

2008 Canadian Association of Gastroenterology educational needs assessment report



Canadian Association
of Gastroenterology

En français voir page 707

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

The annual survey of the Canadian Association of Gastroenterology (CAG) members' educational needs was conducted via an on-line survey during March and April. Two hundred seventy-one individuals completed the survey. Similar to previous years, inflammatory bowel disease (IBD) topics – particularly difficult IBD cases, and Crohn's disease and ulcerative colitis therapeutics – were most in demand for future educational events. Other highly rated areas were endoscopic techniques, live endoscopy, pancreatitis and pancreatic diseases, and celiac disease. Diagnosis and management of malabsorption and chronic diarrhea also remain popular, despite a focus on this at Canadian Digestive Diseases Week (CDDW) 2008. The two most popular educational formats were presentations 'streamed' to computers or delivered as 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 the CAG Education Affairs committee on the 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, Jamie Gregor, Supriya Joshi, Remo Panaccione, Craig Render, Connie Switzer and Kevin Waschke, and trainee members Catharine Walsh and Jennifer Williams. A subgroup of the committee designed the needs assessment survey, which was a modified version of that used in 2007.

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 collected basic demographic information, the second examined interest in topics for educational events, and the third 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 reliance on the CAG for MainCert credits, their likelihood of using various educational formats and their top three sources of information for reviewing a clinical topic area.

RESULTS

A generic e-mail request to CAG members in March and April resulted in approximately 30 individuals completing the needs assessment. Two subsequent, personalized e-mail requests to members succeeded in generating another 241 responses, for a total of 271 completed surveys, representing 27% of the solicited membership.

Demographics

Virtually all respondents were CAG members (98%) and 69% were men. Regarding education, 79% were MDs or equivalent, 22% and 11% held a PhD and MSc, respectively, and 6% held another degree. Of the 222 respondents with an MD degree or equivalent, 12% graduated between 1961 and 1970, 19% graduated between 1971 and 1980, 32% graduated between 1981 and 1990, 29% graduated between 1991 and 2000, and 8% graduated in 2001 or later. Most respondents

The CAG is proud to acknowledge its Benefactor Corporate Sponsors:

Abbott Canada

AstraZeneca Canada Inc

Axcan Pharma Inc

Nycomed Canada Inc

Olympus Canada Inc

Pentax Canada Inc

Procter & Gamble Pharmaceuticals

Schering Canada Inc

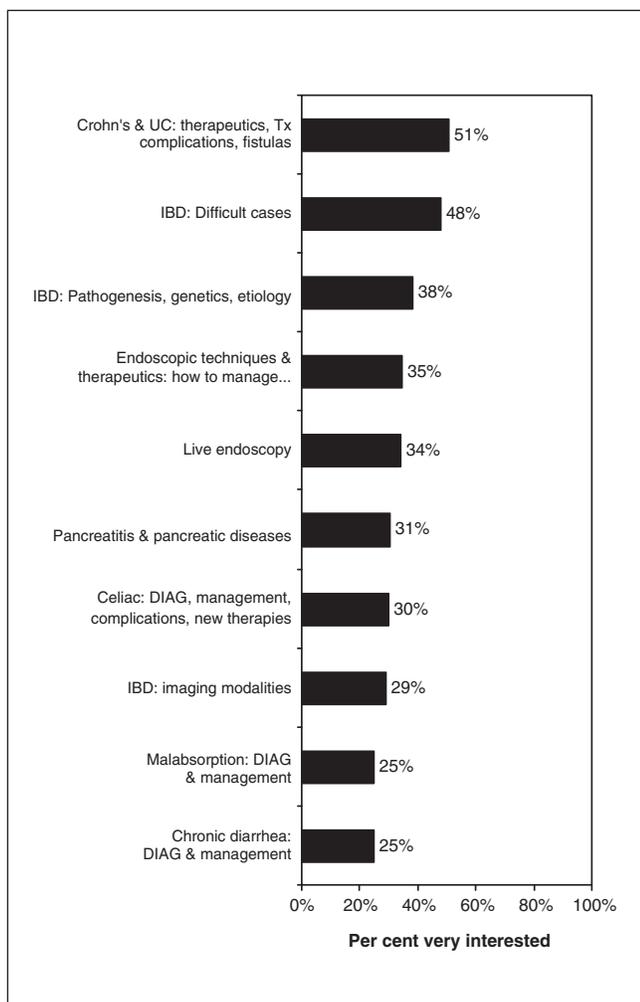


Figure 1) The 10 most popular topics for educational events based on the percentage of respondents who were 'very interested' in the area. DIAG Diagnosis; IBD Inflammatory bowel disease; Tx Treatment; UC Ulcerative colitis

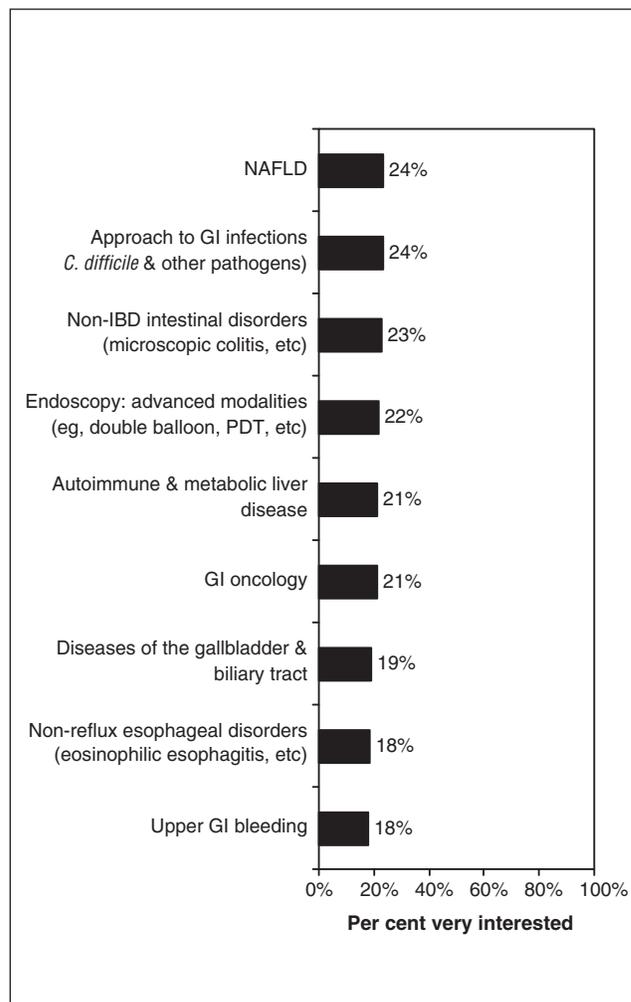


Figure 2) Educational topics in which 18% to 24% of respondents were 'very interested'. GI Gastrointestinal; IBD Inflammatory bowel disease; NAFLD Nonalcoholic fatty liver disease; PDT Photodynamic therapy

were predominantly teaching hospital-based (63%), rather than community-based with (23%) or without (3%) hospital privileges, while 11% answered 'not applicable'.

Most replies were from individuals in Ontario (35%), followed by Alberta (21%), Quebec (17%) and British Columbia (11%), with responses distributed roughly in proportion to provincial population.

Respondents' specialties were identified as adult gastroenterology by 59%, pediatric gastroenterology by 9%, hepatology by 2% and surgery by 1%. Basic and clinical scientists made up 17% and 2% of respondents, respectively. Residents and fellows accounted for 3%, and 'other' roles accounted for 7%.

Fifty per cent identified clinical practice as their primary focus and 23% noted basic research (more than 50% of time performing research). Clinician-teachers (50% or less time teaching) and clinical researchers (50% or less time performing research) formed the next biggest groups, at 8% each. Less commonly, individuals were involved in clinical research (more than 50% of the time; 6%), administration (more than 50% of the time; 2%), teaching (more than 50% of time; fewer than 1%) or 'other' duties (2%).

Educational topics

The percentage of respondents who were 'very interested' in each topic is shown in Figures 1 to 4 for the 42 educational topics surveyed. Consistent with previous years, IBD topics remained extremely popular; apart from IBD, live endoscopy, endoscopic techniques, pancreatitis and pancreatic diseases, and celiac disease were among the most desired educational areas (Figure 1). The most desired topics by various demographic splits (adult versus pediatric gastroenterologists, academic- versus community-based physicians, and basic scientists) are presented in Table 1.

Learning formats

The majority of respondents for whom the question was applicable (59%; 130 of 220) noted that they rely on CAG for fewer than than one-half of their MainCert credits (Figure 5). The two most popular educational formats were "Lectures and presentations (eg, from 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).

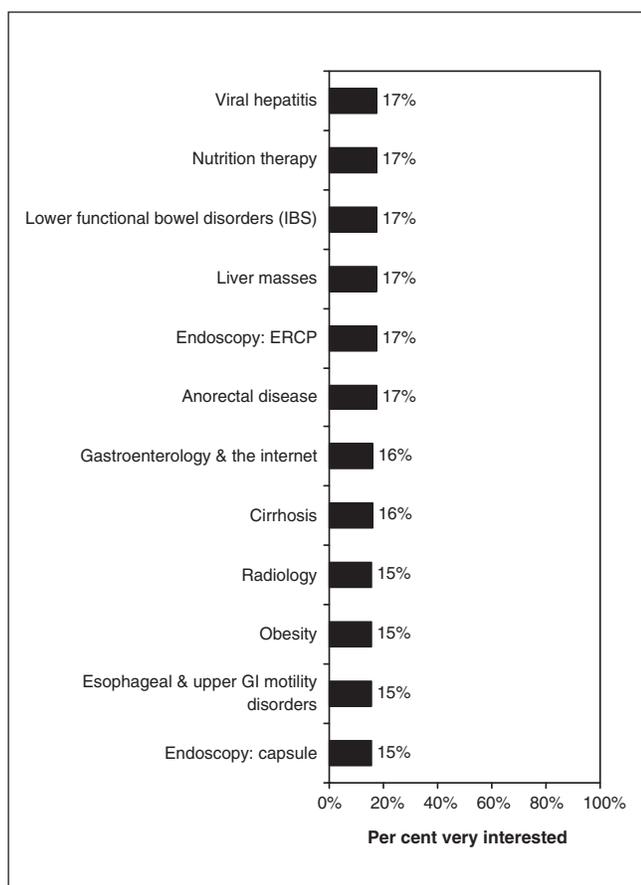


Figure 3) Educational topics in which 15% to 17% of respondents were 'very interested'. ERCP Endoscopic retrograde cholangiopancreatography; GI Gastrointestinal; IBS Irritable bowel syndrome

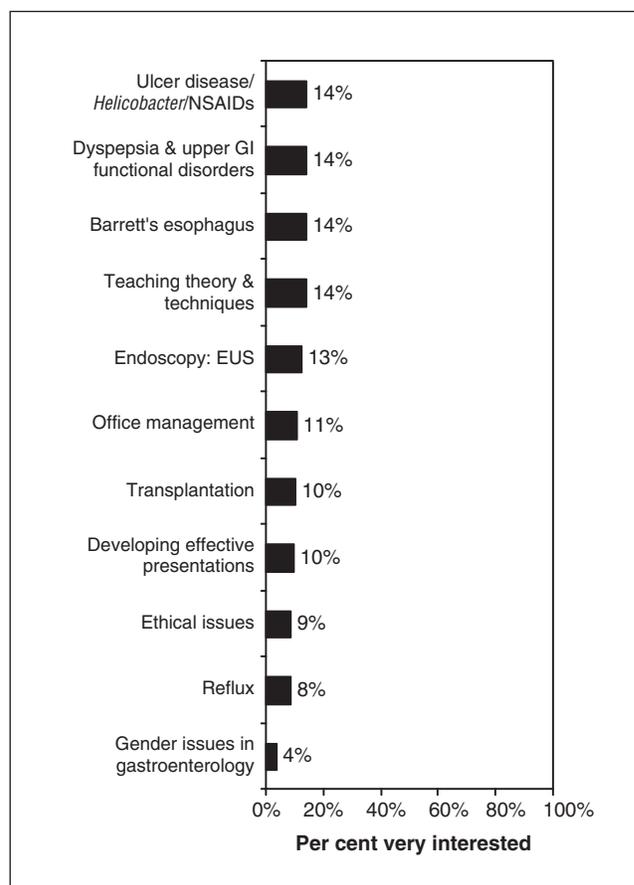


Figure 4) Educational topics in which 4% to 14% of respondents were 'very interested'. EUS Endoscopic ultrasound; GI Gastrointestinal; NSAIDs Nonsteroidal anti-inflammatory drugs

TABLE 1
Most popular educational topics by respondent subgroup

Group	First choice (% very interested)	Second choice (% very interested)	Third choice (% very interested)	Fourth choice (% very interested)	Fifth choice (% very interested)
Adult GI group (n=168)	IBD: Difficult cases (58%)	Crohn's disease and UC therapeutics (52%)	Endoscopic techniques and therapeutics (50%)	Live endoscopy (47%)	Pancreatitis and pancreatic diseases (37%)
Pediatric GI group (n=25)	Crohn's and UC therapeutics (52%)	IBD Pathogenesis, genetics, etiology (44%) Non-reflux esophageal disorders (44%)		IBD: Difficult cases (40%) Esophageal and upper GI motility disorders (40%)	
Academic MDs (n=138)	IBD: Difficult cases (50%)	Crohn's disease and UC therapeutics (48%)	Celiac disease (36%)	Pancreatitis and pancreatic diseases (35%)	Endoscopic techniques and therapeutics (33%)
Community MDs (n=70)	IBD: Difficult cases (60%)	Endoscopic techniques and therapeutics (59%)	Live endoscopy (57%)	Crohn's disease and UC therapeutics (50%)	Pancreatitis and pancreatic diseases (39%)
Basic scientists (n=45)	IBD: Pathogenesis, genetics, etiology (71%)	Crohn's disease and UC therapeutics (40%)	Approach to GI infections (38%)	Lower functional bowel disorders (24%) Non-IBD intestinal disorders (24%)	

GI Gastrointestinal; IBD Inflammatory bowel disease; UC Ulcerative colitis

Respondents were also asked to identify their top three sources of information to review a clinical topic area. The first choices were predominantly Medline/PubMed (56%), UpToDate (31%) and gastrointestinal (GI) journal review articles (9%). The main selections for second choice

were GI journal review articles (33%), Medline/PubMed (20%) and UpToDate (13%). The most common third choices were GI journal review articles (24%), textbooks (18%), and regional meetings/journal clubs or rounds (13%).

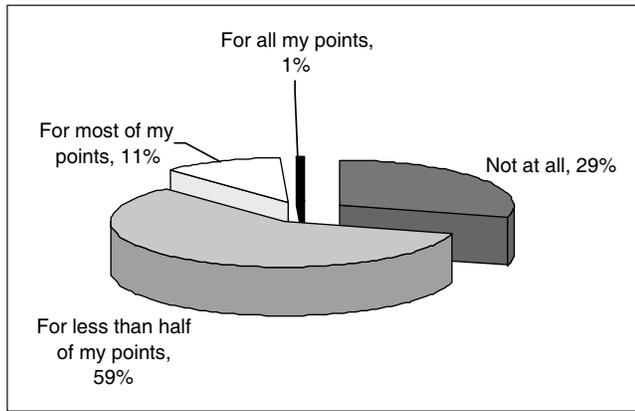


Figure 5) Responses to the question, “How much do you rely on the CAG to provide you with Maintenance of Certification credits?” from the 222 respondents for whom the question was applicable. CAG Canadian Association of Gastroenterology

DISCUSSION

Twenty-seven per cent of the solicited membership participated in the full survey. Although the initial response was poor, members are to be commended for answering a second personalized request for input. 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 for respondents, despite yearly CDDW sessions in this area since 2002. Apart from IBD, endoscopic techniques, live endoscopy, pancreatitis and pancreatic diseases, and celiac disease were popular. Diagnosis and management of malabsorption and chronic diarrhea were also highly rated – as they were in 2007 – despite a focus on these topics at the 2008 CDDW Postgraduate Course. These findings, along with evaluations of CDDW 2008 and identification of unrecognized educational needs, have formed the basis of the 2009 CDDW program.

TABLE 2

The percentage of respondents who said they ‘may use’ or ‘definitely would use’ a particular educational format (additional response options not shown: ‘will not use’ and ‘unlikely to use’)

Proposed educational format or activity	May use, %	Definitely would use, %
Lectures and presentations (eg, from CDDW) ‘streamed’ to your desktop computer or delivered as podcasts for ipod	43	30
A CAG educational Web site portal to on-line presentations, self-assessments and MainCert point tracking	42	30
Regional face-to-face meetings (weekend- or single-day)	53	23
A hands-on endoscopy and colonoscopy technique refresher course	33	20
Videoconferenced live meetings brought to your location with a local moderator	47	13
Live on-line presentation and discussion from your computer (like videoconferenced rounds with live voice chat by computer or phone)	41	11
A moderated discussion forum on the CAG Web site (to post questions and discuss difficult patient problems)	41	9

CAG Canadian Association of Gastroenterology; CDDW Canadian Digestive Diseases Week; MainCert Maintenance of Certification

CAG Clinicians, Mark your calendar for the week of November 17



THE SAGE PROGRAM

Survey of Access to GastroEnterology

1+1

1 clinic list
1 procedure list

Complete a quick survey snapshot of wait times and provide critical data in support of improved patient care and advocacy initiatives. Stay tuned to www.cag-acg.org for details or email SAGE@cag-acg.org