

2003 CAG Educational Needs Assessment Report

Desmond Leddin MB FRCPC¹, *Chair, CAG Education Committee*,
Sandra Daniels MSc², *CAG National Office*,
Paul Sinclair MSc², *CAG National Office*



En français voir page 510

The annual survey of Canadian Association of Gastroenterology (CAG) members' educational needs was conducted online this past April. One hundred eighty-seven individuals (one fifth of the membership) completed the needs assessment. The topic most in demand for future educational events was inflammatory bowel disease, both from the clinical and basic science perspectives. Other highly rated topics were endoscopy, pharmacological therapeutics, celiac disease and pancreatitis/pancreatic disease. Educational materials were judged to be the most valuable component of exhibit areas. Results of the needs assessment were used to shape the 2004 Canadian Digestive Diseases Week (CDDW) program.

INTRODUCTION

The purpose of the CAG needs assessment was to provide guidance to the Executive and the CAG Education Committee (Drs Ford Burse, Connie Switzer, Terrence Moore, Richard Schreiber, Ronald Bridges and Alaa Rostom) on areas of greatest educational need. Conducting a needs assessment is a requirement for accreditation of educational events according to the Royal College of Physicians and Surgeons of Canada accreditation criteria.

This year's survey was conducted entirely via the World Wide Web. Members were requested by e-mail to visit the CAG website to complete a simple 'tick box' form. On average, the time to complete the entire needs assessment was reported as not more than three to five minutes. Capture of responses directly into a database eliminated the need for data entry and allowed the results to be viewed immediately after the completion deadline. This web-based approach provided a similar response rate to previous years, when a paper approach was employed. Importantly, the costs associated with a paper survey (supplies, postage, data entry) were not incurred with the web-based survey, signifi-

cantly reducing the time and money required to perform this mandatory annual needs assessment. Consequently, we shall continue to use the web-based approach in the future, and truly hope that you will continue to provide the feedback that is essential in the planning of all the CAG educational programs.

METHODS

The needs assessment was based on ones used in previous years, but was modified to assess interest in educational events from the three perspectives of basic science, clinical science and pediatrics. Data were compiled and analyzed at the CAG National Office by Sandra Daniels.

The needs assessment was composed of three sections. The first collected basic demographic information, the second questioned members on their interest in topics for educational events and the third explored needs for the exhibit area.

Respondents were asked to rate their interest in 33 potential topics for educational events using a scale of 1 to 7, where 1=no interest and 7=extremely interested. Regarding exhibits, respondents selected those items of greatest value to them.

RESULTS

One hundred eighty-seven members (24%) of the solicited membership completed the needs assessment. While a greater response rate would have been desirable, the result was in line with past assessments and provided a picture of current educational needs.

Demographics

Of the respondents, 71% were men and 29% were women. Regarding education, 74% of the respondents were MDs, 6% were MD/PhDs, 10% were PhDs and 11% held another

¹Division of Gastroenterology, Victorial General Hospital Site, Halifax, Nova Scotia; ²Canadian Association of Gastroenterology, Oakville, Ontario
Correspondence: Dr Desmond Leddin, Division of Gastroenterology, Room 912, Victoria Building, Victoria General Hospital Site, 1278 Tower Road, Halifax, Nova Scotia B3H 2Y9

The CAG is proud to acknowledge its Benefactor Corporate Sponsors:

Abbott Laboratories Ltd.

AstraZeneca Canada Inc.

Axcan Pharma Inc.

Janssen-Ortho Inc.

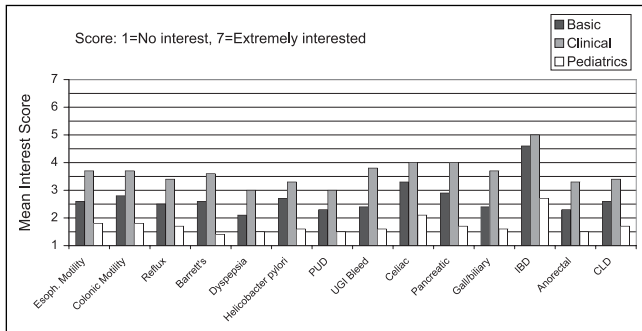


Figure 1) Mean interest score for potential educational topics (1 to 14). CLD Cholestatic liver disease; Esoph Esophageal; IBD Inflammatory bowel disease; PUD Peptic ulcer disease; UGI Bleed Upper gastrointestinal bleed;

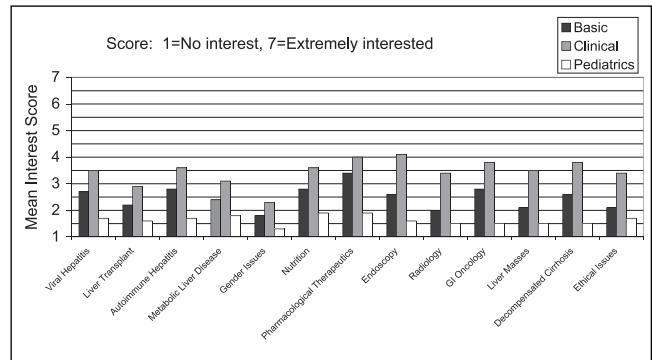


Figure 2) Mean interest score for potential educational topics (15 to 27)

degree. The majority of respondents (88%) were predominantly hospital- rather than community-based.

Most replies were from Ontario members (approximately 44%), followed by Quebec (20%) and Alberta (17%), with responses distributed roughly in proportion to provincial population.

Examining respondents' primary roles, 47% were gastroenterologists, 7% identified pediatrics as their focus, 3% were hepatologists, 1% were surgeons and 1% were pathologists. Clinical and basic scientists made up 3% and 12%, respectively, of respondents. Residents accounted for 14%, and "other" roles for 11%.

Regarding where respondents spend their time, 68% identified clinical practice as their primary focus and 23% noted basic research. Administration and teaching accounted for 3% and 1%, respectively, with 5% reporting "other" duties.

Educational topics

The mean interest score for the 27 scientific educational topics, from the perspectives of basic science, clinical science and pediatrics, are shown in Figures 1 and 2. The highest mean interest score recorded (5.0) was for education in clinical inflammatory bowel disease (IBD), followed closely by basic science of IBD (score 4.6). Indeed, IBD was the highest scored topic within each of the categories of clinical, basic science and pediatrics. Clinical sessions on endoscopy (score 4.1) and on pharmacological therapeutics, celiac disease and pancreatitis/pancreatic diseases (all scored 4.0) were also much in demand. The same topics were also highly scored in basic science (pharmacological therapeutics, 3.4; celiac, 3.3; and pancreatitis/pancreatic diseases, 2.9). Mean scores for the remaining topics ranged from 2.3 to 3.8 for clinical topics, 1.8 to 2.8 for basic science topics and 1.3 to 1.9 for pediatrics.

Responses for nonscientific educational event topics are given in Figure 3. The highest scores of 3.6 for 'GI and the internet', and 3.4 for 'Developing effective presentations' were still lower than the top-scored clinical topics.

It should be emphasized that for each of the educational topics evaluated, individual scores varied greatly. For exam-

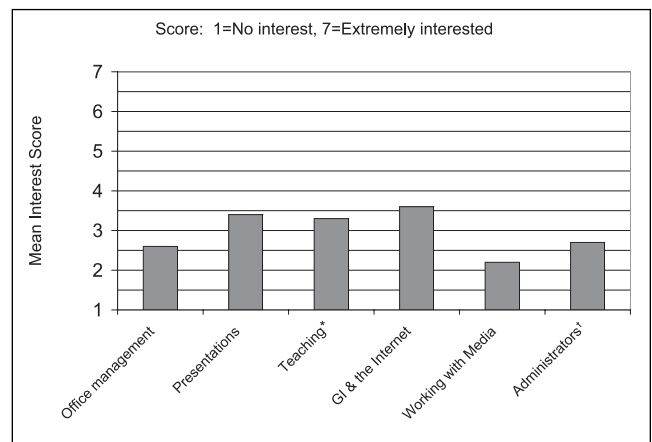


Figure 3) Mean interest score for potential educational topics (nonscientific). *Teaching theory and techniques; †Dealing with administrators. GI Gastroenterology

ple, for the topic of clinical IBD, which received the highest mean score (5.0), 67 respondents scored it as 7=extremely interested, yet 37 individuals scored it as only 1=no interest.

Exhibits

Replies to the question 'Which of following would be most valuable to you in an exhibit area?' are shown in Figure 4. Respondents were allowed to tick more than one item, thus, percentages do not sum to 100%. The overwhelming favourite selected by 77% was educational materials, with interactive learning a distant second at 58%.

DISCUSSION

We have heard from approximately one fifth of the membership; conversely, we have not heard from the remaining majority. Given the respondent demographics, it is likely that the results of this needs assessment are biased towards hospital-based, male gastroenterologists. Though survey distribution to community clinicians was desired and attempted, the return rate was not remarkable. In the future, means of targeting community-based members outside the university setting will be explored.

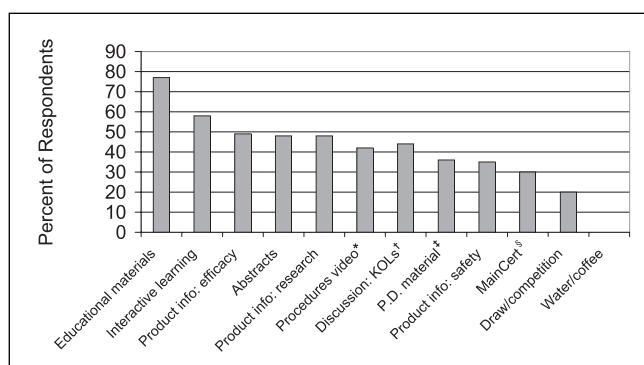


Figure 4) Needs for the exhibit area; *Video on endoscopy/colonoscopy or other procedure. †Discussion forums with key opinion leaders; ‡Material for professional development; §Accredited (MainCert) personal learning projects

This was the first year that the needs assessment was conducted online. Given that e-mail addresses were available for approximately 86% of the membership, the great majority of members, though not all, had the opportunity to provide input. One significant advantage of the online approach is the reduced time for data collection. In both 2002 and 2003, respondents had approximately two weeks between receipt/notification of the needs assessment and the completion deadline. However, by comparison, 187 responses were received online this year compared with only 105 responses from the 2002 assessment mailing.

Although we did ask the membership to rank 27 scientific and six general topics, clearly other topics were possible

and not included. While members did have an opportunity to suggest topics in the comment section, the absence of a topic from the list may have introduced some bias.

The comment section was not completed by the majority of participants and is difficult to analyze given the free-flowing format.

Finally, a survey of this type represents the average response. The CAG is not a homogenous group. Within the CAG there are sizeable numbers of people who have an interest in a particular area. We will need to do further analyses of the data to identify subgroups who have an interest in an educational event on a focused topic. It may be possible to deal with these issues through staging workshops with limited registration.

SUMMARY AND NEXT STEPS

The results of this needs assessment have provided useful data to guide the CAG in the development of its educational programs. It is hoped that this will also be of interest to industry and perhaps encourage future targeted, co-sponsored, accredited events for CAG members.

Specifically, results of this needs assessment have shaped the 2004 CDDW program. To address the high level of interest in IBD, a basic science and several clinical science sessions on this topic are planned. Symposia will also address endoscopy and advances in therapeutics per popular demand. We thank those who took the time to respond and help guide this process, and hope for even greater participation in the needs assessment by the membership next year.