GAP ANALYSIS WORKSHEET

**Identification of Learner Gaps**

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| 1. ***Describe the Current Practice:*** |
| 1. Direct measurement of learners (identify source: i.e. previous outcomes survey)   Clinical practice data  Quality assurance studies  Practice profiles  Gap(s) identified by target audience/experts  Committee findings/audits  Faculty and/or planning committee’s perception of learners’ need  Focus panels (interviews)  Opinion leader interviews  Summary of previous outcomes data |
| BryanLGH planned and implemented the first Gogela Neuroscience Institute conference in 2010. The evaluations from 2010 indicated the desire to hold the conference again in 2011. The program content will be developed using the suggestions from the 2010 program evaluations and practice gaps identified by the specialists. |
| 1. Summarize current practice as indicated by external sources. (Identify source: i.e., practice guidelines by AAP (www.aap.org)   Public health data  Review of peer-reviewed literature  New information, diagnostic techniques, treatment plans, etc.  Data from mainstream sources including journals and websites  National quality data sources such as *The Joint Commission* – www:jointcommission.org) |
| World Health Organization  Mental and neurological disorders are highly prevalent worldwide. The Global Burden of Disease report drew the attention of the international health community to the fact that the burden of mental and neurological disorders has been seriously underestimated by traditional epidemiological methods that took into account only mortality, but not disability rates. This report specifically showed that while the mental and neurological disorders are responsible for about one per cent of deaths, they account for almost 11 per cent of disease burden the world over. The Study has demonstrated that magnitude and burden of neurological disorders are huge and that they are priority health problems globally. The extension of life expectancy and the ageing of the general populations in both developed and developing countries are likely to increase the prevalence of many chronic and progressive physical and mental conditions including neurological disorders. The proportionate share of the total global burden of disease due to neuropsychiatric disorders is projected to rise to 14.7% by 2020.  Over the years, WHO programs, projects and activities in the areas of mental and neurological disorders have been closely linked. To address the large and increasing burden, many activities are being undertaken by the Programme on Neurological Disorders and Neuroscience. These are focused on prevention, diagnosis, and treatment of neurological disorders which are of public health importance as they occur frequently, cause substantial disability, create a burden on individuals, families, communities and societies all over the world. These comprise epilepsy, headache, dementias (including Alzheimer's disease), multiple sclerosis, Parkinson's disease and other hyperkinetic disorders, stroke, pain syndromes, and brain injury. The programme's main goal is to ensure that an appropriate range of care is made available to all people with neurological disorders in every country of the world. To achieve this, the programme emphasizes that neurological services should be provided at all levels of health care systems and especially in primary care settings where most patients with neurological disorders receive their treatment and care. |
| 1. ***Describe the Best Practice:*** |
| 1. External Sources (Identify source: i.e. specialty societies, ACC) |
| Training the Future Neurology Workforce, American Academy of Neurologists  Chronic disease is now the principal cause of disability and use of health services consumes 78% of health expenditures. Patients with neurological disease can live indefinitely with disease and its symptoms so that future neurologists, including subspecialists, must come to understand what it is like to experience a chronic disease and how to adapt a treatment program to the specific needs and wishes of a patient. Such education must go beyond traditional training in diagnosis, treatment and prognosis. Neurologists need to learn how to manage symptoms like pain and fatigue and coping with emotional distress. The consequences of neurological disability encompass much more than worsening of the disease and include social and economic dislocation, financial fear, lowered self-esteem and depression. Successful chronic disease models often include a team of providers, information systems, familiarity with community support systems, and education of patients in self-management methods. Sharing medical management responsibilities and decisions requires a level of integration that many of today’s neurology training programs have yet to achieve. |
| 1. Other (Identify source: i.e. TGH credentialing requirements for medical staff)   Performance mandates by various external agencies (e.g. the Joint Commission)  Specialty specific requirements as determined by departments and divisions of the medical school and/or affiliate hospitals  Institutional credentialing requirements as mandated by USF Health’s affiliate hospitals  Authoritative national or specialty society guidelines and consensus statements  Core competencies from AGME  MOC |
| ACGME Core Competencies  Communication and Interpersonal Skills   Teaming with other health professionals  Patient Care   For the treatment of health problems  Medical Knowledge   Biomedical   Clinical  Practice-Based Learning and Improvement   Improvements in outcomes |
| 1. ***Compare the description above outlining current practice and best practice, and identify the gap that exists between. This is the professional practice gap.*** |
| Neurologic problems are estimated to comprise 10 to 15 percent of a Primary Care Physicians workload. Patients, with a broad range of neurological disorders and diseases, typically present to their primary care physician first. It is the responsibility of this provider to determine a plan of care or need for referral to a specialists. The care provided by the Primary Care Physician before, during and after referral to a Neurologist or Neurosurgeon directly impacts patient outcomes. |
| Is it a gap in:  Knowledge  Competence  Performance |
| 1. ***Once the professional practice gap has been determined, review the IOM and ABMS core competencies and determine if there are IOM and ABMS, AGME or other competencies related to this gap(s) and link the core competencies.*** |
| **Patient care** (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health)  **Medical knowledge** (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care)  **Practice-based learning and improvement** (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine)  **Systems-based practice** (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites)  **Professionalism** (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations)  **Interpersonal and communication skills** (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader) |
| 1. ***Needs Statement:*** |
| 1. Once the professional practice gaps have been determined and linked to the core competencies, the next step is to translate this into the needs statement for the activity. The needs statement will drive the development of the activity objectives and ultimately the outcomes measurement. |
| *State the educational need below:* |
| Provide primary care physicians and physicians of other specialties with evidence-based research to promote best practice in the diagnosis, treatment and referral of patients with neurological disorders and diseases. |
| 1. What is this activity designed to change? |
| **This activity will focus on bringing about a change in physician:**  Competence  Performance  Patient outcomes |
| 1. ***Based on the desired results of the activity, what are the objectives of the activity?*** |
| 1. Identify signs and symptoms of sports-related concussions.  2. Develop understanding of contemporary post-concussion management utilizing physical examination and neuropsychological testing.  3. Recognize proper steps in returning a student-athlete to sporting activity.  4. Discuss guidelines for appropriate back pain work up.  5. Discuss non-surgical treatment options for patients with back pain.  6. Discuss latest advances in surgical spine procedures and care.  7. Discuss role of Primary Care Provider in patients’ post operative recovery.  8. Identify Parkinson’s patients who may be candidates for deep brain stimulation (DBS).  9. Describe the treatment plan and follow up for patients with DBS.  10. Describe assessment changes after DBS that may necessitate contact with specialist.  11. Differentiate Normal Pressure Hydrocephalus (NPH) from other forms of dementia.  12. Describe treatment plan and follow up for patients diagnosed with NPH. |
| 1. ***Proposed Intervention:*** |
| Continue with a half day conference with time for networking built in to the program. Information will be presented primarily in 30-40 minute didactic lectures with a Q & A panel at the end of the day. |
| 1. ***Rationale for Selected Educational Format(s):*** |
| Lecture is the primary format preferred by our target audience. It has been our experience that physicians especially prefer shorter lectures limited to 30-45 minutes. The Q & A panel provides an opportunity for the audience to ask questions of the specialists. |