

Continuing Medical Education

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COLLEGE
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Examples of ACCME-Compliant Practice Gaps, Needs Assessments, & Learning Objectives For Regularly Scheduled Series (Grand Rounds, Tumor Boards, etc.)

Activity Directors and other Planners of Regularly Scheduled Series (grand rounds, etc.) that contain multiple presentations on multiple topics sometimes struggle to provide a unifying practice gap statement, needs assessment statement, and matching learning objectives that are general enough to accommodate disparate presentations, but specific enough to understand what is being taught over the course of a year and why. The following examples are broad enough to encompass multiple topics of discussion, but also specific enough to understand the gap(s) in practice that need to be closed, as well as the types of knowledge and competencies (learning objectives) participants will gain by attending the RSS events. Both examples also include internal and external sources of information that support the gap, needs, and objectives.

EXAMPLE 1

Practice Gap Statement (Spine Conference):

Many physicians evaluate and treat patients with spinal conditions, but little communication currently exists between these providers. This regularly scheduled event will seek to improve cross-disciplinary communication and enhance general knowledge of treatment strategies employed specifically by surgeons and non-surgeons alike for patients with spinal disorders.

Needs Assessment Statement (Spine Conference):

I have discussed the idea of holding regularly scheduled spine conferences with several faculty from different disciplines (orthopedics, neurosurgery, neuroradiology) and there is agreement that such an event is necessary and currently does not exist. It will help us better communicate our eval and management strategies as well as keep us informed of current literature on the proposed topic. Recent articles and studies in the medical literature highlighting some of the communication and management strategies to be discussed at this RSS are included below:

Deis N, Findlay JM. Appropriateness of lumbar spine referrals to a neurosurgical service. *Can J Neurol Sci.* 2010 Nov;37(6):843-8.

Behrbalk E, Salame K, Regev GJ, Keynan O, Boszczyk B, Lidar Z. Delayed diagnosis of cervical spondylotic myelopathy by primary care physicians. *Neurosurg Focus.* 2013 Jul;35(1):E1. doi: 10.3171/2013.3.FOCUS1374.

Fox J, Haig AJ, Todey B, Challa S. The effect of required physiatrist consultation on surgery rates for back pain. *Spine (Phila Pa 1976)*. 2013 Feb 1;38(3):E178-84.

Gamache FW. The value of "another" opinion for spinal surgery: A prospective 14-month study of one surgeon's experience. *Surg Neurol Int*. 2012;3(Suppl 5):S350-4.

You JJ, Bederman SS, Symons S, Bell CM, Yun L, Laupacis A, Rampersaud YR. Patterns of care after magnetic resonance imaging of the spine in primary care. *Spine (Phila Pa 1976)*. 2013 Jan 1;38(1):51-9.

Baldwin KM, Ryb GE, Miller D, Counihan TC, Brotman S. Is spine consultation needed for all thoracolumbar fractures? Evaluation of a subspecialist-sparing protocol for screening and management of stable fractures. *J Trauma*. 2010 Dec;69(6):1491-5; discussion 1495-6.

Busse JW, Riva JJ, Nash JV, Hsu S, Fisher CG, Wai EK, Brunarski D, Drew B, Quon JA, Walter SD, Bishop PB, Rampersaud R. Surgeon attitudes toward nonphysician screening of low back or low back-related leg pain patients referred for surgical assessment: a survey of Canadian spine surgeons. *Spine (Phila Pa 1976)*. 2013 Apr 1;38(7):E402-8.

Learning Objectives (Spine Conference):

- 1.) Understand the indications for surgical intervention for patients with spinal disorders
 - 2.) Interpret the appropriate spinal diagnostic neuroimaging studies more accurately
 - 3.) Identify which patients with spinal disorders are candidates for non-operative treatment
 - 4.) Discuss the various surgical approaches and techniques for treating patients with spinal disorders
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EXAMPLE 2

Practice Gap Statement (Cardiac Cath Lab Conference):

Hospital gaps will be identified with reference to Society of Chest Pain Certification Cycle III and IV performance metrics (See "SCPC Chest Pain Metrics Specifications," June 11, 2009), and outcomes established by JCAHO and CMS. These outcomes will generate clinical dialog during conferences and be used to prioritize competencies and identified learning needs for ACGME and ABMS preparation.

Needs Assessment Statement (Cardiac Cath Lab Conference):

These structured conferences have been identified as an opportunity for multidisciplinary learning and stronger integration of academic cardiologists, Fellows, Allied health Professionals and expansion to cardiothoracic surgeons, community cardiologists, Hospitalists, and Emergency medicine to address the growing population of acute coronary syndrome and to

meet the vigorous requirements for national accreditation as an Accredited Chest Pain Center through the Society of Chest Pain Centers of America.

Learning Objectives (Cardiac Cath Lab Conference):

- 1.) Prioritize treatment options for patients presenting urgently with acute coronary syndrome so that coronary perfusion is maximized.
- 2.) Correlate ischemic findings on a 12 lead ECG to anatomical changes during coronary angiographic imaging.
- 3.) For patients presenting with acute coronary syndromes, differentiate gender management strategies to minimize disease progression known to affect mortality and disability