Interventional Pulmonology Board Certification Examination Content

CONTENT OUTLINE

Purpose of the Exam
The examination is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of a board-certified interventional pulmonologist in the broad domain of the discipline. The ability to make appropriate diagnostic and management decisions that have significant consequences for patients will be assessed.

Exam content and format
Exam content is determined by a pre-established blueprint or table of specifications. The blueprint is developed by AABIP, reviewed annually, and updated as needed for currency. Trainees, training program directors, and certified interventional pulmonologists in the discipline are surveyed periodically to provide feedback and inform the blueprinting process.

The exam comprises multiple-choice questions with a single best answer, predominantly describing patient scenarios. Clinical information may include patient photographs, radiographs, computed tomography imaging, video, and other media to illustrate relevant patient findings. There are 2 primary domains, Disease Specific Knowledge and Procedural Knowledge, which constitute 50.4% and 49.6% of the examination, respectively.

The 2 domains can be expanded for additional detail, as shown below. Each medical content category is listed below, with content subsections and specific topics that may appear in the exam. Actual exam content may vary.

Disease Specific Knowledge:

Physiology and Anesthesia - Physiology (e.g., central airway obstruction {malignant and non-malignant}, asthma/COPD, pleural disease, etc. - Jet ventilation - Anesthesia, moderate & deep sedation, analgesia, local anesthesia	5.9%
Malignant airway obstruction	5.2%
Non-malignant airway obstruction	3.0%
Comprehensive evaluation and management of patients with thoracic malignancies, lung cancer (including early detection / screening and staging) and other intrathoracic malignancies (e.g., esophageal, thyroid, mesothelioma, intrathoracic manifestations of malignancy): - Lung Cancer Screening - Smoking cessation - Lung Cancer Staging	11.1%

- Molecular (genetic) markers - Immune markers - Sample handling, including rapid onsite evaluation (ROSE) - Medical treatment of lung cancer including chemotherapy, radiation, immunotherapy, tyrosine kinase inhibitors - Other intrathoracic malignancies including mesothelioma	
Pleural diseases - Parapneumonic effusions and empyema - Alveolar / broncho-pleural and airway-esophageal fistulas - Pneumothorax - Recurrent Non-malignant effusions - Malignant effusions	6.7%
Surgical interventions - Laryngeal and tracheal resection - Tracheoplasty and tracheal reconstruction - Surgical tracheostomy - Suspension laryngoscopy - Lung resection, including robotic, VATS and thoracotomy - Mediastinoscopy - Robotic thoracic surgery	2.2%
Ethics and palliative care	3.0%
Endoscopic therapeutic approaches in COPD	2.2%
Diagnostic approaches to the peripheral nodule	7.4%
Complications of lung transplantation	2.2%
Benign lung disease workup including: - Interstitial lung disease (Cryobiopsy) - Sarcoidosis - Infections including COVID - COVID bronchoscopy (Move under Benign Lung Disease Work Up)	0.7%
Biostatistics	0.7%

Procedural Knowledge

Pleural procedures - Tube thoracostomy - Tunneled pleural catheters - Medical thoracoscopy - Pleurodesis - Pleural biopsy - Ultrasonography - Thoracentesis	8.1%
Convex and radial EBUS	6.7%

Navigational bronchoscopy, robotic bronchoscopy, and cone-beam CT guided bronchoscopy	7.4%
Rigid bronchoscopy / foreign body retrieval	5.9%
Ablation procedures - Electrocautery - Argon plasma coagulation (APC) - Laser - Photodynamic therapy (PDT) - Brachytherapy - Cryotherapy	5.9%
Balloon tracheoplasty and bronchoplasty	3.7%
Tracheobronchial stents	5.9%
Thermoplasty and Bronchoscopic lung volume reduction (BLVR) - Thermoplasty - BLVR	1.5%
Percutaneous tracheostomy and transtracheal oxygen: - COVID Tracheostomy	3.7%
Coding and billing for bronchoscopy	0.7%