

Practice Gaps Guidelines for CME Activities

[PRACTICE GAPS | ACCME “Educational Needs” Requirement](#)

A “practice gap” refers to a problem that exists in practice or an opportunity for improvement in at least one of the following areas:

- Knowledge (does not know)
- Skill (does not know how)
- Practice (does not do)

Practice gaps are the “building blocks” of an educational activity, in that they form the foundation to its justification, design, implementation and assessment. These can be clinically based, professional (for example, leadership skills), patient care problems, or any similar areas in which learner improvement is necessary.

Conducting a gap analysis helps to identify the necessity for the educational activity, which frames the resulting learning objectives, selection of the appropriate teaching methods, format to achieve these objectives, and implementation of evaluation/assessment methods to measure the effectiveness of the educational activity.

Identifying gaps in practice for learners is essential in planning and developing Continuing Medical Education (CME) activities and helps to address the underlying educational needs (in
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[GAP ANALYSIS | ACCME “Educational Needs” Requirement](#)

Practice gaps can be identified through the process of a gap analysis. Performing a gap analysis helps to identify the necessity for the educational activity, frame learning objectives, select the appropriate teaching methods and format to achieve these objectives, and implement the most appropriate evaluation/assessment methods to measure the effectiveness of the educational activity.

Practice problems or gaps can be defined as the difference between what a learner currently knows and is doing (current practice) and what he or she should know and do (best

GUIDELINES TO IDENTIFY PROFESSIONAL PRACTICE/PATIENT CARE GAPS

Below are common methods used to determine best practices and resulting practice gaps:

- Research findings/evidence
 - Patient care audits/Quality Improvement data
 - Current literature
 - National clinical guidelines
 - Trends in health care
- Expert feedback (Planning Committee or other committee of subject matter experts)
 - Faculty feedback
 - Consensus of experts and related committees
- Participant feedback
 - Needs assessment results
 - Previous CME activities evaluations or outcomes
- Regulatory body requirements
 - State licensure requirements
 - Board requirements

GAP STATEMENT: CME CREDIT APPLICATION

The first three questions on the ACS CME Application section “Educational Activity Details” pertain to practice gaps and underlying educational needs that must be addressed when planning and developing a CME activity:

1. What are the practice or patient care problems being addressed by this activity?
 - Example: Evidence has shown that an endoscopic approach has higher surgical risks compared with endoscopic approaches.
2. Why do these issues exist? Is there a deficit in provider’s knowledge or skill? Is there a deficit in health care system process or outcomes?
 - Example: Providers do not have sufficient knowledge of lowered complication rates in CTS release surgery
3. What methods have been used to determine the professional practice gap?
 - Example: Previous CME Activity, Evaluation, or Outcomes

LINKING TO LEARNING OBJECTIVES

When identifying practice gaps and the underlying educational needs, consider how an educational activity that addresses both should be designed. The resulting educational intervention must relate to increasing learner knowledge, competence, and/or performance ([ACCME “Designed to Change” Requirement](#)). With at least one of these areas in mind, develop corresponding learning objectives.

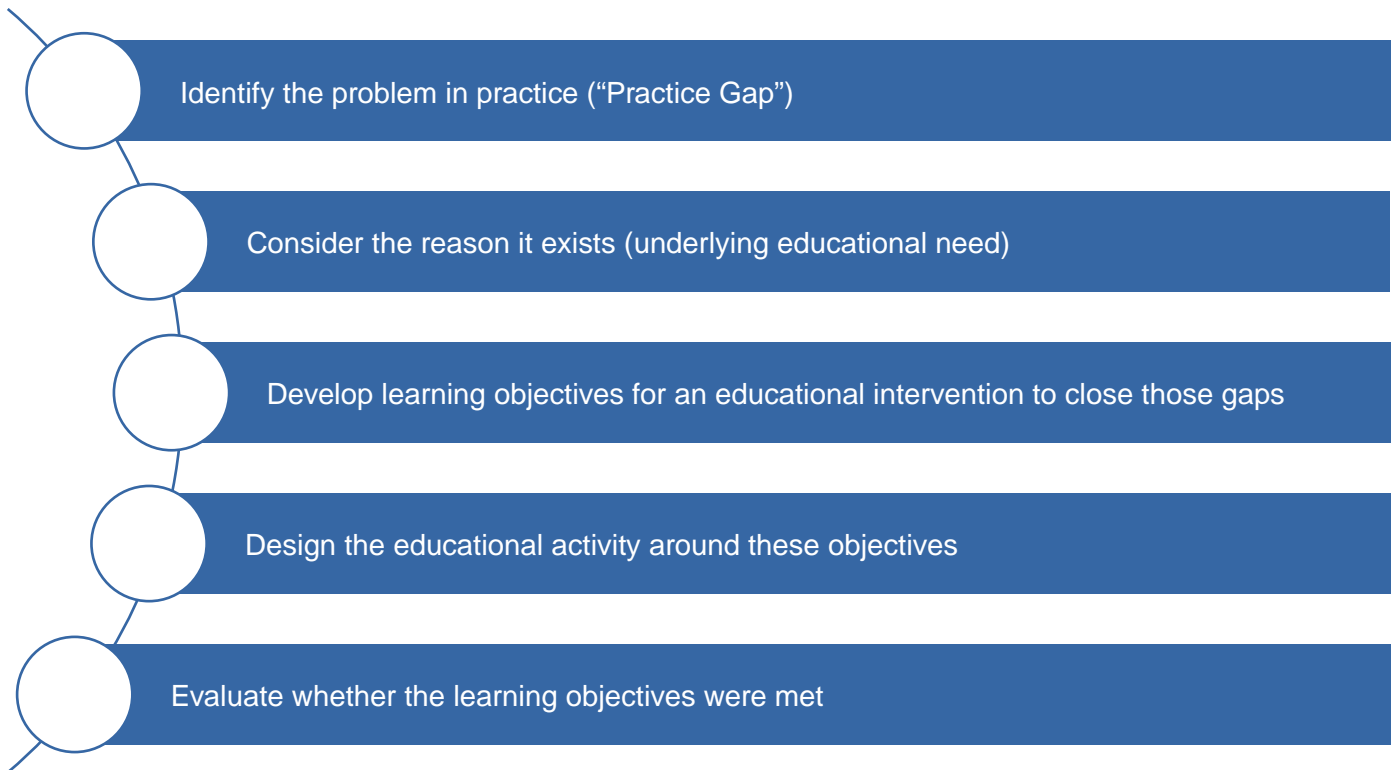
Learning objectives clearly state what the learner will be able to do upon completion of a CME activity. Keeping the intended outcomes in mind when developing an educational activity helps to guide its structure and design, including the selection of educational formats and content that promote the achievement

of these goals. Answering the question “What is the best format for teaching and learning the concepts to be presented?” may help in selecting the most effective educational format. Examples include:

- Didactic presentation (lecture)
- Demonstration of equipment/techniques
- Hands-on (skill-building) workshop
- Online modules
- Flipped classroom
- Team training
- Panel discussion
- Case-based work
- Simulation
- Self-directed
- Question and answer or quiz-based
- Use of standardized patients

The ACS CME Application contains questions related to each of these areas in order to prompt thoughtful consideration during the planning of the educational activity. In addition, learning objectives inform which evaluation and assessment tools should be utilized after an educational intervention, which help measure to which extent the intended goals were met. More information regarding writing effective learning objectives can be found [online here](#).

PRACTICE GAPS: KEY POINTS



ADDITIONAL RESOURCES (ACCME VIDEOS)

[ACCME Addressing Practice Gaps](#)

[Closing Practice Gaps: Educational Needs](#)

[Educational Terms: Knowledge, Competence, Performance, and Patient Outcomes](#)

REFERENCES

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