

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 (learning needs) and outcome objectives that participants are expected to achieve.

### **EXAMPLE 1**

**Practice Gap Description (Psychiatry - Interpersonal and Communication Skills):** We have identified problems in accessing resources, coordinating care, and identifying opportunities to improve care. Instead of relying on a recommendation in a discharge or consult note, providers will be able to address challenges with patients, family, and other clinicians involved in care by meeting with them in person and/or sharing recommendations through electronic media, such as MyChart, which enables two-way communication.

#### **Learning Needs (Psychiatry - Interpersonal and Communication Skills):**

- How to compare own practices with current standards of practice.
- How to access resources in the RBHA (Regional Behavioral Health Authority)
- How to incorporate techniques of risk operationalization.

#### **Outcome Objectives (Psychiatry - Interpersonal and Communication Skills):**

- Develop integrated treatment plans based on evidence-based medicine.
- Manage physical aspects of psychiatric conditions.
- Reduce fragmentation of care between care sectors (e.g., hospital vs. outpatient)

### **EXAMPLE 2**

**Practice Gap Description (Pathology – Medical Knowledge):** Practitioners need to adhere to current standards of care, including the entire cancer team of radiologists, pathologists, surgeons, radiation oncologists and medical oncologists. Recent ASCO reviews show genomic testing for breast cancer to improve chemotherapy targeting. Also, mammoprint has been shown to be better than Oncotype DX for prediction. But not all our providers are aware of these changes, so we are in the process of changing how we do genomic testing to establish better chemotherapy benefits.

#### **Learning Needs (Pathology – Medical Knowledge):**

- How to compare Oncotype Dx to mammoprint, as reviewed in ASCO

- How to follow optimal testing protocols
- How to communicate the testing modality and results to patients

**Outcome Objectives (Pathology – Medical Knowledge):**

- Select which patients will benefit from chemotherapy
- Utilize optimal genomic testing protocols
- Ensure patients are comprehensively updated on how they were tested and the results thereof.

**EXAMPLE 3**

**Practice Gap Description (Neurosurgery – Patient Care):** Neurosurgeons are required to progress in patient care skills for distinct categories of illness (i.e., vascular, neoplastic, congenital, degenerative inflammatory/infectious and traumatic neurosurgical disease) including detailed understanding of anatomy and pathophysiology of the full diverse spectrum of neurosurgical disease. They must understand currently accepted standard neurosurgical treatment protocols, which this evidence-based conference provides through disease-specific presentations and updates on current peer-review neurosurgical literature relevant to treatment of each category of disease discussed.

**Learning Needs (Neurosurgery – Patient Care):**

- Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with traumatic brain injury.
- Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with brain tumors.
- Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with medically intractable epilepsy.

**Outcome Objectives (Neurosurgery – Patient Care):**

- Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with traumatic brain injury.
- Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with brain tumors.
- Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with medically intractable epilepsy.

#### EXAMPLE 4

**Practice Gap Description (Medicine – Medical Knowledge):** We have determined that the science behind evolving medical therapies in Internal Medicine is a critical knowledge gap to bridge. Specific areas for focus include coagulation abnormalities in cardiovascular and liver disease, inflammatory and vascular mechanisms of organ damage in lung and kidney disease, and new data emerging related to precision care for medical disorders based on assessments of genetic risk. Our grand round for this year is mainly designed to close knowledge gaps in these areas.

#### **Learning Needs (Medicine – Medical Knowledge):**

- How coagulation pathways are affected in liver disease to promote a more rational use of coagulation factors.
- How to find and interpret data on genetic risk in specific common Internal Medicine disease states.

#### **Outcome Objectives (Medicine – Medical Knowledge):**

- Educate patients and design specific therapies and lifestyle changes based on genetic risk.
- Use expensive and potentially risky coagulation factors in an appropriate way in liver and cardiovascular diseases.

#### EXAMPLE 5

**Practice Gap Description (Medicine – Medical Knowledge):** Currently, patients in primary care are not consistently screened for depression. In addition, many patients presenting to primary care physicians (PCPs) are depressed, but they frequently are not assessed for depression. Furthermore, depression can masquerade as a medical illness as well as complicate the course of medical diseases and subsequent treatment. Therefore, patient outcomes can be greatly improved if primary care physicians screen and assess depression symptoms as well as link patients to appropriate psychiatric care.

#### **Learning Needs (Medicine – Medical Knowledge):**

Primary care physicians lack knowledge and competence with regards to screening and assessing for depression or suicide risk, because this was generally not part of their training and currently there is no standard practice for PCPs to do so. PCPs lack the knowledge and competence to make diagnoses using

the new DSM-5 criteria for depressive disorders, which were recently released. Lastly, PCPs lack the knowledge and competence to effectively refer depressed patients to psychiatric treatment and to interface with mental health providers and systems.

**Outcome Objectives (Medicine – Medical Knowledge):**

- Increase competence to screen for depression and suicide risk in the primary care setting.
- Increase competence to assess depression and suicide risk, within the time limits of a primary care visit, and performance in the use of the new DSM-5 criteria for depressive disorders
- Increase competence in referring depressed patients in primary care settings to psychiatric care and interfacing with mental health providers and systems.

**EXAMPLE 6**

**Practice Gap Description (Interpersonal and Communication Skills):** Racial and ethnic disparities in cancer rates are well documented. Research shows that individuals from racial/ethnic minority and medically underserved populations are more likely to be diagnosed with late-stage diseases that might have been treated more effectively or cured if diagnosed earlier. For example, the rate of new cancer cases in the US is highest among black men, followed by white, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native men. In comparison, for women, the rate of new cancer cases is highest among white women, followed by black, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women. Death rates are highest among black women and men, followed by white, American Indian/Alaska Native, Hispanic, and Asian/Pacific Islander women and men. In populations such as the LGBTQ+ community, there is not enough research available to truly assess the impact of disparities on health and the incidence of cancer. Similar trends are seen in young populations, particularly children.

Recent events have highlighted the pervasive nature of health disparities, and data suggest that biological and social determinants contribute to disparities across the cancer continuum. Cultural beliefs, as well as financial and physical barriers are some of the issues that prevent individuals or groups from obtaining effective health care. However, other factors also play a major role. Among these factors are the genetic contribution to the incidence of certain cancers and cancer disparities, availability of effective interventions tailored to specific communities, the role of lifestyle and environmental factors in cancer risk in underserved populations, and tumor subtypes within racial/ethnic groups. Differences between populations regarding prevention, diagnosis, treatment, survivorship, screening guidelines, and access to multi-level interventions all play various roles in the risk, treatment, and survival of individuals in medically underserved populations.

**Learning Needs (Interpersonal and Communication Skills):** To reduce the burden of cancer due to health disparities, there is a need to educate physicians on the role of the various factors involved in creating health disparities and how they impact the diagnosis, treatment, response, and survival of cancer patients from racial/ethnic minorities and medically underserved populations. This conference will bring together a wide range of physicians, scientists, health professionals, and health care leaders to discuss the latest findings in their fields, to foster collaborative interdisciplinary interactions and partnerships, and to stimulate the development of new research and clinical practices aimed to reduce cancer health disparities and provide the most appropriate care for a diverse patient population.

**Outcome Objectives (Interpersonal and Communication Skills):**

- Develop novel approaches to increasing participation of underrepresented communities in clinical cancer research.
- Allow clinicians to recognize and address unconscious bias in patient care to provide treatment more equitably to minority and underserved patients and communities.
- Allow physicians to identify how cancer health disparities affects patients along the cancer continuum and use this knowledge to improve access and recommend more effective therapies to patients from underserved communities.
- Improve how clinicians diagnose disease in underrepresented and underserved patients.
- Identify the financial and physical barriers that prevent individuals and groups from obtaining effective health care.

**EXAMPLE 7**

**Practice Gap Description (Medicine – Medical Knowledge, Interpersonal and Communication Skills, Patient Care and Procedural Skills, System-Based Practice, Practice-based Learning and Improvement):** The Department of Medicine seeks continuous learning of biomedical, clinical, health care delivery, and social and behavioral sciences, and the application of this knowledge as it is applied across the spectrum of patient care. Practice gaps are identified in real time by the Medicine Grand Rounds (MGR) planning committee to provide broad representation of the various interests within the field of General Internal Medicine. As new ideas, drugs, procedures, and policies are identified, MGR serves as a resource through this venue to the community at large with high quality speakers and thought leaders. The goal is to add to practice-based learning and improvement, including but not limited to investigation and evaluation of patient care practices and appraisal and assimilation of a broad array of scientific and evidence-based practices, all towards improving patient care.

**Learning Needs (Medicine – Medical Knowledge, Interpersonal and Communication Skills, Patient Care and Procedural Skills, System-Based Practice, Practice-based Learning and Improvement):** There is a national mandate that healthcare institutions demonstrate that providers are accomplished in the application of principles and practices of patient safety and healthcare delivery and be able to report that they are proficient in advanced learning in their field. As such, providers need to be involved in interactive learning through to gain knowledge on various topics that include but are not limited to the design and delivery of patient safety programs, as well as many other epidemiological, social, behavioral, clinical, and biomedical education topics and their dissemination throughout the organization.

There is a need to reach out to thought leaders that are local, regional, and national experts in their fields, to bring their knowledge and expertise to our institution. The aim is to achieve a higher standard of learning within our institution by developing providers into effective leaders in clinical excellence through evidence-based learning.

**Outcome Objectives (Medicine – Medical Knowledge, Interpersonal and Communication Skills, Patient Care and Procedural Skills, System-Based Practice, Practice-based Learning and Improvement):**

- Advance education in basic scientific principles applicable to clinical situations.
- Disseminate information regarding disease prevention and public health.
- Improve understanding of psychosocial and legal issues as they apply to delivery of excellent patient care.
- Provide updates in medical diagnosis and treatment to improve patient outcome.