**Helpful Tips for Completing the “Gap and Needs” Section**

1. **Background/Purpose**: This is your opportunity to summarize why you are planning a CME activity. This should be a brief explanation to help the CME office and application review committee understand why this topic is important.

You can consider using the following template as a way to succinctly articulate the background/purpose of your activity:

*This activity will specifically address practice inconsistencies in planning/execution/ provision of \_\_\_\_\_\_\_\_\_\_\_, and management of \_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_ population. The goal is to ensure that health care providers have the knowledge and skills necessary for optimal delivery of care for patients with \_\_\_\_\_\_\_\_\_\_\_.*

**Example 1:** This activity will specifically address practice inconsistencies in the provision of guideline recommend treatment and management of exacerbations and hospitalizations in patients with chronic obstructive pulmonary disease (COPD). The goal is to ensure that health care providers have the knowledge and skills necessary for optimal delivery of care for patients with COPD.

**Example 2:** Recently, CMS added a COPD hospital readmission measure to the Hospital Readmission Reduction Program. Health care providers managing patients admitted for COPD exacerbations do not always adhere to evidence-based guidelines for the management of these patients. This activity will review the latest recommendations as well as provide a model for integrating system based changes into clinical practice to address COPD readmissions.

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 health care processes and outcomes currently in practice and those potentially achievable. 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?”

A professional practice gap can be articulated by completing the following sentence: **A learner practice gap exists because learners currently . . .**

Click [here](http://www.accme.org/education-and-support/video/faq/can-you-share-some-examples-what-considered-professional-practice) to watch a short video provided by the ACCME explaining “professional practice gap.”

A professional practice gap is NOT:

* A topic that sounds interesting that is not supported by evidence
* A topic retrospectively defined after the speaker and agenda has already been set
* A list of learning objectives

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 and symposiums.

**Example 1.** A general practice gap for Internal Medicine Grand Rounds: Internal medicine providers at Northwestern 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.**

**Before (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.

**After (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.**

**Before (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.

**After (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.**

**Before (NOT a practice gap):** The Robert H. Lurie Comprehensive Cancer Center of Northwestern University 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.

**After (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:** 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

**A Needs Assessment is NOT:**

* A paragraph that vaguely describes a topic that is not specific to the proposed CME activity
* A list of references without an explanation of the findings or how the literature demonstrates a need for the CME activity

**You will be asked to briefly summarize your findings in a statement of need (and include pertinent references).**  This does not need to be a comprehensive literature review but should succinctly summarize the cause of your professional practice gap. For each method used to determine the educational need for the activity, you should briefly summarize your findings.

**Example “Statement of Need”:**

The ACGME recently approved changes to the common program requirements. Each training program is required to have a Wellness Committee involving faculty and trainees and a Program Wellness Plan. A survey of program leadership at our institution demonstrated that most programs lack the faculty expertise to effectively meet these requirements.

**Example “Statement of Need”:**

Tobacco use remains the leading preventable cause of death in the US (1). Despite this, tobacco use is undertreated related to other chronic conditions (2). The 2016 EAGLES trial was a landmark study which demonstrated but the safety and efficacy of tobacco cessation pharmacotherapy (3). However, discussion among pulmonary faculty and trainees identified inexperience prescribing FDA approved medications to assist with tobacco cessation.

1. 2014 Surgeon General’s Report, Table 12.4, page 660.
2. Bernstein SL et al. Am J of Pub Health 2013
3. Anthenelli et al. Lancet June 18, 2016