Writing the Gap

The Practice Gap expresses why you are holding a CME activity—"What does your audience need to know (or do) that they currently do not" or "What information or knowledge do you want your audience to walk away with." It describes the difference between where a group of learners/field of study/ practice currently is (**current status**) and where the learning/practice should be (**desired status**). The "gap" between the current and the desired will be used to identify conference needs, purposes, objectives, and desired outcomes.

Questions to Ask

Here are some questions to ask, to help determine what your gap may be or where to look for resources to document.

- What is the goal?
- What does your audience need to know that they don't?
- What does your audience need to do that they're not?
- What results do you expect patients to have that they're not showing?
- What would the "perfect" look like surrounding your topic? Why isn't it perfect?
- What do you want the learners to walk away with?
- Are there problems which might be solved by training or CME activities?
- Are there problems which do not currently exist but are foreseen due to changes, such as new processes and equipment, regulation, and/or technology?
- Are there internal or external forces dictating that training and/or organization development will take place?
- Are there policies or management decisions which might dictate the implementation of some program?
- Are there governmental mandates to which we must comply?
- It is supported or encouraged by any societies, associations, or regulation?
- Is there new research that will affect your target audience?
- Is there hospital data that may indicate a trend?
- Is this a commonly seen diagnosis? Or commonly misdiagnosed?
- Are there new treatments for a chronic condition?
- Why don't you think the audience already has this information?

Example:
Practice Gap: Women who participate in high-risk sports suffer ACL injury at a 4-6 fold greater rate than men. Prior investigations indicate that greater knee laxity and increased generalized joint laxity are more prevalent in adolescent girls than in their male counterparts. Physicians need to recognize predictors and components of ACL injuries in female athletes and employ effective prevention techniques, helping to reducing the rate of injury.

To have an effective practice gap, we must determine and document.

(More Examples)

Determine
The first step in determining the gap is to determine the **current status** of physician knowledge, skills available, or patient outcomes in a particular area. The next step is to determine the **desired status** of knowledge, skills, or outcomes if the current status could be made ideal, or at least move closer to the ideal.

Practice Gap: Women who participate in high-risk sports suffer ACL injury at a 4-6 fold greater rate than men. Prior investigations indicate that greater knee laxity and increased generalized joint laxity are more prevalent in adolescent girls than in their male counterparts. ***(Current status)*** *Physicians need to recognize predictors and components of ACL injuries in female athletes and employ effective prevention techniques, helping to reducing the rate of injury.* ***(Desired status)***

Document
Every gap must be supported by evidence. That means there must be information that supports the current state and/or ways to get to the desired state. There is, however, a multitude of ways to support the gap: an audience needs assessment, institutional data, QI data, peer reviewed journal articles, societal trends, and more. Any source must be verifiable. This means if the source is a journal article, either a hard copy, web-site link, or where to find it, must be included. If the source is a survey or focus group of participants: notes, participant responses, or a summary must be included.

More Examples
ex 1. Advancements develop frequently in diagnosis, management, and developments in pediatrics. General practitioners must stay up-to-date in a wide variety of areas. Pediatricians are evaluated by the American Board of Pediatrics with respect to the core competencies of Patient Care, Medical Knowledge, Practice-Based Learning, and Interpersonal and Communication Skills. Cincinnati Children's Pediatric Update 2010 will have a series of presentations that will address these core competencies. The conference will also address specific diagnoses identified by Cincinnati Children's as priority programs or community initiatives.

ex 2. Pediatric diagnosis and treatment changes at a rapid pace - the FDA approved or modified guidelines on nearly 400 products from January-March 2010. With the introduction of new therapies and treatments, it is crucial that prescribers stay current with best practice. Many licensure boards are now requiring advanced pharmacy education as a part of relicensure.

ex 3. A recent study reported that only 12% of physicians reported high confidence in their ability to manage pediatric obesity and that approximately 80% of pediatricians were “very frustrated” in treating pediatric obesity. Counseling is an important component of pediatric obesity management and studies reveal low clinician confidence in this skill. A small but growing number of studies suggest that Motivational Interviewing (MI) may be an effective counseling tool for pediatric obesity. The potential usefulness of MI was recognized in the 2007 Expert Committee recommendations regarding the treatment of child and adolescent overweight and obesity, where MI is discussed as a useful technique for motivating families to change unhealthy behaviors. The purpose of this Healthy Kids Ohio MI training session will be to teach clinicians the spirit and techniques of MI and allow the clinicians the opportunity to practice these techniques before applying them in an office setting.

ex. 4. Neurophysiologic monitoring is a technique that is directly aimed at reducing the risk of neurological deficits after operations. The interpretive aspect of neurophysiologic signals is a complex area. Sharing knowledge and experiences is needed to keep practitioners up to date and to improve patient care.

ex 5. Pediatric obesity is recognized as one of the most significant public health issues in the United States. From 1999 to 2004, the proportion of overweight adolescents (ages 12 to 19) in the United States increased from 14.8% to 17.4%.1 Morbid obesity in adolescents can lead to morbid conditions such as type 2 diabetes, cardiopulmonary disease, and the metabolic syndrome. In addition, numerous orthopedic, neurological, and gastroenterological conditions threaten the health of adolescents affected by excess weight. Bariatric surgery is an option that is proving to be an effective treatment for adolescent obesity. As this is a fairly new procedure available for adolescents, practitioners need to be trained to treat patients with a comprehensive team-approach to bariatric surgery which will help practitioners apply this knowledge to foster positive patient outcomes.