



## Writing the Gap

The Practice Gap expresses why you are holding a Continuing Education activity:

- “What does the target learner or interprofessional team need to know (or do) that they currently do not”
- “What information or knowledge do you want your audience to walk away with.”

It describes the difference between where a group/team of learners/field of study/practice currently is (**current status**) and where it should be (**desired status**). The "gap" between the current and the desired will be used to identify education 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 the learner/team need to know that they don't? How does that lack of knowledge impact team-based care?
- What does the learner need to do that they're not?
- Are there opportunities for improved communication among team members?
- 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 and teams to walk away with?
- What challenges are currently faced by the learner/team?
- Are there challenges 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/changes that would change how patient care is delivered?
- Are there governmental mandates with which we must comply?
- Is there new research that will impact your learners?
- Is there hospital data that may indicate a trend?
- Is this a commonly seen diagnosis? Or commonly misdiagnosed? What professions/groups/teams are involved in the diagnosis?
- Are there new treatments for a chronic condition? What professions/groups/teams are involved in the treatment?
- 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. Clinicians need to recognize predictors and components of ACL injuries in female athletes. Teams must recognize each other's roles and collaborate to employ effective prevention techniques, helping to reduce the rate of injury.*

To have an effective practice gap, we must 1) determine and 2) document.



### **Determine**

The first step in determining the gap is to determine the **current status** of the learner and/or interprofessional team including 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)** Clinicians need to recognize predictors and components of ACL injuries in female athletes. Teams must recognize each other's roles and collaborate to employ effective prevention techniques, helping to reduce 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 are multiple 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 the source (either a hard copy, web-site link, etc) must be made available. If the source is a survey/focus group of participants, notes, or participant responses, then a summary must be made available.

### **More Examples**

ex 1. In nutrition, the role of healthcare teams and effective teamwork is increasingly vital. Early nutrition provided to infants significantly shapes lifelong neurodevelopment and overall health, impacting issues such as metabolic syndrome and adult obesity. Pediatric nutrition, especially in the presence of chronic diseases, poses formidable challenges. The science behind nutrients is intricate and evolving. A multidisciplinary healthcare team collaborates to establish and maintain healthy diets. This teamwork not only involves delivering dietary interventions but also educating caregivers. By working together, the team plays a central role in navigating the interplay of nutrition and child health, striving to ensure optimal outcomes.

ex 2. Institutions conducting research or providing IRB approval are federally mandated to protect human research participants. These complex regulations are challenging, requiring both comprehension and application. Human Subjects are a key element in the success of clinical research and health interventions. Demonstrating respect and protections is important for this research to continue. Increasingly, clinicians and researchers are confronted with moral dilemmas in their biomedical research for which the answers are not well defined. Ethical challenges in medicine often require a great deal of thought to manage appropriately. Teams must consider ethical and human subject protection concerns and regulations, implementing appropriate solutions together.

ex 3. In Greater Cincinnati, despite advancements in healthcare, significant health inequities persist, posing ethical, social, and economic challenges. Achieving excellent, equitable health outcomes demands a shift towards family-centered, community-connected interventions addressing common root causes, including social determinants of health. The current fragmented approach impedes progress, highlighting the urgent



need for enhanced collaboration and knowledge-sharing among interprofessional teams across the clinical-community continuum. Bridging this gap requires access to the latest information on effective partnerships and strategies. By emphasizing the ethical imperative and economic benefits, our goal is to unite diverse stakeholders to propel Cincinnati towards a more inclusive and informed healthcare future.

ex 4. A recent survey found that only 12% of physicians felt highly confident in managing pediatric obesity, while approximately 80% of pediatricians reported significant frustration in treating it. Effective counseling is essential for pediatric obesity management, but studies show low clinician confidence in this area. Motivational Interviewing (MI) is emerging as a promising counseling tool for pediatric obesity. MI promotes collaboration and effective communication within healthcare teams to motivate families toward healthier behaviors. This training session aims to teach clinicians the principles and techniques of MI, allowing them to practice and apply these skills within their care teams.

ex. 5. Flexible bronchoscopy is an important diagnostic and therapeutic tool for management of pediatric patients with pulmonary problems. The use of the flexible endoscopy in investigating pediatric respiratory problems like stridor in infants or pulmonary infections in children has become routine in many large pediatric hospitals and has led to significant insights into various pulmonary disease processes. However, many physicians have completed formal pulmonary training programs without the opportunity to develop skills in bronchoscopy nor have had formal training in bronchology.

ex 6. Providing care for patients on ECMO therapy is a multifaceted and dynamic task. Research indicates that practitioners can deliver more personalized care and respond swiftly to ECMO-related emergencies with robust ECMO training. Proficiency in ECMO operation, patient-specific care, and emergency management is essential to ensure patient safety and reduce morbidity and mortality. Effective ECMO therapy relies on a well-coordinated, skilled healthcare team that practices collaboratively to achieve successful outcomes.

ex. 7. Medical incidents decrease by 12% when interprofessional continuing education is implemented. Healthcare workers who learn together are better prepared to practice together. Pediatric CICUs provide extensive foundational orientation and training for new RNs, APPs, fellows, and junior attending physicians, but development of advanced understanding of more complex cardiac topics and team-based clinical education is variable among CICUs and requires team-based learning interventions for practicing pediatric CICU clinicians, specifically regarding ventilation, cardiopulmonary interactions, temporary pacemakers, ventricular assist devices, resuscitation, roles and responsibilities, communication, teamwork, and difficult conversations.