EXAMPLES OF NEEDS ASSESSMENT

The following needs assessments are from actual applications submitted to the Office of Continuing Medical Education for review and approval.

Example #1
Our needs assessment was performed in a step-wise fashion. In the summer of 1995, a survey of all graduates of the Bowman Gray School of Medicine Family Practice Residency was performed. This survey generated significant insight into the current and future educational needs of residents. In the summer of 1996, based on survey results and personal feedback from graduates, a decision was made to consider a Family Practice Update for residency alumni. An initial letter mailed to all graduates generated significant interest and support. A follow-up letter of September 10, 1996 was mailed to elicit how many resident graduates were interested in an Update and what topics would be of interest. While the ultimate date of the Update was delayed from April to September, the response of graduates was strong. Roughly 1/3 of the graduates responded with interest in attending the Update. Based on the initial survey and the items listed in follow-up of the September 10th letter, our committee selected 13 medical topics and 5 skills to cover in an Update. While unable to address all of the topics sought by alumni, the topics selected represented frequently requested items and areas of weaknesses across multiple disciplines of medicine.

Example #2
This course was developed in cooperation with the academic faculty of the other North Carolina orthopedic training programs to provide an annual in-depth exposure and review of basic musculoskeletal pathology. This area of orthopedic knowledge was felt to be best addressed by an in-depth focus study since it is difficult to cover this material in a comprehensive and cohesive fashion otherwise… Many community orthopedic surgeons benefit greatly from a periodic review of this material. The fact that many patients are seen in the Program Director's practice after having been improperly evaluated and improperly worked up by orthopedic surgeons in private practice is clear evidence that dissemination of this information is critical…

Example #3
Every year, as a response to requests from WFUSM alumni, the MAA asks the Office of Continuing Education (OCE) to help them plan CME sessions for Alumni Weekend. Last year, alumni could choose up to three interactive sessions, each taught by one of the school’s “master clinicians.” The format was so popular, as evidenced by the evaluations that the MAA and OCE decided to repeat the format in 1999 along with an encore presentation by Dr. Wayne Sotile. This year’s faculty and topics were chosen based on current environmental trends in medicine, general topic requests to the MAA as well as the OCE, and evaluations from last year.

Example #4 (Recurring Activities, i.e. Grand Rounds/Teaching Conferences)
This spring, a survey of all of the physicians and Grand Rounds attendees was conducted. Staff were requested to list specific areas of interest, medical topics pertinent to patient population, and subjects thought to be weak across the system. The topics identified for Grand Rounds were based on frequently requested areas of interest…