

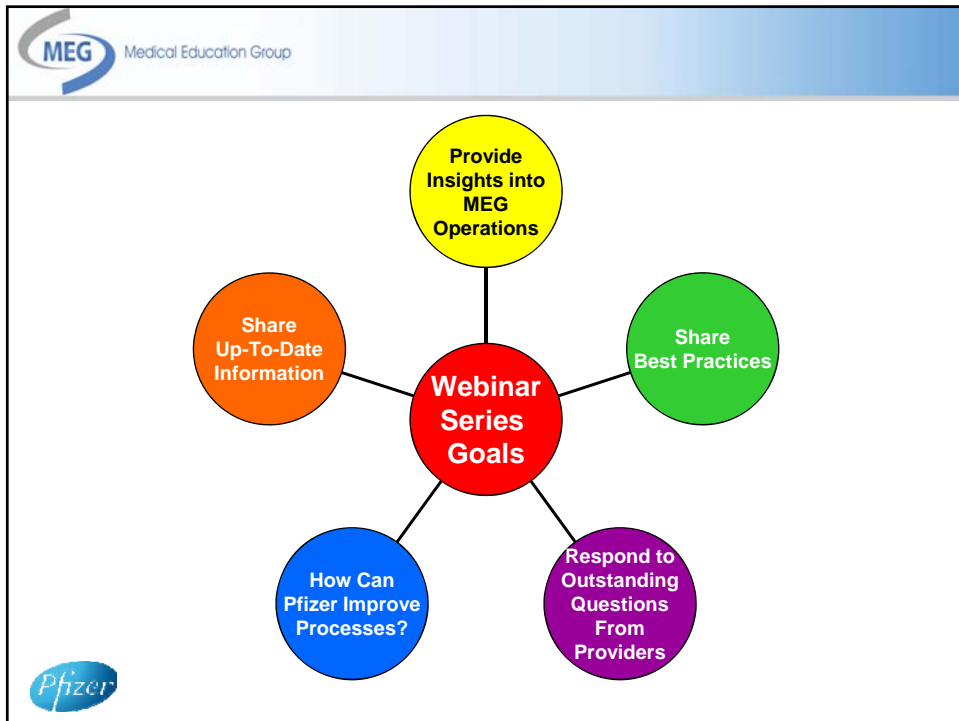
MEG Medical Education Group


First Fridays Webinar Series:  
Medical Education Group (MEG)

*Needs Assessment in Grant Making: An  
Interactive Webinar*

April 1, 2011



Pfizer





## Agenda: Needs Assessment


- Welcome
- *Needs Assessment in Grant Making: An Interactive Webinar* — Robert E. Kristofco, MSW, FACME, and Susan Connelly, PharmD, MBA
- Q and A
- Closing Remarks




## New CGA – Women’s Health

### Applications Due May 1, 2011



- Through continuing professional education and practice-improvement initiatives, enable primary care providers to focus the dialogue with their adult female patients and advance the individualized care and treatment for conditions that are traditionally under-discussed and more prevalent in women:
  - depression
  - fibromyalgia and pain management
  - menopause – vasomotor symptoms and other related health-effects
  - urogenital atrophy, urinary incontinence and bladder infections
  - sexual health
- Applicants are strongly encouraged to include use of innovative educational methods such as patient simulation, academic detailing or point-of-care learning as part of their plans. Practice-based or team-based learning approaches are also considered important components in a successful proposal. Projects should focus on holistic approaches to patient-centered care of female patients that transcend traditional knowledge-based updates and similar activities.





*Needs Assessment in Grant Making:  
An Interactive Webinar*


Robert E. Kristofco, MSW, FACME,  
and  
Susan Connelly, PharmD, MBA, CCMEP  
Pfizer Inc.




**Objectives**

At the completion of this session participants should be better able to:

1. Describe the characteristics of quality needs assessment
2. Identify needs assessment data that best inform program planning and
3. Discuss the importance of using the highest quality needs assessment data available for educational content and format development







## Needs Assessment

**“Evidence from systematic reviews of the literature shows that programs in continuing medical education that are predicated on well conducted needs assessments are effective in changing doctors' behaviors.”**


*Source: Fox RD, Bennett NL, Learning and change: implications for continuing medical education. BMJ.1998;316:466–9.*




## Needs Assessment

**“Exclusive reliance on formal needs assessment could render education an instrumental and narrow process rather than a creative, professional one”**

*Source: Grant J, Stanton F, The effectiveness of continuing professional development. Edinburgh: Association for the Study of Medical Education,2000. (ASME medical education booklet.)*







## The Challenges

**“A fundamental gap remains between the *learning needs* of the individual practitioner and the priority *educational needs* identified by bodies for continuing medical education for course offerings.”**

*Source: Norman G, The need for needs assessment in continuing medical education. BMJ. 2004;328(7446):999.*





## Defining Terms

**“*Educational needs* can be defined as the interests or perceived needs of a whole target audience and can be identified through surveys, focus groups, analysis of regional practice patterns, and evaluations of CME programs.”**

An example of an educational needs assessment is a discrepancy or “gap” analysis, in which current practice behavior is compared with an ideal or accepted standard of practice.


*Source: Norman G, The need for needs assessment in continuing medical education. BMJ. 2004;328(7446):999.*






## Needs Assessment in Grant Review

- The needs assessment is minimal or does not exist
- The needs assessment has a literature review but does not go beyond articulating the science area of need and/or includes only broad generalized data
- Goes beyond basic literature review and begins to link the science foundation to an actual need for education
- The needs assessment has specific localized quantitative data sources to document practice gaps
- In addition to having documentation of an actual practice gap, the provider has also established the need for education as a strategy in potentially helping to close the gap




Gilbody SM. *Psychol Med.* 2002;32:1345-1356; [Grant J. \*BMJ\*. 2002;324:156-159.](#)  
 Harrison LM. *Public Health Rep.* 2005;120(1):28-34. Brazil K. *Int J Palliat Nurs.* 2005;11(9):475-480. [Turner S. \*Occup Med.\* 2004;54:14-20.](#) [Ratnapalan S. \*Can J Clin Pharmacol.\* 2004;11\(1\):150-155.](#)



## Needs Assessment Examples

- Examples provided are, in some cases, small selections from lengthy requests
- Excerpts selected to illustrate various points
- We have our opinions, we want yours...



MEG Medical Education Group **You make the call...**

**Example 1**

- **Practice Gap 1: PCPs are not identifying patients with RA in the early stages after disease onset, thus delaying the initiation of DMARD therapy and leading to greater patient disability and worse outcomes**
  - "...Interviews with rheumatologists, PCPs and patients, along with outcome measures from ...programs given in 2008 and 2009, indicated that even PCPs who are aware of the need for early RA diagnosis do not generally know how to correctly identify RA in its early stages and need to have more instruction on this topic."
  - ...emphasized by, \_\_\_\_\_ **a patient with RA**. She stated, "As funny as it sounds, I consider myself lucky that my disease onset was very aggressive and severe, so I looked like a textbook picture of RA. It took less than 8 weeks from the time of my first symptoms to my diagnosis. I've known many patients who had a less fortunate disease course. I have a friend—we're the same age, have the same diagnosis, but it took about 2 years from onset to diagnosis, and we don't look like we have the same disease. She has physical joint damage that I don't have, and a more complicated profile—not just because I was diagnosed early, but I also started aggressive therapy very early."


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MEG Medical Education Group **You make the call...**

**Example 1**



...emphasized by, \_\_\_\_\_ **a patient with RA**. She stated, "As funny as it sounds, I consider myself lucky that my disease onset was very aggressive and severe, so I looked like a textbook picture of RA. It took less than 8 weeks from the time of my first symptoms to my diagnosis. I've known many patients who had a less fortunate disease course. I have a friend—we're the same age, have the same diagnosis, but it took about 2 years from onset to diagnosis, and we don't look like we have the same disease. She has physical joint damage that I don't have, and a more complicated profile—not just because I was diagnosed early, but I also started aggressive therapy very early."

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## MEG Medical Education Group Polling Question


- In this example, the provider included a direct quote from a patient.
- Do you feel this (check all that apply)
  1. Can stand alone in support of the educational need
  2. Is a nice story to illustrate the educational need
  3. Helps to triangulate the educational need
  4. Is good but so much more is needed
  5. Does not add much to support the need for education
  6. Does not capture the scope of the educational need




## MEG Medical Education Group You make the call...

### Example 1

“...Interviews with rheumatologists, PCPs and patients, along with outcome measures from ...programs given in 2008 and 2009, indicated that even PCPs who are aware of the need for early RA diagnosis do not generally know how to correctly identify RA in its early stages and need to have more instruction on this topic.”









## Polling Question


- In this example, the provider cites interviews with HCPs and patients along with outcomes from previous activities.
- Do you feel this statement (check all that apply)
  1. Is a qualitative summary of data that supports an educational need
  2. Is a general summary that provides little information to support an educational need
  3. Is good start but so much more is needed





## You make the call...

### Example 1 continued

- “...**Survey outcomes** from ... programs in 2008 and 2009 supported these conclusions. In answers to pre-activity questions, 74% of the 3789 participants indicated that they felt confident to extremely confident in identifying patients with RA; however, fully 85% were **not** able to correctly identify diagnosis criteria. This indicates that many PCPs incorrectly believe that they can identify RA in its early stages, even while they do not have a proper understanding of diagnostic criteria, and may therefore be missing many patients who have early disease.”
- *Educational Need:* PCPs need to understand how to correctly identify the early signs of RA in order to diagnose the disease soon after onset. Simple methods for making a provisional diagnosis of RA, such as the squeeze test, should be incorporated into practice. The role of early, aggressive DMARD therapy in preventing disease progression should also be understood







## You make the call...


Example 1 continued


“...**Survey outcomes** from ... programs in 2008 and 2009 supported these conclusions. In answers to pre-activity questions, 74% of the 3789 participants indicated that they felt confident to extremely confident in identifying patients with RA; however, fully 85% were **not** able to correctly identify diagnosis criteria. This indicates that many PCPs incorrectly believe that they can identify RA in its early stages, even while they do not have a proper understanding of diagnostic criteria, and may therefore be missing many patients who have early disease.”



## Polling Question

- The example continues by providing more detail related to information collected from previous activities.
- Do you feel this (check all that apply)
  1. Is a quantitative summary of data that supports an educational need
  2. Is good start but so much more is needed
  3. Is a general summary that provides little information to support an educational need
  4. Is generalized data that does not truly support an educational need



 **You make the call...**


**Example 2**


Summary Table of Integrated Elements

Clinical Gap	Corresponding Learning Objective	Core Competencies Being Addressed	Performance Metric*	Tactical Element(s)	Outcomes Measurement Tool(s)
Bipolar Disorder is under diagnosed and frequently misdiagnosed in both primary and specialty care settings	Utilize available screening tools to improve the diagnosis of bipolar disorder in primary care and mental health settings	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> </ul>	Screening for bipolar mania/hypo mania prior to treatment for depression (STABLE – NQF Endorsed)	<ul style="list-style-type: none"> <li>• Medical Professional Society Engagement plan</li> <li>• State Society &amp; Academic Engagement Plan</li> <li>• State Depts. of Mental Health Channel</li> <li>• Dedicated Web Portal</li> </ul>	<ul style="list-style-type: none"> <li>• ARS Results</li> <li>• Recalls from Clinical Simulations</li> <li>• Self Reported Survey Data</li> <li>• Documented Results from Hands-On Skill Workshops</li> <li>• Patient Chart Review</li> <li>• PI-CME Assessment, Measurement Improvement Cycle</li> <li>• Direct Assessment of Performance in Clinical Practice</li> <li>• Interviews</li> <li>• Medicaid Data</li> <li>• WHIO Data Mart</li> </ul>
Strategies for management often used in Bipolar Disorder, in both the acute and maintenance phases, are not consistent with recommended clinical guidelines	Appropriately apply clinical practice guidelines into the management of patients with bipolar disorder	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Medical Knowledge</li> <li>• Practice Based Learning and Improvement</li> </ul>	Use of antimanic agent in BPD 1 (mania/hypomania, mixed, or cycling) (STABLE – NQF Endorsed)  Avoidance of antidepressant monotherapy in BD1 (STABLE)  Use of a mood stabilizing or antimanic agent in BD1 (depression) (STABLE)  Recommending adjunctive psychosocial interventions, including evidenced based therapies (STABLE)  Screening for hyperglycemia, hyperlipidemia when atypical antipsychotic agent used (STABLE)  Medicaid Data / WHIO Data Mart information / APA Clinical Guidelines / TMA Guidelines		
Many patients with Bipolar Disorder do not adhere to the management course established by their clinician, which leads to suboptimal clinical outcomes. One of the causes includes ineffective coordination of care among mental health professionals, primary care providers, patients, and their caregivers	Improve coordination of care among primary care providers and mental health specialists for patients with bipolar disorder.  Enhance clinician-patient communication through the use of condition-specific education to improve outcomes and adherence	<ul style="list-style-type: none"> <li>• Patient Care</li> <li>• Practice Based Learning and Improvement</li> <li>• Professionalism</li> <li>• Interpersonal Skills and Communication</li> </ul>	Providing condition-specific education and information (STABLE)  Monitoring change in symptom complex (STABLE)  Monitoring change in level of functioning (STABLE – NQF Endorsed)		


Performance Metrics developed from the following established sources

- The STAndards for Bipolar Excellence Project (STABLE) <http://www.coaimh.org/stable>
- Wisconsin Health Information Organization (WHIO) Data Mart <http://www.wisconsinmedicalsociety.org/whio>
- APA Clinical Guidelines (2002)
- TMA Guidelines (2005)



 **Polling Question**


- Example 2 included a summary table of integrated elements.
- Do you feel this (check all that apply)
  1. Nicely illustrates the linkage between needs, design, and outcomes
  2. Can be useful if fully supported by a dialog explaining each element
  3. Is a simplified summary that overly generalizes information
  4. Can falsely give the impression of understanding by the provider



MEG Medical Education Group **You make the call...**

**Example 3**


- “A clear need exists for improved maintenance treatment for individuals with bipolar disorder living in rural environments as demonstrated by the negative outcomes, including relapse, which many of these patients experience....”
- “...The APA guideline<sup>x</sup> and guideline watch<sup>y</sup> for the treatment of bipolar disorder are readily available but underused. Only 30% to 40% of individuals with bipolar disorder receive treatment based on current guideline recommendations.<sup>z</sup>...”
- “**One state** that has a disproportionate share of shortage areas is \_\_\_\_, where the vast majority of its 256 counties, most of them rural, are federally designated as mental health professional shortage areas (please see map). In these areas, primary care clinicians are largely responsible for the care of patients with bipolar disorder”




MEG Medical Education Group **You make the call...**

**Example 3**



“**One state** that has a disproportionate share of shortage areas is \_\_\_\_\_, where the vast majority of its 256 counties, most of them rural, are federally designated as mental health professional shortage areas (please see map). In these areas, primary care clinicians are largely responsible for the care of patients with bipolar disorder”





## Polling Question


- Example 3 includes state specific data.
- Do you feel this (check all that apply)
  1. Illustrates a local educational need
  2. Appropriately draws conclusions about the need for education based on state deficiencies in care
  3. Is good start but so much more is needed
  4. Is just a broad generalization based on population data
  5. Inappropriately draws conclusions about the need for education based on state deficiencies in care




## You make the call....

### Example 4


- “....In 1974, MRSA infections accounted for just 2% of the total number of staph infections; by 1995 it was 22%, and 2004 had increased 63%. A recent study by the Centers for Disease Control and Prevention (CDC) found that MRSA kills more people in the United States than any other infection tracked by the CDC, including AIDS. [1] The CDC estimated that 94,360 invasive MRSA infections occurred in the United States in 2005; about 20% - 18,650 - of these were associated with death. [1] Another study found that hospitalizations in the **United States** due to MRSA more than doubled between 1999 and 2005. [5]”




 **You make the call....**


**Example 4**


“Another study found that hospitalizations in the **United States** due to MRSA more than doubled between 1999 and 2005.”



 **Polling Question**

- Example 4 includes national data.
- Do you feel this (check all that apply)
  1. Illustrates a national educational need
  2. Appropriately draws conclusions about the need for education based on national incidence
  3. Is good start but so much more is needed
  4. Is just a broad generalization based on population data
  5. Inappropriately draws conclusions about the need for education based on national incidence







## You make the call....


### Example 5


“The content of this medical education activity was determined by rigorous assessment of educational need and includes expert faculty assessment, literature review, medical practice and new medical knowledge”



## Polling Question

- Example 5 includes a description of methodology for their needs assessment.
- Do you feel this (check all that apply)
  1. Can stand on its own to support an educational need
  2. Is good start but so much more is needed
  3. Without supporting dialog, is not an adequate statement to support an educational need







## You make the call....

### Example 6

#### Sources


- Literature review
- Interviews with experts
- Alzheimer's Association (alz.org)
- Evaluations/surveys from half-day session on geriatrics and half-day end-of-life sessions at (annual \_\_\_\_\_ convention)

Narrative provided for each section of outline including data charts and references.




## Polling Question

- Example 6 includes a list of various sources used to assess the need as well as a supporting dialog.
- Without reading the full needs assessment, do you feel this (check all that apply)
  1. Can stand on its own to support an educational need
  2. Is good start but so much more is needed









## Defining Terms

**“*Learning needs* are personal, specific, and identified by the individual learner through practice experience, reflection, questioning, practice audits, self assessment tests, peer review, and other sources”.**

An exploration of the issues that created the gap, in individual cases, would identify the learning needs.

*Source: Norman G, et al. The need for needs assessment in continuing medical education. BMJ. 2004;328(7446):999-1001.*





## Defining Terms

Other classifications of needs include:

- **felt needs** (what people say they need)
- **expressed needs** (expressed in action)
- **normative needs** (defined by experts)
- **comparative needs** (group comparison).

*Source: Lockyer J. Needs assessment: lessons learned. J Contin Educ Health Prof. 1998;18:190–192.*







## Types of Assessment Methods To Identify *Learning* Needs

- **Reflection on action and reflection in action**-thinking back on, or reviewing present performance
- **Self assessment by diaries, journals, log books, weekly reviews**-recording experiences for review
- **Peer review**
- *Facilitated note keeping and reflection around sentinel patients*
- **Critical incident review and significant event auditing**-methods used in quality improvement applied to identifying learning needs
- **Practice review**-routine review of practice using charts and other measures from practice


*Source: Grant J, Learning needs assessment: assessing the need BMJ. 2002;324:156.*





## Types of Assessment Methods To Identify *Educational* Needs

- **Gap or discrepancy analysis**-comparing performance to an accepted standard
- **Surveys**
- **Focus groups**
- **Analysis of regional practice patterns**
- **Evaluations of CME programs**
- **Epidemiologic data**

*Source: Norman G, et al. The need for needs assessment in continuing medical education. BMJ. 2004;328(7446):999-1001.*





**ACCME Criteria for Educational Planning**

## Essential Area 2: Educational Planning



**The provider must:**

**Element 2.1:** *“Use a planning process(es) that links identified educational need with a desired result...”*

**Element 2.2:** *“use needs assessment data to plan CME activities”*


**Providers are required to describe:**


- How they identify the practice gap(s) of learners
- How they identify the educational needs of their learners that underlie the professional practice gap(s) that they have identified
- How they incorporate these needs into CME activities

**Factors Considered In Grant Review**



- Qualifications/Experience of Provider and Educational Partners
- **Needs assessment that identifies practice gaps of the target audience.**
- Learning Objectives that are measurable
- Educational design that incorporates multiple methods and is based on adult learning principles
- Evaluation/Outcomes designed to assess changes in knowledge, competence or performance of target audience
- Quality/Impact-the likelihood that the intervention will impact practice and/or improve patient care
- Importance-Benefits to patients





## Some Observations


- Effective and appropriate translation of science to practice requires rigorous needs assessment
- Needs assessment is a central element in an integrated educational planning and decision making process
- Models that combine assessment of learning *and* educational needs are the ideal
- Learner engagement is a critical success factor
- The range of techniques available to conduct both learning and educational needs assessments is expanding to include new technologies like social media




## A Final Thought

**“... the literature suggests that, at least in relation to continuing professional development, learning is more likely to lead to change in practice when needs assessment has been conducted, the education is linked to practice, personal incentive drives the educational effort, and there is some reinforcement of the learning.”**



*Source: Grant J. Learning needs assessment: assessing the need. BMJ 2002;324:156.*






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## Questions and Answers



MEG Medical Education Group **Additional Needs Assessment Resources**

1. Campbell C, Gondocz T, *Identifying the needs of the individual learner* In The Continuing Professional Development of Physicians: From Research to Practice Davis D, Barnes BE, Fox R, Eds 2003 AMA Press pp 81-96
2. Green J, Leist J, *Determining needs from the perspective of institutions or organizations providing care* in The Continuing Professional Development of Physicians: From Research to Practice Davis D, Barnes BE, Fox R, Ed's 2003 AMA Press pp 97-111
3. Moore D, Needs assessment in the new healthcare environment: combining discrepancy analysis and outcomes to create more effective CME. *J Contin Educ Health Prof.* 1998;18: 133-141
4. Mann K, Not another survey! Using questionnaires effectively in needs assessment *J Contin Educ Health Prof.* 1998;18: 142-149
5. Tipping J, Focus Groups: a method of needs assessment *J Contin Educ Health Prof.* 1998;18: 150-154
6. Jennett PA, Affleck L, Chart audit and chart stimulated recall as methods of needs assessment in continuing professional health education *J Contin Educ Health Prof.* 1998;18: 163-171
7. Rethans J, Needs assessment in continuing medical education through standardized patients *J Contin Educ Health Prof.* 1998;18: 172-178





## Until Next Time...

- Please join us for our next webinar – Sticky Education
  - Brian McGowan, PhD
  - Friday, May 6, 2011
  - 11am ET
- We are in an open grant window – please submit your grant requests before April 15
  - Remember to check the revised goals statements
- See what providers are doing to move education forward
  - PfizerMedEdGrants
    - Resource Center
      - Publications
      - First Friday Webinars

