**Helpful Tips for Completing the “Gap, Needs Assessment & Educational Design” Section**

1. **Professional Practice Gap(s):** CME activities must identify and address at least one educational gap. A professional practice gap is defined as the difference between the current state and the desired state or opportunity for improvement. Put simply, it is actual practice (what learners currently know and/or do) vs. best practice (what they should know and/or do). Practice gaps exist in patient care (clinical) and health care system (non-clinical) situations. Ask yourself, “What does the target audience need to improve upon in order to provide better and safer patient care?”

Practice gaps can be general or specific. Typically, general practice gaps are appropriate for regularly scheduled series (i.e. grand rounds, journal club, M&M) since the individual topics of each session are likely unknown.) Alternatively, specific practice gaps are more appropriate for live courses.

**Example 1.** A general practice gap for Internal Medicine Grand Rounds: Internal medicine providers need to understand medical innovations and develop strategies for implementing them into their practice.

**Example 2.** A specific practice gap for a Critical Care Symposium: Intensivists are not routinely prescribing low tidal volume ventilation to patients with acute lung injury.

Additional examples (before and after)

**Example 1.**

**NOT a practice gap:** New guidelines have been developed for the management of stroke. Our activity will provide a comprehensive review of the new guidelines.

**A well-articulated practice gap:** Practitioners managing patients with acute stroke only follow treatment recommendations 30% of the time. With optimal management, patient survival can be significantly improved. Physicians lack knowledge of new stroke recommendations and lack strategies for implementing these changes into their practice.

**Example 2.**

**NOT a practice gap:** LGBT students continue to face discrimination in their everyday lives. Creating Safe Spaces can help these students thrive in a safe and healthy learning environment.

**A well-articulated practice gap:** A learner practice gap exists because healthcare providers currently lack the skills necessary to create a safe and healthy learning environment for LGBT students.

**Example 3.**

**NOT a practice gap:** The Seidman Cancer Center of University Hospitals is a national leader in the battle to overcome cancer. We are dedicated to scientific discovery and advancing state-of-the-art cancer care. Our providers are experts in many cancer-related disciplines and will address the most up-to-date findings in the field.

**A well-articulated practice gap:** A learner practice gap exists because providers are currently not routinely recommending the most up-to-date screening and management recommendations related to cancer. Additionally, patients are often referred to specialty cancer care centers too late to meaningfully improve outcomes.

1. **Needs Assessment:** A needs assessment provides the information necessary to support the educational need for the activity. A needs assessment should be data driven and should identify the cause of the professional practice gap. In other words, what data did you collect from your needs assessment that allowed you to articulate a professional practice gap or a need for the CME activity?

**Educational needs fall into 3 categories:**

1. Knowledge needs (knowing what to do)
2. Competence needs (knowing how to do something; a strategy for applying knowledge to practice)
3. Performance need (having the ability to implement a strategy into practice)

**Example Statements of Need:** A new antibiotic was recently approved for treating community acquired pneumonia.

1. Knowledge need: understanding that a new antibiotic is available for community acquired pneumonia
2. Competence need: knowing how to prescribe the antibiotic to patients with community acquired pneumonia
3. Performance need: the ability to integrate an evidence based approach to using the new antibiotic into clinical practice