



Quarterly Clinical Problem Identification Worksheet for your Regularly Scheduled Series(RSS)

Ask yourself – How is this event helping to solve clinical problems?

(your event's name _____)
<http://musom.marshall.edu/cme/cme-calendar.htm>

Step 1. State the identified problem area:

Step 2. Present the problem in terms of a percentage or stated problem area, if applicable. (i.e., Reported medical errors are increasing by x% over the 3 month period; or Hand hygiene compliance has dropped by x% over the 3 month period.)

Step 3. Identify the clinical need source: (include supporting documentation)

Needs –Identification Method(s). What procedures or methods were used to determine that the anticipated audience is in need of the proposed learning? (**Check applicable statements**; below, spell out-concisely but clearly how the checked procedure(s) was (were) actually used:)

<input checked="" type="checkbox"/>	Source	Include as Attachment Supporting Documentation
	Evaluation results from previous CME activities	Past evaluation summary with relevant suggestions
	Medical Staff input	Minutes via department discussion of CME needs
	Medical Audit results	Quality assurance studies survey results
	Literature reviews	Medical database searches
	New medical technology	Documented reviews
	Physician competence tests	Pre and post test results, self assessment activities
	Data from local, state, regional or national survey	Survey results
	Evidence based medicine studies	EBM study
	Formal or informal requests from physician staff	Email or written notes
	Hospital admissions/diagnosis data	Summary data
	National Institutes of Health or Agency for Health Care Policy	Reports
	Expert opinion from specialty groups	Publications or notes
	Scientific research related to clinical management issues	Abstract
	Patient satisfaction surveys	Survey results
	Quality Improvement Committee	Summary data
	Other:	

Step 4: Identify the GAP from the identified problem in:

Is it in Knowledge, competence or performance?

Professional Practice GAPS and Needs(s) Identified. (CRITERIA 2) Using the methods described above, what learning need(s) was (were) identified? (Be specific) :in terms of learners' knowledge, competence or performance _Clinical topics address a variety of subject matters that reference day to day patient care demands._use this **GAP WORKSHEET**

<i>Provide source</i>	<i>Provide source</i>	<i>What is the resulting</i>	<i>What is the resulting</i>	<i>What is the resulting</i>
1) Current Practice-what is	2) BEST Practice –what should be	3) Knowledge GAP	3) Competence GAP	3) Performance GAP

Or Patient Outcomes?

Professional Practice GAPS and Needs(s) Identified. (CRITERIA 2) Using the methods described above, what learning need(s) was (were) identified? (Be specific) :in patient outcomes _Clinical topics address a variety of subject matters that reference day to day patient care demands._ **GAP WORKSHEET**

<i>Provide source</i>	<i>Provide source</i>	<i>What is the resulting</i>	<i>What is the resulting</i>	<i>What is the resulting</i>
1) Current Practice-what is	2) BEST Practice –what should be	3) Patient Outcome GAP	3) Patient Outcome GAP	3) Patient Outcome GAP

Step 5: Identify the specific physician attribute that will be addressed by GAP closure:

Desirable Physician Attributes

Educational interventions must be developed in the context of desirable physician attributes as measures of quality and success in educational programming. Please check the appropriate attributes below that apply to the development of the desired results from this educational activity.

X		Institute of Medicine Core Competencies	Content you plan to address
	1	Provide Patient-Centered Care. Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.	
	2	Work in interdisciplinary Teams. Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.	
	3	Employ Evidence-Based Practice. Integrate best research	

		with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.	
	4	Apply Quality Improvement. Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.	
	5	Utilize Informatics. Communicate, manage knowledge, mitigate error, and support decision making using information technology.	
		Accreditation Council for Graduate Medical Education Competencies:	
	6	Patient Care: Ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	
	7	Medical Knowledge. Knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.	
	8	Practice Based Learning and Improvement. The ability to investigate and evaluate care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.	
	9	Interpersonal and Communication Skills. Demonstrating interpersonal and communication skills that result in the effect exchange of information and collaboration with patients, their families, and health professionals.	
	10	Professionalism. Demonstrating a commitment to carrying out professional responsibilities, an adherence to ethical principles and sensitivity to a diverse patient population.	
	11	Systems Based Practice. Demonstrating an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.	
		ABMS Maintenance of Certification	
	12	Evidence of professional standing. Maintaining an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.	
	13	Evidence of a commitment of lifelong learning. Involvement in a periodic self-assessment process to guide continuing learning.	
	14	Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-relate knowledge and other issues such as ethics and professionalism.	
	15	Evidence of evaluation of performance in practice including the medical care provided for common/major health problems (e.g. asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.	

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Step 6: Identify the CME event that will be or was held to address the identified problem in Step 1.

Event date: _____

Event topic: _____

Speaker: _____

Learning objectives: _____

Objectives	Kind(s) of Learning (see choices above)	To affect: Learner Knowledge	Learner Competence	Learner Performance
1.				
2.				
3.				

The effectiveness of this CME event can be validated through an evaluation or by the CME Effectiveness Process where you present Participant Impact Study forms to each attendee and review the feedback from these forms utilizing the Focus Group Review. http://musom.marshall.edu/cme/cme_effectiveness.asp

Step 7: How did this CME event effect the identified problem in Step 1 and the identified GAP in Step 4? Present the effect in a narrative or in percentage terms (i.e., hand hygiene compliance has increased by 4%, which is only 1% below the target compliance estimate of 5%.)

Step 8: Return this completed form to CME every 3 months.