

These examples provide a starting point for conducting a comprehensive gap analysis of the overall program of podiatric continuing education. The specific areas to analyze may vary based on the goals, scope, and context of the education program.

Sample Template for a Gap Analysis

Identifications of Individuals Involved

Date of Gap Analysis

Name of the Program Director

Education Committee Members

Joint Providers (if applicable)

Curriculum Alignment:

- **Current State:** Review the existing curriculum for continuing podiatric education.
- **Desired State:** Identify the latest advancements, industry trends, and best practices in podiatry.
- **Gap:** Determine if the current curriculum adequately covers the latest developments in podiatric care.

Technology Integration:

- **Current State:** Assess the use of technology in delivering education (e.g., online courses, webinars, simulation tools).
- **Desired State:** Identify modern technologies that can enhance learning experiences for podiatrist.
- **Gap:** Determine if there is a need to integrate new technologies or update existing ones to improve the delivery of education.

Approval and Compliance:

- **Current State:** Evaluate the program's adherence to approved standards and requirements.
- **Desired State:** Ensure that the program complies with the latest approval criteria and regulations in podiatry.
- **Gap:** Identify any areas where the program falls short of meeting approved standards and requirements.

Assessment and Evaluation:

- **Current State:** Examine the methods used to assess learner learning and effectiveness of the program.
- **Desired State:** Implement robust assessment strategies and evaluation methods to measure the impact of the education program.
- **Gap:** Determine if the current assessment methods provide meaningful insights into learner knowledge and skills.

Instructor Qualifications:

- **Current State:** Evaluate the qualifications and expertise of the instructors.
- **Desired State:** Ensure that instructors are well-qualified, up to date with the latest research, and experienced in relevant podiatric areas.
- **Gap:** Identify any gaps in instructor qualifications or areas where additional expertise is needed.

Participation Feedback and Engagement:

- **Current State:** Analyze learner feedback and engagement levels.
- **Desired State:** Adopt a more interactive and engaging learning environment based on learner feedback.
- **Gap:** Identify areas where learners express dissatisfaction or where engagement levels could be improved.

Resources Allocation:

- **Current State:** Review the allocation of resources (financial, human, technological) to the education program.
- **Desired State:** Optimized resources allocation to ensure efficient and effective delivery of education.
- **Gap:** Identify any resource constraints or areas where reallocation could improve the program.

Appendix C – Sources of Gap Analysis

A gap analysis is the process of identifying practice gaps. A practice gap represents the difference between what a learner currently knows and practices and what they should know and do. Educational activities are built around identified practice gaps to bridge the difference between current practice and what can be done to provide optimal patient treatment.

There are several types of gaps that the gap analysis can identify:

- A knowledge gap - learners do not know something
- A competence gap - learners do not know how to do something
- A performance gap - learners are not doing something in practice

Each continuing education activity can address one or more practice gaps, or several activities can address a single practice gap. Identifying the practice gaps and associating them with the activities provides value in the education for the learners. As the gap analysis indicates, activities may be designed to review and affirm existing concepts and techniques and to advance learners' competence through exposure to new or additional techniques/skills/strategies in podiatric and medical sciences.

Gaps can be identified using the following suggested tools:

- Surveys, including patient care audits, faculty feedback, and quality improvement data
- Case-based questions
- Participant feedback, including evaluations from previous continuing education activities and pre- and post-assessments
- Published research on trends in health care or national clinical guidelines, new clinical trials, meta-analyses and systematic reviews, new drug/device approvals
- Expert opinions from hospital, university, or physician leaders
- Regulatory and oversight body guidelines, including public (e.g., CMS), private (e.g., the Joint Commission), state licensure (e.g., risk management or licensing board rule), and professional (e.g., certifying boards)
- Risk management data
- Results of evidence-based medicine studies
- Non-clinical core competencies (e.g., professionalism, communications, and system based practice)
- Public health priorities
- Board preparation courses based on pass rate/board scores.
- Faculty development

The following questions can be used to help identify gaps:

- What areas in practice do learners find challenging (e.g., difficult-to-manage, or non-resolvable cases; prevalent public health problems; lifestyle-related health problems; patient safety concerns; limitations or obstacles occurring in the health-care system)?
- What factors contribute to the problem (e.g., knowledge, training, or barriers/bias)?
- What is the best format for teaching and learning the concepts to be presented (e.g., case presentation and discussion, demonstration, expert panel, lecture and discussion, moderated audience discussion, problem analysis and application to practice, question and-answer session, role play, simulation, self-directed learning, skill development, or small group discussion)?
- What additional activities can be incorporated for the target audience to achieve “best practice” behavior?
- What does the learner need to do differently to improve their practice?