Office for Continuous Professional Learning

Outcome Summary 2022

Accreditation Period: January – December 2022

Upload your completed Outcome Summary using the link at the bottom of this form

Deadline to submit via Smartsheet: February 28, 2023

Activity ID: RSS-999

Activity Title: Grand Rounds

Education Planning Faculty submitting this form:

John Paul Jones, MD

Coordinator: Jennifer Harbaugh

Items A, C and (if applicable) E are derived from your CME Application Part 2, Education Planning Form. You will use the instructions in Items B, D and (if applicable) F to analyze and describe outcomes relevant to your Education Planning Form entries. *If desired, you may attach a PDF document with the information in items B, D, and F, rather than using the fillable text boxes.*

A. Gap(s) from your CME Application/Education Planning Form:

[Autofill from EPF]

Research-informed best practices are continually advancing, creating a need to address the gap between what is currently practiced and current best practice. This series addresses this gap by providing the knowledge and the competence for practitioners to deliver to their patients the most effective care available.

Federal and State guidelines and regulations are periodically updated and clinicians need to be made aware of them and make indicated changes to their practice.

Enhanced communication, professionalism, and teamwork skills are needed.

Competence gaps also exist in wellness and self-care, diversity and equity, creating an inclusive learning environment, suicide prevention, and awareness of social determinants of health.

B. Provide evidence for the extent to which each gap in Item A was narrowed or closed. You may provide this information with supporting data in an attachment, if desired.

This Grand Rounds was conducted 48 times during the 2022 reporting year. These 48 sessions were divided into 6 distinct blocks, and sessions were examined together within each block. Each session had at least one learning objective, but due to the range of topics and variety of sub-specialties, not all objectives were relevant to the practice of all participants. Changes in competence were assessed using commitment-to-change and retrospective pre/post surveys.

All participants receiving CME credit submitted a Learning & Feedback Form for each session. A total of 982 forms were compiled according to the 6 thematic blocks and summarized in Attachment 1.

Commitment-to-Change statements following various presentations in the series indicated an intent to incorporate the new learning into the participant's clinical practice. Following are some excerpts from these statements:

- I will incorporate new AD treatments I learned about in Dr. Williamson's presentation.

- I will prescribe newly approved seizure medication to my patients with neurocysticercosis.

- I will collaborate with Radiology to use quantitative imaging techniques for AD diagnosis.

A full list of commitment-to-change statements and other comments provided by participants on their Learning & Feedback Form is shown in Attachment 2.

C. Changes and assessment, approaches you identified for evaluation:

[Autofill from EPF]

Knowledge change evaluated: No

Objective: No

Subjective: No

Competence change evaluated: Yes

Objective: No

Subjective: Yes

Performance change evaluated: No

Objective: No

Subjective: No

Patient Outcomes change evaluated: No

Objective: No

Subjective: No

Community/population health change evaluated: No

Objective: No

Subjective: No

Resident/student outcomes change evaluated: No

Objective: No

Subjective: No

How will you assess the changes?

Commitment-to-Change responses
Retrospective Pre/Post Survey

D. Report on the changes that you identified in Item C would be evaluated using the indicated assessment approaches? You may provide this information with supporting data in an attachment, if desired.

Follow-up on selected commitments to change by email, phone, or personal conversation revealed about half (28 out of 54) of the indicated changes were implemented. Documentation of these changes in competence is shown in Attachment 2.

E. If applicable: How did you plan to promote the learning after the activity? *If this item is blank, then you did not commit to such plans in your application and you are finished and can submit your Outcome Summary.*

[Autofill from EPF]

F. For each entry in Item E, describe post-activity materials and evidence/anecdote of their impact.

After 35 of the 48 sessions, participants were emailed PowerPoint slides used in the presentations, links to informative websites, and/or additional supplementary material.

A total of 46 participants indicated through email, conversation, or other communication that the supplementary materials were useful in their practice.

Click on the link below, it will direct you to a Smartsheet form to submit.

Check mark the box: Yes, My Outcome Summary is attached

Upload your outcome summary and any additional documents.

Hit the blue "Submit Update" button

(Add the link to the submit button here)

Attachment 1: Summary of Retrospective Pre/Post Surveys

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Block 1

Retrospective pre/post self-assessment survey results show 49-56% normalized gain on competence-based learning objectives with about 1/3 to 1/2 claiming to be either very or extremely proficient after the session compared to just one person prior to the session.

Retrospective Pre/Post Survey Objective	Not at all proficient	Slightly proficient	Moderately proficient	Very proficient	Extremely proficient	Mean	% Very /extremely proficient	Normalized gain (%)
Before								
Manage quantitative imaging, genetics when diagnosing Alzheimer's disease	22	24	6	2	0	1.8	4%	
Manage hemorrhagic stroke according to new UNM Guidelines and protocols	14	32	6	2	0	1.9	4%	
Manage seizures in patients with neurocysticercosis	30	16	6	2	0	1.6	4%	
After								
Manage quantitative imaging, genetics when diagnosing Alzheimer's disease	0	2	24	22	6	3.6	52%	56.3
Manage hemorrhagic stroke according to new UNM Guidelines and protocols	0	4	26	20	4	3.4	44%	49.4
Manage seizures in patients with neurocysticercosis	0	2	34	12	6	3.4	33%	52.7

Block 2

[Data Table]

Block 3

[Data Table]

Block 4

[Data Table]

Block 5

[Data Table]

Block 6

[Data Table]

Attachment 2: Commitment-to-Change Statements and Comments

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<u>Example Commitment-to-Change statements</u>

- Avoid providing more than 3 days of opioids at discharge
- Encourage faculty to values psychological safety especially with trainees who are struggling. Also, try and do more research into methods for creating more safety amongst the fellows. Research methods on how to give supportive feedback when students are struggling'
- Promote discussions in division on how to actively recruit and promote colleagues from diverse backgrounds
- Be more aware of power dynamics as they relate to race, ethnicity, gender, and work to balance that power

<u>Example Commitments-to-Change followed-up and confirmed</u>

- Prescribe Narcan when prescribing opioids
- Make sure any studies I am leading or involved in will take gender differences into account, use a a better eye in evaluating the literature, and teach my residents to do the same
- Will screen women for complications such as those from exposure to higher concentrations of drugs
- Call out unprofessional behavior
- Employ tactics described to build psychological safety

Attachment 3

List of Presenters for Regularly-Scheduled Series

Activity ID:

Date	Presenter Name	Presenter Credentials	Presenter Affiliation	Title of Presentation	Check if Applicable		
					Fellow	Resident	Student
1/14/23	Astor Rohani	MD	University of Glasgow	Managing seizures in patients with neurocysticercosis	X		