

A Member Board of the American Board of Medical Specialties (ABMS)

## SUBSPECIALTY CONTINUING CERTIFICATION EXAMINATION IN GERIATRIC PSYCHIATRY

The American Board of Psychiatry and Neurology, Inc. (ABPN) is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and continuing certification processes.

The ABPN designs and develops the geriatric psychiatry continuing certification examination to assess the knowledge and reasoning skills needed to provide high quality patient care in the broad domain of the subspecialty.

Candidates should use the detailed content outline as a guide to prepare for the examination. Please note that no single examination tests everything on the content outline.

For more information, please contact us at <a href="mailto:questions@abpn.org">questions@abpn.org</a> or visit our website at <a href="mailto:questions@abpn.org">questions@abpn.org</a>.



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# SUBSPECIALTY CONTINUING CERTIFICATION EXAMINATION IN GERIATRIC PSYCHIATRY Content Blueprint

| Num  | Percent  |        |
|------|--|--------|
| 01.  | Clinical science of aging                              | 8-12%  |
| 02.  | Diagnosis and evaluation of psychopathology            | 30-35% |
| 03.  | Treatment and management issues                        | 30-35% |
| 04.  | Practice-related policy and legal issues               | 4-6%   |
| 05.  | Medical and neurologic aspects of geriatric psychiatry | 18-22% |
| TOTA | 100%   |        |

**Note:** A more detailed content outline is shown below



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# SUBSPECIALTY CONTINUING CERTIFICATION EXAMINATION IN GERIATRIC PSYCHIATRY Content Outline

| 01. | Clinic | cal science of aging   |  |
|-----|--------|--|--|
|     | A.     | Life course  |  |
|     | B.     | Demography and epidemiology                                      |  |
|     | C.     | Culture and gender   |  |
|     | D.     | Family and community   |  |
|     | E.     | Genetics   |  |
|     | F.     | Other biological aspects of aging                                |  |
|     | G.     | Functional assessment  |  |
| 02. | Diagr  | nosis and evaluation of psychopathology                          |  |
|     | A.     | Neurocognitive disorders   |  |
|     |        | 1. Cortical dementias  |  |
|     |        | 2. Subcortical dementias   |  |
|     |        | 3. Mild cognitive impairment                                     |  |
|     |        | 4. Traumatic brain injuries                                      |  |
|     |        | 5. Other (e.g. delirium)   |  |
|     | B.     | Depressive disorders and bipolar and related disorders           |  |
|     |        | 1. Major depressive disorder                                     |  |
|     |        | 2. Bipolar disorder  |  |
|     |        | 3. Minor depression/subsyndromal                                 |  |
|     |        | 4. Other mood disorders  |  |
|     | C.     | -  |  |
|     | D.     | Schizophrenia spectrum and other psychotic disorders             |  |
|     | E.     |  |  |
|     | F.     | Anxiety disorders and obsessive-compulsive and related disorders |  |
|     | G.     | Sexual dysfunctions, gender dysphoria/paraphilic disorders       |  |
|     | Н.     | Somatic symptom and related disorders                            |  |
|     | l.     | Trauma- and stressor-related disorders                           |  |
|     | J.     | Personality disorders  |  |
| 03. |        | ment and management issues                                       |  |
|     | A.     | Somatic treatments   |  |
|     |        | 1. Pharmacology/psychopharmacology                               |  |



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|     |                   | 2. Electroconvulsive therapy  |  |
|-----|-------------------|---|--|
|     | B. Psychotherapy  |   |  |
|     | C. Special issues |   |  |
|     |                   | 1. Behavioral problems  |  |
|     |                   | 2. Suicidal ideation and behavior   |  |
|     |                   | 3. Palliative care  |  |
|     |                   | 4. Dangerousness  |  |
|     |                   | 5. Treatment adherence  |  |
|     |                   | 6. Caregiver issues   |  |
|     |                   | 7. Care models (e.g., collaborative care)   |  |
|     |                   | 8. Chronic pain   |  |
| 04. | Practi            | ractice-related policy and legal issues   |  |
|     | A.                | Role of geriatric psychiatrist in health care systems                             |  |
|     | B.                | Medico-legal  |  |
|     | C.                | Ethics  |  |
|     | D.                | Treatment-setting regulations   |  |
| 05. | Medic             | cal and neurologic aspects of geriatric psychiatry                                |  |
|     | A.                | Geriatric medical syndromes (e.g. falls, incontinence, failure to thrive, chronic |  |
|     |                   | pain <b>,</b> etc.)   |  |
|     | B.                | Care of patients with neurologic disease  |  |
|     | C.                | Psychiatric disorders due to a general medical condition                          |  |
|     | D.                | Psychiatric complications of medical treatment                                    |  |
|     | E.                | Psychological factors affecting medical conditions                                |  |