

Explanation and Examples of Gaps, Needs, Learning Objectives

A. 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).

- I. Gaps are the description of a problem in practice: in research practice, clinical practice, educational practice, administrative practice.
- II. Gaps can be at the individual level, the group level, the community of providers' level, etc.
- III. Gaps exist when health care professionals:
 - are not doing everything they could
 - are not doing things correctly
 - could improve what they are doing
- IV. 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

B. 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?

I. 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 Objective(s) (Desired State)

When writing an objective for continuing education (CE) activities, it is important to address the change that is expected at the conclusion of the learning activity. Ask yourself: "What do I want the learner to walk away at the conclusion of this activity?" Do you want the learner to experience a change in knowledge, skills/strategy, or performance? For CE activities that address a more long term goal, are you hoping the result will be a change or improvement in patient outcomes?

Clear articulation of objectives serves as the foundation to evaluating the effectiveness of the teaching and learning process. When creating an objective, the action verb is the descriptor of the knowledge, ability, skill, or behavior that the participant must be able to identify 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 objectives.

More About Objectives

- When creating an objective, only one measurable verb should be used for each statement. For example, if you’re proposed objective statement says: (The learner) will be able to describe and apply..., you are actually asking them to address two different objectives. It is best practice to use one objective per statement.
- Objectives should address the knowledge, skills/strategy or performance that participants should achieve and can confirm upon successfully completing an activity.
- One must take into consideration the amount of time within which the learning activity takes place so that the learning objective makes sense. For example, we may not want the learner to implement a major change in clinical practice after a brief one hour educational event. In short, the statement should “make sense.”
- Objectives should focus on content and skills that are addressed within the activity.
- Objectives must be clearly stated in order to best guide the teaching, learning, and evaluation process in the activity.
- The simpler the objective, the more likely the learner will be able to understand it and thus, evaluate it appropriately.
- Evaluation of the objectives by the learner will help the learner – and faculty/planners - determine if they are achieving the desired result.
- It may also help the planners determine “next steps” for content or skill development.
- For our purposes at Dartmouth Health, we suggest no more than three objectives be created for any learning activity. For activities that are one hour in length, one objective is sufficient.

Examples

- After participating in this learning activity, 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.
- At the conclusion of this learning activity, members of the healthcare team will be able to apply at least three recent changes in the evidence-based care plan of adult patients with newly diagnosed asthma.
- At the conclusion of this this learning activity, 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.