American Board of Anesthesiology, the American Board of Family Medicine, the American Board of Otolaryngology – Head and Neck Surgery, the American Board of Pediatrics, and the American Board of Psychiatry and Neurology.

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
Normal Sleep and Variants	16%
Circadian Rhythm Sleep-Wake Disorders	10%
Insomnia	17%
Central Disorders of Hypersomnia	12%
Parasomnias	7%
Sleep-Related Movements	8%
Sleep-Related Breathing Disorders	20%
Sleep in Other Disorders	5%

Instrumentation and Testing	5%
	100%

Exam questions in the content areas above may also address topics in pediatrics that are important to the practice of sleep medicine. For the traditional, 10-year MOC exam, approximately 12% to 17% of the exam will address topics in pediatrics.

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 traditional 10-year MOC exam is composed of up to 235 single-best-answer multiple-choice questions, of which approximately 50 are new questions that do not count in the examinee's score. ABIM's Longitudinal Knowledge Assessment (LKA™) for MOC, is a five-year cycle in which physicians answer questions on an ongoing basis and receive feedback on how they're performing along the way. More information on how exams are developed can be found at https://www.abim.org/about/exam-information/exam-development.aspx.

Examinees taking the traditional 10-year exam will have access to an external resource (i.e., UpToDate®) for the entire exam. Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- **Diagnosis**: making a diagnosis or identifying an underlying condition
- **Testing**: ordering tests for diagnosis, staging, or follow-up
- **Treatment/Care Decisions**: recommending treatment or other patient care
- **Risk Assessment/Prognosis/Epidemiology**: assessing risk, determining prognosis, and applying principles from epidemiologic studies
- **Pathophysiology/Basic Science**: understanding the pathophysiology of disease and basic science knowledge applicable to patient care

Clinical information presented may include patient photographs, actigrams, and polysomnograms to illustrate relevant patient findings. Some questions may include video.). A tutorial including examples of question format can be found at http://www.abim.org/maintenance-ofcertification/assessment-information/sleep-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.

Normal Sleep and Variants	**16%** of Exam
Sleep-wake mechanisms, neurophysiology	4%
Circadian timing	
Homeostatic sleep regulation	
Non-rapid eye movement (NREM) sleep mechanism	
REM sleep regulation	
Wake neurophysiology	
Other physiology	<2%
Gastrointestinal	
Pulmonary	
Endocrine	
Cardiovascular	
Normal sleep	2%
Infancy	
Childhood	
Adolescence	
Adulthood	
Elder years	
Pregnancy	
Menopause	
Effects of sleep deprivation	<2%

Neurocognitive function	7%
Mood disturbances	
Metabolic disturbances	
Scoring and staging	
Staging and arousals	
Respiratory events	
Movement	
Cardiac	
Electroencephalogram (EEG) variant Other scorable events	

Circadian Rhythm Sleep-Wake Disorders	**10%** of Exam
Circadian sleep disorders	6.5%
Delayed sleep-wake phase disorder	
Advanced sleep-wake phase disorder	
Non-24-hour sleep-wake rhythm disorder (free-running circadian sleep disorder Irregular sleep-wake disorder	
Shift work disorder	<2%
Jet lag disorder	<2%
Circadian sleep-wake disorder not otherwise specified, including disruption related to behavior, medical conditions, or drugs or substances	<2%

Insomnia	**17%** of Exam
Short-term insomnia	<2%
Chronic insomnia in adults	10.5%
Chronic insomnia in children	3.5%

Insomnia related to behavior, medical conditions, or drugs or substances, and isolated symptoms and normal variants associated with complaints of insomnia	2%
Insomnia related to behavior, medical conditions, or drugs or substances	
Isolated symptoms and normal variants associated with complaints of insomnia	
Excessive time in bed	
Short sleeper	

Central Disorders of Hypersomnia	**12%** of Exam
Narcolepsy	5%
Type 1 (with cataplexy)	
Type 2 (without cataplexy)	
Idiopathic hypersomnia	<2%
Kleine-Levin syndrome (periodic hypersomnia)	<2%
Insufficient sleep syndrome	2.5% **Hypersomnia due to medical disorders**
	<2% **Hypersomnia due to medications**
	<2%
Hypersomnia associated with psychiatric disorders	<2%
Long Sleeper	<2%

Parasomnias	**7%** of Exam
NREM-related parasomnias	3%
Confusional arousals	
Sleep walking	
Sleep terrors	
Sleep-related eating disorder	
REM-related parasomnias	3%

REM sleep behavior disorder
Recurrent isolated sleep paralysis
Nightmare disorder

Other parasomnias <2%

Exploding head syndrome
Sleep-related hallucinations
Enuresis
Parasomnia due to medical disorders, medications, or substances or unspecified

Isolated symptoms and normal variants

Sleep talking

<2%

Sleep-Related Movements — **8%** of Exam

Restless legs syndrome 3.5%

Periodic limb movement <2%

Periodic limb movements during sleep
Periodic limb movement disorder

Rhythmic movement disorder <2% **Sleep-related leg cramps** <2%

Bruxism <2%

Sleep myoclonus <2%

Benign sleep myoclonus of infancy
Propriospinal myoclonus at sleep onset

Other-sleep-related movement disorders due to medical disorders, medications, or substances <2%

Isolated symptoms and normal variants <2%

Excessive fragmentary myoclonus
Hypnagogic foot tremor and alternating leg muscle activation
Sleep starts (hypnic jerks)

Sleep-Related Breathing Disorders — **20%** of Exam

Obstructive sleep apnea 9%

Adult obstructive sleep apnea
Pediatric obstructive sleep apnea

Central sleep apnea syndromes 7.5%

Central sleep apnea with Cheyne-Stokes breathing
Central sleep apnea due to a medical disorder without Cheyne-Stokes breathing
Central sleep apnea due to high-altitude periodic breathing
Central sleep apnea due to medications or substances
Primary central sleep apnea
Primary central sleep apnea of infancy Primary central sleep apnea of prematurity
Treatment-emergent central sleep apnea

Sleep-related hypoventilation disorders 2.5%

Obesity-hypoventilation syndrome
Congenital central alveolar hypoventilation syndrome
Late-onset central hypoventilation with hypothalamic dysfunction
Idiopathic central alveolar hypoventilation
Sleep-related hypoventilation due to medications or substances
Sleep-related hypoventilation due to medical disorders

Sleep-related hypoxemia disorder <2%

Isolated symptoms and normal variants <2%

Snoring
Catathrenia

Sleep in Other Disorders	**5%** of Exam

Neurologic disorders 2%

Neurodegenerative disorders Synucleinopathies
Alzheimer's disease
Fatal Familial Insomnia
Traumatic brain injury
Neuromuscular disorders
Cerebrovascular disorders

Sleep-related epilepsy and seizure disorders
Congenital disorders
Sleep-related headaches
Neurodevelopmental
Sleep-related laryngospasm

Psychiatric disorders 2%
Mood disorders
Psychotic disorders
Anxiety
Substance abuse
Other conditions and general topics

Other medical disorders <2%
Genetic disorders Endocrine disorders
Cardiac disorders
Pulmonary disorders
Gastrointestinal disorders
Hematologic disorders

Instrumentation and Testing — **5%** of Exam

Electrical components <2%
Sensors
Filters
Analog-to-digital (A-to-D) convertors Display

Technical aspects of sleep devices <2%
Actigraphy
Positive airway pressure (PAP) and ventilatory support devices

Electrical safety <2%

Artifacts <2%

Study preparation and testing conditions <2%
Polysomnography (PSG)
Multiple Sleep Latency Test (MSLT) and Maintenance of

Wakefulness Test (MWT)
Home sleep apnea testing

Epidemiology and screening <2%
Statistics and testing characteristics
Questionnaires

January 2025