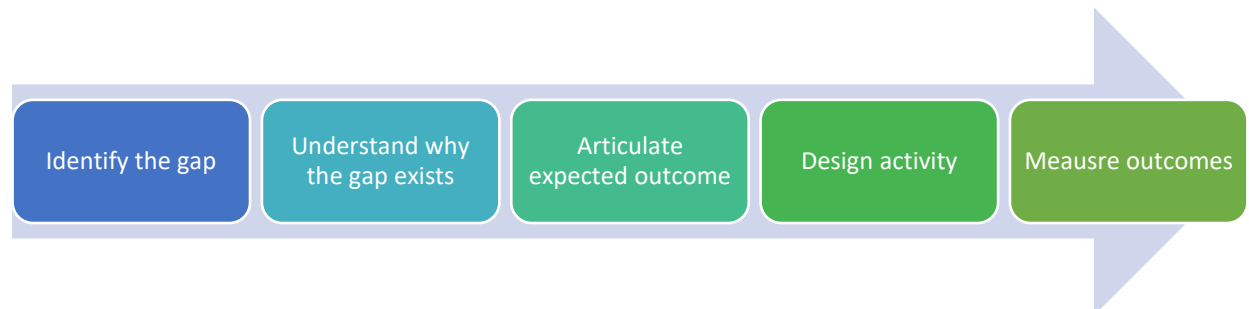


Identifying practice gaps is an essential component in planning and developing CME activities and forms the foundation to its justification, design, implementation, and assessment. Practice gaps can be clinically based, professional (for example, leadership skills), patient outcomes, or any similar areas in which learner improvement is necessary.

Goals:

1. Identify the gap
2. Understand why the gap exists
3. Articulate expected outcome of activity on CME Program Application
4. Design educational activity based on learning objectives
5. Measure outcomes



Goal 1

Identify gap in practice (choose one of the following methods)

- a. Basic CME Needs assessment might include any one or combination of the following
 - i. Review of the medical literature
 - ii. Evaluation reports from participants
 - iii. New clinical practice guidelines
 - iv. Basic epidemiology of disease state
- b. Intermediate
 - i. Survey of practice patterns (Integrated Leadership Dashboard Metrics)
- c. Advanced
 - i. Patient chart audit including performance improvement data
 - ii. Data from peer review and root cause analysis

Goal 2

Understand why the gap exists

- iii. Set the stage
 1. Indicate what isn't being done
- iv. Give background
 1. Describe why it's not being done
- v. Offer solution
 1. Describe what needs to be done

Goal 3

Articulate expected outcome

Explain change(s) in strategy, performance, or outcomes the series or educational activity will accomplish

Goal 4

Design the activity

Determine learning objectives the series

- i. Utilize three essential elements of learning objectives
 2. Who (the learner)
 3. How (the action verb)
 4. What (the Content)

Identify the type of activity

- i. Live Course (Regularly Schedules Series, Symposium)
- ii. Internet Live (webinar)
- iii. Peer-review, M&M, Tumor board

Goal 5

Measure Outcomes

Evaluate and Assess¹

CME Outcomes Level	Value and Limitations
Level 1 – Participation Involves registration data	<ul style="list-style-type: none"> • Tracks demographic information and participation • No insights into the value of the activity and its impact on learners.
Level 2 – Satisfaction Involves participant evaluation questions	<ul style="list-style-type: none"> • Measures variables related to objectives, faculty, instructional design, implementation and subject matter. • Includes self-report intent to change practice • Provides limited value in describing the impact of the learning activity
Level 3a – Learning: Declarative Knowledge (knows how) Includes post-tests	<ul style="list-style-type: none"> • Participates are tested based on the learning objectives • In the absence of a pre-test, there is no guarantee that learning has occurred as result of the activity

¹ Adapted from: American Academy of CME, Inc. “The Five-Level Outcomes Model”: Jackson, NJ.
<https://www.academycme.org/cappdfs/6.2%20The%20Seven-level%20Outcomes%20Model.pdf>

<p>Level 3b – Learning: Procedural Knowledge (shows how) Includes pre/post-tests, case based assessment</p>	<ul style="list-style-type: none"> • Provides immediate feedback on what learning (knowledge, attitudes, skills) has occurred at the time of a learner’s participation in an activity • May not necessarily predict retention of the learning or change in performance
<p>Level 4 - Learning: competence (shows how) Includes case based-assessment and commitment to change measures</p>	<ul style="list-style-type: none"> • Measures application of learning in practice in educational setting • Intent to change has high correlation with actual behavior change • Learning may or may not lead to actual behavior change
<p>Level 5 – Performance (does) Follow-up assessment of practice change including post-activity surveys, and quality and utilization measures including chart review, electronic health records, health plan data</p>	<ul style="list-style-type: none"> • Measures whether the performance changes identified by learners at the time of the activity were made • Provides rich information about intended as well as unintended consequences of CME • Post-activity surveys tend to be subjective. In absence of actual observation of performance in practice, this information serves as a surrogate marker that is indicative of actual change. • Limits of objective measures include resource intensive chart reviews, lack of standardization and problem with translating measures to computer language (EHRs). As a result, it may be difficult to distinguish learners’ data in the context of a large practice group.