

**Texas Heart Institute**  
**Office of Continuing Medical Education**  
**Needs Assessment Guidelines**

The planning process for a continuing medical education (CME) activity begins with a needs assessment.

**Step 1: Identify gaps in practice.**

A professional practice gap is difference between actual and ideal performance.

CURRENT/ACTUAL STATE		OPTIMAL/IDEAL STATE
What learners Know and do	Practice Gap ↔	What learners should know and do

Example: What is current state? What is optimal state? What is/are gaps that the activity is trying to address.

**Step 2: Determine why the practice gap exists. Practice gaps are measured in terms of knowledge, competence and performance.**

**Need For:**

Knowledge

Abilities/Strategies

Practice Modification

**Gap:**

Knowledge

Competence

Performance

**Examples:**

*Lack of Knowledge:* lacking information; not being aware of what to do.

- Example: Physicians are unaware of the benefits of Treatment X which have been shown to be beneficial in the treatment of Condition Y.

*Lack of Competence* – not being able to apply knowledge, skills and judgment in practice (not knowing how to do something; develop abilities; implement strategies)

- Example: Physicians are unable to implement Treatment X in various clinical settings.

*Lack of Performance* – not being able to modify practice

- Example: Physicians need systematic or organizational improvements (electronic reminders, printed orders, etc.) in order for physicians to increase use of Treatment X.

**Step 3: Identify the data used to determine the practice gap(s).** A minimum of two sources must be included in the assessment. Various types of data can be used and supporting documentation is required for all sources.

#### **Needs Assessment Data Sources:**

- New methods of diagnosis or treatment (Knowledge)
- Literature reviews (Knowledge)
- Continuing review of changes in quality of care as revealed by hospital admissions, diagnosis data, medical audits and other patient care reviews (Competence and Performance)
- Quality Assurance and audit data e.g., attach QA minutes/reports, input from Physician Review Organizations (Competence and Performance)
- Expert opinion and/or faculty expertise, in medical knowledge (Knowledge)
- Development new medical technology e.g., articles, reports, etc.(Knowledge)
- External requirements e.g., National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation for Healthcare (JCAHO), Centers for Medicare and Medicaid Services (CMS) (Knowledge)
- Referral Patterns (Competence and Performance)
- Availability of new medications (s) or indication(s) (Knowledge)
- Professional society requirements (Competence and Performance)
- Legislative, regulatory or organizational changes effecting patient care (Knowledge, Competence and Performance)
- Prior activity feedback (Knowledge and Competence)
- Public health data (Knowledge)
- National practice guidelines (Competence and Performance)

#### **Step 4: Summarize needs data and provide supporting documentation**

It is not enough to identify multiple data sources for needs assessment and attach documentation. You must provide a summary of where the data was retrieved, the specific information that was obtained from it and how it was analyzed. The identified gap(s) will then be reviewed by the CME Office and Medical Education Committee to ensure that it is/they are supported by the data sources indicated.