



How do I complete a needs or gap analysis?

Requirement: The educational planners incorporate into education activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members of the healthcare team.

Principles:

- A gap analysis compares actual practice performance/outcome with intended practice performance/outcome. This “gap” in actual vs. intended is your practice gap and part of your needs assessment. This should be the basis for the educational activity.
- The educational needs of learners should be based on the identified practice gap.
- Learning is more likely to lead to change in practice when a good needs assessment has been completed.
- Adult learners may be more motivated to learn when their needs are taken into account.
- Balancing the perceived needs of the healthcare team and its members with needs identified by educational planners or experts is important and does not rely solely learners’ perceived needs.
- Healthcare team needs can be different from individual needs so a striking a balance between the two is important.

Think about these questions:

- What about the current practice needs to change? What is the practice gap? I.e., actual vs. intended?
- What need or problem does this activity address?
- Is this new information the clinicians do not know?
- Is there disagreement in the science over this issue?
- How does the problem impact the healthcare team?
- How does the healthcare team work together to solve this problem?

There are multiple sources for you to explore when identifying practice gaps. Here are some examples:

- Surveys of healthcare teams or its members
- Reports of patient outcomes- e.g., morbidity and mortality data, infection rates, etc.
- Quality improvement data
- Patient safety data – e.g., Root Cause Analysis results
- Peer review – i.e., clinicians assessing each other’s practice
- Literature review – i.e., what do experts suggest? What are the latest practice guidelines?
- Adherence to practice guidelines – e.g., patient care audits, critical incident reviews
- Feedback from previous educational activities
- Observation of performance, either in actual practice or simulation settings
- Patient reported information
- Community and public health reports
- Consensus conference proceedings

Consider using more than one source listed above to identify the need or practice gap. The development of the learning objectives and the design of the content and format will more easily follow.



Reference: Learning needs assessment: assessing the need. J Grant, BMJ 2002(324):156-9.

Examples:

- A. The Endocrine Society recently published its updated Practice Guidelines in treating patients with gender dysphoria. The number of new patients with gender dysphoria at primary care practices is increasing. The interprofessional planning team is concerned there is a discrepancy (i.e. a “practice gap”) between the diagnostic and treatment methods used by current clinicians and what the guidelines recommend. A two-hour seminar with online resources is planned for the next series of team meetings at the practices. Learning objectives for the healthcare team members will focus on diagnostic testing options and treatment options.
- B. The QI staff have noted a drop in hand hygiene rates in a new unit at Hospital XYZ [70% adherence]. The intended performance is targeted at 95% for all units at the Hospital. The unit-based educators design a 4 week program for the healthcare team with a combination of didactics, observation by peers, and feedback to the staff from patients and observers. Because patient safety is a top priority for this new unit, the goal is to close the practice gap within 2 months.
- C. Weekly interdisciplinary “diagnostic rounds” in Special Care Unit 5 would suggest the team is not following recommended treatment protocols for seizure management as described a literature review conducted by the pharmacist. This literature review suggests the expert- and evidence-based approach needs to be incorporated into the practice of the SCU5 team. A 30-minute discussion forum is developed, along with Epic EHR protocol automatic reminders. Changes in healthcare team performance will be measured by review of ordering practices by the pertinent clinicians in SCU5.
- D. The participant feedback from the last Interprofessional Faculty Development Day indicated a desire for more skills-based opportunities. The planning team recognizes the need for balancing the expressed need for learning certain procedures with those other procedures related to more recent infection rates at MMC. The interprofessional planning teams designs a Skills Day based on both set of needs. The format will involve hands-on practice at the Simulation Center. Learning objectives are framed for healthcare team members as both the ability to describe procedure indications, and demonstration of 90% competency in completing each skill correctly.