

2010 Canadian Association of Gastroenterology educational needs assessment report

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



Canadian Association
of Gastroenterology

The annual survey of Canadian Association of Gastroenterology (CAG) members' educational needs was conducted via an online survey during April 2010. A total of 201 individuals completed the survey. Similar to previous years, inflammatory bowel disease (IBD) topics were most in demand for future educational events. Other highly rated areas were the following: live endoscopy, celiac disease, and endoscopic techniques and therapeutics. Almost three-quarters of respondents supported the CAG providing speakers or content for regional/provincial gastroenterology society meetings. Approximately one-half were aware of the launch of the CAG's educational portal (ePortal) in 2009, yet only 20% had visited the website. However, those who were familiar with the ePortal agreed that it was valuable, easy to use and confirmed that they would visit again.

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 (RCPSC).

METHODS

The members of Education Affairs include Drs Collin Barker, Maria Cino, Dana Farina, Andrea Faris, Jamie Gregor, Ralph Lee, Maitreyi Raman, Craig Render, Connie Switzer, Kevin Waschke, Brian Yan and trainee member Catharine Walsh. A subgroup of the committee designed the needs assessment survey, which was a modified version of the one used in 2009.

The needs assessment was posted online via the CAG website 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 the following three sections: the first collected basic demographic information; the second examined interest in topics for educational events; and the third explored desired activities/formats for accredited learning activities.

Respondents were asked to rate their interest in 43 potential topics for educational events using a five-point scale with the following responses: no interest, minor interest, neutral/not sure, some interest, and very interested. They were also queried regarding how CAG should interact with provincial/regional gastroenterology organizations, CAG's provision of Maintenance of Certification credits and the new educational Portal (ePortal).

RESULTS

A personalized e-mail request sent to CAG members in early April succeeded in generating 201 respondents, representing 18% of the solicited membership.

Demographics

Virtually all respondents were CAG members (97%) and 68% were men. Regarding education, 72% held an MD or equivalent degree, 24% and 17% held a PhD or MSc, respectively, and 15% held another degree. Of the 148 respondents for whom the question was applicable, the year of medical school graduation was before 1970 for 9%, 1970 to 1979 for 20%, 1980 to 1989 for 20%, 1990 to 1999 for 17%, and 2000 or later for 34%. Most respondents were predominantly based at teaching hospitals (63%), rather than community based with (18%) or without (2%) hospital privileges, while 17% answered 'not applicable'.

Most replies were from individuals in Ontario (44%), followed by Alberta (19%), Quebec (14%) and British Columbia (10%), with responses distributed approximately in proportion to provincial population.

Respondents' specialty was identified as adult gastroenterology by 45%, pediatric gastroenterology by 10%, hepatology by 0.5% and surgery by 0.5%. Basic and clinical scientists comprised 23% and 1%, respectively, of respondents. Residents and fellows accounted for 10%, and 'other' roles for 10%.

Regarding the question of where respondents spend their time, 39% 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 10%.

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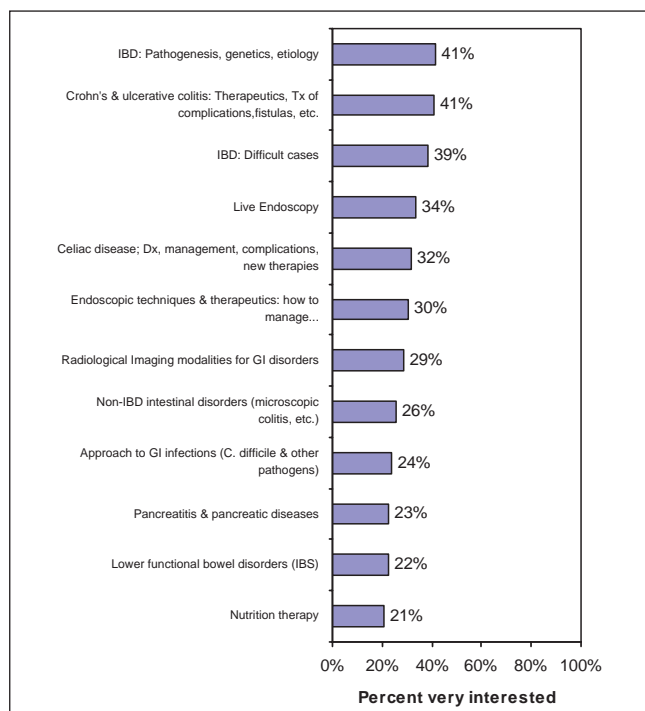


Figure 1) The 12 most popular topics for educational events based on the percentage of respondents who were 'very interested' in the area. C difficile Clostridium difficile; Dx Diagnosis; GI Gastrointestinal; IBD Inflammatory bowel disease; IBS Irritable bowel syndrome; Tx Treatment

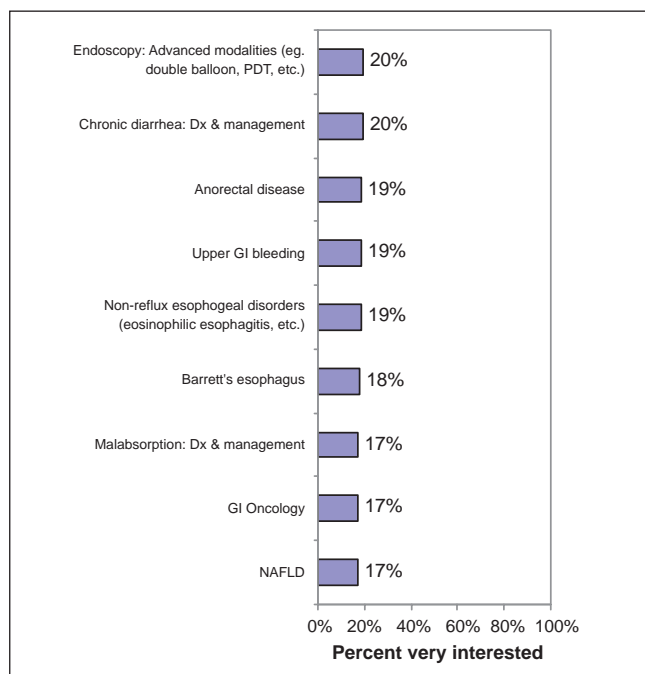


Figure 2) Educational topics in which 17% to 20% of respondents were 'very interested'. Dx Diagnosis; GI Gastrointestinal; NAFLD Nonalcoholic fatty liver disease; PDT Photodynamic therapy

followed by clinician-teachers (50% or less time teaching) at 8%. Less commonly, individuals were involved in clinical research (more than 50% of the time) (5%), administration (more than 50% of the time) approximately 2%, teaching (more than 50% of the time) approximately 2%, or 'other' duties (6%).

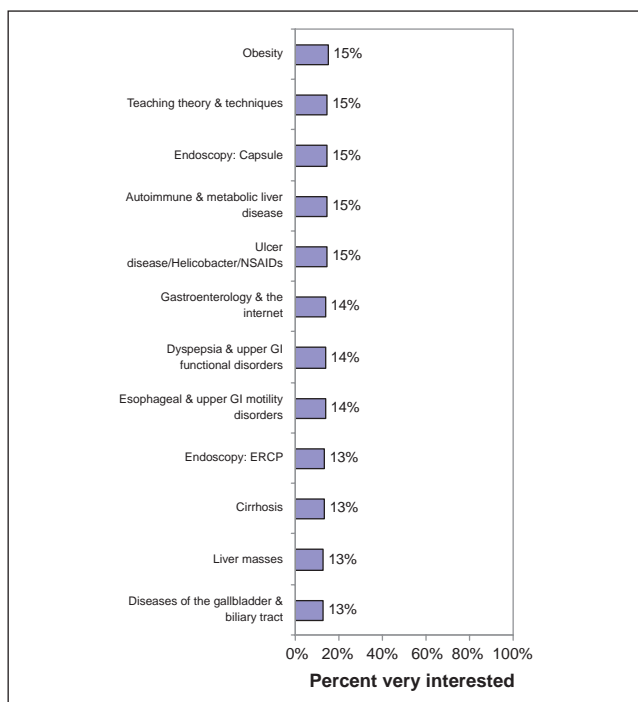


Figure 3) Educational topics in which 13% to 15% of respondents were 'very interested'. ERCP Endoscopic retrograde cholangiopancreatography; GI Gastrointestinal; NSAIDs Nonsteroidal anti-inflammatory drugs

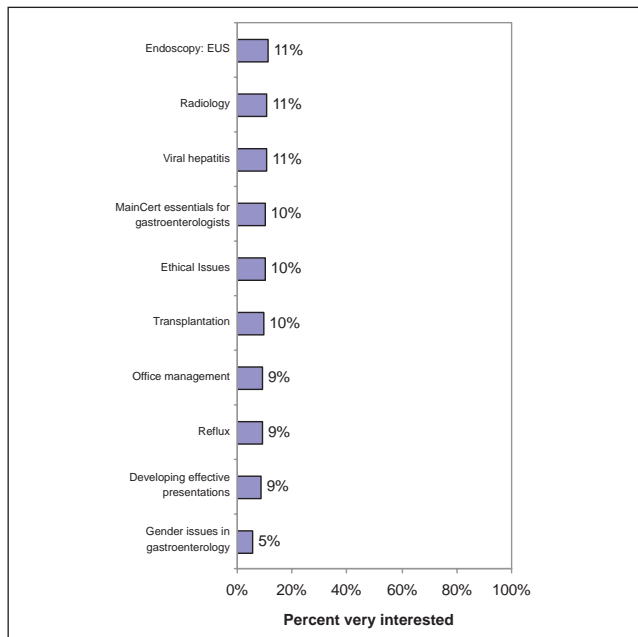


Figure 4) Educational topics in which 5% to 11% of respondents were 'very interested'. EUS Endoscopic ultrasound

Educational topics

For the 43 educational topics surveyed, the percentage of respondents who were 'very interested' in each topic are shown in Figures 1 to 4. Consistent with previous years, IBD topics remained extremely popular. Apart from IBD, live endoscopy, celiac disease, endoscopic techniques and radiological imaging for gastrointestinal disorders were among the most desired educational areas (Figure 1). The most-desired topics according to

TABLE 1
Most popular educational topics according to respondent subgroup

Group	'Very interested', %				
	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Adult gastroenterologists (n=90)	Live endoscopy (45.9)	IBD difficult cases (44.7)	Endoscopy techniques/therapeutics (43.5)	Crohn's disease/UC therapeutics (42.4); celiac disease (42.4)	
Pediatric gastroenterologists (n=20)	IBD pathogenesis, genetics, etiology (36.8); celiac disease (36.8)		Nonreflux esophageal disorders (31.6); IBD difficult cases (31.6); live endoscopy (31.6)		
Teaching-hospital respondents (n=126)	IBD pathogenesis, genetics, etiology (44.1)	Crohn's disease/UC therapeutics (43.2); IBD difficult cases (43.2)		Live endoscopy (35.6)	Celiac disease (34.7)
Community-based respondents (n=39)	Live endoscopy (51.4)	Anorectal disease (45.9)	Pancreatitis and pancreatic diseases (40.5); endoscopy techniques/therapeutics (40.5)		Crohn's disease/UC therapeutics (37.8); celiac disease (37.8)
Basic scientists (n=46)	IBD pathogenesis, genetics, etiology (57.5)	Crohn's disease/UC therapeutics (37.5)	Lower functional bowel disorders (35.0); approach to gastrointestinal infections (35.0)		IBD difficult cases (17.5)

IBD Inflammatory bowel disease; UC Ulcerative colitis

various respondent subgroups (adult versus pediatric gastroenterology, teaching versus community-based respondents, and basic scientists) are presented in Table 1.

Learning activities/formats

Regarding how CAG should interact more with provincial/regional gastroenterology organizations, 74% selected 'providing speakers/content for provincial/regional meetings', 51% selected 'recording of provincial/regional meetings for online educational activities' and 22% noted combined collection of membership fees.

The majority of respondents (75%) for whom the question was applicable (59% [107 of 180]) noted that they rely on the CAG for less than one-half of their MainCert credits (Figure 5). Regarding the question 'Would it be of benefit if CAG provided review and Section-3 RCPSC accreditation approval for external (AGA, ACG, ASGE, etc) self-assessment programs?' 86% of respondents answered 'Yes'.

Regarding the CAG's ePortal, 51% were aware of its launch in September 2009, and 20% had visited the website. Of those who had visited the ePortal, 98% agreed they would visit the site again, 93% found the site easy to navigate and 90% found the educational content to be of value.

DISCUSSION

Sixteen 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.

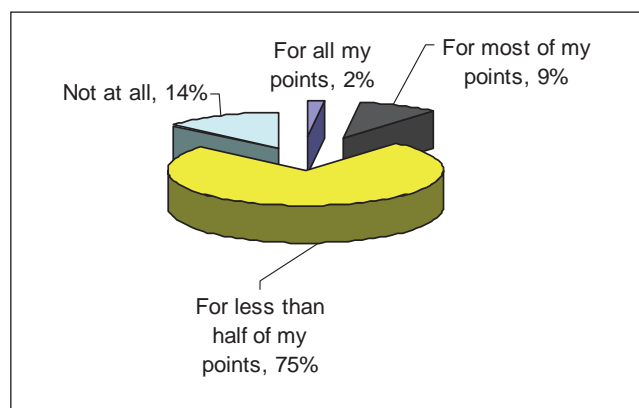


Figure 5) Responses to 'How much do you rely on the CAG to provide you with Maintenance of Certification credits?' from the 107 respondents for whom the question was applicable

IBD remains the highest priority of respondents despite yearly Canadian Digestive Disease Week (CDDW) sessions in this area since 2002. Apart from IBD, live endoscopy, celiac disease, and endoscopic techniques and therapeutics 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 maintenance of certification activities. These findings, along with evaluations of CDDW 2010 and identification of unrecognized educational needs, have formed the basis of the 2011 CDDW program.