

2009 Canadian Association of Gastroenterology educational needs assessment report

Alaa Rostom MD FRCPC MSc, Chair, CAG Education Affairs
Sandra Daniels MSc, CAG National Office



Canadian Association
of Gastroenterology

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The annual survey of Canadian Association of Gastroenterology (CAG) members' educational needs was conducted via an online survey during April 2009. A total of 261 individuals completed the survey. Similar to previous years, inflammatory bowel disease (IBD) topics – particularly Crohn's disease and ulcerative colitis (UC) therapeutics, and difficult IBD cases – were most in demand for future educational events. Other highly rated areas were endoscopic techniques and therapeutics, celiac disease, approach to gastrointestinal (GI) infections and live endoscopy. The two most popular educational formats were 'Lectures/presentations streamed to computer/podcasts' and 'A CAG educational portal to on-line presentations, self-assessments and maintenance of certification (MainCert) point tracking'.

INTRODUCTION

The purpose of the CAG needs assessment was to provide guidance to the Executive and CAG Education Affairs regarding areas of greatest educational need. Conducting a needs assessment is a requirement for accreditation of educational events in accordance with the Royal College of Physicians and Surgeons of Canada.

METHODS

The members of Education Affairs include Drs Collin Barker, Janice Barkey, Maria Cino, Mary-Anne Cooper, Dana Farina, Andrea Faris, Jamie Gregor, Supriya Joshi, Remo Panaccione, Craig Render, Connie Switzer, Kevin Waschke and trainee member Catharine Walsh. A subgroup of the committee designed the needs assessment survey, which was a modified version of the survey used in 2008.

The needs assessment was posted on-line via the CAG Web site and members were requested by e-mail to complete the simple 'tick box' survey. Data were compiled and analyzed at the CAG National Office.

The survey included three sections. The first section collected basic demographic information, the second examined interest in topics for educational events and the third section explored desired activities and formats for accredited learning activities.

Respondents were asked to rate their interest in 42 potential topics for educational events using a five-point scale: 1 – no interest; 2 – minor interest; 3 – neutral/not sure; 4 – some interest; or 5 – very interested. They were also queried regarding their desire for an educational event on aspects of UC management, reliance on the CAG for MainCert credits, their likelihood of using various educational formats and sources of information for reviewing a clinical topic area.

RESULTS

A personalized e-mail request sent to CAG members in early April succeeded in generating 261 respondents, representing 26% of the solicited membership.

Demographics

Virtually all respondents were CAG members (99%) and 71% were men. Regarding education, 75% were MDs or equivalent, 26% and 16% held a PhD or MSc, respectively, while 9% held another degree. Of the 180 respondents with an MD degree or equivalent and who provided a year of medical school graduation, 12% graduated in 1970 or earlier, 17% graduated between 1971 and 1980, 21% graduated between 1981 and 1990, 27% graduated between 1991 and 2000, and 23% graduated in 2001 or later. Most respondents were predominantly teaching-hospital based (66%), rather than community-based, with (15%) or without (2%) hospital privileges, while 18% answered 'not applicable'.

Most replies were from individuals in Ontario (43%), followed by Alberta (25%), Quebec (15%) and British Columbia (8%), with responses distributed approximately in proportion to provincial population.

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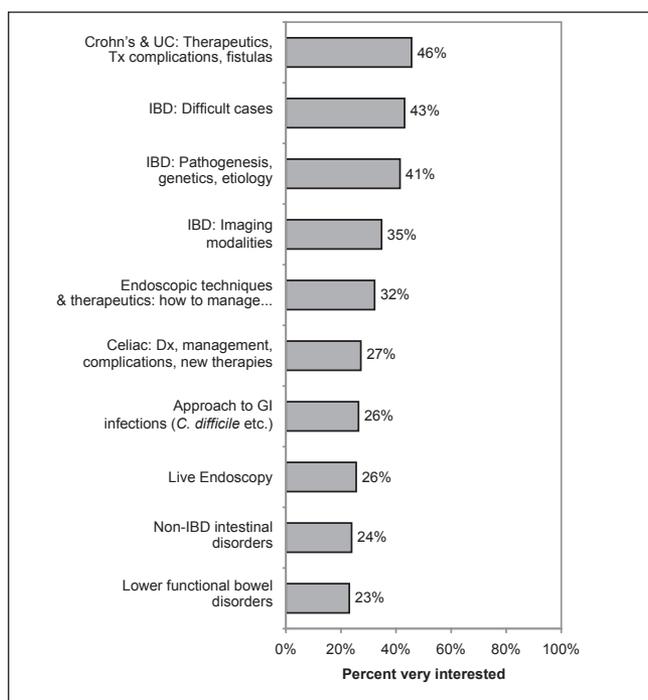


Figure 1) The 10 most popular topics for educational events based on the percentage of respondents who were 'very interested' in the area. C *difficile* Clostridium difficile; Dx Diagnosis; GI Gastrointestinal; IBD Inflammatory bowel disease; Tx Treatment; UC Ulcerative colitis

Respondents' specialties were identified as adult gastroenterology by 43%, pediatric gastroenterology by 9%, hepatology by 2% and surgery by 1%. Basic and clinical scientists comprised 20% and 3%, respectively, of respondents. Residents and fellows accounted for 16%, and 'other' roles for 7%.

Regarding the question of where respondents spend their time, 40% identified clinical practice as their primary focus and 29% noted basic research (ie, more than 50% of their time performing research). Clinician-researchers (50% or less time performing research) formed the next biggest group at 11%, followed by clinician-teachers (50% or less time teaching) at 7%. Less commonly, individuals were involved in clinical research (more than 50% of the time) 5%, administration (more than 50% of the time) 2%, teaching (more than 50% of the time) 1%, or 'other' duties (approximately 5%).

Educational topics

The percentage of respondents who were 'very interested' in each of the 42 educational topics surveyed are shown in Figures 1 to 4. Consistent with previous years, IBD topics remained extremely popular. Apart from IBD, endoscopic techniques, celiac disease, approach to GI infections and live endoscopy were among the most desired educational areas (Figure 1). Most desired topics by various demographic splits (eg, adult versus pediatric gastroenterology, teaching versus community-based respondents and basic scientists) are presented in Table 1. For 2009, respondents were specifically queried on their interest in aspects of managing UC. Regarding 'The use of biologic therapy in UC' and 'Management of the severe hospitalized UC patient', 40% and 39% of respondents, respectively, were 'very interested' in an educational event. Less often, respondents

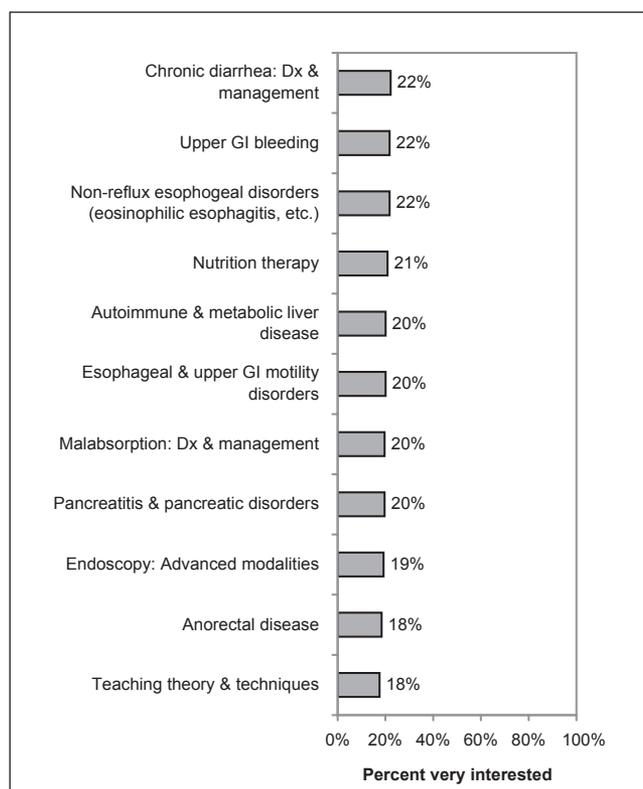


Figure 2) Educational topics in which 18% to 22% of respondents were 'very interested'. Dx Diagnosis; GI Gastrointestinal

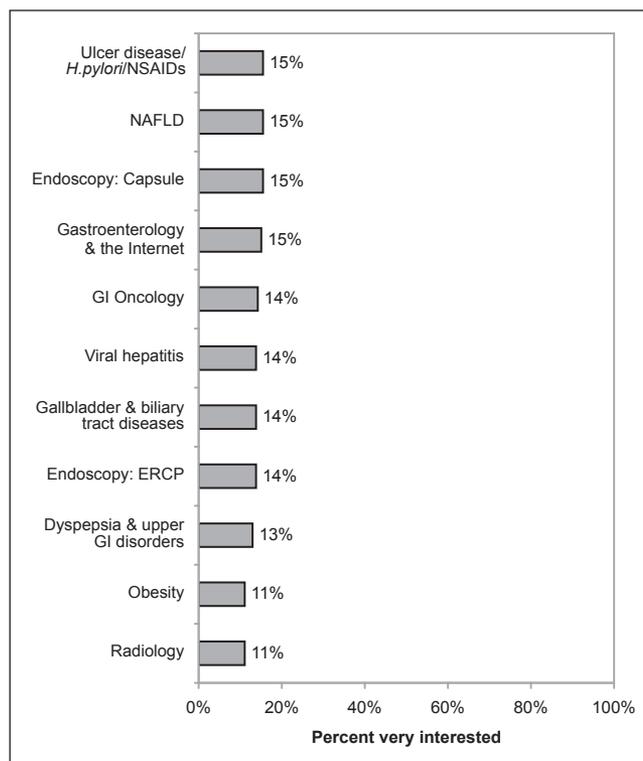


Figure 3) Educational topics in which 11% to 15% of respondents were 'very interested'. ERCP Endoscopic retrograde cholangiopancreatography; GI Gastrointestinal; H. pylori *Helicobacter pylori*; NAFLD Nonalcoholic fatty liver disease; NSAIDs Nonsteroidal anti-inflammatory drugs

TABLE 1
Most popular educational topics by respondent subgroup

Group	'Very interested', %				
	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Adult gastroenterologists (n=111)	IBD: Difficult cases (53.3)	Crohn's disease/UC therapeutics (46.7)	Endoscopic techniques and therapeutics (42.9)	IBD: Imaging modalities (40.0)	Live endoscopy (35.2)
Pediatric gastroenterologists (n=22)	Nonreflux esophageal disorders (45.5) Crohn's disease/UC therapeutics (45.5)			Esophageal and upper GI motility disorders (40.9)	IBD: Pathogenesis, genetics, etiology (36.4)
Teaching hospital respondents (n=160)	Crohn's disease/UC therapeutics (43.8)	IBD: Difficult cases (41.9)	IBD: Pathogenesis, genetics, etiology (38.1)	IBD: Imaging modalities (34.4)	Endoscopic techniques and therapeutics (33.1)
Community-based respondents (n=39)	IBD: Difficult cases (61.5)	Crohn's disease/UC therapeutics (53.8)	Endoscopic techniques and therapeutics (48.7)	IBD: Imaging modalities (46.2)	Nonreflux esophageal disorders (38.5) Celiac disease (38.5)
Basic scientists (n=45)	IBD: Pathogenesis, genetics, etiology (66.7)	Lower functional bowel disorders (40.0)	Approach to gastrointestinal infections (37.8). Crohn's disease/UC therapeutics (37.8)		IBD: Imaging modalities (26.7)

IBD Inflammatory bowel disease; UC Ulcerative colitis

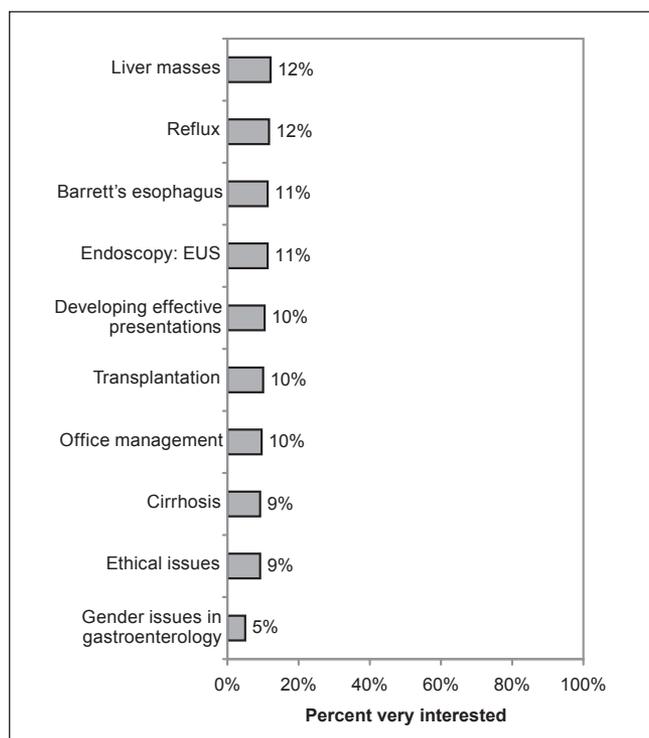


Figure 4 Educational topics in which 5% to 12% of respondents were 'very interested'. Dx Diagnosis; EUS Endoscopic ultrasound

chose 'Guidelines on UC dysplasia surveillance and management' (31%) and 'Guidelines on the treatment of left-sided UC' (26%).

Learning formats

The majority of respondents for whom the question was applicable (96 of 171 [56%]) noted that they rely on the CAG for less than one-half of their MainCert credits (Figure 5). The two most popular educational formats were 'Lectures/presentations (eg, from Canadian Digestive Diseases Week [CDDW]) 'streamed' to your desktop computer or delivered as podcasts for iPod' and 'A CAG educational portal to online presentations, self-assessments and MainCert point tracking' (Table 2).

Respondents were also asked to identify potential sources of information for review of a clinical topic area. The most popular

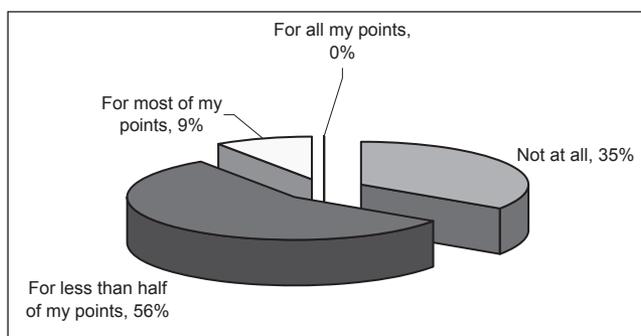


Figure 5 Responses to the question: 'How much do you rely on the Canadian Association of Gastroenterology to provide you with Maintenance of Certification credits?' Data from the 171 respondents for whom the question was applicable

('Definitely would use') was Medline and/or PubMed literature review (81%), followed by review articles in gastroenterology journals (65%) and the 'UpToDate' clinical database (48%). Less commonly selected were Cochrane collaboration systematic reviews (34%), textbooks (27%), regional meeting/journal club or rounds (22%), and on-line presentations made available on the CAG Web site (21%).

DISCUSSION

Twenty-three per cent of the solicited membership participated in the full survey. An ongoing priority for Education Affairs is to develop innovative and easy assessment tools to encourage greater participation by members to accurately reflect their educational needs.

IBD remains the highest priority of respondents despite yearly CDDW sessions in this area since 2002. Apart from IBD, endoscopic techniques, celiac disease, approach to GI infections and live endoscopy were popular. CAG Education Affairs is actively working to increase the quantity and quality of educational materials and programs that members can use as part of their ongoing MainCert activities. This needs assessment also sheds light on preferred educational formats and resources that will help with the launch of the CAG Web educational portal (E-Portal). These findings, along with evaluations of CDDW 2009 and identification of unrecognized educational needs, have formed the basis of the 2010 CDDW program.

TABLE 2
Percentage of respondents who answered they 'may use' or 'definitely would use' a particular educational format

Proposed educational format or activity	May use, %	Definitely would use, %
Lectures/presentations (eg, from Canadian Digestive Diseases Week) 'streamed' to your desktop computer or delivered as podcasts for iPod	43	31
A Canadian Association of Gastroenterology educational Web site portal to on-line presentations, self-assessments and Maintenance of Certification point tracking	43	27
Small group train-the-trainers course: Up-to-date methods and techniques to help you as a trainer of endoscopy	31	26
Small group hands-on endoscopy/colonoscopy/new techniques skills courses	37	24
Regional face-to-face meetings (weekend or single day)	47	21
Videoconferenced live meetings brought to your location with a local moderator	46	16
Live on-line presentation and discussion from your computer (such as videoconferenced rounds with live voice chat by computer or phone)	38	11
A moderated discussion forum on the Canadian Association of Gastroenterology Web site (to post questions and/or discuss difficult patient problems)	42	8

Not shown are response options 'will not use' and 'unlikely to use'