Helpful Tips in Getting Started

1. Do not rely on the “everybody knows this is important” attitude. The activity course director and the planning committee must engage in research and documentation, no matter how obvious it all seems.

2. Obtain solid evidence-based medical data from national guidelines, Medline searches, and data from CDC or AHRQ.

3. Obtain your needs assessment from credible, multiple sources. We require two sources. However, we encourage providing as many sources as necessary to fully document the needs assessment.

4. Think creatively – there are all kinds of data and information available from numerous departments within the hospital. The CME department keeps a database inventory for your convenience.

5. Do not miss the obvious – a new drug, procedure, or guideline is almost an automatic needs assessment.

6. Monitor other CME programs nationally and information from specialty societies. If national players think it is important, then a need is documented. (Include a CME program from another provider to document this.)

7. Document “expert opinion”, especially if the evidence comes via an informal conversation. Record who gave the “expert opinion” and what was said.

8. Performing a thoughtful needs assessment survey, even a small informal one, of the target audience will often reveal important needs assessment information. A focus group may also be convened.

9. Do not use Wiki website as a resource. The website information can be modified by almost anyone, therefore it cannot be declared accurate or valid. However, there are usually links to references at the bottom of the post that may be acceptable.
Types of Needs

Gap Analysis – Assessing needs is basically a process of examining the GAP (in knowledge, skills or behaviors) between “what is” (actual patient care) and “what should be” (optimal patient care).

Conducting a thoughtful and thorough needs assessment is the first step in planning a continuing medical education activity. There are three types of needs applicable to CME activities (1) needs expressed by experts (experts or leaders in the field, or articles published in peer-reviewed journals), (2) needs expressed by participants (i.e. these come from previous evaluation summaries of similar types of activities, or from surveys you have done of the target audience), and (3) needs from bona fide authorities (e.g. NIH guidelines, Consensus Statements, governmental requirements, requirements of certifying authorities). You may also consider “environmental scanning” (e.g. lay press, offerings from other CME providers, direct to consumer ads).

Sources of Needs Assessment Information
Select your sources of needs using the chart below as a guide. To eliminate personal bias, Memorial University Medical Center requires a disclosure form from each planner of the activity. Note: Provide actual documentation with the CME application.

<table>
<thead>
<tr>
<th>Expert Needs</th>
<th>Participant Needs</th>
<th>Observed Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Experts in the field</td>
<td>❖ Evaluations of previous CME programs</td>
<td>❖ Outcomes data, QA analyses, PI data</td>
</tr>
<tr>
<td>❖ Expert panels</td>
<td>❖ Focus panel discussions/interviews</td>
<td>❖ Other clinical observance</td>
</tr>
<tr>
<td>❖ Peer-reviewed literature and journals</td>
<td>❖ Needs assessment survey-Surveys of target audience</td>
<td>❖ Hospital-based reports, such as Practice Committee reports, Morbidity/Mortality data</td>
</tr>
<tr>
<td>❖ Evidence-based medicine reviews</td>
<td>❖ Indicated in learning stage analysis</td>
<td>❖ National clinical guidelines and internet sites (NIH, CDC, AHRQ, etc.)</td>
</tr>
<tr>
<td>❖ Research findings</td>
<td>❖ Requested by affiliated institutions or physician groups</td>
<td>❖ Specialty society guidelines</td>
</tr>
<tr>
<td>❖ Required by governmental authority/regulation/law</td>
<td>❖ Syllabus of similar programs</td>
<td>❖ New procedures and treatment regimens</td>
</tr>
<tr>
<td>❖ Required by governmental authority/regulation/law</td>
<td>❖ Database analyses (e.g. Rx changes, diagnosis trends, etc.)</td>
<td></td>
</tr>
<tr>
<td>❖ Required by governmental authority/regulation/law</td>
<td>❖ Chart reviews/patient care audits</td>
<td></td>
</tr>
<tr>
<td>❖ Required by governmental authority/regulation/law</td>
<td>❖ Lay press/direct to consumer ads</td>
<td></td>
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</tbody>
</table>
Documenting Needs Assessment, Educational Linkage, and Statement of Need

Remember to provide the actual documentation of the identified needs assessment data (e.g. copies of articles, CME evaluations, QI data, etc.) in your CME Application. The linkage process should be documented by using the CME planning worksheet, required as part of your CME Application.

Documentation must go beyond course director and faculty perception. After analysis by the CME activity course director and planning committee, synthesize the specific need to be addressed by the specific CME activity. Write a “statement of need” for the activity (a meaningful summary of the needs to be addressed by the activity). Be sure to consider the desired educational result as you develop measurable learning objectives and prepare outcome questions regarding effectiveness of the education, application to clinical practice, and patient care health status outcomes. Only then can the appropriate content of the activity be identified and faculty selected.

Additional Resources for Needs Assessment Documentation

**Physician Interests**
- Motivation for change
- Desire for enhanced competence
- Self-identified needs
- Formal tests to determine physician competence
- Current clinical problems self-assessment tools
- Physician advisory committee speaker suggestions
- House staff rounds
- Request from physicians’ staff consultations
- Advice from authorities in the field
- Library requests for patient care information
- Participant evaluations, formal or informal requests
- Literature review
- Peer review: comparison of actual vs. standards in quality of care

**Organizational Needs**
- Top 10-15 admitted DRG’s
- Legislative regulatory changes
- Patient satisfaction reports
- Medical, legal, ethical issues
- New technology
- Interview with non-physician staff
- Preventive aspects of care
- Interview with administrators & departmental managers
- Need presented by specialty, research, or collaborative group/industry

**Hospital Information Sources/Quality Data**
- Audits: charts, medical records (continuing changes in quality of care as revealed by audit)
- Reports: quality assurance; utilization review; pharmacy and therapeutics; morbidity and mortality, etc.
- Risk management data
- Ongoing census of diagnosis made by physicians on staff
- Quality Trends Council request
- Credentialing, appointment criteria
- Medical record review
- Drug usage evaluations
- Surgical care review
- Findings in department committee minutes and/or information from committee discussions
- New medical developments
- Data from outside sources (public health statistics)
- Planned periodic survey of the field
- Review of board exam requirements
- Identified gaps between board exam requirements and patient care problems