



Oregon State University
College of Pharmacy

Office of Continuing Pharmacy Education
CPE Gap Analysis Worksheet

DATE OF COMPLETION: 12/17/23

CPE PROGRAM: OSHP Annual Seminar 2024

In order of appearance below:

Poster to Podium Presentations

1. Population Health & Quality Improvement Pharmacy Practices in Oregon
2. AUC Vancomycin Monitoring
3. Incomplete opioid discharge at a SNF
4. SGLT2 Inhibitors and the risk of GU infections at A1c >10%
5. Pharmacist-led patient interventions and its effects on decreasing inappropriate aspirin use in high bleed-risk individuals

General CE sessions

1. Challenging issues and giving and receiving feedback
2. Addressing the decline in pharmacy school enrollment rates and how that will translate to future practice
3. Artificial Intelligence and ChatGPT
4. Board of Pharmacy Law Update
5. Addiction Medicine and the IMPACT group
6. Obesity Updates
7. Hepatitis C
8. Diabetes in HIV Patients
9. USP 6 Month Check Up
10. Medication Safety Debates: Balancing Safety with Operational Perspective

JOINT PROVIDER (if applicable): _____

Standard 2: Gap Analysis

The provider must develop CPE activities based on an identified knowledge, skill, and/or practice gap. The provider should identify gaps between what pharmacists and pharmacy technicians currently know or do and what is needed and desired in practice.

Directions: Please complete this form by describing current practice(s) compared to best practice(s), thereby identifying the gap in practice and need for education.

| Current Practice | Best/Better Practice | Educational Need | Activity Type (Knowledge or Application) |
|---|--|---|--|
| <p>Population Health & Quality Improvement Pharmacy Practices in Oregon</p> <p>A poster presentation was given at OSHP Annual Seminar 2023 to describe population health and quality improvement pharmacy practices in Oregon. Not all attendees would have been able to see this poster. The Oregon Health Authority has identified that evidence-based population health interventions can and should be implemented to improve public health.</p> | <p>All attendees at the OSHP Annual Seminar 2024 have an opportunity to receive a longer-form presentation regarding population health initiatives in Oregon that participants could potentially implement at their own health system</p> | <p>Poster to podium presentation for longer form presentation on Population Health & Quality Improvement Pharmacy Practices in Oregon</p> | <p><input checked="" type="checkbox"/> Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on population health initiatives across a diverse group of attendees from Oregon health systems</p> |
| <p>AUC Vancomycin Monitoring</p> <p>A poster presentation was given at OSHP Annual Seminar 2023 to describe AUC vancomycin monitoring. Not all attendees would have been able to see this poster. The IDSA guidelines conclude that AUC-guided dosing and monitoring is the most accurate and safest way to dose vancomycin.</p> | <p>All attendees at the OSHP Annual Seminar 2024 have an opportunity to receive a longer-form presentation regarding AUC vancomycin monitoring that they could potentially implement at their own health system in compliance with IDSA guidelines</p> | <p>Poster to podium presentation for longer form presentation on AUC vancomycin monitoring</p> | <p><input checked="" type="checkbox"/> Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on AUC vancomycin dosing to ensure guideline directed practices in a diverse group of attendees from Oregon health systems</p> |
| <p>Incomplete opioid discharge at a SNF</p> | <p>All attendees at the OSHP Annual Seminar 2024 have an opportunity to receive a longer-</p> | <p>Poster to podium presentation for longer form presentation on</p> | <p><input checked="" type="checkbox"/> Knowledge-based <input type="checkbox"/> Application-based</p> |

| | | | |
|---|--|--|--|
| <p>A poster presentation was given at OSHP Annual Seminar 2023 to describe incomplete opioid discharge at SNF. Not all attendees would have been able to see this poster.</p> | <p>form presentation regarding incomplete opioid discharge at a SNF to recognize common errors or issues in opioid prescribing</p> | <p>incomplete opioid discharge at SNF</p> | <p>Rationale: Address lack of knowledge on incomplete opioid discharge at SNFs</p> |
| <p>SGLT2 Inhibitors and the risk of GU infections at A1c >10%</p> <p>A poster presentation was given at OSHP Annual Seminar 2023 to describe AUC vancomycin monitoring. Not all attendees would have been able to see this poster. Current ADA guidelines do not address possible concern that SGLT2 inhibitors may cause more side effects at high A1cs</p> | <p>All attendees at the OSHP Annual Seminar 2024 have an opportunity to receive a longer-form presentation regarding SGLT2 inhibitor use at high A1c levels. This presentation will shed light on a topic not otherwise addressed in detail in clinical guidelines</p> | <p>Poster to podium presentation for longer form presentation on SGLT2 inhibitors and the risk of GI infections at A1c >10%</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address clinical question of using SGLT2 inhibitors at high A1cs to ensure evidence-based clinical practices in a diverse group of attendees from Oregon health systems</p> |
| <p>Pharmacist-led patient interventions and its effects on decreasing inappropriate aspirin use in high bleed-risk individuals:</p> <p>A poster presentation was given at OSHP Annual Seminar 2023 to describe pharmacist-led interventions and its effects on decreasing inappropriate aspirin use in high-bleed risk individuals. Not all attendees would have been able to see this poster. Aspirin is still often used inappropriately in patients for primary prevention.</p> | <p>All attendees at the OSHP Annual Seminar 2024 have an opportunity to receive a longer-form presentation regarding interventions to decrease inappropriate aspirin use. This presentation will show successful interventions that attendees could implement at their own health-system</p> | <p>Poster to podium presentation for longer form presentation on Pharmacist-led patient interventions and its effects on decreasing inappropriate aspirin use in high bleed-risk individuals</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on clinical interventions that can be implemented by a pharmacist to decrease inappropriate aspirin use</p> |

| | | | |
|---|--|--|---|
| <p>Challenging issues and giving and receiving feedback:</p> <p>A one-hour interactive precepting CE presentation was given at OSHP Annual Seminar 2023. Several attendees requested a 2-hour presentation for more interactive experiences. The committee reviewed suggested topics both from attendees and the OSHP Annual Seminar Sub-committee and 2 main topics requested were challenging issues with students and giving and receiving feedback</p> | <p>Attendees have opportunity for an interactive CE that addresses highly requested topics as evidenced by OSHP Annual Seminar meeting minutes</p> | <p>2-hour interactive CE that addresses challenging issues and giving and receiving feedback so that pharmacists feel more comfortable and have more exposure to common and difficult situations that arise when precepting students</p> | <p><input type="checkbox"/> Knowledge-based X Application-based</p> <p>Rationale: Interactive CE to allow participants to apply learnings during the CE</p> |
| <p>Addressing the decline in pharmacy school enrollment rates and how that will translate to future practice:</p> <p>Pharmacy school enrollment rates and residency applications have declined over the last several years.</p> | <p>Pharmacists involved in colleges of pharmacies and residency program directors will need to be prepared on how to navigate declines in enrollment rates and how this will translate to future practice.</p> | <p>A panel of residency program directors and pharmacists that are highly involved in student success at college of pharmacies are well positioned to provide insight into the changing landscape and discuss how this will translate to future practice. This educational need had been suggested by the OSHP annual seminar planning committee as evidenced by meeting minutes</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on navigating declining pharmacy school enrollment and residency applications</p> |
| <p>ChatGPT and Artificial Intelligence:</p> <p>ChatGPT was launched in November, 2022 and has changed the way both students and pharmacists may use technology. Pharmacists that are not savvy with this technology could fall behind and be unable</p> | <p>Pharmacists would benefit to learn the capabilities (and possible dangers) of this new technology</p> | <p>The OSHP annual seminar planning committee requested artificial intelligence and ChatGPT as evidenced by meeting minutes to provide OSHP annual seminar attendees an opportunity to learn about this new technology and how to</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on artificial intelligence and ChatGPT as it relates to pharmacy</p> |

| | | | |
|--|--|--|---|
| to harness the power of artificial intelligence. | | use it efficiently and understand possible downfalls | |
| <p>Board of Pharmacy Law Update:</p> <p>It is a requirement that Oregon pharmacists and pharmacy technicians are up to date on any changes in the board of pharmacy laws. Pharmacists and pharmacy technicians are required to complete law CE when renewing their pharmacist license.</p> | Attendees of the OSHP Annual Seminar have the opportunity to obtain the required CE for license renewal | Board of Pharmacy Law Update to fulfill the required CE for attendees. This has been requested by the OSHP annual seminar planning committee as evidenced by meeting minutes | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on any Oregon board of pharmacy updates</p> <p>Topic Designator: Law</p> |
| <p>Addiction Medicine and IMPACT group:</p> <p>Many pharmacists do not have experience working with addiction medicine. Buprenorphine is becoming more commonly used with updates with X-waiver requirements and pharmacists will likely see more buprenorphine in their practice setting. Addiction medicine was identified by the OSHP sub-committee as a desired topic for OSHP Annual Seminar 2024 as evidenced by meeting minutes.</p> | Seminar attendees have an opportunity to learn from practitioners with first-hand knowledge in health-system pharmacy with addiction medicine, including buprenorphine. | The IMPACT group has grown into a nationally recognized model for hospital-based addiction care since it began in 2015. Seminar attendees can learn from first-hand experience from the IMPACT group to better understand addiction medicine and the role of the pharmacist on an interdisciplinary addiction medicine team. | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on addiction medicine</p> |
| <p>Obesity Updates:</p> <p>Obesity management has changed drastically over the last year with the rise in popularity of GLP-1 agonists, like semaglutide, and with new approval of tirzepatide in 2023.</p> | Annual seminar attendees have an opportunity to learn from practitioners with first-hand knowledge in initiating, titrating, managing ADRs, and discontinuing GLP-1 agonists, and comparisons to other anti-obesity medications. | Two pharmacists (one from endocrinology clinic and one from primary care clinic) can speak to their experiences and clinical knowledge in use of anti-obesity medications in various populations (patients with diabetes and without) in the | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on updates on obesity management</p> |

| | | | |
|---|--|---|--|
| <p>Health-system pharmacists are commonly faced with questions from patients and providers about using these medications, in addition to several new safety concerns and misinformation in the media/social media. Alternative anti-obesity medications also have several complex contraindications/warnings.</p> | | <p>context of the new age of diabetes management.</p> | |
| <p>Hepatitis C:</p> <p>Hepatitis C treatments can cure more than 90% of hepatitis C cases, however testing and treatment is complex, and follow-up is critical.</p> | <p>Health-system pharmacists can learn how current interdisciplinary teams are managing/testing for hepatitis C in the inpatient setting and how to best prepare patients for discharge to ensure successful treatments.</p> | <p>A board-certified infectious diseases pharmacist can provide real-world clinical knowledge and insight into hepatitis C testing, treatment, and transitions of care.</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on hepatitis C treatment</p> |
| <p>Diabetes in HIV Patients:</p> <p>The life expectancy of HIV patients has been greatly extended by advancements in medications, this also means that patients with HIV are living long enough to develop other co-morbid conditions, such as diabetes. These patients are highly complex.</p> | <p>Pharmacists in many health care settings may encounter patients with both diabetes and HIV. Both conditions often require several medications and clinical challenges. Pharmacists should be equipped with how to manage these clinical scenarios to best serve these patients, as pharmacists will often be pulled into help assist with these patients.</p> | <p>A pharmacist with infectious diseases board certification can provide insight into the complex clinical scenario of patients with multiple chronic diseases.</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address lack of knowledge on managing patients with co-morbid diabetes and HIV.</p> |
| <p>USP 6 Month Check Up</p> <p>The revised USP Compounding Standards became official on November 1, 2023. Health Systems across Oregon must comply with these revised standards.</p> | <p>Various health systems in Oregon can learn from subject matter experts regarding revised USP implementation in their health system and learnings from this process.</p> | <p>Subject matter experts from 3 healthcare organizations can speak on their experiences with USP implementation and how its going 6 months after the effective date.</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address knowledge gaps with USP implementation and use shared experiences for</p> |

| | | | |
|--|---|--|--|
| | | | best practices and implementation |
| <p>Medication Safety Debates: Balancing Safety with Operational Perspective</p> <p>Medication safety effects all health systems and pharmacy positions. Medication safety is required CE for each Oregon pharmacy licensure renewal. The OSHP Annual Seminar committee consistently seeks out medication safety CE to provide this important content for our annual seminar attendees, as evidenced by prior meeting minutes</p> | <p>High quality and engaging content regarding medication safety CE is provided at each OSHP annual seminar. The goal this year was to have a debate on medication safety topics, specifically how medication safety impacts operational decisions.</p> | <p>Common error reduction strategies will be debated in an effort to find a balance with operational impact.</p> | <p>X Knowledge-based <input type="checkbox"/> Application-based</p> <p>Rationale: Address knowledge gaps regarding medication safety from an operational level and fulfill medication safety CE requirement</p> |
| <p>Neuropsychiatric complications of B vitamin deficiencies</p> <p>Bariatric surgery is increasingly and successfully applied for the treatment of morbid obesity. It is commonly associated with nutritional deficiencies, including significant reduction in levels of vitamins B1, B12 and folic acid. In addition, other changes to gastrointestinal tract, alcoholism, medications or various genetic mutations can also increase risk for vitamin B deficiency. Neuropsychiatric sequelae are common manifestations related to deficiency of various B vitamins</p> | <p>Pharmacists can be prepared to recognize these deficiencies and develop treatment plans.</p> | <p>CE dedicated to vitamin B deficiency that covers clinical presentation, time course, and assessment of vitamin B deficiencies. Pharmacists can, through a patient case, apply learnings from the CE</p> | <p><input type="checkbox"/> Knowledge-based X Application-based</p> <p>Rationale: Pharmacists apply CE learnings to a patient case learned in the allotted timeframe</p> |

as they can significantly impact
function of the nervous system.

| |
|--|
| |
|--|

| |
|--|
| |
|--|

| |
|--|
| |
|--|