First Fridays Webinar Series:
Medical Education Group (MEG)

Needs Assessment in Grant Making: An Interactive Webinar

April 1, 2011
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

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and
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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
“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.”


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

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.”


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.

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


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…
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.”
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

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

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
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
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 and guideline watch 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.”

“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]”
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
“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.


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).

### 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**

**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

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**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.
Questions and Answers

Additional Needs Assessment Resources


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