



## 2012 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 during March 2012. A total of 216 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 celiac disease, hepatitis C, nutrition therapy, autoimmune hepatitis, and endoscopic techniques and therapies.

### 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 2012 include Drs Lana Bistriz, Nazira Chatur, Dana Farina, Samir Grover, Phillip Hassard, Gilaad Kaplan, Adriana Lazarescu, Peter Rossos, Connie Switzer, Kevin Waschke, Geoff Williams, Clarence Wong, Winnie Wong, Brian Yan, and trainee members Zain Kassam and Catharine Walsh. A subgroup of the committee designed the needs assessment survey, which was a modified version of that used in 2011.

The needs assessment was posted online 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 collected basic demographic information and examined interest in topics for educational events. Respondents were asked to rate their interest in 51 potential topics for educational events using a five-point scale of no interest–minor interest–neutral/not sure–some interest–very interested.

### RESULTS

A personalized e-mail request sent to CAG members in early March drew 216 respondents, representing 20% of the solicited membership.

#### Demographics

The majority of respondents were CAG members (80%), 26% were CASL members and 4% belonged to neither organization. Sixty-two per cent were male and, regarding education, 67% held an MD or equivalent degree, 26% and 16% held a PhD or MSc, respectively, while 11% held another degree. Of the 155 respondents for whom the question was applicable, the year of medical school graduation was before 1970 for 3%, 1970 to 1979 for 14%, 1980 to 1989 for 15%, 1990 to 1999 for 25%, and 2000 or later for 43%. For the 174 respondents for whom the

question was applicable, the majority were predominantly teaching-hospital based (74%), rather than being community based with (21%) or without (5%) hospital privileges.

Most replies were from individuals in Ontario (35%), followed by Alberta (22%), Quebec (16%) and British Columbia (11%), with responses distributed roughly in proportion to provincial population.

Respondents' specialty was identified as adult gastroenterology by 38%, pediatric gastroenterology by 8% and hepatology by 6%. Basic and clinical scientists made up 22% and 3%, respectively, of respondents. Residents and fellows accounted for 11%, and 'Other' roles for 12%.

Regarding where respondents spend their time, 43% identified clinical practice as their primary focus and 27% noted basic research (>50% research). Clinician-researchers (≤50% research) formed the next biggest group at 9%, followed by clinician-teachers (≤50% teaching) at 8%. Less commonly, individuals were involved in clinical research (>50%) (7%), administration (>50%) (2%), or 'other' duties (4%).

#### Educational topics

The percentage of respondents who were 'very interested' in each topic are shown in Figures 1 to 4 for the 51 educational topics surveyed. Consistent with past years, IBD topics remain extremely popular; in addition, celiac disease, hepatitis C, nutrition therapy, endoscopic techniques and therapies, and autoimmune hepatitis were among the most desired educational areas (Figure 1). When examined according to various demographic splits (adult versus pediatric gastroenterologist and basic scientists) the most desired topics ranked somewhat differently (Table 1).

### DISCUSSION

Twenty per cent 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 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, celiac disease, hepatitis C, nutrition therapy, autoimmune hepatitis, and endoscopic techniques and therapies were popular. 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 2012 and identification of unrecognized educational needs, will form the basis of the 2013 CDDW program.

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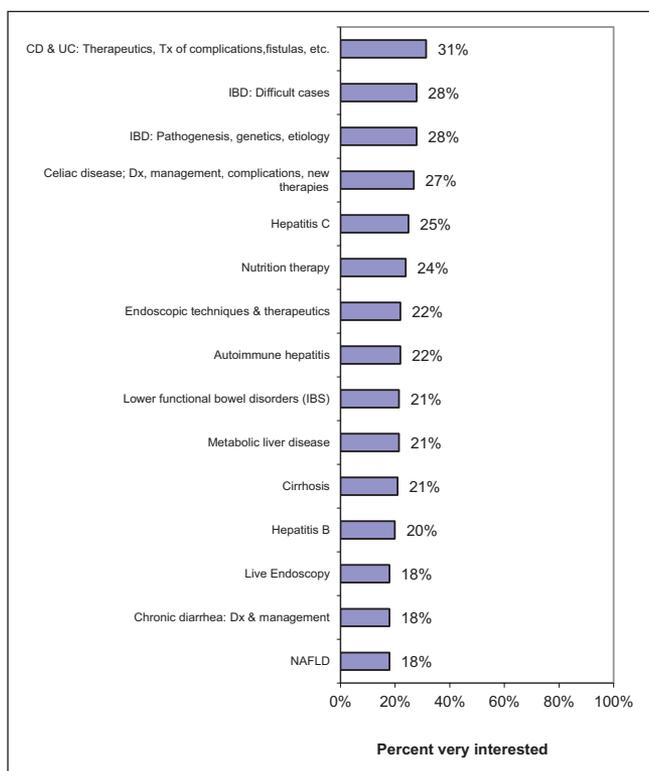


Figure 1) The 15 most popular topics for educational events based on the percentage of respondents who were 'very interested' in the area. CD Crohn disease; Dx Diagnosis; IBD Inflammatory bowel disease; IBS Irritable bowel syndrome; NAFLD Nonalcoholic fatty liver disease; Tx Treatment; UC Ulcerative colitis

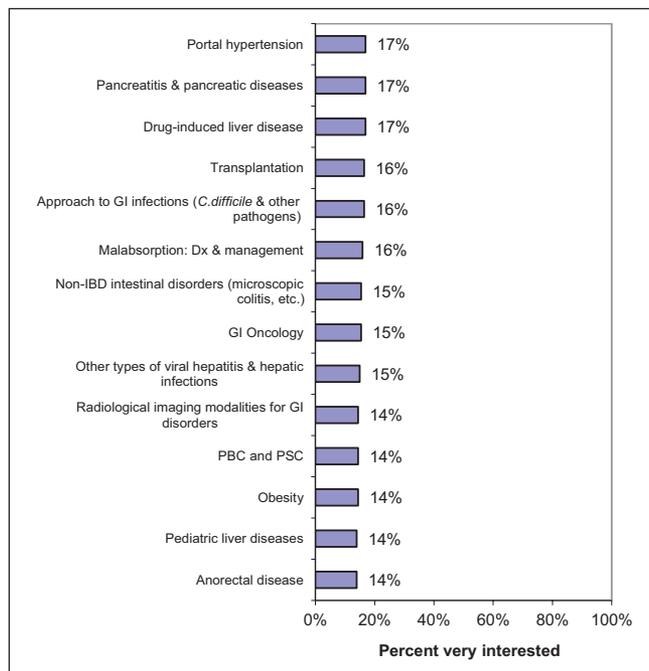


Figure 2) Educational topics in which 14% to 17% of respondents were 'very interested'. C *difficile* Clostridium difficile; Dx Diagnosis; IBD Inflammatory bowel disease; GI Gastrointestinal; PBC Primary biliary cirrhosis; PSC Primary sclerosing cholangitis

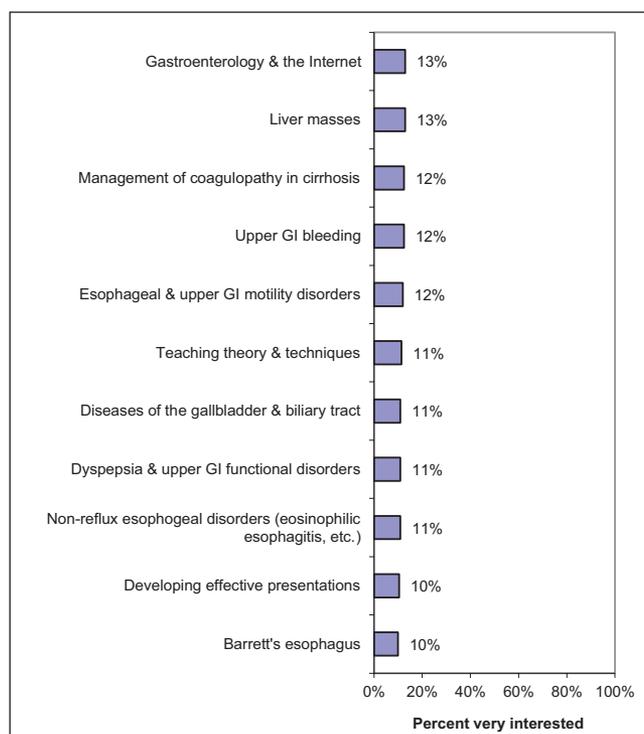


Figure 3) Educational topics in which 10% to 13% of respondents were 'very interested'. GI Gastrointestinal

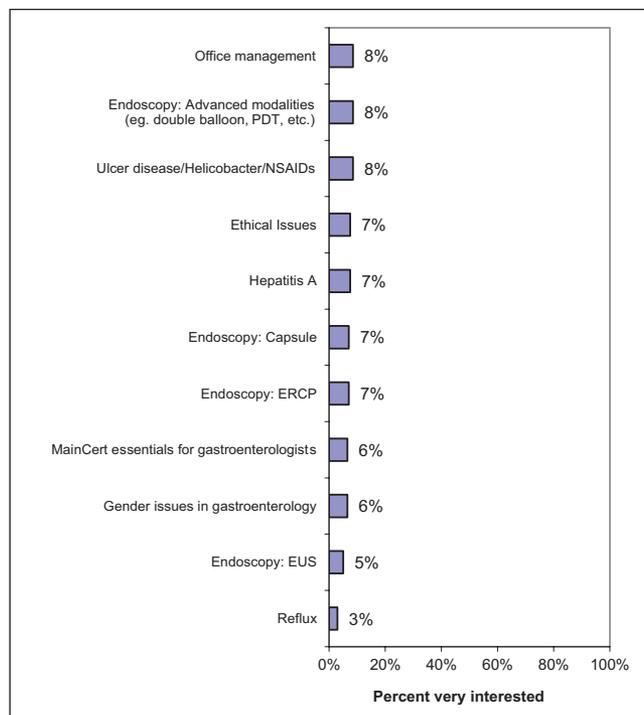


Figure 4) Educational topics in which 3% to 8% of respondents were 'very interested'. ERCP Endoscopic retrograde cholangiopancreatography; EUS Endoscopic ultrasound; MainCert Maintenance of certification; NSAIDs Nonsteroidal anti-inflammatory drugs; PDT Photodynamic therapy

**TABLE 1**  
**Most popular educational topics according to respondent subgroup**

	Choice, (% very interested)				
	1	2	3	4	5
Gastroenterologists – Adult (n=81)	IBD difficult cases (39.5%)	CD/UC therapeutics (37.0%) celiac disease (37.0%)	Endoscopic techniques and therapeutics (33.3%)	Live endoscopy (27.2%)	Anorectal disease (23.5%) Chronic diarrhea (23.5%) IBD pathogenesis (23.5%)
Gastroenterologists – Pediatric (n=17)	Pediatric liver diseases (82.4%)	Autoimmune hepatitis (47.1%) metabolic liver disease (47.1%)	Cirrhosis (41.2%) Transplantation (41.2%) Portal hypertension (41.2%) CD/UC therapeutics (41.2%)	Coagulopathy in cirrhosis (35.3%) PBC and PSC (35.3%)	Celiac disease (29.4%) Drug-induced liver disease (29.4%) Malabsorption (29.4%) Nutrition therapy (29.4%) IBD pathogenesis (29.4%)
Basic scientists (n=47)	IBD pathogenesis, genetics, etiology (52.5%)	Lower functional bowel disorders (42.5%)	Approach to GI infections (30%)	Non-IBD intestinal (25%) CD/UC therapeutics (25%)	Nutrition therapy (22.5%) Obesity (22.5%) GI oncology (22.5%)

CD Crohn disease; GI Gastrointestinal; IBD Inflammatory bowel disease; PBC Primary biliary cirrhosis; PSC Primary sclerosing cholangitis; UC Ulcerative colitis