

Global Practice Gaps

CME Regularly Scheduled Series (RSS) and Annual Conference Activities

Good practice gaps clearly define the difference, or gap, in current practice with what is perceived or recommended to be ideal practice.

EXAMPLES of Practice Gaps

Grand Rounds / Journal Club

Series that address updates and emerging information on research, technology, and practice

- The primary target audience for Family Medicine Grand Rounds is the faculty members and residents of the Department of Family Medicine as well as community primary care practitioners. Although designed with the original intent to comply with the ACGME program requirements for residency training in family medicine, the content of Family Medicine Grand Rounds fulfills the ongoing need of primary care physicians to remain current on the assessment and management of medical problems and issues seen in clinical practice and to maintain awareness of important legal and public health issues that impact their practice. In addition, an educational objective of the 2013-2014 curriculum is to narrow identified physician practice gaps in at least four areas of clinical practice. The four identified areas are:
 - (1) recognition and management of major depression: this gap was identified in the National Co-morbidity Survey Replication which found that less than 1/3 of patients with major depression seen in clinical practice were adequately managed (Kessler et al, JAMA 2003;289:3095-3105)
 - (2) management of asthma: asthma was identified by the Institute of Medicine in 2003 as one of the 20 top health care priority conditions needing improvement. (Adams K, Corrigan JM, eds. Priority Areas for National Action: Transforming Health Care Quality. Washington, DC: Institute of Medicine National Academies Press; 2003.)
 - (3) effective management of hypertension: the National Institutes of Health reported in JNC-VII that 30 percent of hypertensive patients remain undiagnosed and that 2/3 of the patients treated for hypertension are not controlled to levels below 140/90 mm Hg (<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>)
 - (4) screening for Chlamydia trachomatis infection: this was identified by the UCLA CPN (Community Physician Network) as one of the clinical performance measures on which UCLA physicians performed most poorly during the past year (CPN data 2008)

Annual Conference

- Current practices at Metro and regional institutions are continuously in evolution. Although every attempt is made to keep up with current best practice/guidelines, we have an opportunity based on recent developments in otology, thyroid surgery and laryngology to review and update our approach to conditions affecting these areas of the head and neck. We have national experts presenting on recent changes in guidelines and moderating panels that will give us the opportunity to update our current best practices and improve our ability to care for our patient population in NE Ohio.
- The American Academy of Physical Medicine & Rehabilitation has compiled a reference data base ("Knowledge Now") which is intended to define the scope of the field of PM&R. Amputee rehabilitation is included in this database, and although educational programming for the Annual Assembly of the AAPM&R is based on/related to Knowledge Now, the reality is that there is relatively limited and inconsistent educational programming related to amputee rehabilitation, in spite of the relatively high incidence/prevalence of both traumatic and dysvascular amputation. This is also an arena that continues to experience dramatic improvements in technology and materials, resulting in a confusing (and expensive) plethora of options for amputees and their prescribing physicians. This course, with its comprehensive exposure to all facets of evaluation/rehabilitation management together with prosthetic prescription principles and componentry options, addresses this professional practice gap.