

UBC CPD Needs Assessment Summary Example

As part of your accreditation/certification application, you are required to submit information about how learning needs for your CPD activity were identified. This document should include a summary of how needs were identified, sources of information used, and a summary of the findings.

1. How Needs Were Identified

Provide a description of how your needs assessment was conducted in 150 words or less. This can be a brief narrative description of the various strategies employed by the SPC to identify the perceived and unperceived needs of the target audience.

Please also include as a separate attachment any tools or instruments used to identify learning needs (E.g., survey questions, interview protocols, focus group questions). Please **do not** include raw, unanalyzed survey data, exhaustive meeting minutes, meeting or interview transcripts, or exhaustive literature reviews.

Example responses provided below:

[Formal Needs Assessment] *In order to identify the learning needs of the target audience, we employed a variety of needs assessment strategies as outlined in our application form. Our first strategy was to convene a representative Scientific Planning Committee that included members of the target audience (e.g. family physicians, specialists, and other healthcare professionals). Following this, we distributed a brief survey (see attachment) to physicians on our email list/in our community/etc. that explored their perceived learning needs related to [topic]. In order to identify unperceived needs, we consulted an expert advisory group along with referencing provincial and regional data sets that provided insight into current gaps in practice. We also reviewed the evaluation data from previous education sessions to inform the development of this session/workshop/conference.*

[Informal Needs Assessment] *We employed a more informal strategy to identify the needs of the target audience for this learning activity. Our first strategy was to convene a representative Scientific Planning Committee that included members of the target audience (e.g. family physicians and pediatricians). Following this, informal conversations with colleagues identified a gap in knowledge around perinatal substance use. Further, evaluation data from previous CPD activities identified a desire for more education on this topic.*

2. Sources of Information Used

Describe the Needs Assessment strategies used by the Scientific Planning Committee in order to identify the perceived and unperceived needs of the target audience

[Formal Needs Assessment] *We used the following sources of information:*

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- *Current literature and best-practice guidelines on [topic]*
- *Representative Scientific Planning Committee including [list specialist/areas of focus]*
- *Needs assessment survey that explored perceived needs of the target audience*
- *Expert Advisory panel that uncovered unperceived needs of the target audience on [topic]*
- *Provincial datasets that uncovered unperceived needs of the target audience [list specific data sources used]*

[Informal Needs Assessment] We used the following sources of information:

- *Representative Scientific Planning Committee*
- *Conversations/meetings with colleagues*
- *Previous CPD evaluation data*

3. Summary of Findings

We recommend using the SBAR (Situation-Background-Assessment-Recommendation) technique¹ for summarizing your needs assessment data. Below is an explanation of this framework along with examples. The examples are adapted from an application from the BC Centre for Excellence in HIV/AIDS (C. Puskas, V. Gal, H. Neelakant for the Treatment Optimization of Psychosis Collaborative (TOP) and the BC Centre for Excellence in HIV/AIDS).

Situation: Please include a concise statement of the problem your learning activity is trying to address in 150 words or less.

[Formal Needs Assessment] Example: *In Vancouver Coastal Health, psychosis is the number one cause of readmission to acute psychiatry within one month of discharge. Treatment of psychosis in community settings has traditionally lacked standardized approaches to monitoring adherence and retention in treatment with only limited use of long-acting antipsychotic medications and third line therapies in treatment resistance i.e. Clozapine.*

[Informal Needs Assessment] Example: *Our rural community is experiencing challenges with managing perinatal substance use in our patient population. There are currently gaps in communication between and among providers who care for pregnant and post-partum patients.*

Background: Please include any pertinent and brief information related to the situation in 400 words or less. This may include a summary of current literature, treatment guidelines, and best practices.

[Formal Needs Assessment] Example: *Third line therapy such as clozapine, an antipsychotic medication that has shown clinical efficacy for the treatment of schizophrenia, particularly in people*

¹ Michael Leonard, MD, Physician Leader for Patient Safety, along with colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado (Evergreen, Colorado, USA) developed this technique. The SBAR technique has been implemented widely at health systems such as Kaiser Permanente.

for whom other antipsychotic medications have not been effective, is severely underutilized. For example, clozapine usage in Australia and New Zealand is about 30% in the population group, but only 17% in British Columbia. The safety profile of clozapine is well known. Adverse drug reactions such as postural hypotension, tachycardia, sedation, seizures, hyperthermia and more serious reactions such as agranulocytosis, myocarditis / cardiomyopathy, and metabolic syndrome led to previous recommendations of hospital admission when initiating clozapine. Such adverse reactions can be minimized by close monitoring and support in the community as was consistently demonstrated in UK, Australia and New Zealand over several decades. When used, clozapine is currently initiated in acute care settings (e.g. hospital) or subacute care settings (e.g. facilities such as Acute Home-Based Treatment team and Venture), and very inconvenient for the clients, unnecessary and is highly costly. Evidence from other jurisdictions (in the United Kingdom, Australia and the New Zealand) suggest that it is safe and appropriate to initiate treatment with clozapine in community settings. It is estimated that 25-30% of clients with schizophrenia meet criteria for what is called Treatment Refractory schizophrenia (TRS), and of those, 30-60% respond to clozapine.

Treatment optimization of psychosis has the potential to improve the health of individuals, their quality of life, functional outcomes while decreasing encounters with the legal system and decreased acute health care utilization. Clozapine also has significant system benefits, as it leads to 18.6 fewer inpatient days per client treated. A virtual cohort of 41,713 clients extracted from the Medical Information Systems in VC-VCH, using the Vancouver Community Analytics Tool (VCAT), identified almost 1900 clients as having a bipolar/schizophrenia diagnosis. Pharmaceutical data indicates that in 2017, clozapine was initiated in only 28 clients in hospital (19 at SPH and 9 at VGH). Each hospital initiation translated into approximately 3 weeks admission (Usual duration required for titration of clozapine to a therapeutic dosage of 300 mgs daily).

[Informal Needs Assessment] Example: (Community name) is a small community in rural BC with a geographically dispersed population. Access to specialist care for pregnant and postpartum women is only available at the regional centre, which is a 5 hour drive away. There are a variety of providers in-community who provide care and services to pregnant and post-partum women with a wide variety of knowledge and comfort treating substance use disorders. Literature shows that the perinatal period can provide an opportunity to address substance use disorders due to increased motivation by the pregnant person (cite literature). There is a desire in-community among those providing perinatal care to increase their knowledge and understanding of substance use disorders in this patient population and ultimately improve their care and outcomes.

Assessment: Provide an analysis of what your needs assessment found in 150 words or less.

[Formal Needs Assessment] Example:

1. Non-adherence to the current Canadian schizophrenia Guidelines in about 34%- 50% of clients with schizophrenia/schizoaffective indicated the need to refresh the knowledge of these guidelines amongst the psychiatrists, family physicians, Nurse practitioners, nurses and case managers.
2. The BC Health Ministry identified only 17% of clients on clozapine compared to other countries like Australia and New Zealand at 30%, indicating the overall knowledge and clinical skills as well as resources available for the clinicians needs to improve significantly.
3. Acute hospital readmission within 30 days of discharge indicating one of the highest rates of recurrence among clients with schizophrenia and schizoaffective disorder would also indicate to the increased need to spread the knowledge about the schizophrenia guidelines, knowledge

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about the treatment options like clozapine and depot injections where non-compliance is an issue.

[Informal Needs Assessment] Example: Feedback from our Scientific Planning Committee, in addition to conversations with colleagues identified a need for dedicated education to improve communication and collaboration between colleagues and peers providing care for pregnant and postpartum patients with substance use disorders. Previous CPD evaluation data also identified a desire for education on the topic of perinatal substance use including: (include specific topics here).

Recommendation: Provide a summary of your recommendations for addressing the identified learning needs in 150 words or less.

[Formal Needs Assessment] Example: A gap between the science (clinical guidelines) and practice (application of guidelines in clinical settings) exists, as manifested by the low uptake of third line anti-psychotic therapy (i.e. clozapine). This learning activity will endeavor to address the gaps identified in the above needs assessment.

[Informal Needs Assessment] Example: We have identified that there are gaps in care for pregnant and post-partum women with substance use disorders in our community. We aim to address this by providing a two hour dine-and-learn session bringing together providers who care for pregnant and post-partum women covering topics such as care pathways, treatment options, services available, and communication.

References

1. List applicable references.