

**Explanation and Examples of Gaps, Needs and Learning Outcomes**

1. **Explanation of Professional Practice Gaps**

A gap is the difference between current level of knowledge, skill/strategy, performance or patient outcome (current state) and the ideal or desired level. The difference between **actual** (what is happening) and **ideal** (what should be happening).

1. Gaps are the description of a problem in practice: in research practice, clinical practice, educational practice, administrative practice.
2. Gaps can be at the individual level, the group level, the community of providers’ level, etc.
3. Gaps exist when health care professionals:
* are not doing everything they could
* are not doing things correctly
* could improve what they are doing
1. Gaps can be in:
* knowledge (providers don’t know something)
* skill/strategy (providers don’t know how to do something, don’t have methods)
* performance (providers not doing something in their practice)
* patient outcomes (the consequences of performance)

**Examples:**

* There is misdiagnosis because of lack of knowledge or understanding. (knowledge gap)
* There is suboptimal patient care because of lack of skills/strategies or methods to intervene under certain clinical conditions. (skills/strategy gap)
* There are suboptimal patient outcomes because of lack of action, intervention, barriers, etc. (performance gap)
* (For RSS) This series seeks to close gaps in surgical knowledge. (knowledge gap)
* (For RSS) This series seeks to address gaps in team communication that arise in the management of hospitalized patients. (skill/strategy gap)
* (For RSS) Many health care professionals care for patients with (cardiac, spinal, e.g.) conditions, but little communication currently exists between these providers. This series seeks to address gaps in the lack of adherence to standardized practice guidelines when caring for patients with these disorders. (performance gap)

**Methods to identify practice gaps:**

Ask yourself:

* “What patient problems or professional challenges is the target audience unable to meet?”
* “Why are they unable to address the patient problems or challenges articulated above?”
* “What evidence, data, or sources were consulted in the identification of the professional practice gaps?”

Professional practice gaps are identified by the Activity Director(s), planner(s) and planning committees who use:

* surveys of patients and colleagues
* data from peer‐reviewed publications
* direct interactions with colleagues
* the introduction of new techniques or procedures
* educational needs of learners that underlie the professional gaps
* expert opinion, and recent data from public health sources
* reported morbidity/mortality gaps, and evidence of misdiagnosis or mistreatment
* staff and management discussions
* data from other organizations with similar membership and audience
* member opinion surveys
* online member forums, activity evaluations and pre‐ and post‐test scores
* input from consultants and topic experts
* government regulations
* self‐observation
* observed performance in the patient care setting
* referral patterns
* quality data generated from the institution's affiliated hospitals
* national performance measures
1. **Educational Need**

A **need** can be defined as the cause or reason for the gap. Why does this problem exist? Is there a lack of knowledge, skill/strategy, or performance deficit that caused the problem?

1. Reasons for the need could be:
* Lack of prompt or early recognition of …..
* Inappropriate management of ……
* Application of wrong or incorrect techniques
* Not applying current clinical algorithms
* Inability to stay current with rapid advances in the field, new drugs, etc.
* Treatment not happening in a timely manner
* Lack of experience in managing or treating
* Lack of education or training
* Training is inadequate, inefficient, out of date
* Condition is difficult or challenging to diagnosis or treat
* Condition is poorly understood
* Lacking  the time to properly diagnose and/or treat condition
* Lacking ability to obtain appropriate patient history
* Lack of patient understanding of treatment and/or treatment protocol

**C. Learning Outcome Statement (Desired State)**

A learning outcome statement (LOS) identifies what the learner should be able to complete in order to address the need and help close the gap. The LOS is measurable and addresses what changes should be expected at the conclusion of the learning activity, i.e., a change in  knowledge, skills/strategy, performance and/or patient outcomes and can be a single offering, a span of several offerings (such as an RSS), or an enduring material.

Clear articulation of learning outcomes serves as the foundation to evaluating the effectiveness of the teaching and learning process. In creating an LOS, the **action verb** is the descriptor of the knowledge, ability, skill, or behavior that the participant must be able to identify/demonstrate as a result of the activity. Words/verbs such as “understand,” “learn,” “appreciate,” “like,” “believe,” or “know” are not appropriate because they are not directly measurable. Bloom’s Taxonomy is a useful resource to access when creating measurable learning outcome statements.

**How are learning objectives different from learning outcomes?**

Learning objectives identify what the **faculty** will aim to do to achieve the desired results for the learner. A learning outcome statement describes in measurable terms what the **learner** will be able to do as a result of the learning: the LOS identifies the achieved results of what was learned.

**Examples: Objectives (faculty/instructor focused)**

* Objectives describe the intentions of the **faculty/instructor** who teaches the activity.
* Objectives, often state the purpose and goals of the activity.
* Objectives focus on content and skills important within the activity.
* Objectives are the primary building blocks of good curriculum design. They support the learning outcome in that each is a step in arriving at what the learner is supposed to know or be able to do.

**Examples: Outcomes (learner focused)**

* Outcomes catalog the overarching result of the activity and are the evidence that the objectives were achieved by **learner**.
* Outcomes are statements that describe or list measurable and essential mastered content—reflecting knowledge, skills/strategy or performance that integrates activity content that participants have achieved and can confirm upon successfully completing an activity.
* Outcomes are what the **learner** will be able to do upon completing the activity.
* Outcomes are clear and measurable criteria for guiding the teaching, learning, and assessment process in the activity.

**Examples: Learning Outcome Statements**

* + - * After participating in this activity, 100% of learners will be able to interpret appropriate clinical data in order to determine clinically significant indications for management of a patient with newly diagnosed angina.
			* After participating in this activity, 75% of learners will be able to apply at least three recent changes in the evidence-based care plan of adult patients with newly diagnosed asthma.
			* After participating in this activity, 100% of participants will be able to discuss at least three ways that embracing diversity, equity, inclusion, and belonging (DEIB) in clinical practice can improve the overall patient experience.
			* After participating in this activity, 75% of learners will be able to critically evaluate at least two published studies that are examples of quantitative nursing research.
1. **Educational Formats**

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| **FORMAT** | **RATIONALE** |
| **Didactic lecture/presentation** | Offers a large amount of information (knowledge) in a limited amount of time.Allows learners to discuss a chosen topic. |
| **Panel discussion** | Provides an opportunity for experts or a group of learners to present differingopinions on a topic, issue, or problem to other panelists and the audience. |
| **Group discussion** | Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships. |
| **Case Presentation** | Provides an account of an actual problem or situation that an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist. Provides a safe space for peer interaction to discuss possible untoward outcomes. Allows for peer interaction with current problems in practice. |
| **Simulation** | Models correct step-by-step behaviors/skills needed for specific tasks or situations. Provides learners with the opportunity to experience problems and practice communication skills in a secure environment. |
| **Skills Based Training** | Provides a standardized method for a group of learners to compare and improve their individual skills of diagnosis, treatment and management with their peers. |