

Longitudinal Knowledge Gap Report

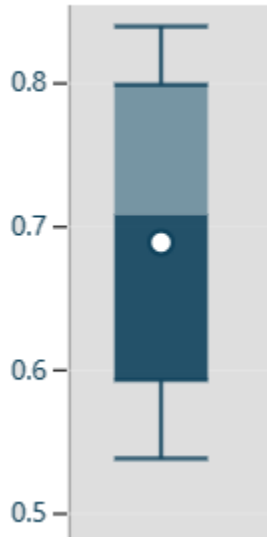
General Info

The Longitudinal Knowledge Gap Report is intended to provide areas of opportunity to increase knowledge within the specialty of Family Medicine based on performance on the Family Medicine Certification Longitudinal Assessment (FMCLA) during 2025. Each of the charts included in this report sort and categorize Diplomates into groups and document performance in each of the five domains of the ABFM Examination Blueprint.

The five domains of the ABM Blueprint are:

- 1. Preventive Care:** Provision of care that modifies risk factors for illness and injury, and detects illness in early, treatable stages. This includes health risk assessment, focused intervention, and shared decision making to improve health status. Knowledge of the recommendations from national and international organizations and from high quality evidence is important. *(Target 35%)*
- 2. Urgent and Emergent Care:** Diagnosis and management of patients with medical emergencies and urgent health care needs who with symptoms, injuries, or illnesses that need attention within a matter of hours to prevent further morbidity or mortality. These conditions have a high potential to cause significant morbidity or even mortality if not addressed promptly. These conditions can occur across various clinical environments, including outpatient clinics, emergency departments, and inpatient hospital settings. *(Target 25%)*
- 3. Acute Care and Diagnosis:** Diagnosis and initial management of patients with acute illness and injury who would normally present to an outpatient ambulatory medical setting with symptoms, injuries, or illnesses that have been present for several hours to days, but generally no longer than 3 months. These conditions do not pose an immediate threat to the patient if not addressed within several hours or days. It may include counseling about prognosis and further management at home. They generally require some sort of intervention to reduce suffering or speed the process of restoration. *(Target 20%)*
- 4. Chronic Care Management:** Management of chronic medical conditions, multiple comorbidities, complex syndromes and rehabilitation from injury or illness. This includes the acute and chronic complications and exacerbations of the disease that can arise in the course of disease. These conditions and diseases will generally last more than 3 months even with treatment, are not self-limited, and typically are seen in an outpatient ambulatory setting. *(Target 15%)*
- 5. Foundations of Care:** Application of essential and fundamental medical knowledge to the care of patients and understanding the context of care. This includes a wide variety of issues that impact the health of patients and communities, such as health disparities, social determinants of health, and various areas of health system science, clinical epidemiology, ethics, and professionalism. It also includes the ability to apply knowledge of federal health policies, patient safety and quality improvement science and communication skills that facilitate excellent care. *(Target 5%)*

Interpretation of Results



The **top whisker** represents the maximum value of the data set within one standard deviation.

The **box** represents 50% of data defined by two specific boundaries, the upper and lower quartile.

The **Interquartile Range** is the total height of the box and represents how spread out the performance was for the middle 50% of physicians within the data set.

The **Upper Quartile** is the top of the edge of the box. 75% of physicians in the identified data set performed below this line.

The **Median** is the center line that reflects the 50th percentile of physicians in the data set. If the median is not perfectly center, then the data is considered to be skewed to higher or lower performance.

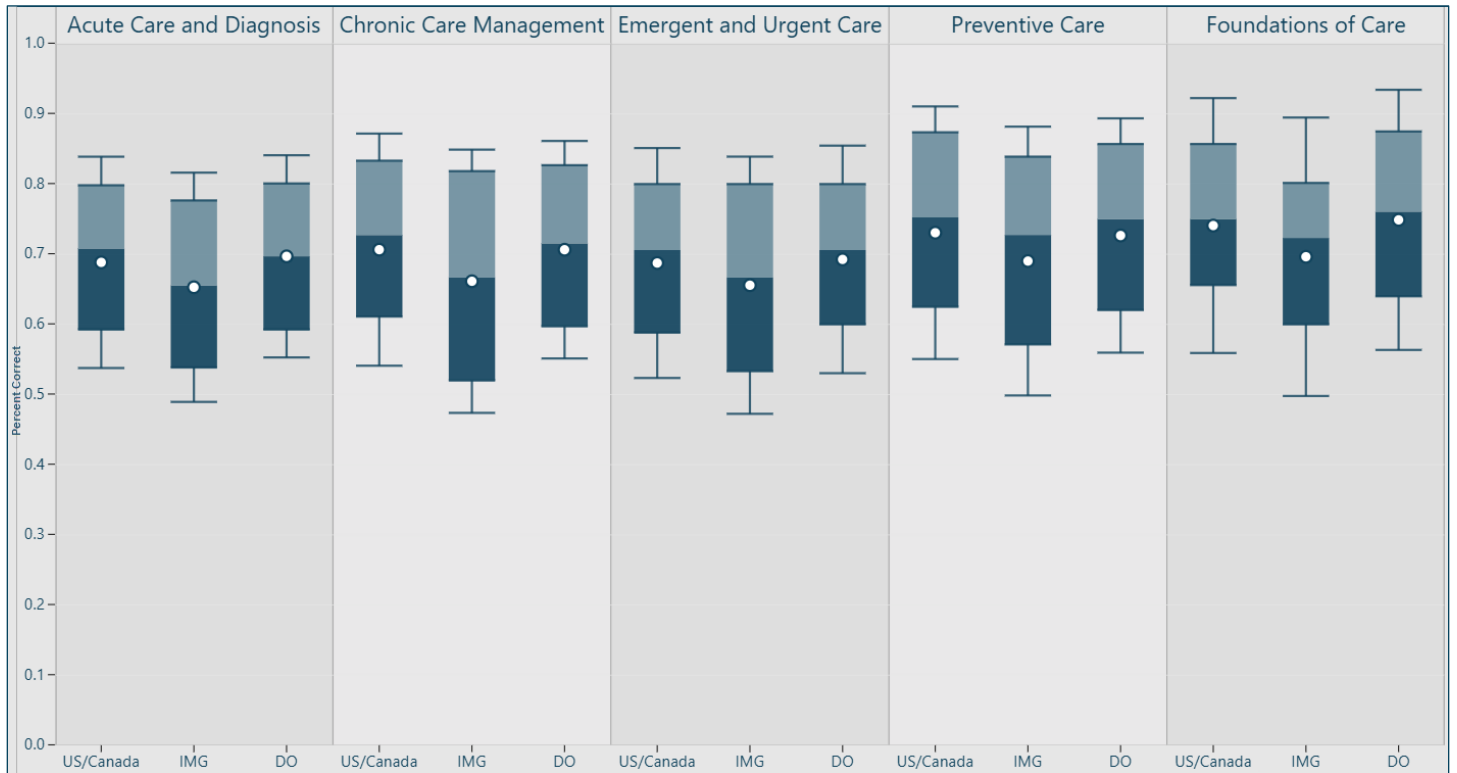
The **Mean** (indicated with the white dot) depicts the average performance of physicians in this group.

The **Lower Quartile** is the bottom edge of the box. 25% of physicians in the data set performed above this line.

The **bottom whisker** represents the minimum value of the data set within one standard deviation.

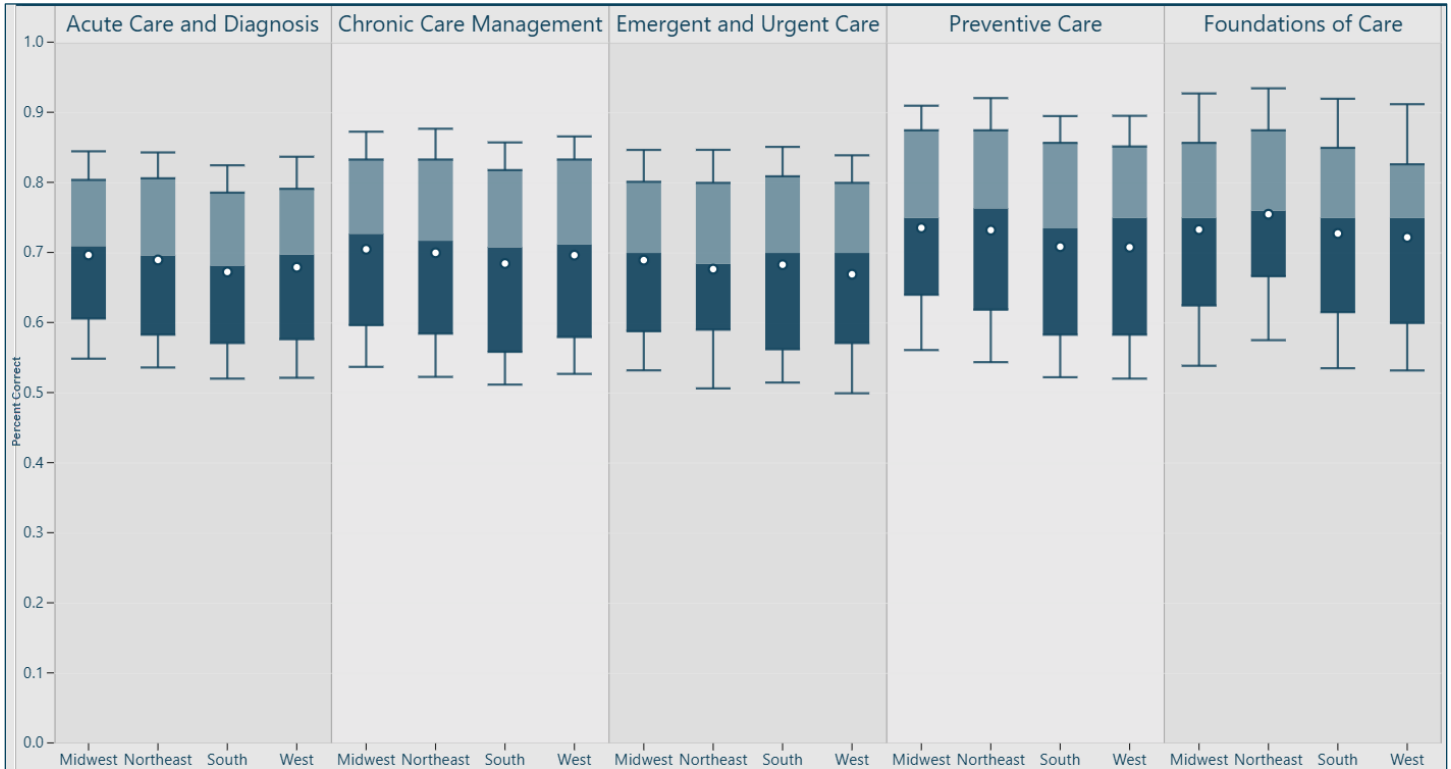
Medical School

The chart below represents Longitudinal Assessment performance during 2025 in each of the five domains grouped by medical school type: U.S./Canadian Medical School Graduate (MDs), International Medical School Graduate, and Osteopathic Medical School Graduate (DO). Areas for which the bar is higher implies higher performance in those Blueprint areas.



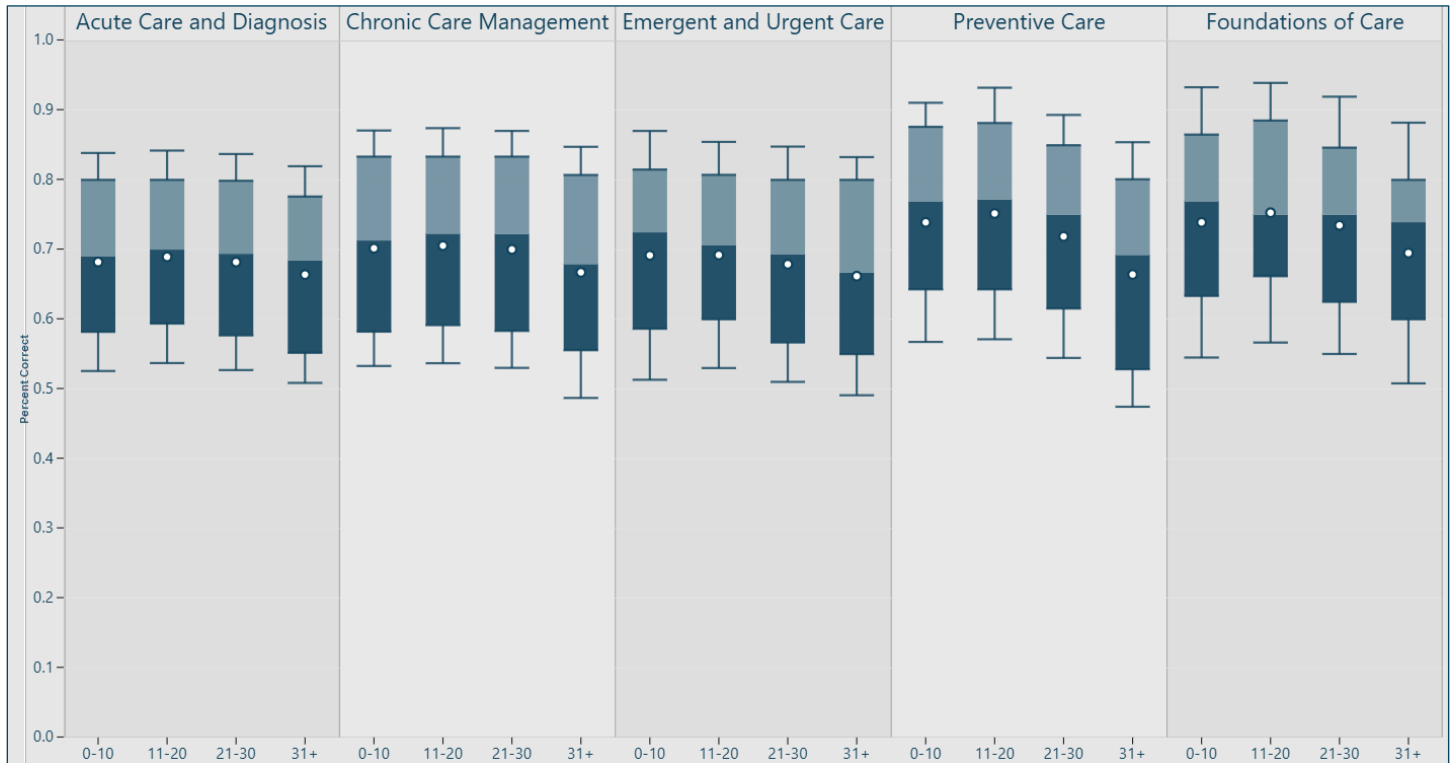
Region

The chart below groups physician performance during 2025 in each of the domains, grouped by region of the physician's current, self-reported practice address. Region determination was based on the US Census Regions and Divisions. Areas for which the bar is higher implies higher performance in those Blueprint areas.



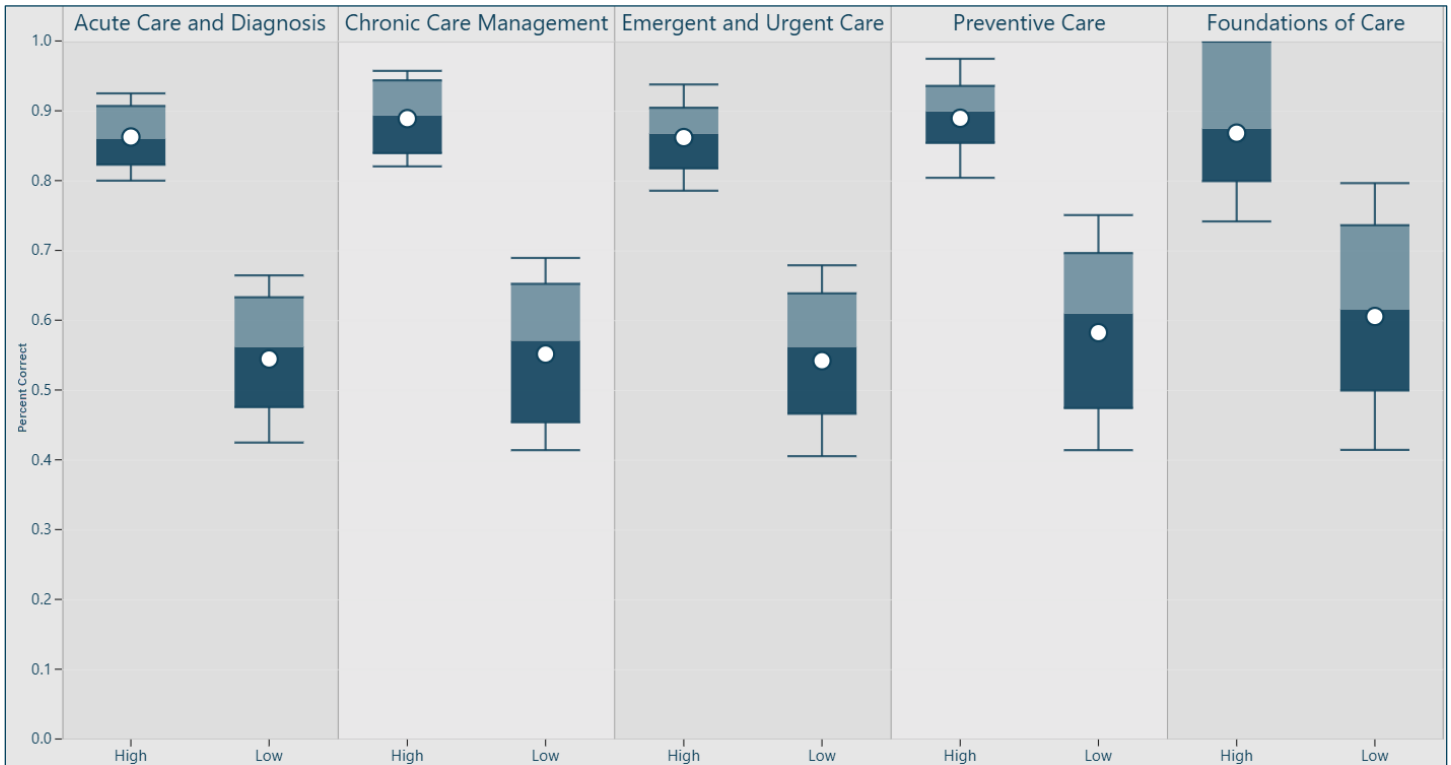
Years Since Gaining Initial Certification

The chart below represents Longitudinal Assessment performance during 2025 in each of the five domains grouped by the number of years since obtaining initial certification with ABFM: 0-10 years, 11-20 years, 21-30 years, and 31 years or more. Areas for which the bar is higher implies higher performance in those Blueprint areas.



Performance

This chart details the performance during 2025 in each of the five domains grouped by those considered to be the high performers (top 25 percentile) and those who are currently considered to be low performers (bottom 25 percentile). Performance grouping is based on Longitudinal Assessment participation in all four quarters of 2025 where a minimum of 25 questions were answered.



Testing Points of Most Frequently Incorrect Items

The table below shows the 20 items with the lowest performing testing points administered during 2025. These testing points identify specific topics and content areas where Family Physicians are underperforming and can be used in conjunction with the charts above to further understand opportunities for improvement.

TESTING POINTS	
Preventive Care	% Incorrect
Calculation of the number needed to treat based on absolute risk reduction.	41%
Bridging therapy for patient on warfarin undergoing thyroidectomy	40%
Management of hyperlipidemia in a young person	37%
Acute Care and Diagnosis	% Incorrect
Diagnosis and management of vestibular neuronitis	61%
Diagnosis and treatment of Wolff-Parkinson-White syndrome	60%
Workup for an adult female with diarrhea	48%
Diagnosis of maturity-onset diabetes of the young	46%
Diagnosis of secondary syphilis	40%
First-line prophylactic therapy for cluster headache	37%
Diagnosis of malignant lung effusion	36%
Chronic Care Management	% Incorrect
Inhaler management to improve asthma control and reduce exacerbations	50%
Evaluation of abnormal uterine bleeding in an obese 42-y-o female	51%
Diagnosis and management of psychogenic nonepileptic seizures	63%
Appropriate management of bipolar disorder	64%
Emergent and Urgent Care	% Incorrect
Most appropriate antibiotic choice for the treatment of community-acquired pneumonia in a hospitalized patient	40%
Management of skin laceration that occurred 24 hours earlier	58%
Next step in the evaluation of a severe headache that had a sudden onset	61%
Fluid resuscitation in a patient with septic shock	62%
EKG diagnosis of acute MI	63%
Foundations of Care	% Incorrect
Who determines capacity for informed consent	38%