## Internal Medicine: Inpatient

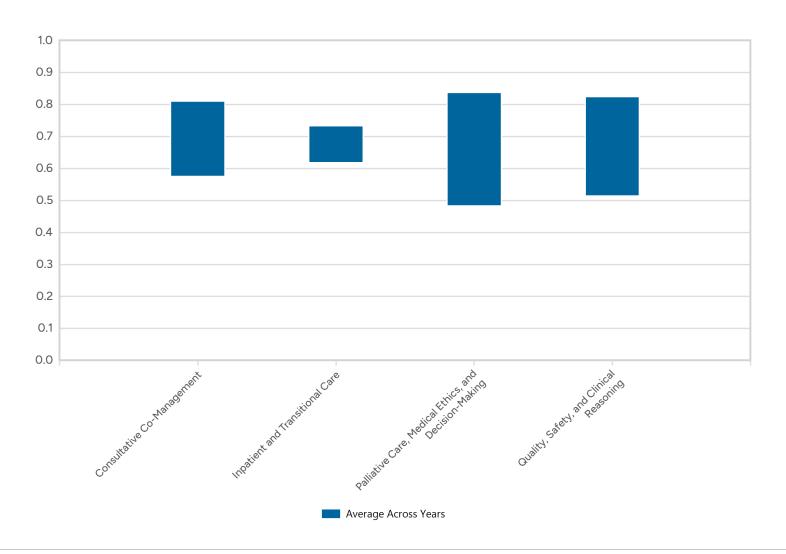
# **Knowledge Gaps Report**

#### **GENERAL INFO**

The purpose of the Specialty Knowledge Gaps report is to provide information regarding areas of relative strength and weakness based on physician performance on the American Board of Internal Medicine (ABIM) Longitudinal Knowledge Assessment (LKA®). Each of the charts below shows average performance (the average percentage of questions answered correctly) in the top-level blueprint areas, both overall as well as in relation to various demographic categorizations. It is important to note that these data are based on percent correct scores and not the equated scores provided in the score reports. Because percent correct scores are reported here, differences in performance can be attributed either to the differences in the difficulties of the tests and/or differences in the ability levels of the different candidate groups. Interpretation of this data should be made with care.

#### **OVERALL**

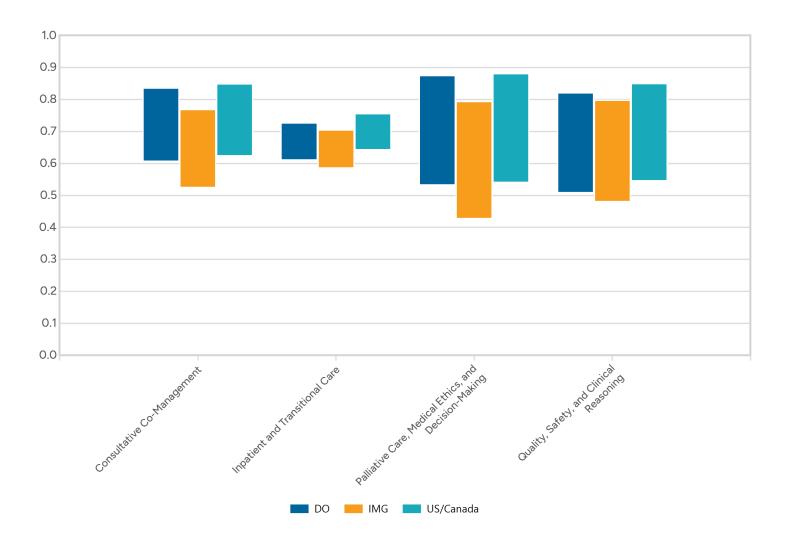
The chart below shows overall physician performance on each of the top-level blueprint categories on the LKA. Blueprint areas for which the bar is higher imply higher performance in those areas. Blueprint areas for which the bar is lower imply lower performance in those areas. Please consult the "General Info" section or FAQs for additional information on how you may interpret this chart.





#### **MEDICAL SCHOOL**

The chart below shows physician performance on each of the top-level blueprint categories on the LKA by medical school type (U.S./Canadian Medical School Graduate, International Medical School Graduate, Osteopathic Medical School Graduate). Demographic and content areas for which the bar is higher imply higher performance in those areas. Blueprint areas for which the bar is lower imply lower performance in those areas. Please consult the "General Info" section or FAQs for additional information on how you may interpret this chart.



#### **REGION**

The chart below shows physician performance on each of the top-level blueprint categories on the LKA by the U.S. Census Bureau region in which the physician lives (Midwest, Northeast, South, West). Demographic and content areas for which the bar is higher imply higher performance in those areas. Blueprint areas for which the bar is lower imply lower performance in those areas. Please consult the "General Info" section or FAQs for additional information on how you may interpret this chart.



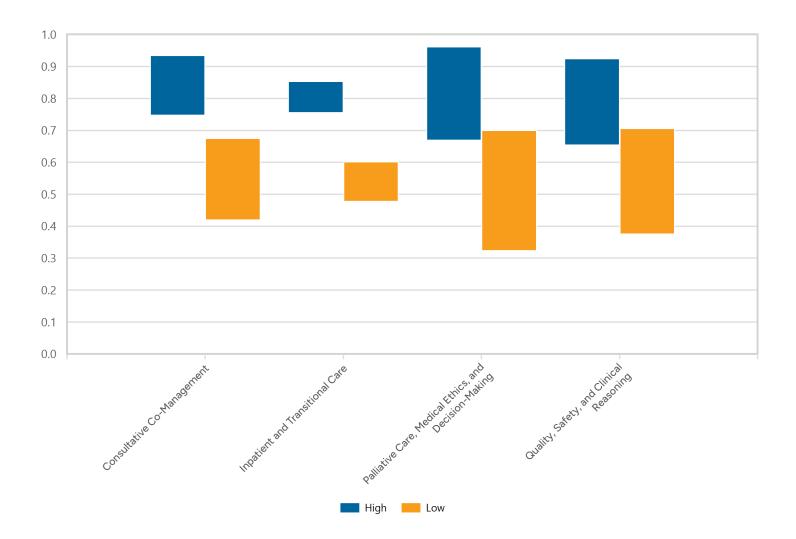
#### **AGE**

The chart below shows physician performance on each of the top-level blueprint categories on the LKA by age (44 and Younger, 45-54, 55-64, 65 and Older). Demographic and content areas for which the bar is higher imply higher performance in those areas. Blueprint areas for which the bar is lower imply lower performance in those areas. Please consult the "General Info" section or FAQs for additional information on how you may interpret this chart.



### **PERFORMANCE**

The chart below shows physician performance on each of the top-level blueprint categories on the LKA by overall current performance on the assessment. High performance is defined as the top 25% of physicians in the LKA in the given discipline and Low performance is defined as the bottom 25% of physicians in the LKA. Please consult the "General Info" section or FAQs for additional information on how you may interpret this chart.





#### MOST FREQUENT INCORRECT ITEMS

The table below shows the blueprint categories (going down to a maximum of three levels) and their associated tasks for the LKA items that physicians performed lowest on. Specifically, the table shows the 20 items with the lowest percent correct values that were administered to at least 100 physicians. This table can be used in conjunction with the charts above to better understand areas for improvement. Whereas the charts above show specific content areas in which physicians are performing better or worse, this table provides more detailed information identifying the specific topics and content areas in which physicians are not performing well.

Description	Task
Consultative Co-Management	
Perioperative care Nephrology	Treatment/Care Decisions
Perioperative care Neurology	Treatment/Care Decisions
Inpatient and Transitional Care	
Acid-base disorders Metabolic acidosis	Diagnosis
Adrenal and thyroid disorders Hyperthyroidism	Treatment/Care Decisions
Biliary tract disease Cholecystitis	Treatment/Care Decisions
Critical care medicine Bacteremia and sepsis syndrome	Treatment/Care Decisions
Hemoglobinopathies Sickle cell anemia (pain crises and complications)	Treatment/Care Decisions
Ischemic heart disease Stable angina pectoris	Treatment/Care Decisions
Neuro-ophthalmology Bell's palsy	Testing
Neuro-ophthalmology Retinal disease	Diagnosis
Peritoneal and retroperitoneal disease Intra-abdominal abscess	Treatment/Care Decisions
Rheumatologic disorders Seronegative arthropathy and spondyloarthropathy	Risk Assessment/Prognosis/ Epidemiology
Syncope	Treatment/Care Decisions
Urinary tract infection Urethritis and cystitis	Testing
Vascular disease Aortic aneurysm and dissection	Treatment/Care Decisions
Palliative Care, Medical Ethics, and Decision-Making	
Facilitation of hospice care Cancer diagnoses	Risk Assessment/Prognosis/ Epidemiology
Facilitation of hospice care Cancer diagnoses	Treatment/Care Decisions



Description	Task
Quality, Safety, and Clinical Reasoning	
Hazards of immobility and bed rest Catheter management	Treatment/Care Decisions
Healthcare-associated infections Hospital-acquired pneumonia	Treatment/Care Decisions
Pre-test and post-test probabilities	Risk Assessment/Prognosis/ Epidemiology

