



CE NEEDS ASSESSMENT GUIDE

Before we can start developing any continuing education (CE) activity, we must clarify the purpose of the education by working up a *CE needs assessment*. This guide will describe the structure and content of a well-crafted CE needs assessment.

What Does a CE Needs Assessment Do?

A CE needs assessment identifies a *gap* separating a *present circumstance* from an *ideal circumstance*. A well-crafted CE needs assessment helps us design a CE activity to bridge that gap most accurately and expeditiously.

What Does a CE Needs Assessment Look Like?

A CE needs assessment accomplishes the following:

1. States the problem.

What present circumstance is not ideal?

2. Cites sources.

How did you discover that this present circumstance is not ideal?

3. Indicates a gap.

What gap must we bridge (e.g. knowledge, skill, perception, judgment) to get to the ideal circumstance from the present circumstance?

4. Proposes a solution.

What kind of bridge (e.g. education, group, document, event) would span the gap most accurately and expeditiously?

5. Describes the intended outcome.

Where will the bridge we propose to build actually take us?

What Counts for a Valid Source?

Although scholarly sources supply the best justification for any CE activity, anecdote can also be a valid source. Personal research, a conversation with an expert, criticism from patients—these are all valid sources. The evening news, however, is not a valid source. The following table lists some other valid sources for your reference:

INFERRED NEEDS

- ▶ New diagnosis techniques
- ▶ New treatment options
- ▶ New practice guidelines
- ▶ New technology or new equipment
- ▶ Legislative, regulatory, or organizational changes

PROVEN NEEDS

- ▶ Epidemiological data
- ▶ Quality assurance data
- ▶ Morbidity or mortality data
- ▶ Journal articles or other scientific publications
- ▶ Hospital data, chart reviews, or patient satisfaction forms

EXPRESSED NEEDS

- ▶ Formal survey of potential CE participants
- ▶ Casual comments
- ▶ Consensus of faculty members within a department
- ▶ Requests submitted on a participant's activity evaluation form
- ▶ Requests from a medical quality assurance department

INDICATED BY EXPERTS

- ▶ Expert opinion from practitioners
- ▶ Input from a planning committee
- ▶ Consensus of faculty members within the department

Best Practice Tip

Cite at least two different types of sources to make your CE needs assessment stronger. For example, a journal article (proven needs) is a strong source on its own; but, coupling it with a formal survey (expressed needs) will make your CE needs assessment even stronger.

Anatomy of a Well-Crafted CE Needs Assessment

The following three samples exemplify the structure of a well-crafted CE needs assessment. In each sample you will recognize the five components of a well-crafted CE needs assessment listed above.

Needs Assessment:

Plastic Surgery Journal Club

The medical literature in plastic surgery has expanded greatly over recent years. Even in a limited specialty area, one cannot read the overwhelming number of articles published or keep abreast of the latest developments (Day, Rohrich, & Spiess, 2019; Wang, Kotsis, & Chung, 2013).

This journal club will be a useful educational tool that will increase the participants' knowledge base by reviewing and discussing pertinent medical literature. Articles from major peer-reviewed surgical journals, particularly Plastic and Reconstructive Surgery®, are reviewed in detail. The articles are assessed as to their validity in terms of content and statistical analysis. The Journal Club meets regularly to discuss the strengths, weaknesses, and clinical applications of selected articles from the medical literature.

The goal is for attendees to enhance their experience with evidence-based medicine; critically evaluate and assimilate information on advances and techniques that impact plastic surgery; and plan to use this evidence to improve practice and patient care. Interpersonal and communication skills are expected to improve in a learning environment conducive to a community of practice (COP).

States the problem

The number of articles is overwhelming; no one can keep up with all of them.

Cites sources

Proven needs: journal articles or other scientific publications; inferred needs: new treatment options.

Indicates a gap

Participants' "knowledge base" is too small to "critically evaluate and assimilate information."

Posits a solution

Reviewing and discussing articles in a group will help participants overcome the "overwhelming number of articles."

Describes the outcome

Participants will "critically evaluate and assimilate information" and therefore contribute more to a "community of practice."

Needs Assessment:
Latino Health Promotion Summit

Primary care practitioners and other health professionals living in rural, border, tribal and other primary care HPSA need to deliver primary care services to a disparate and sometimes underserved population (Nielsen, D'Agostino, & Gregory, 2017). In the opinion of several statewide experts (leaders from Arizona chapter of the American College of Physicians, Arizona Latin American Medical Association, and Arizona Telemedicine Program), Arizona's primary care practitioners working in these areas often do not understand the magnitude and significance of the changes that will come from the implementation of the Affordable Care Act (ACA). This conference will address provisions of the ACA that will help practitioners ensure delivery of optimal care.

This year's Latino Health Promotion Summit aims to increase participants' knowledge of the ACA's impact on the delivery of primary care services and expound new models of care and creative strategies to enhance access and quality of care for underserved populations in our state.

The Planning Committee for the Third Latino Health Promotion Summit discussed numerous provisions of the ACA that will affect the delivery of health care services to rural populations. [...]

To address how these provisions will affect delivery of health care in HPSA and other rural areas, we invited national and state experts involved in the implementation of the ACA to speak at this event in order to close the gap in primary care practitioners' understanding and preparation for the implementation of the ACA.

States the problem

Health professionals in rural areas have difficulty delivering health care services to underserved populations.

Cites sources

Proven needs: journal articles or other scientific publications; indicated by experts: input from a planning committee.

Indicates a gap

The "magnitude and significance of changes" are not well-known among health professionals in rural areas.

Posits a solution

National and state experts will apprise health professionals in rural areas of the "magnitude and significance of changes."

Describes the outcome

Underserved populations' "access" and "quality of care" will be enhanced.

Needs Assessment:
Sexuality, Intimacy and Dementia
(E-learning Activity)

The literature has indicated that health care professionals working in long-term facilities do not often recognize sexual and intimate desires of the older adults (Lichtenberg, 2014; Frankowski & Clark, 2009). There are also several misconceptions surrounding the need for intimacy and sexuality expressions of aging population, especially for those with neurocognitive disorders like Dementia and Alzheimer's disease (Anguilar, 2017).

This learning activity is developed to increase the knowledge of health care professionals by addressing common misconceptions surrounding older adults' sexuality. Additionally, this activity will discuss techniques to assist patients with neurocognitive disorders and their caregivers to address needs and behaviors around sexuality and intimacy appropriately.

This e-learning activity aims to bridge the current knowledge gap among the health care professionals so that they are better able to recognize the real and unique sexual needs of older adults and address those needs by adopting holistic and patient-centered approaches (Lichtenberg, 2014).

States the problem

Health care professionals in long-term facilities do not recognize sexual desire in their patients.

Cites sources

Proven needs: journal articles or other scientific publications.

Indicates a gap

Health care professionals in long-term facilities have "common misconceptions surrounding older adults' sexuality."

Posits a solution

"Addressing common misconceptions" and "discussing techniques" will increase health care professionals' knowledge.

Describes the outcome

Health care professionals in long-term facilities will adopt "holistic and patient-centered approaches."