

# Sleep Medicine

## Certification Examination Blueprint

### **What Does the Examination Cover?**

The exam is designed to evaluate the extent of the candidate's knowledge and clinical judgment in the areas in which a sleep medicine specialist should demonstrate a high level of competence. Expertise in the broad domain of sleep disorders and the diagnosis and treatment of both common and rare conditions that have important consequences for patients, will be assessed.

Exam content will be consistent with a pre-established blueprint, or table of specifications. The blueprint has been developed by the Sleep Medicine Test Committee, whose members represent the four ABMS boards sponsoring the exam: the American Board of Internal Medicine, the American Board of Pediatrics, the American Board of Psychiatry and Neurology, and the American Board of Otolaryngology. The blueprint is being used as a guide in developing the exam.

The majority of questions (over 60 percent) will be based on patient presentations occurring in settings that reflect current medical practice. Questions requiring simple recall of medical facts are in the minority; the majority of questions require integration of information, prioritization of alternatives, and/or utilization of clinical judgment in reaching a correct conclusion. Some questions require interpretation of pictorial material, such as polysomnograms and actigraphic recordings.

**NOTE:** Sleep staging and the scoring and interpretation of sleep studies are important clinical skills to be assessed in the Sleep Medicine Examination; however, the November 2007 exam will not require candidates to make distinctions based on differences between former scoring rules (i.e., Rechtschaffen and Kales) and the scoring rules in the recently released American Academy of Sleep Medicine Manual for Scoring of Sleep and Associated Events. In exam questions related to sleep staging, both the old and the new nomenclatures are used to identify sleep stages, as in stage I (N1), for example.

The content areas and their relative proportions on the exam will be as follows:

Medical Content Category	Relative Percentage
Normal sleep and variants	13%
Organ system physiology in sleep	5%
Sleep evaluation	20%
Pharmacology	7%
Disorders related to sleep-wake timing, including pathophysiology, epidemiology, diagnosis, and management	5%
Insomnia, including pathophysiology, epidemiology, diagnosis, and management	10%
Hypersomnolence unrelated to sleep-related breathing disorders, including pathophysiology, epidemiology, diagnosis, and management	7%
Parasomnias, including pathophysiology, epidemiology, diagnosis, and management	4%
Sleep-related movement disorders, including pathophysiology, epidemiology, diagnosis, and management	5%
Sleep-related breathing disorders, including pathophysiology, epidemiology, diagnosis, and management	17%
Sleep in other disorders	5%
Considerations and disorders unique to childhood	2%
Total	100%

## Content Outline of the Certification Examination

This content outline describes the coverage intended for a *typical* Sleep Medicine Certification Examination; actual content on a specific examination may vary. Each medical content category from the examination blueprint is listed in boldface below, along with target blueprint percentage and total number of questions in the category.

Medical Content Category (Relative Percentage and Approximate Number of Questions)
<b>Normal sleep and variants (13%--approximately 31 questions)</b>
Sleep-wake mechanisms, neurophysiology
Chronobiology/Neurophysiology
Sleep at different ages/stages of human life
Effects of sleep deprivation

<b>Organ system physiology in sleep (5%--approximately 12 questions)</b>
Respiratory
Other systems

<b>Sleep evaluation (20%--approximately 48 questions)</b>
Sleep history and physical examination
Polysomnography and electroencephalography
Sleep staging and scoring
Multiple sleep latency and maintenance of wakefulness tests
Other techniques

<b>Pharmacology (7%--approximately 16 questions)</b>
Basic sleep-wake pharmacology
Drugs/agents affecting sleep and wakefulness

<b>Disorders related to sleep-wake timing, including pathophysiology, epidemiology, diagnosis, and management (5%--approximately 12 questions)</b>
Circadian sleep disorders
Shift work
Jet lag
Other, including disruption related to behavior, medical conditions, or drugs/substances

Medical Content Category (Relative Percentage and Approximate Number of Questions)
<b>Insomnia, including pathophysiology, epidemiology, diagnosis, and management (10%--approximately 24 questions)</b>
Adjustment insomnia
Psychophysiologic insomnia
Paradoxical insomnia
Insomnia due to mental disorder
Inadequate sleep hygiene
Other, including insomnia related to behavior, medical conditions or drugs/substances

<b>Hypersomnolence unrelated to sleep-related breathing disorders, including pathophysiology, epidemiology, diagnosis, and management (7%--approximately 17 questions)</b>
Narcolepsy with/without cataplexy
Cataplexy
Psychiatric disorders
Recurrent hypersomnia, including Kleine-Levin syndrome
Idiopathic hypersomnia
Insufficient sleep syndrome
Post-traumatic hypersomnia

<b>Parasomnias, including pathophysiology, epidemiology, diagnosis, and management (4%--approximately 10 questions)</b>
Sleepwalking
Sleep terrors
REM sleep behavior disorder
Confusional arousals
Enuresis

<b>Sleep-related movement disorders, including pathophysiology, epidemiology, diagnosis, and management (5%--approximately 12 questions)</b>
Restless legs syndrome
Periodic limb movement disorder
Rhythmic movement disorder
Bruxism

Medical Content Category (Relative Percentage and Approximate Number of Questions)
<b>Sleep-related breathing disorders, including pathophysiology, epidemiology, diagnosis, and management (17%--approximately 41 questions)</b>
Obstructive sleep apnea
Central sleep apnea
Sleep-related hypoventilation/hypoxemic syndromes
Treatment

<b>Sleep in other disorders (5%--approximately 12 questions)</b>
Neurologic
Psychiatric
Other medical disorders

<b>Considerations unique to childhood (2%--approximately 5 questions)</b>
Safe infant sleep
Behavioral insomnia of childhood
Infant apnea
Sleep-onset association disorder
Apparent life-threatening events