### **Application Review: Professional Practice Gaps, Education Needs,** Overall Ideal State/Goal, Learning **Objectives, & Evaluation Method**





Now part of **ADVOCATE**HEALTH

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### **Overview**

- Professional Practice Gaps
  - RSS Professional Practice Gaps Example
  - Single Conference Professional Practice Gaps Example
- Educational Need
- Overall Ideal State/Goal
- Learning Objectives
- Evaluation Method

# **Professional Practice** Gaps





# **Application - Gap**

YSIS -	AP ANALYSIS A  IRRENT STATE/PROBLEM * escribe the current problem in practice of your target audience that you would like to change/address with education.
	scribe the current problem in practice or your target addience that you would like to change address with education.

#### PRACTICE GAP IDENTIFYING FILE.

#### ADD A NEW FILE

Files must be less than 1 GB. Allowed file types: txt doc docx xls xlsx pdf ppt pptx pps ppsx zip.

Choose File No file chosen

UPLOAD

# **Gap Analysis Definitions**

- **Practice Gap:** The difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge. The difference between the ACTUAL and the IDEAL. (What is the problem/ issue?)
- **Educational Need:** The knowledge and training which will address the identified practice gap. (What education is needed to address the problem? Why does the gap exist?)
- **Knowledge:** A learner's information on a particular subject, process or skill. (The learner needs new or additional information.)
- **Skills/Strategy:** The ability to utilize new knowledge, processes, strategies or skills. (The learner needs new abilities or skills.)
- **Performance:** Putting into practice a change in behavior and measure the outcome/impact. (The learner needs to take a new action or make a change in practice behavior.)

## **Guiding questions for the** planning committee to consider:

- How prevalent is the need among healthcare professionals?
- How many different assessment sources indicated this need?
- Will this need have a significant impact on the delivery of optimal patient care?
- How likely is it that a CE session will result in a change in practice behavior?
- Are there sufficient resources available within your organization to address this topic?
- How receptive will healthcare professionals be to a session on this topic?

# **Professional Practice Gap**

- The **professional practice gap** is the state or difference between the best practice and the current practice
- ... the difference between where you are/what you currently do and where you should be



# Gaps can be identified four ways:

### **Knowledge**

providers don't know something

### Skills/Strategies

providers don't know how to do something, don't have methods or strategies

### **Performance**

providers not doing something in their practice

### **Patient Outcomes**

the result of performance

# Application – How did you identify the gap?

#### HOW DID YOU IDENTIFY THE PRACTICE GAP LISTED ABOVE? \*

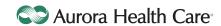
Please check all that apply. Where possible please attach the specific surveys, feedback, care management data, meeting notes, etc, above in the Practice Gap Identifying file.

- ☐ Peer-reviewed literature/trends in literature, law, and health care
- ☐ Input from learners, managers, subject matter experts, others
- ☐ Required by governmental authority/regulation/law
- ☐ Data from outside sources (e.g., public health statistics, epidemiology data)
- ☐ Evaluation/Needs Assessment survey
- ☐ Quality data (e.g. Key Result Area (KRA) data): please highlight the data used
- ☐ Professional quidelines
- ☐ Advocate Aurora Health Initiative/new policies and procedures

If an item is checked off. That documentation will need to be attached to the application to support the identified gap.

# **RSS Professional Practice Gaps Example**





# **Potential Practice Gaps for** RSS Proposals - Example 1

### Knowledge Gap

Misdiagnosis because of lack of knowledge or understanding.

### Skills/Strategies Gap

 Suboptimal patient care because of lack of strategies or methods to intervene under certain clinical conditions.

### Performance Gap

 Suboptimal patient outcomes because of lack of action, intervention, barriers, etc.

# **Potential Practice Gaps for** RSS Proposals - Example 2

Physicians are not always utilizing the most up to date technologies, recent advances, updated guidelines, and/or best practices in the practice of [insert specialty].

Physicians are not always properly recognizing, diagnosing, treating, and evaluating disease entities, especially newly recognized entities, and implementation of specific therapy may not occur. Underrecognized or undiagnosed disease entities, if not addressed, may lead to poor long-term health outcomes.

# **Single Conference Professional Practice Gaps Example**



# **Potential Practice Gaps for** Single Proposals - Example 1

Physicians are not optimally diagnosing and treating rheumatologic diseases. Many established and new laboratory tests are available for use in patients with suspected or known rheumatologic diseases. Physicians lack a clear understanding of test methods, autoantibody interactions and varying properties of the tests (e.g., sensitivity and specificity). Improved familiarity with new developments in basic science is needed to assist in the diagnosis and treatment of rheumatologic diseases

# **Potential Practice Gaps for** Single Proposals – *Example 2*

Guidelines for preventing, diagnosing and treating patients with heart failure and advance heart failure are continually updated as new medical therapies and surgical options become available. Physicians are not using the latest guidelines for the medical management of heart failure, specifically appropriate usage of beta blockers, ACE inhibitors and other pharmaceuticals to treat hypertension and hyperlipidemia.

Improved recognition and understanding of the predictors of poor heart failure outcomes will ultimately reduce late referrals for LVAD's, VAD's and heart transplantation.

# **Potential Practice Gaps for** Single Proposals – *Example 3*

Sarcoidosis remains a poorly understood disease. Practitioners are unfamiliar with the prognosis of various sarcoid subsets and evidence for using different treatments in these subsets to maintain updated standards of care.

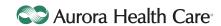
Physicians fail to utilize therapeutic modalities such as biologics, which have altered our management of sarcoidosis. Our understanding of sarcoidosis will increase with awareness of the immunological response underlying the disease process.

# **Potential Practice Gaps for** Single Proposals - Example 4

There have been recent advances in the understanding of the pathophysiology of pulmonary arterial hypertension (PAH) which have led to the availability of new treatment options, usually based on results from small scale clinical trials. Although guidelines for the use of PAH therapies are available and regularly updated, physicians are not always utilizing them in practice. Improved familiarity with new developments and guidelines in the diagnosis and treatment of patients with PAH.

### **Educational Need**





# **Application – Why the** problem exists?

THE FUNDAMENTAL EDUCATIONAL NEED THAT MUST BE ADDRESSED TO CLOSE THE PROFESSIONAL PRACTICE GAP. * Is it a deficit in knowledge, skill and/or practice? Most activities are designed to address knowledge or skill.
□ Knowledge (Doesn't know)
□ Strategy/Skill (Doesn't know how)
□ Performance/Practice (Doesn't know how to implement)
WHY DOES THIS PROBLEM IN PRACTICE EXIST *  Evidence to validate the professional practice gap listed above (learners don't know about new guidelines, learners don't know the responsibilities of other team members, etc.) Using one of the identified practice gaps listed below, in 1-2 sentences, briefly explain why this problem in practice exists.

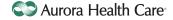
### In Other Words

- The educational need represents what is stopping someone from utilizing best practices
- Why does this this professional practice gap exist?
- How was the gap identified?

### **Education Need**

State the educational need(s) that you determine to be cause of the professional gap.

- Knowledge (doesn't know)
- Skills/Strategies (doesn't know how)
- Performance (doesn't know how to implement)



### Potential Educational Need(s) - Please state which one on the application

### Knowledge:

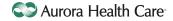
Physicians may not be aware of new technologies, recent advances, updated quidelines, and/or best practices.

### Skills/Strategies:

Physicians are aware of updated guidelines but do not know how to incorporate the knowledge to their current evaluation and/or treatment plans.

### Performance:

Physicians are aware of updated guidelines, know how to apply the knowledge to their current evaluation and/or treatment plans but are not implementing this in practice.



# Educational Need (reason the gap may exist)

#### Knowledge:

- Training is inadequate, inefficient, out of date
- Lack of education or training
- Challenging to stay current with rapid advances in the field, new drugs, etc.

#### Skills/Strategies:

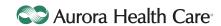
- Condition is difficult or challenging to diagnosis or treat
- Providers don't know when to refer patient to specialist
- · Physicians know the guidelines, but need to implement them into their daily practice

#### Performance:

- · Lack of prompt or early recognition of .....
- Inappropriate management of ......
- Application of wrong or incorrect techniques
- Not applying current clinical algorithms
- Treatment not happening in a timely manner
- Lack of experience in managing or treating

# Overall Ideal State/Goal





# **Application – Ideal State/Goal**

IDEAL STATE/GOAL	
Describe the ideal state, which you would like to achieve as a result of the educational activity (what should the audience be doing).	
	/,

# Application – Overall Goal

#### PLEASE DESCRIBE THE OVERALL GOAL OF THE EDUCATION:

- □ Competence (do you intend for the audience to have the ability to strategize what to do if/when the opportunity presents itself?)
- ☐ Performance (do you want the audience to apply new strategies or skills in the practice setting?)
- ☐ Patient Outcomes (do you want to change specific patient outcomes?)

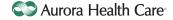


### What change should your learners make as a result of them attending this activity?

### Desired Results

- The activities' ability to make a change in the physicians:
  - Skills/Strategies:
  - Performance:
  - Patients Outcomes

Please Note: You will need to measure whether or not you achieved these results with your outcome.



# **Potential Goals/Desired** Results: Skills/Strategies

The goal is to change the learner's ability to appropriately incorporate up to date technologies, recent advances, updated guidelines, and/or best practices into treatment plans for patients with [insert disorder or disease state].

# **Potential Goals/Desired Results: Performance**

The goal is for physicians to incorporate up to date technologies, recent advances, updated guidelines, and/or best practices into their care of patients with [insert disorder or disease state].

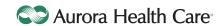


# **Potential Goals/Desired Results: Patient Outcomes**

- The goal is to improve [insert disorder or disease state] patient outcomes.
- The goal is to decrease the length of stay of patients with [insert disorder or disease state
- The goal is to decrease the readmission rate of patients with [insert disorder or disease state
- The goal is to decrease the Mortality and Morbidity rate of patients with [insert disorder or disease state].

# **Learning Objectives**





# **Application – Learning Objectives**

#### LEARNING OBJECTIVES

List what the learners will be able to do after the activity (each statement must begin with an action verb).

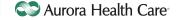
At the end of this session, learners should be able to:

# **Learning Objectives**

- CME learning objectives form the backbone of effective educational programs, guiding content development and facilitating measurable outcomes.
- CME providers can optimize participant engagement and knowledge retention by adhering to essential elements for defining clear objectives and incorporating best practices for crafting actionable goals.
- Aligning objectives with learner needs ensures that the CME program addresses specific knowledge gaps and professional requirements.
- By considering these considerations for creating effective CME learning objectives, providers can ensure the success of their programs, delivering impactful and transformative educational experiences for the learner.

### **Objectives Should Address these Questions**

- What should the result of the educational activity be for participants?
- What should the participant be able to do after attending the activity?
  - Make sure that objectives are measurable and relate directly to the identified practice gap
  - State what the learner might do differently (behavioral change) because of what has been learned
  - Use verbs which allow measurable outcome and that can be used in the evaluation process



# Writing a learning objective:

Component	Definition	Example
WHO	Participants, learners, physicians, and healthcare providers	Participants should be able
HOW	An action verb that identifies the level of performance	to integrate
WHAT	A description of the relevant factors associated with the desired result that specifies what learning will be demonstrated	the key components of a successful smoking cessation program in a busy primary care practice



The following are commonly used verbs for each level of Bloom's Taxonomy. While there are many others, this chart is a helpful jumping-off point [17b].

Knowledge	Understand	Apply	Analyze	Evaluate	Create
List	Explain	Use	Analyze	Judge	Construct
Recall	Describe	Apply	Compare	Appraise	Design
State	Paraphrase	Demonstrate	Distinguish	Rearrange	Arrange
Name	Discuss	Act	Differentiate	Compare	Organize
Label	Translate	Solve	Categorize	Assess	Plan
Define	Summarize	Illustrate	Contrast	Evaluate	Compare
Repeat	Classify	Operate	Examine	Synthesize	Create
Identify	Express	Sketch	Relate	Defend	Develop
Cite	Interpret	Dramatize	Infer	Estimate	Formulate
Select	Infer	Employ	Test	Manage	Write

# **Examples of learning objectives that are written specifically to address:**

#### **Improvement in Competency**

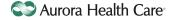
- Knowing how to do something: What a physician would do if given the opportunity but has not been put into practice yet
  - Example: Evaluate the factors involved in developing cultural competence and how to address these clinically.

#### **Enhanced Performance**

- The ability to apply knowledge, skills, and judgments in practice
  - Example: Implement strategies that address cultural competence (specifically linguistic, cultural and social issues that affect mental health in the lower socio-economic community) in clinical practice.

#### Change in Patient Outcomes

- The consequences of performance that have direct and positive results for patients
  - Example: Reduce morbidity and mortality rates of the lower socio-economic population by addressing linguistic, cultural and social issues that affect the mental health in this community



# **Good Verbs to Measure** Skills/Strategies

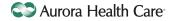
Analyze	Develop	Formulate
Assess	Differentiate	Identify
Compare	Discuss	Interpret
Contrast	Distinguish	Plan
Describe	Evaluate	Recommend
Design	Explain	Review

### **Potential Learning Objectives:** Skills/Strategies

- Describe key elements of treatment protocols for patients with [insert disorder or disease state] and apply to applicable treatment plans in clinical practice.
- Distinguish information about emerging diagnostics, technologies, and therapeutics related to [insert disorder/disease] to treatment plans.
- Identify common high risk [insert subspecialty] problems so that they can be triaged and treated appropriately.
- Evaluate recent innovations in [insert subspecialty] clinical practice in order to assess their use for safe and effective patient care.

### **Potential Learning Objectives:** Skills/Strategies (cont.)

- Summarize recent advances in [insert subspecialty] research in order to design best-practice approaches to the diagnosis and treatment of [insert disorder/disease].
- Design diagnostic and therapeutic plans for common presentations of [insert subspecialty] diseases.
- Evaluate contributing factors to near-miss cases, including breakdowns in communication and coordination of care.
- Critically review and analyze cases to improve quality and safety of patient care in management of [insert disorder/disease1



### **Good Verbs to Measure Performance**

Apply	Integrate
Council	Interpret
Diagnosis	Manage
Employ	Perform
Examine	Prescribe
Incorporate	Utilize

# **Potential Learning Objectives: Performance**

- Integrate new information on up to date technologies,
- recent advances, updated guidelines, and/or best practices into daily clinical practice.
- Examine current practice guidelines in the field of medicine or surgery to treatment of patients.
- Apply current practice guidelines in the field of medicine or surgery to patient treatment plans.
- Formulate appropriate treatment plan for [insert disorder/disease].

### **Potential Learning Objectives: Patient Outcomes**

- Improve patient outcomes through better diagnosis and management of diseases and complications reviewed as measured by the KRA data.
- Reduce Medical Errors and Improve Patient Safety
- Reduce [insert what you plan to reduce] by [percentage] through enhanced [plan]
- Reduce [insert what you plan to reduce] for [insert subspecialty] patients by [percentage] through [plan]

### **Verbs to Avoid...**

- **Appreciate**
- Be aware of
- Be familiar with
- Comprehend
- **Define**
- **Discuss**
- Know
- Learn
- List
- Think
- **Understand**

### **Evaluation Method**





### Application – How the goal was achieved?

#### HOW WILL YOU EVALUATE IF THE OVERALL GOAL WAS ACHIEVED? \*

Description of evaluation method: Evidence that change in knowledge, strategy/skills, and/or performance/practices of target audience will be assessed.
□ Competence: Post Activity Evaluations
□ Competence: Self-Report of Intention to Change
□ Competence: Knowledge Pre-test / Post-test (add attachment below)
□ Competence: Audience Response System (ARS)
□ Competence: Active Participation
□ Performance: Chart audits
□ Performance: Observation in Educational Setting (return demonstration/simulation - add attachment below)
□ Performance: Observation of Performance in Clinical Setting
Performance: Post-activity participant survey of actual practice change
□ Patient Outcomes: Patient feedback/survey
□ Patient Outcomes: Data from outside sources (e.g., public health statistics)
Datient Outcomes: Pre- and post-activity statistical data comparison (e.g. Key Result Area (KRA) data, department quality data)
□ Other
PLEASE DESCRIBE YOUR EVALUATION METHODS:

# Skills and Strategies

#### Post Activity Evaluation:

 A survey/questionnaire in which the learner evaluates or assesses aspects of the CE activity, such as the speakers, design, and implementation.

#### Self Reporting of Intention to Change:

 Learners write down what they have learned and indicate commitment to change or maintain an element of practice

#### Pre/post-test:

 A series of questions aimed to examine a learner's level of knowledge or competence before (pre-) and after (post-) the CE activity.

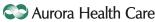
#### Audience Response System:

 Designed to improve audience engagement, an audience response system (ARS), is a mechanism or platform in which learners use a handheld or mobile device to respond to multiple choice questions, open-ended questions, and other types of polling questions.

#### Active Participation:

 Learners participating, and someone does a write up who is participating and what is discussed





# Skills and Strategies (cont.)

#### Active Participation:

 Learners participating, and someone does a write up who is participating and what is discussed

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 Learners participating, and someone does a write up who is participating and what is discussed

#### Feedback survey:

 Focused on the participants' satisfaction with the education activity: Content of the session and instructor Length of the session Anticipated changes in practice based on session Barriers and facilitators to change Self-efficacy Conflict or perceived bias

#### Analysis of reflective statements

 Assess whether the learning objectives were achieved Knowledge comprehension of learners Changes in practice based on the CE session



### **Performance in Practice**

#### Chart Audit:

 A method that systematically examines patient charts and EMR/EHR data looking for patterns of care that can be appropriate or inappropriate

Observation in Education Setting and Observation in Performance in Clinical Setting:

 Use a Structured Approach by creating a checklist or template to ensure you cover key aspects during your observation. Include sections for patient behavior, healthcare team interactions, and environmental factor, take Detailed Notes during your observation which should include specific actions, conversations, body language, and any other relevant information. Stay Objective by maintain objectivity during your observation.

#### Post activity participation survey:

 A questionnaire, disseminated after the activity, in which the leaners are asked to provide feedback on what they have changed in their practice from attending the conference

### **Performance in Practice**

#### Clinical vignettes

 Vignettes help to measure the process of care delivery in practice settings. Vignettes are structured in sections based on the sequence of a medical visit, followed by open-ended responses to a series of guiding guestions

#### Simulation

 Learners participate in a role-play or simulation to apply and demonstrate their knowledge. Best practices are also shared throughout or at the end of the session. Through this process, gaps in knowledge can be identified and address

#### Written responses

 Learners reflect on their practice behavior and write an action plan regarding any performance. The facilitator summarizes the discussion and identifies next steps

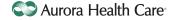
### **Patient Outcomes**

#### Patient Feedback/Survey:

 Data on patient satisfaction and experience can be captured to identify learning needs. This information can be gathered through interviews, surveys, and including patients on planning committees

#### Pre/Post Statistical Data:

 Did the patient outcome or health status improve as a results of the provider's participation in the CME activity. Review data from last year to this year and compare statistical data.



### **Achieve Outcomes**

#### Improve Performance:

 Assess the impact of the CE activity on the performance of healthcare providers (e.g., changes to pre-operative procedures) and measure performance changes among learners

#### Improve healthcare quality:

 Assess whether the CE activity leads to improvements in care delivery or system performance and if there is collaboration in the process of quality improvement

#### Improve Patient/Community Care:

 Assess whether the CE activity led to improvements in health outcomes for patients or their communities and if there is collaboration in the process of improvement

## Application – How the goal was achieved?

You will need to demonstrate how this goal was achieved by having an outcome for the conference.

# Thank you!