

ASSESSMENT OF GAPS/NEEDS & BARRIERS (C 2, 3, 4, 18, 19)

Specify the educational or professional practice gap(s) that underlies the objective(s) that the activity will address. The “gap” is defined as the difference between the *current* state of knowledge, skills, competence, practice, or patient outcomes and the *ideal* or *desirable* state.

Note that the gap must be relevant to the target audience [C4].

Current state of knowledge, skills, competence, practice, clinical/patient outcomes [C2]

Most US ophthalmologists traveling abroad on humanitarian missions lack skill in performing Manual Small Incision Cataract Surgery (MSICS). Extracapsular Cataract Excision (ECCE) is typically used but involves a large (usually 10 mm) incision which requires sutures. With newer MSICS, a smaller (5 mm) is made that is self-healing. Small wounds may also induce less astigmatism and result in much better uncorrected visual acuity.

Action step

Desired/ideal state of knowledge, competence, performance, clinical/patient outcomes [C3]

By attending this activity, attendees will receive training on how to properly perform MSICS.

Briefly explain the use(s) for this activity based on the gap(s) identified above (1-2 sentences per gap):

By training, though videos, lecture, and an interactive wet lab, the proper technique for performing MSICS can be learned. Increased skill in this technique will allow for higher patient turnover and lower maintenance healing with less complication. The benefits of this care are emphasized by the setting: Ophthalmologists involved in humanitarian missions do not have the benefit of follow-up care and guidance, and the ability to treat an increased number of patients directly translates into improved care.

What sources were used to identify the professional practice gap(s) underlying the need for this activity? (check all that apply/minimum of 2 sources; at least one source should be evidence-based).

- | | | |
|---|--|--|
| <input type="checkbox"/> Planning committee meeting notes or minutes | <input type="checkbox"/> Epidemiologic data | <input checked="" type="checkbox"/> Public health data |
| <input type="checkbox"/> Planning committee or faculty communications | <input type="checkbox"/> Clinical practice guidelines | <input type="checkbox"/> Government mandates/legislation |
| <input checked="" type="checkbox"/> Literature search | <input type="checkbox"/> Survey data | <input checked="" type="checkbox"/> Quality improvement guidelines |
| <input type="checkbox"/> Evaluation data/participant suggestions from previous CME activities | <input type="checkbox"/> Exam performance analysis (eg, OKAP or ABMS performance analysis) | <input type="checkbox"/> Expert input (identify expert[s] and qualifications): _____ |
| ** Include copies of the sources used. | <input type="checkbox"/> Peer-reviewed scientific/clinical publications | <input type="checkbox"/> Other (specify): _____ |

What barriers to physician change or factors outside of your control were identified in planning this activity? [C18] (eg, costs of care, reimbursement issues, patient compliance, physician/patient misconceptions about treatment, physician resistance)

MSICS is relatively difficult to learn. The procedure requires a very accurate tunnel construction as well as good surgical skill and experience to work inside the eye through a narrow tunnel. Participants are not expected to master the technique within a 1-day course.

Briefly explain how the activity addresses the barriers/factors identified. [C19]

Upon completion of the course, participants will attend an expedition in a developing country, wherein the host ophthalmologist is skilled in MSICS. Participants will be guided by hosts with further training and assisting to become comfortable performing MSICS on patients in need. Participants will in turn assist training other doctors on future expeditions.

EDUCATIONAL OBJECTIVES (Criteria 2, 3)

Based on the gaps/needs identified above, what are the learning objectives for this activity?

Need:	Learning objective: <i>As a result of participating in this activity, learners should be able to: [C2]</i>	Outcome level addressed: <i>This learning objective represents a change in: [C3] (check all that apply)</i>
Attendees lack experience in MSICS	1. participate with a mentor in low technology, manual suture-less small incision cataract surgery, leading to an introductory level of competence and confidence in performing the procedure.	<input checked="" type="checkbox"/> Competence <input checked="" type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
	2.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
	3.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
	Etc.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes

The content of this activity has been planned to address the learning objectives. *Attendees evaluations will be structured around this content.*

Yes No

Educational objectives will be communicated to participants before the activity via:

Marketing materials

Front matter (participant enduring material)

Participant booklet

Other: _____