1. Learning objectives: If activity is a conference with multiple sessions, please **submit 3-4 overall learning objectives** of the activity based on what the Learners are expected to achieve or be able to do after attending the activity. If activity is a single session, please **submit the session specific learning objectives.** The learning objectives should address each identified practice gap. Each objective should include a verb that reflects something a physician will do in practice.

**Please note:** For conferences with multiple sessions, it is expected that your final program/syllabus/agenda will have session-specific learning objectives.

1. Desirable physician competencies: Special skill sets and/or proficiencies within a given field of medicine or medicine in general. For example, the AOA, IOM, or ACGME competencies. Select all the competencies that the activity is expected to address.

**Example Practice Gap Analysis:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PROFESSIONAL PRACTICE GAP** | **EDUCATIONAL NEED/TOPICS FOR THE PRESENTATION** | **LEARNING OBJECTIVES** **(3-4 for overall conference/ individual session)** | **DESIRED RESULTS/ CHANGE(S) EXPECTED**  |
|  | ***What problem is the activity planned to address/how are the intended participants currently involved?******Cite the source used to identify the problem.*** | ***Why does the problem exist and what will be presented to address what the learner needs to do?******What educational need(s) are the cause of the professional gap(s)? (indicate and explain all that apply)******1. knowledge******2. Competence******3. Performance*** | ***What is the learner expected to achieve or be able to do to address the identified professional practice gap(s) after the activity?*** | ***The activity is designed to change: (indicate all that apply)******1. Competence******2. Performance******3. Patient Outcomes*** ***How will the activity change the Learners’ competence, performance, OR patient outcomes?*** ***How will it measured?*** |
| **Example 1**  | The CDC cites ADHD as the most commonly diagnosed behavioral disorder in children under 18 resulting in continued symptoms. Physicians continue to mistake ADHD for other disorders like anxiety, bipolar, OCD, sensory processing, and autism. (Provide citation for CDC). | Many physicians lack knowledge, competence, or an understanding of family dynamics and certain behaviors that affect the ability to make an accurate diagnosis and make recommendations to avoid over/under medication as well as provide supplemental treatment options. ***(knowledge, competence)***  | After this presentation, clinicians will be able to:1) Describe the presentation of ADHD in children in order to initiate appropriate screening and diagnosis.2) Incorporate pharmacologic and non-pharmacologic strategies into the treatment based on individual patient factors.3) Collaborate with patients and parents to develop strategies for the long-term management, including strategies to address treatment adherence and monitor outcomes. | Physicians will be able to better diagnose and appropriately treat ADHD. Measured by electronic responses to case studies during presentation and clinician use of screening tools 3 months after CME activity. ***(Competence)*** |
| **Example 2** | According to (name of institution)’s records, many of its physicians do not utilize national and institutional protocols in the administration and monitoring of Warfarin resulting in increases hemorrhages, GI disturbances, alopecia, rash, and fatigue. The drug is effective but linked to numerous disease and drug interactions according to the AHA.  | Physicians receive minimum exposure/training on anticoagulant medication in medical training and the lack of communication and patient information results in misdiagnosis and/or inappropriate drug/dosage being prescribed. Topics include: National Patient Safety Goal on Anticoagulation; Hospital and Clinic protocols for administering and monitoring Warfarin to standardize care and testing; and Assessment and appropriate recommended Warfarin treatments. ***(knowledge, competence, & performance)***  | After this CME activity, learners will be able to: 1) Identify appropriate treatment plans based on conducting established baseline measurements. 2) Implement anticoagulant flow chart/triage form/ checklist to assist with assessment. 3) Understand and apply hospital polices/ procedures regarding prescribing Warfarin.  | Physician’s competence level will increase and the result will be reduction in adverse Warfarin drug events and to ensure patient safety. Will be measured by conducting a pre-post survey and gather data from the quality improvement team on the number of pre/post number of Warfarin patient related issues (i.e. chart audits). ***(Competence, Performance & Patient Outcomes)*** |
| **Example 3**  | According to the Journal of Diabetes Research, 415 million people have DM-Type 2 and over the next 25 years prevalence is expected to rise to about 642 million. Physicians’ lack of appropriate screening and patient non-compliance exacerbates this public health issue as well as increases the incidence of the co-morbidity issues associated with DM-Type 2.  | Physicians sometimes use a cookie-cutter approach to diagnose and treat, as opposed to an individualized approach. Topics include: Obtaining and reviewing medical history; determining insulin resistance; addressing patient non-compliance; and behavioral modifications for patients.***(competence & performance)*** | 1) Learner will learn strategies to treat DM-Type 2 when faced with insulin resistance, patient non-compliance, and obtaining a complete medical history. 2) Learner will understand the importance of working cross-functionally with other health professionals such as dieticians to assist with prevention and control of the disease.3) Learner will be able to identify other social determinants affecting patients and be able to recommend resources. | Administer outcome survey to learners 30 days after program to determine what new practices they have adopted since attending the CME activity. ***(Competence & Performance)*** |