How to fill out the educational gap section of an activity overview

Definition

An educational gap, also known as a professional practice gap, is an incomplete or deficient area between what is considered a current practice of medicine and what would be considered an ideal practice of medicine. For an educational program to be considered appropriate for continuing medical education credit, the program must be based upon an educational gap. This is mandated by the Accreditation Council for Continuing Medical Education, the body which accredits CME providers. Therefore, we can only accredit programs that are based upon defined educational gaps. An example of how to construct a gap is shown below.

Acceptable basic construct

The current practice is ______________________ (include specific reference supporting this). The ideal practice would be ______________________________. To address this professional practice gap, we propose to develop and present a program __________________________.

Examples:

Example 1

Please note: These are fictitious and are not based on actual data or publications:

The current practice is for physicians documented to have participated in sexual relations with patients, considered unethical conduct, to be disciplined by their respective state medical boards. Most frequently, this results in the loss of the individual's license to practice medicine (Reference). The adverse consequences to both the patient and the physician can be devastating. It has been estimated that between 0.2% and 8% of physicians have engaged in sexual relations with patients (Reference). Ideally, no physicians would engage in such activities.

We propose to develop and present a program with the goal of educating physicians as to the type of behaviors which can lead to sexual relations with patients, as well as the types of policies and procedures which can be implemented to prevent them.

(Please note, this example would also be submitted for ethics credit.)

Example 2

The current practice for patients with peripheral arterial disease (PAD) is to prescribe an antiplatelet agent and a statin to protect against heart attack and stroke (Reference). However, Smith et al. (Reference) recently noted that only 50% of patients with documented PAD were taking these medications. Ideally, all PAD patients able to tolerate the medications would be taking them.

We propose to develop and present a program designed to educate practicing vascular surgeons regarding the benefits of medical therapy with antiplatelet and statin medications to their patients with PAD, and to demonstrate how they can implement policies and procedures to ensure that the medications are prescribed, and appropriate follow-up undertaken.