



Dedicated To Long Term Care Medicine

Identification of Needs, Desired Results, Learning Objectives, and Outcomes

Step 1: Organize the needs into a prioritized list - now that the needs and gaps have been identified; organize them into the most important needs/gaps that will be used to develop the CME activity. Please state the prioritized needs in the left column of the worksheet (one need per Cell) – use only as many slots as you have needs (minimum of three needs are required for the CME application)

Step 2: Identify the types of deficiencies/quality gaps identified (knowledge, competence, performance) – at least one box must be checked per row in the CME application.

Is the need related to...

- Giving physicians' new knowledge?
- Giving physician's new abilities/strategies?
- Helping physicians' modify their practice?

This would be a gap in...

- Knowledge
- Competence
- Performance

Step 3: Identify the desired results according to the identified need – these will be the teaching goals for this activity. It also identifies issues that can be measured three months post-activity in an outcomes evaluation.

Step 4: Prepare learning objectives - Visualize the learning objectives for this activity as stepping stones that enable you and your faculty to take the learner from the identified need to the desired result. In addition, learning objectives must be written from the perspective of what you expect the learner to do in the practice setting with the information you are teaching. NOTE: verbs that communicate acquisition of knowledge: cited, define, describe, identify, list; comprehension: describe, discuss, explain, interpret; application: apply, demonstrate, review, translate; evaluation: appraise, determine, recommend. Verbs to avoid: appreciate, know, learn, and understand. Instructions on how to write learning objectives are located in "Attachment A" of the *Joint Sponsorship Application Attachment* PDF file).

Step 5: Identify appropriate activity evaluation and follow-up outcomes evaluation questions – Good adult education seeks to measure the effectiveness of its activities. At the conclusion of the activity, participants will evaluate the quality of the activity, learner satisfaction, applicability to the practice environment, the appearance of bias in the instructional process, and quality of the faculty. In addition, the participants will be asked to answer the outcomes measurement questions identified in the CME worksheet; this data will be utilized to assess change. It is recommended that all faculty/speakers/ authors be provided with the results of these evaluative measurements.



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UNDERSTANDING NEEDS ASSESSMENT

Needs assessment is the foundation of the educational process, systematically answering "why this subject?" Needs assessment helps to identify the audience and isolate the activity's learning objectives. Needs assessment may be considered the best tool providers have in ensuring participation.

What is it?

Needs Assessment is defined in the CME Primer as "any systematic approach to collecting and analyzing information about the educational needs of individuals or organizations." Needs may be perceived, imagined, desired or thought to be important or real. Needs assessment can also be identified as a gap, the difference or distance between what is occurring in practice and what is expected (the desired outcome), or, the difference between what is and what should be.

It is the step in the educational process used to help achieve an effective continuing education activity. The needs identification process sets the stage for the development of the learning objectives (what the participants can expect to get out of the activity) which is then followed by format selection (the best method to deliver content and teach those objectives).

The needs assessment process must be documented in a manner that conveys what the need is, for example;

"Many of the technological developments in the last century have transformed American medicine from a symptom focused tradition to a scientific disease-based model. Through this process, the patient has become depersonalized; the health care professional distanced from the unique nature of the patient. Physician and patient surveys identify a lack of and the importance of compassionate but truthful communication with patients and their families about the dying process. Surveys also indicate positive effects and perceptions associated with the hospice model as a collaborative and interdisciplinary system which provides a medical/psycho-social program for the terminally ill... "or;

"Hospital quality assurance (QA) reports indicate a rise in the infection rates amongst elderly patients undergoing treatment for joint replacement, causing an increase in re-admissions or;

"Evaluation results of an activity aimed at the practicing ophthalmologist indicate an interest in additional CME in the areas of glaucoma management, laser specific issues, macular disease, and diabetic retinopathy.

Needs Assessment Sources

- Evaluation results from previous CME activities
- Expert opinion from practitioners or other knowledgeable sources
- Data from outside sources (e.g.: AMDA, IOM, National Institutes of Health, Public Health Service)
- Medical staff input (e.g.: department meeting discussion of CME needs, periodic survey of medical group, interview with physician leaders)
- Medical audit results (e.g.: quality assurance studies, input from physician review organizations, CMS survey data)
- Input from CME Committee
- Formal or informal requests from physician members



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- Literature review
- Hospital/Facility admissions/diagnosis data
- Patient satisfaction surveys
- New medical technology
- Tests that determine physician competence (e.g.: pre and post test results, self-assessment activities)

Many organizations use a two-step approach in determining needs. Whether it's called "two-step" or "gather and verify". The first step includes such things as:

- An informal physician request
- Results from evaluations
- The arrival of a piece of new technology at your institution
- Input from an industry representative
- Recent regulatory changes
- Results from a national survey

As this first information arrives, we should be asking ourselves if:

- This information is reflective of a need (a gap in knowledge/skills/attitudes) by our physician audience
- The data is reliable
- The need is appropriate to our primary audience and if the audience will recognize and "buy into" it as a need
- It is information we can document as an area of need.

The first step includes fact-finding. The second step is used to verify the information presented. Further fact-finding measures or verification steps will ensure a "need to audience match" and include sources such as:

- survey of the intended audience expert interviews
- input from the CME committee
- a review of recent QA/medical audit data

Once gathered, this data should be reviewed for each activity by a planning committee composed of individuals *from* that specialty, the intended audience (if different from the specialty), representative(s) from the CME Committee and others who might help provide input such as a pharmacist, librarian or industry representative. These individuals offer considerable expertise and can provide certain types of needs assessment data, literature summaries or specific relevant articles. They can also note trends within their profession that may affect physicians and give you specific disease concept data.