Professional Practice Gaps

The Accreditation Council for Continuing Medical Education (ACCME) defines a Professional Practice Gap as "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge." http://www.accme.org/index.cfm/fa/faq.detail/category_id/f270fb8d-50ba-437e-926b-3dd408e2ffab.cfm

A Professional Practice Gap is:

- expressed negatively
- a problem that indicates an educational need on the part of your learners
- something that your learners don't know or do, that they <u>should</u> know or do
- something that calls for review, updating, improvement or correction through educational intervention
- something that adversely affects your learners' current practice of medicine and their patients' care

In general:

- quality concerns that have been identified in your hospital or department
- outdated practices or procedures that continue to be performed
- unfamiliarity with updated standards of care, government regulations, core measures or documentation requirements
- insufficient knowledge of developments in the diagnosis or treatment of a disease
- failure to meet the special needs of a segment of your patient population
- the difference between the actual and the ideal in your learners' performance and their patients' outcomes

Illustration of how you "Fill the (Professional Practice) Gap" with your CME Activity

Current (Actual) Situation		Ideal Situation
56 percent of physicians indicated they		In end stage dementia, the patient is
didn't know how to discontinue	- The Gap -	successfully discontinued from
medications and still manage difficult		cognitive medication with limited
behaviors in end stage dementia.		need for a behavior management
		regimen.
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- 1. OK, you've identified a Professional Practice Gap (a gap between the "actual" and the "ideal" in your practice).
- 2. Next, you will determine whether this gap represents a knowledge- or competence- or performance-based* educational need.
- 3. Then, you will design a CME Activity with Learning Objectives that articulate how you plan to meet the educational need(s) and thereby "fill the gap."

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	<u>Learning Objectives</u>	
	At the conclusion of this activity, the participant	
	should be able to:	
	1) In the end stage of dementia, evaluate at what	
	point medicine should be discontinued according to	
	diagnostic criteria.	
	2) In the end stage of dementia, develop a protocol	
	to discontinue cognitive medications while	
	maintaining comfort measures through sociological	
	and physical interventions as determined by your	
	hospital ethics committee guidelines.	

Examples of Professional Practice Gaps (and Learning Objectives)

CME Activity Title	Professional Practice Gap: The problem or need of your learners' that you are addressing with your CME Activity.	Learning Objectives: What your learners will be able to know or do to address this problem after attending your CME Activity.
"Sterile Water Should Not be Given 'Freely'" (example from PA Medical Society)	Severe hypernatremia can be challenging to treat. Healthcare practitioners are failing to recognize the danger of infusing plain sterile water intravenously. Bags of sterile water for injection and inhalation also are administered intravenously because they are mistaken for intravenous (IV) solutions. These medical errors can lead to severe patient harm (e.g., hemolysis, death) and are preventable.	Demonstrate an awareness of the risk of intravenous administration of plain sterile water. Identify contributing factors to errors involving the use of sterile water. Work collaboratively with other healthcare practitioners to employ strategies to help promote safe use of sterile water.
"Inadvertent Perioperative Hypothermia" (example from PA Medical Society)	Some degree of perioperative hypothermia has been estimated to occur in more than half of patients. Physicians need to ensure that body temperature is consistently monitored. Inadvertent perioperative hypothermia has been associated with a number of potentially serious complications. However, perioperative hypothermia is detectable and preventable.	Demonstrate an awareness of the risk for inadvertent perioperative hypothermia. Develop effective processes to detect and prevent inadvertent perioperative hypothermia.
"Laboratory Testing in Rheumatic Diseases"	Many established and new laboratory tests are available for use in patients with suspected or known rheumatologic diseases. Physicians lack a clear understanding of test methods, autoantibody interactions and varying properties of the tests (e.g., sensitivity and specificity). Improved familiarity with new developments in basic science is needed to assist in the diagnosis and treatment of rheumatologic diseases.	Review methods used in laboratory diagnosis of rheumatic diseases. Recognize autoantibody reactions and interactions. Discuss autoantibody rheumatic disease associations. Compare sensitivity and specificity for rheumatologic diagnostic tests.
"B Cell Activation and Antibody Production"	Practitioners lack an understanding of the underlying immunologic mechanisms of autoimmune diseases. In addition, a number of new "biologic" treatments are both currently available and coming to market for autoimmune disorders. Practitioners fail to comprehend the immunologic mechanisms these therapeutics are designed to modify. Improved familiarity with new developments in immunology can assist in the diagnosis and treatment of rheumatologic diseases.	Describe antigen recognition and antigen-induced B cell activation. Discuss help T cell-dependent antibody responses to protein antigens. Describe antibody responses to T cell-independent antigens.

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"Sarcoidosis"	Sarcoid remains a poorly understood disease. Practitioners are unfamiliar with the prognosis of various sarcoid subsets and evidence for using different treatments in these subsets to maintain updated standards of care. Physicians fail to utilize therapeutic modalities such as biologics, which have altered our management of sarcoidosis. Our understanding of sarcoidosis will increase with awareness of the immunological response underlying the disease process. Practitioners are unfamiliar with new developments in immunology that assist in the treatment of sarcoid.	Review the pathogenesis and immunological response in sarcoidosis. Describe the natural history and prognosis of sarcoid subsets. Discuss the evidence for current treatment of sarcoidosis.
"Glutamatergic Modulators for the Treatment of Mood Disorders"	In the psychiatric field, there is a subgroup of patients who suffer from severe chronic mood disorders. Unfortunately, there are not enough adequate tools to treat this subgroup, resulting in them leading a poorly productive lifestyle and eventually even becoming disabled if not successfully treated. This is what is behind our need to discuss new and novel research that may lead to better outcomes.	Recognize the need for novel targets in psychopharmacology. Describe basic neuroplasticity changes in severe mood disorders. List 4 Glutamatergic modulators commercially available and their potential use in mood disorders.
"Everything I Wanted CBH to Know but Forgot to Write"	In light of increasing oversight by managed care, it is important to know how to document effectively and to know what levels of care are offered to patients. Facilities are being saturated with psychiatric patients and resources are being stretched thinly. This could lead to patients not getting the optimum level of care needed if proper documentation is not submitted.	1) Discuss the basic focus of a public, psychiatric managed care organization. 2) Describe therapeutically logical and informative requests for psychiatric hospital levels of care. 3) Recognize the importance of the concept of managing psychiatric inpatient treatment.

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"Professionalism: A Core Competency"	Lack of professionalism is sometimes cited on patient surveys within St Luke's. Patient perception is key to patient care and outcomes. While precepting residents and medical students, physicians sometimes focus on the clinical aspect of patient care, but lack finessing of the delivery of the treatment or discussions with the patient, which can aid in obtaining more knowledge, thereby optimizing care.	1) Define professionalism: how it impacts patient care and our performance. 2) Review the techniques of teaching professionalism in ambulatory and inpatient care practices. 3) Discuss how professionalism is measured. 4) Summarize the impact of professionalism and its importance in primary care settings.
"Research in Progress: Vocational Services for Traumatic Brain Injury: Treatment Components in Model Systems of C"	Vocational goals are critically important, yet very difficult to achieve for people with traumatic brain injury (TBI). Vocational rehabilitation services for TBI are under-funded, highly variable across clinical sites, and lack a strong evidence base, unlike similar services for other disability populations. Our learners need to be informed of a multi-center project that is currently in progress that seeks to better define the treatment components and "active ingredients" in vocational rehabilitation interventions for TBI, with the goal of furthering both observational and experimental studies that will improve the cost- and clinical effectiveness of these services.	1. Describe at least two reasons for the importance of vocational rehabilitation in comprehensive treatment of TBI. 2. Describe at least two models of vocational rehabilitation that are in use in TBI specialty centers. 3. List at least 3 specific types of interventions that are used following vocational placement in TBI specialty centers.
"MRI Safety"	MRI is a very useful imaging modality. However, it is intrinsically associated with hazards, which if improperly handled, can cause patient injury or death. Radiologists need to be aware of these hazards, and to periodically obtain refreshers on these hazards. Otherwise, preventable MRI errors could lead to decreased patient safety, including injury or death.	Describe hazards associated with MRI. Review how to prevent injuries from MRI hazards. Explain how awareness of MRI safety may reduce medical errors, which may help meet Pennsylvania medical license renewal requirements for patient safety CME.
"Diagnostic Utility of EBUS-TBNA in Detecting Metastatic Mediastinal Lymph Nodes in Lung Cancer"	Failure of physicians to understand newer diagnostic tests and procedures can result in delays in diagnosis. Lack of knowledge and skills in Endobronchial Ultrasound can result in high failure rate of lung biopsy. Failure to utilize EBUS for lung biopsy can result in high procedure-related complications.	Discuss the importance of accurate staging of the mediastinum in lung cancer. Explain the indications for endobronchial and endoscopic ultrasound in staging of lung cancer. Apply the basics of ultrasound.