Appendix 1: Gaps, Needs Assessments, Objectives, Competencies, and Outcomes

What's a Gap?

A ***Gap*** is the difference between current practice (what *is*) and the ideal, evidence-based practice (what *should be*).

Isn't that the same as a Needs Assessment?

No. A ***Needs Assessment*** is the supporting data showing the existence of the ***Gap***. You can use a ***Needs Assessment*** to identify ***Gaps***, or you can identify a ***Gap*** and then do a ***Needs Assessment*** to show how big the ***Gap*** is.

The ***Needs Assessment*** looks at individual practices that might be improved in order to make the ***Gap*** smaller.

THE GAP IS BROAD.

Example: The 30-day mortality rate for heart attack patients in Southwest Michigan is higher than the national 30-day mortality rate.

THE NEEDS ASSESSMENT IS NARROW.

Example: A retrospective study of discharge orders showed that, despite hospital protocol, they did not always include an aspirin regimen. A survey of hospital staff also indicated that discharge orders are not always clearly explained to patients. A retrospective study of follow-up appointments showed a high number of no-shows; there was a strong correlation between these missed appointments and increased mortality.

So how does that relate to Objectives?

The narrow points identified in the ***Needs Assessment*** show us what we might be able to focus on in a CME activity.

e.g. The ***Needs Assessment*** identified these three deficiencies: 1) Incomplete discharge orders, 2) Poor communication of discharge orders to patients, 3) Poor showing to post-discharge follow-up appointments. We can turn them into ***Objectives***: Upon completion of this activity, physicians should be able to 1) provide complete discharge orders as indicated by hospital policy and 2) clearly communicate discharge orders to their patients.

But wait! What happened to #3?

Decreasing the number of no-shows at follow-up appointments isn't something that can really be addressed in a CE activity, so we'll have to address this problem another way, using a ***Non-Educational Strategy***.

This means the ***Objectives*** for the CE activity are: Upon completion of this activity, learners should be able to 1) provide complete discharge orders as indicated by hospital policy and 2) clearly communicate discharge orders to their patients.

Needs and ***Objectives*** should always go hand in hand.

And this is different from Competencies how?

Competencies are national standards that all practicing healthcare providers should have. (See Appendix 2 for a table of the most commonly used ***Competencies***.) By achieving the ***Objectives*** you've identified for your CME activity, physicians should also have improved in one of these areas.

e.g. Using our example, physicians who attended this activity should have improved in the area of Patient Care and Interpersonal and Communication Skills (ACGME/AAMC).

On your application, you should indicate both the ***Competency(ies)*** as well as the source (IOM, ACGME, ABMS, etc.). There are more ***Competencies*** than those listed in Appendix 2. If you are focusing on a very specific specialty, you might want to look at that Board's ***Competencies***.

So then, what are Outcomes?

Outcomes are the measure of what was achieved at the CE activity. There are seven levels of achievement:

1 – Participation

2 – Satisfaction

3 – Knowledge (either declarative or procedural)

4 – Competence

5 – Performance

6 – Patient Health

7 – Community Health

In the past, it was okay for CE activities to achieve levels 1-3. Today, we want CE to do more. We want to reach an ***Outcomes*** level of at least 4.

Objectives are what we *want* to happen. ***Outcomes*** are how we measure what *has* happened. We use the ***Objectives*** to identify what we want to measure in our ***Outcomes*** assessment.

e.g. ***Objectives:*** Upon completion of this activity, learners should be able to 1) provide complete discharge orders as indicated by hospital policy and 2) clearly communicate discharge orders to their patients…

…become ***Outcomes:*** 1) Discharge orders include all indicated medication orders. 2) Patients better understand their discharge orders.

So how do we measure Outcomes?

There are multiple ways that we can measure whether or not ***Outcomes*** have been achieved. We can do Pre and Post Tests. We can do surveys that ask learners whether or not they have changed their practice.

Surveys aren't always the best way to measure ***Outcomes***. Depending on the design of your activity, we may follow-up with you in 3, 6 or 12 months. We know what the initial status was because that was in your ***Gap*** and ***Needs Assessment***. We may ask to see what that data looks like now. Again, depending on the design of your activity, this may mean we're able to measure ***Outcomes*** at levels 5, 6, or 7.

But isn't this data confidential? What about HIPAA?

This data is for internal use only so that we can measure the impact of a CE activity on a learner, hospital, or the community at large. We will never ask for PHI.

If you're concerned about confidentiality, there are many topics addressed in CE activities that might be related to data reported to the US Department of Health and Human Services. These data are publicly available on the HHS Hospital Compare website and should be acceptable measures both for planning a CE activity (***Gaps*** & ***Needs***) and while doing an ***Outcomes*** assessment after the activity is over.

What if the Outcomes assessment shows no improvement?

That's okay. That just means that we need to use a different strategy to address the ***Gap***. It doesn't mean that attendees didn't learn anything at your activity. Most likely, it means that there are some ***Barriers*** that are preventing providers from putting what they learned into action. This is a good time to do an attendees survey to ask them what these ***Barriers*** are so that we can determine whether we need to use a different type of educational format or use ***Non-Educational Strategies*** such as posters, brochures, or emails to reinforce the needed change.

It probably isn't possible to completely eliminate a ***Gap***. The goal is to improve and to continue to look for new ways to minimize ***Gaps***.