

2015 Canadian Association of Gastroenterology Educational Needs Assessment Report

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The annual survey of Canadian Association of Gastroenterology (CAG) members' educational needs was conducted via an online survey sent to 1141 CAG members during March. A total of 237 individual responded to the survey, of which 213 went on to rate educational topics. Similar to previous years, inflammatory bowel disease (IBD) topics were most in demand for future educational events. Other highly rated areas were: endoscopic techniques and therapeutics, celiac disease, live endoscopy, nutrition in IBD and short bowel syndrome, chronic diarrhea, pancreatic disease and IBS.

INTRODUCTION

The purpose of the CAG needs assessment was to provide guidance to the Executive and CAG Education Affairs on 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 2015 include Drs Robert Berger, Mark Borgaonkar, Herbert Brill, Maria Cino, Daniel Comay, Samir Grover, Orlee Guttman, Saumya Jayakumar, Gilaad Kaplan, Charles Menard, Maitreyi Raman, Connie Switzer, Elena Verdu, Catharine Walsh, Kevin Waschke, Geoff Williams, Clarence Wong, Winnie Wong, Brian Yan and trainee member Nauzer Forbes. A subgroup of the committee designed the needs assessment survey, which was a modified version of that used in 2014.

The needs assessment was posted online and members were requested by email to complete the simple 'tick box' survey. Data were compiled and analyzed at the CAG National Office.

The survey collected basic demographic information and examined interest in topics for educational events. Respondents were asked to rate their interest in 58 potential topics for educational events using a five-point scale of no interest–minor interest–neutral/not sure–some interest–very interested. The survey also explored use of CAG continuing professional development (CPD) tools.

RESULTS

A personalized email request sent to CAG members in early March drew 237 respondents of which 213 completed the full survey.

Demographics: Virtually all respondents (95%) were CAG members while 9% were CASL members and 3% were neither. Sixty-three percent were male, and regarding education, 72% held an MD or equivalent degree, 28% and 18% held a PhD or MSc, respectively, while 7% held another degree. Of the 179 respondents for whom the question was applicable the year of medical school graduation was before 1980 for 11%, 1980-1989 for 18%, 1990-1999 for 20%, 2000-2004 for 17% and 2005 or later for 34%. For the 196 respondents for whom the question was applicable the majority were predominantly teaching hospital-based (73%), rather than being community-based with - (21%) or without (5%) hospital privileges.

Most replies were from individuals in Ontario (32%), followed by Quebec (23%), Alberta (19%), and British Columbia (12%). Responses were distributed roughly in proportion to provincial population.

Respondents' specialty was identified as adult gastroenterology by 45%, pediatric gastroenterology by 10%, hepatology by 2% and surgery by 1%. Basic and clinical scientists made up 19% and 1%, respectively, of respondents. Residents and fellows accounted for 13%, and "Other" roles for 8%.

Regarding where respondents spend their time, 47% identified clinical practice as their primary focus and 28% noted basic research (>50% research). Clinical research (>50%), clinician-researchers (≤50% research) and clinician-teachers (≤50 teaching) formed the next biggest groups at 7%, 6% and 6% each, respectively. Less commonly individuals were, or were involved in administration (>50%) (1%), teaching (>50% teaching) (1%), or 'other' duties (3%).

Educational topics: The percent of respondents who were 'Very interested' in each topic are shown in Figures 1-4 for the 58 educational topics surveyed. Consistent with past years, IBD topics remain extremely popular; in addition endoscopic techniques and therapeutics, celiac disease, live endoscopy, nutrition in IBD and short bowel syndrome, chronic diarrhea, pancreatic disease and IBS were among the most desired educational areas (Figure 1). When examined by various demographic splits (adult vs. pediatric gastroenterologist, basic scientists, teaching hospital vs. community hospital respondents) the most-desired topics ranked somewhat differently (Table 1). For a basic science symposium the topics most in demand (percent very interested) were microbiome (39%) followed by mechanisms of inflammation in colitis (31%), mechanisms of disease in IBS (28%) and molecular biology as applied to inflammation (24%).

CPD Tools: With respect to CAG CPD tools used over the last two years the one noted to significantly increase knowledge was by far CDDW (29%), followed by CAG Skills Enhancement for Endoscopy and Consensus Conference Documents (23% each) and CAG Visiting Professor Lectures (16%). The tools that significantly changed practice were CAG Skills Enhancement for Endoscopy (23%), CAG Consensus Conference Documents (19%) and CDDW (16%).

DISCUSSION

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

IBD remains the highest priority of respondents despite yearly Canadian Digestive Diseases Week (CDDW) sessions in this area since 2002. Apart from IBD, endoscopic techniques and therapeutics, celiac disease, live endoscopy, nutrition in IBD and short bowel syndrome, chronic diarrhea, pancreatic disease and IBS were popular. CAG's Skills Enhancement for Endoscopy program has become the CPD tool voted to most significantly change practice. CAG Education Affairs is actively working to increase the quantity and quality of educational materials and programs that members can utilize as part of their ongoing maintenance of certification activities. These findings, along with evaluations of CDDW 2015 and identification of unrecognized educational needs, will form the basis of the 2016 CDDW program.

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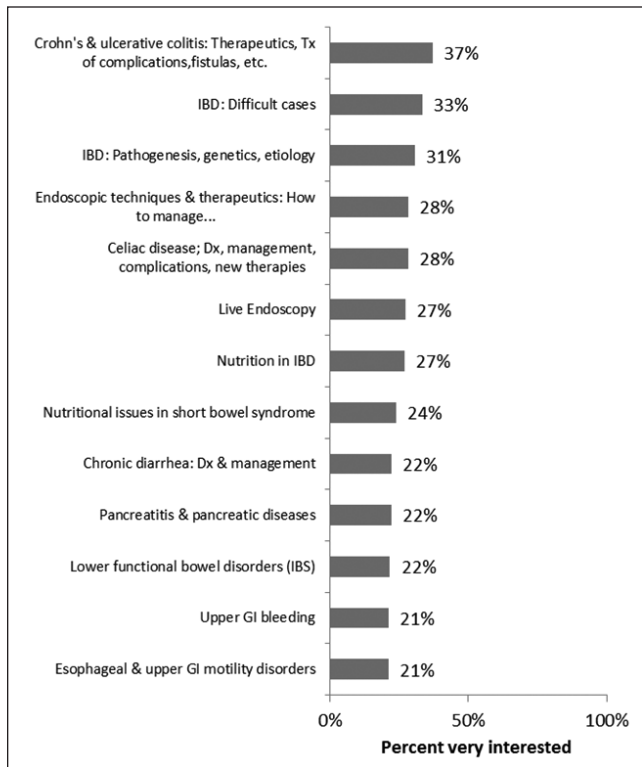


Figure 1) The 13 most popular topics for educational events based on the percent of respondents who were 'very interested' in the area. Crohn's Crohn's disease; Dx Diagnosis; GI Gastrointestinal; IBD Inflammatory bowel disease; IBS Irritable bowel syndrome; Tx Treatment

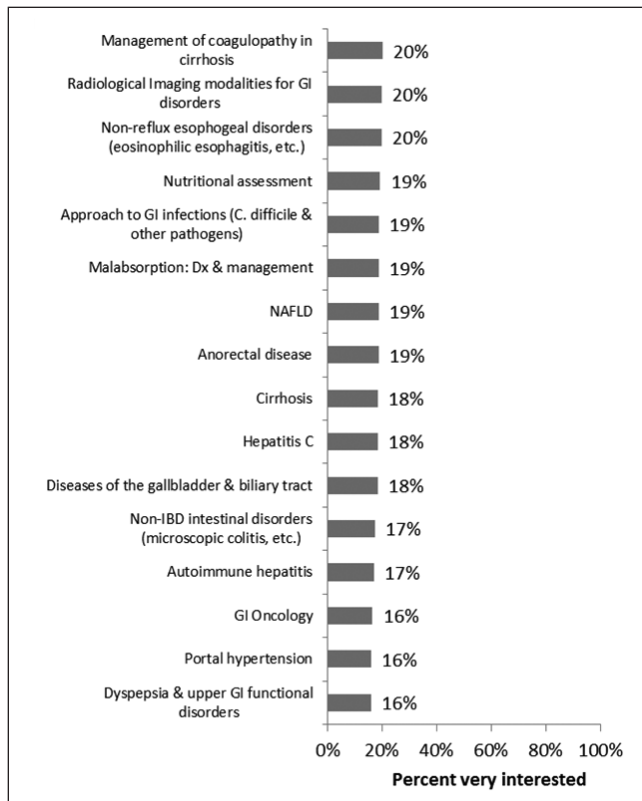


Figure 2) Educational topics in which 16% to 20% of respondents were 'very interested'. C. difficile Clostridium difficile; Dx Diagnosis; GI Gastrointestinal; NAFLD Non-alcoholic fatty liver disease

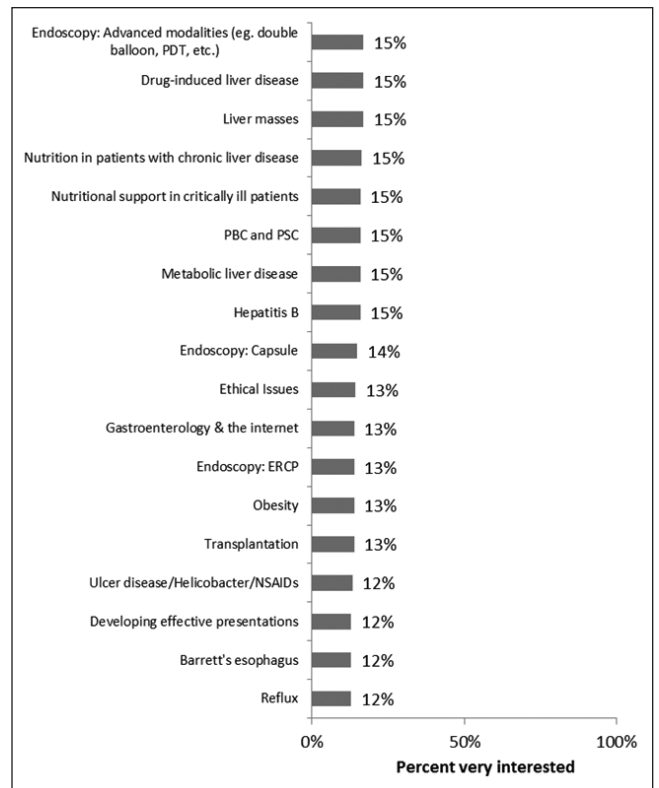


Figure 3) Educational topics in which 12% to 15% of respondents were 'very interested'. ERCP Endoscopic retrograde cholangiopancreatography; Helicobacter Helicobacter pylori; NSAIDs Non-steroidal anti-inflammatory drugs; PBC Primary biliary cirrhosis; PDT Photodynamic therapy; PSC primary sclerosing cholangitis

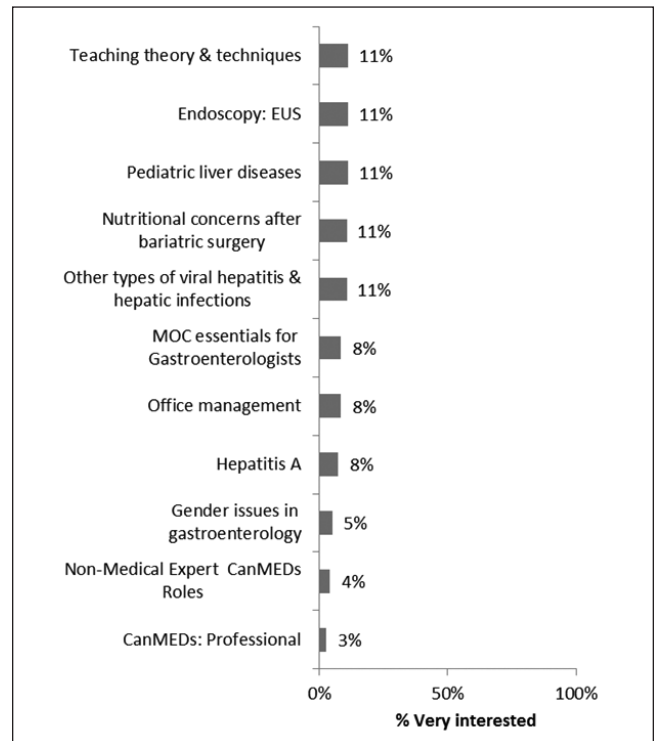


Figure 4) Educational topics in which 3% to 11% of respondents were 'very interested'. EUS Endoscopic ultrasound; MOC Maintenance of certification

TABLE 1
Most popular educational topics according to respondent subgroup

Respondent subgroup	Choice, % very interested				
	1	2	3	4	5
Gastroenterologists – Adult (n=96)	Crohn's & ulcerative colitis therapeutics (42.7)	Endoscopic techniques & therapeutics (41.7)	Live endoscopy (39.6)	IBD: Difficult cases (38.5)	Non-reflux esophageal disorders (32.3) Celiac disease (32.3)
Gastroenterologists – Pediatric (n=23)	Pediatric liver diseases (56.5) Nutrition in IBD (56.5) Nutritional issues in short bowel syndrome (56.5)	Malabsorption: Dx & management (52.2)	Nutritional assessment (43.5) Crohn's & ulcerative colitis therapeutics (43.5) IBD: Difficult cases (43.5) Celiac disease (43.5)		
Teaching hospital based (n=130)	Crohn's & ulcerative colitis therapeutics (38.5)	IBD: Difficult cases (36.9)	Celiac disease (31.5) IBD: Pathogenesis, genetics, etiology (31.5) Endoscopic techniques/therapeutics (31.5)		
Community hospital based (n=47)	Crohn's & ulcerative colitis therapeutics (40.4)	Endoscopic techniques/therapeutics (38.3) Live endoscopy (38.3)	IBD: Difficult cases (36.2) Anorectal disease (36.2)		
Basic scientists (n=41)	IBD Pathogenesis, genetics, etiology (34.2)	GI oncology (24.4)	Approach to GI infections (22.0)	Non-IBD intestinal disorders (17.1%)	Lower functional bowel disorders (IBS) (14.6) Nutrition in IBD (14.6)

Crohn's Crohn's disease; Dx Diagnosis; GI Gastrointestinal; IBD Inflammatory bowel disease; IBS Irritable bowel syndrome