



Body System: Hematologic-Immune		
Session Topic: Breast Cancer and Breast Mass		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • Patients are at risk for undue harm with unnecessary screening because over-identification of risk, and excessive, costly biopsies for breast cancer. • There is poor adherence to breast cancer screening and prevention clinical guidelines. <ul style="list-style-type: none"> • There are barriers to adopting appropriate risk screening and prevention include inaccurate risk perceptions, inadequate time for counseling, insufficient knowledge about risk-reducing strategies, and a number of potential ethical and social issues. • Knowledge and practice gaps with regard to adequate utilization of breast cancer risk assessment tools; 	<ol style="list-style-type: none"> 1. Educate patients on when to seek medical attention for abnormalities indicated by a palpable breast lump or mass. 2. Appraise current clinical practice guidelines and recommendations on screening and risk assessment for breast cancer. 3. Utilize risk assessment tools to estimate individual patients' risk of developing breast cancer. 4. Use shared decision making strategies to develop collaborative prevention, treatment and management plans with patients and family members. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



adherence to screening and risk assessment guidelines; appropriate use of diagnostic testing; counseling patients regarding screening, treatment, and survivorship; genetic counseling and referral; and interpretation of pathology reports			
ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice
Faculty Instructional Goals			
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources • Provide recommendations for educating patients on when to seek medical attention for abnormalities indicated by a palpable breast lump or mass. • Provide recommendations regarding current clinical practice guidelines and recommendations on screening and risk assessment for breast cancer. • Provide recommendations on using risk assessment tools to estimate individual patients' risk of developing breast cancer. • Provide recommendations for using shared decision making strategies to develop collaborative prevention, treatment and management plans with patients and family members. 			

Needs Assessment

Not counting skin cancer, breast cancer is the most common cancer and the second leading cause of cancer death in North American women.^{1,2} In 2015, an estimated 231,840 new cases of



invasive breast cancer are expected to be diagnosed in women in the U.S., along with 60,290 new cases of non-invasive (in situ) breast cancer. About 2,350 new cases of invasive breast cancer are expected to be diagnosed in men in 2015. A man's lifetime risk of breast cancer is about 1 in 1,000.³ At this time there are more than 2.8 million breast cancer survivors in the United States, including both women who are still being treated and those who have completed treatment.⁴

According to recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey data, family physicians have a statistically significant gap in knowledge with regard to the management of breast cancer.⁵ More specifically, CME outcomes data from 2011 AAFP Assembly: *Breast Cancer and Breast Mass: Breast Cancer and Survivorship* sessions suggest that physicians have knowledge and practice gaps with regard to adequate utilization of breast cancer risk assessment tools; adherence to screening and risk assessment guidelines; appropriate use of diagnostic testing; counseling patients regarding screening, treatment, and survivorship; genetic counseling and referral; and interpretation of pathology reports.⁶ CME outcomes data from the 2013 AAFP Assembly: *Care of Cancer Survivors* sessions indicate that family physicians require additional continuing medical education to better understand and implement cancer survivorship guidelines, surveillance strategies, access to community and web-based resources, and strategies to improve communication and coordinate care with oncology, surgical, and other health care providers.⁷ AAFP Women's Health: *Breast Cancer and Breast Mass* self-study package CME outcomes data suggest that physicians have knowledge gaps with regard to determining the appropriate initial diagnostic approach; understanding the implications of BRCA for testing; and breast cancer prevention or prophylaxis.⁸

Recent studies report that physician adherence to genetic counseling and testing recommendations are lacking, resulting in low rates of referral. Physicians are inconsistent with their management recommendations for patients who are BRCA1 mutation carriers, and are not consistent with current clinical guidelines.⁹⁻¹¹ Based on this evidence, the U.S. Preventive Services Task Force (USPSTF) and other professional organizations recommend that clinicians discuss chemoprevention with women at high risk.^{12,13} Additionally, studies indicate that patients may be at risk for undue harm from unnecessary screening because over-identification of risk, and excessive, costly biopsies.^{14,15} Some barriers to adopting appropriate risk screening and prevention include inaccurate risk perceptions, inadequate time for counseling, insufficient knowledge about risk-reducing strategies, and a number of potential ethical and social issues.^{10,16,17} Physician-learners need strategies to help them incorporate evidence-based breast cancer risk assessment recommendations as part of routine primary care.¹⁸

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{19,20}

Physicians are also challenged to keep up with new breast cancer companion diagnostic devices and treatment option; physicians therefore, should receive ongoing education about new updates from the FDA and how they are applicable to their practice.^{21,22}



Physicians are inconsistent with breast cancer guideline adherence; physicians should receive continuing medical education that provides strategies for integrating evidence-based guidelines into practice. Physicians may improve their care of patients with breast cancer by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:

- AAFP Breast Cancer Clinical Preventive Service Recommendations¹³
- Breast Cancer Screening Update¹
- Treatment of Breast Cancer²³
- Medications for risk reduction of primary breast cancer in women: recommendation statement²⁴
- American College of Obstetricians and Gynecologists Updates Breast Cancer Screening Guidelines²⁵
- Common Breast Problems²⁶
- Gynecomastia²⁷

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Additional Resources:

- Adding health education specialists to your practice²⁸
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes²⁹
- The benefits of using care coordinators in primary care: a case study³⁰
- Engaging Patients in Collaborative Care Plans³¹
- The Use of Symptom Diaries in Outpatient Care³²
- Health Coaching: Teaching Patients to Fish³³
- Medication adherence: we didn't ask and they didn't tell³⁴
- Clinical decision support: using technology to identify patients' unmet needs³⁵
- Encouraging patients to change unhealthy behaviors with motivational interviewing³⁶
- Integrating a behavioral health specialist into your practice³⁷
- Simple tools to increase patient satisfaction with the referral process¹⁹
- FamilyDoctor.org. Breast Cancer | Overview (patient education)³⁸

References



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