Basic Practice Gap Statement Structures:
Continuing Medical Education (CME)

Structure 1:
Works well for education with metrics/ measurable outcomes.

Structure 2:
Works well for prospective and retrospective education, for example case reviews, tumor boards, etc.
NOTE: These are by no means the only ways to write practice gap statements.

Structure 1:
1. **Current State:** Currently ¼ of patients with 'clinically probable' PD do not actually have the disease, and about 21% of patients incorrectly diagnosed with another movement disorder have Parkinson's disease.
2. **Desired State:** Our goal is to reduce the PD misdiagnosis rate by 5% over the next 12 months by employing evidence-based screening strategies.
3. **Purpose:** The purpose of this education is to increased utilization of effective screening tools in order to improve the accuracy of the diagnosis

Example:
Currently ¼ of patients with 'clinically probable' PD do not actually have the disease, and about 21% of patients incorrectly diagnosed with another movement disorder have Parkinson's disease. Our goal is to reduce the PD misdiagnosis rate by 5% over the next 12 months by employing evidence-based screening strategies. The purpose of this education is to increased utilization of effective screening tools in order to improve the accuracy of the diagnosis

Structure 2:
This 1)type or name of activity is designed to 2) intervention taking place in relation to current state or identified gap in order to 3) desired outcome.

Example:
This tumor board is designed to review existing cases and apply the most current evidence-based knowledge and