



2020 Education Needs Assessment Report – KPCOP

The 2020 AST Education Needs Assessment Survey was distributed to all AST members from February 6 to March 6, 2020. The survey included a topical specialty section based on each of AST’s Communities of Practice (COP).

316 participants began the “Kidney and Pancreas” specialty section and 289 completed the section. A breakdown of the information gathered from these participants is provided in this report.

I. “Kidney and Pancreas” Specialty Section Participants

Role of Participants:

Participants were asked, “Which best describes you? (please choose one).” Based on the 316 participants who started the KPCOP specialty section, the chart below outlines the roles that were represented (results from all participants in the survey are provided for comparison).

Role	Specialty Participants	Overall Participants
Physician/Primarily Research	23 (7.3%)	65 (8.7%)
Physician/Primarily Clinical	128 (40.5%)	316 (42.4%)
Surgeon/Primarily Research	2 (0.6%)	12 (1.6%)
Surgeon/Primarily Clinical	25 (7.9%)	45 (6.0%)
Administrator	18 (5.7%)	34 (4.6%)
Advanced Practice Provider	24 (7.6%)	43 (5.8%)
Histocompatibility Specialist	7 (2.2%)	23 (3.1%)
Nurse/Transplant Coordinator	9 (2.9%)	16 (2.1%)
Pharmacist	55 (17.4%)	104 (14.0%)
Psychologist/Psychiatrist	2 (0.6%)	12 (1.6%)
Social Worker	9 (2.9%)	19 (2.6%)
Researcher/Scientist	8 (2.5%)	37 (5.0%)
Other	6 (1.9%)	19 (2.6%)

Affiliation of Participants:

Participants were asked what is their “*Affiliation (please choose one.)*” Based on the 316 participants who started the KPCOP specialty section, the chart below outlines the affiliations that were represented (results from all participants in the survey are provided for comparison).

Affiliation	Specialty Participants	Overall Participants
Academic	168 (53.2%)	427 (57.3%)
Government or Military	2 (0.6%)	9 (1.2%)
Hospital	127 (40.2%)	256 (34.4%)
Industry	5 (1.6%)	16 (2.1%)
Organ Procurement Organization	2 (0.6%)	15 (2.0%)
Stand-alone Private Practice	8 (2.5%)	13 (1.7%)
Other	4 (1.3%)	9 (1.2%)

Experience Level of Participants:

Participants were asked to “*Please enter your level of experience/years in practice.*” Based on the 316 participants who started the KPCOP specialty section, the chart below outlines the levels of experience that were represented (results from all participants in the survey are provided for comparison).

Level of Experience	Specialty Participants	Overall Participants
Not yet in training	1 (0.3%)	5 (0.7%)
In training (resident)	7 (2.2%)	16 (2.1%)
In training (fellow)	20 (6.3%)	46 (6.2%)
<5 years	88 (27.9%)	182 (24.4%)
6-10 years	58 (18.4%)	147 (19.7%)
11-15 years	38 (12.0%)	123 (16.5%)
16-20 years	32 (10.1%)	81 (10.9%)
21+ years	72 (22.8%)	145 (19.7%)

II. KPCOP's "Kidney and Pancreas" Specialty Section Data

KPCOP Topic Lists:

A list of important and timely topics was created for the 2020 Needs Assessment Survey specialty sections by KPCOP Leadership and the AST Education Committee. Participants were asked to "Rate each educational topic's importance to you" as either 1) "Not interested," 2) "Interested but have sufficient knowledge" or 3) "Interested & want/need to learn more."

A separate list was created for both Kidney and Pancreas topics. Each member who selected the "Kidney and Pancreas" specialty was asked to provide feedback on both lists.

Below are the results from the 289 participants who completed this specialty section. Kidney and Pancreas topic results will be listed separately to mirror the format of the survey.

KPCOP (Kidney) Specialty Topics – Overall Ranking: The topic list has been ranked below based on a weighted mean score of up to 3.0, with "Interested & want/need to learn more" weighted highest, "Interested but have sufficient knowledge" weighted next highest, and "Not interested" weighted lowest (out of 289 results).

1. Donor specific antibodies monitoring and treatment strategies (including managing patients with de novo DSA and stable allograft function): 2.66
2. Chronic humoral rejection management: 2.65
3. Tools to improve medication adherence in high risk patient populations: 2.64
4. Immunosuppression management in the setting of acute infections and malignancy: 2.63
5. Common virus and fungal complications post-transplantation: 2.59
6. Recurrent kidney disease post-transplantation: monitor and treat: 2.55
7. Evaluation and management of a failing allograft: 2.53
8. Increased risk transplant candidates (i.e. HIV, Amyloidosis, etc.): 2.51
9. Risk stratify and manage cardiovascular complications pre and post transplantation: 2.46
10. Strategies following the loss of Medicare 3 years after transplant: 2.40
11. Cancer surveillance following transplant: 2.37
12. Evaluation, use of KDPI > 85 donors and immunosuppression in older recipients: 2.36
13. Cardiovascular evaluation and management of patients on the kidney transplant waiting list: 2.34
14. Bone: hyperparathyroidism and osteopenia/osteoporosis management post-transplant: 2.29
15. Wait list management: 2.25

KPCOP (Pancreas) Specialty Topics – Overall Ranking: The topic list has been ranked below based on a weighted mean score of up to 3.0, with "Interested & want/need to learn more" weighted highest, "Interested but have sufficient knowledge" weighted next highest, and "Not interested" weighted lowest (out of 289 results).

1. Simultaneous pancreas/kidney vs pancreas after living donor kidney transplant: 2.26
2. Pancreas transplantation versus medical therapy: 2.25
3. Cardiovascular evaluation of pancreas transplant candidates: 2.01
4. Strategies to grow a pancreas transplant program: 1.96

KPCOP (Kidney) Specialty Topics – “Interested and want/need to learn more” Only: The topic list has been ranked below based exclusively on the number of “Interested and want/need to learn more” results (out of 289 results).

1. Chronic humoral rejection management: 220
2. (Tied) Tools to improve medication adherence in high risk patient populations: 217
(Tied) Donor specific antibodies monitoring and treatment strategies (including managing patients with de novo DSA and stable allograft function): 217
4. Immunosuppression management in the setting of acute infections and malignancy: 203
5. Recurrent kidney disease post-transplantation: monitor and treat: 196
6. Increased risk transplant candidates (i.e. HIV, Amyloidosis, etc.): 195
7. Strategies following the loss of Medicare 3 years after transplant: 185
8. Evaluation and management of a failing allograft: 184
9. Risk stratify and manage cardiovascular complications pre and post transplantation: 180
10. (Tied) Evaluation, use of KDPI > 85 donors and immunosuppression in older recipients: 166
(Tied) Cancer surveillance following transplant: 166
12. Cardiovascular evaluation and management of patients on the kidney transplant waiting list: 160
13. Wait list management: 156
14. Bone: hyperparathyroidism and osteopenia/osteoporosis management post-transplant: 155
15. Common virus and fungal complications post-transplantation: 125

KPCOP (Pancreas) Specialty Topics – “Interested and want/need to learn more” Only: The topic list has been ranked below based exclusively on the number of “Interested and want/need to learn more” results (out of 289 results).

1. Pancreas transplantation versus medical therapy: 165
2. Simultaneous pancreas/kidney vs pancreas after living donor kidney transplant: 158
3. Cardiovascular evaluation of pancreas transplant candidates: 119
4. Strategies to grow a pancreas transplant program: 23

KPCOP (Kidney) Specialty Topics – “Not interested” Only: The following topics received the highest number of “Not interested” results (out of 289 results).

- Wait list management: 84
- Bone: hyperparathyroidism and osteopenia/osteoporosis management post-transplant: 71
- Strategies following the loss of Medicare 3 years after transplant: 69
- Cardiovascular evaluation and management of patients on the kidney transplant waiting list: 63
- Evaluation, use of KDPI > 85 donors and immunosuppression in older recipients: 62
- Cancer surveillance following transplant: 60

KPCOP (Pancreas) Specialty Topics – “Not interested” Only: The following topics received the highest number of “Not interested” results (out of 289 results).

- Strategies to grow a pancreas transplant program: 138
- Cardiovascular evaluation of pancreas transplant candidates: 117
- Pancreas transplantation versus medical therapy: 94
- Simultaneous pancreas/kidney vs pancreas after living donor kidney transplant: 82

KPCOP Question on Applying New Knowledge for Patient Care: Participants were asked “*What would your practice need to apply new knowledge for the goal of improving patient care? (Check all that apply).*” Here are the results.

Need	No# of Times Selected
Trained pharmacist	91
Additional nursing staff for patient education	121
Physician assistant	62
Other*	21

* “Other” types of need listed by participants included:

- [Other] Clinical psychologist
- [Other] more access to transplant cardiology
- [Other] more pediatric and adolescent-focused materials
- [Other] More quality improvement specialists
- [Other] UNOS
- [Other] Quality Coordinator
- [Other] Nurse practitioner
- [Other] resources for educational development
- [Other] Physicians
- [Other] Additional transplant nephrologists, APPs and nurses.
- [Other] Additional physicians
- [Other] Patient facilitator and dedicated IT person
- [Other] Social worker
- [Other] Nurse educator
- [Other] Research technical assistance
- [Other] I think overall, we need more hospital staff in general for various aspect of transplant. For example, the more education APPs can get, the more education they can provide in addition to the transplant coordinators, pharmacist, etc. Another huge area at least where I work is that patients aren't mobilizing frequently and the main complaint from nursing staff is the lack of staff/time. I think if we can apply new knowledge to even the nursing staff, everyone can reinforce education so the patient succeeds pre and post-transplant
- [Other] More time!
- [Other] transplant coordinator assistant
- [Other] Mir RN coordination and 2 NPs
- [Other] Trained sub-specialty pathologist
- [Other] Psychologist

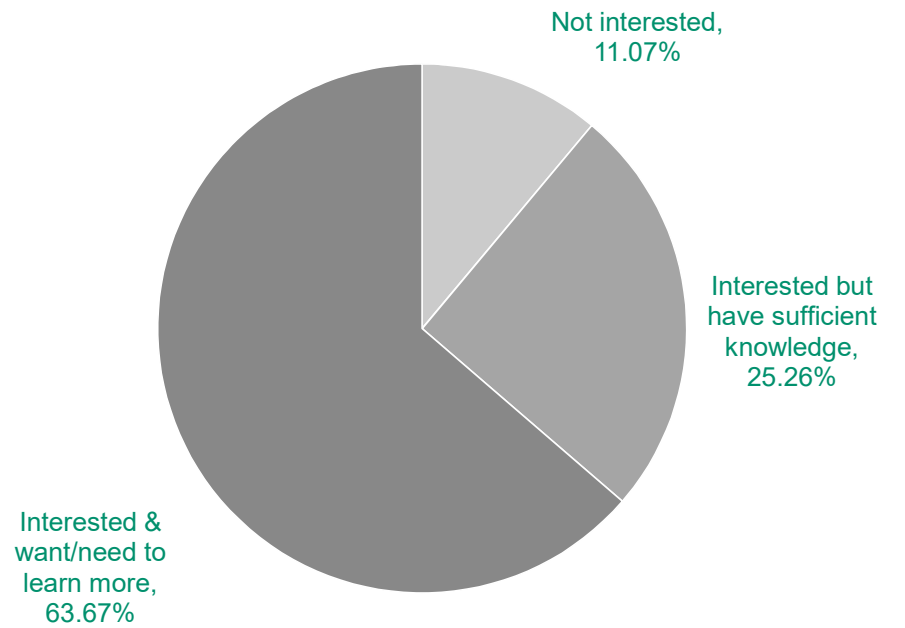
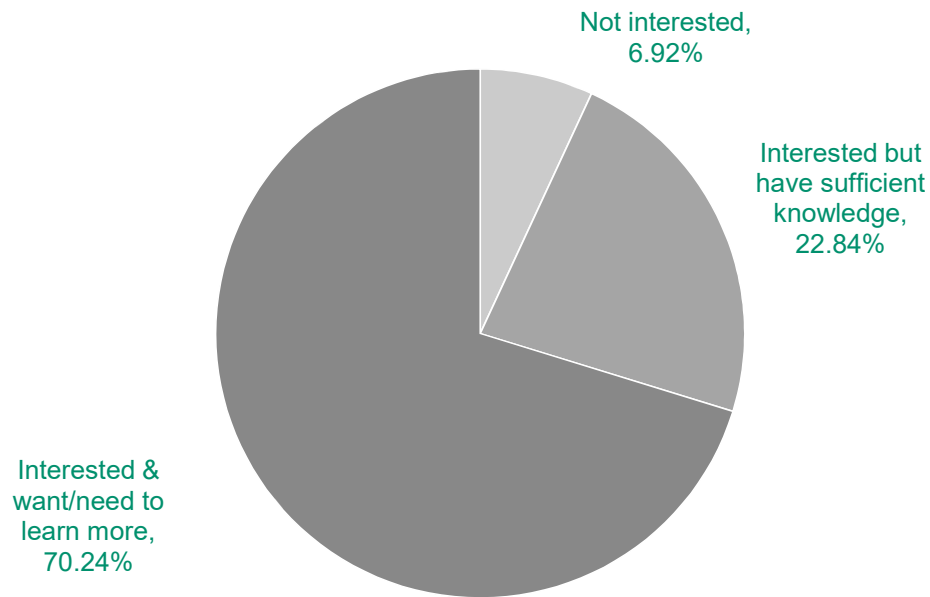
Please see the pie charts on the following pages for a topic-by-topic breakdown of participant interest in each topic.

If you have follow-up questions, or would like additional details on a result, please contact the AST Education Program Manager, Brian Valeria (bvaleria@myast.org) for more information.

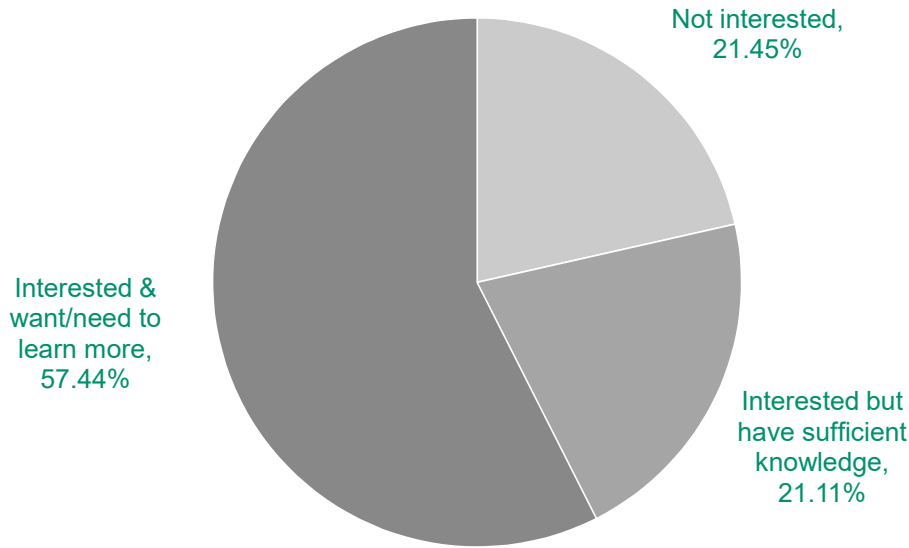
2020 Education Needs Assessment: Kidney Topics

Immunosuppression management in the setting of acute infections and malignancy

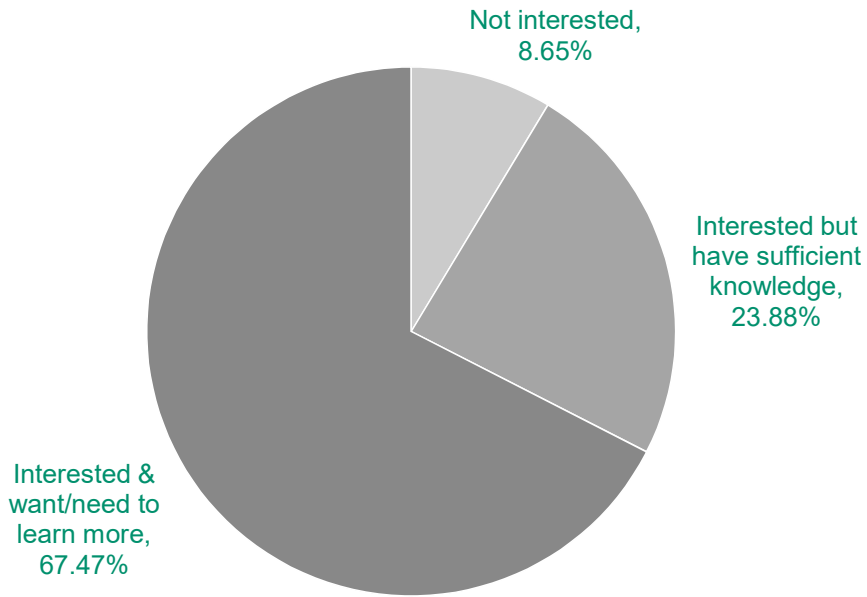
Evaluation and management of a failing allograft



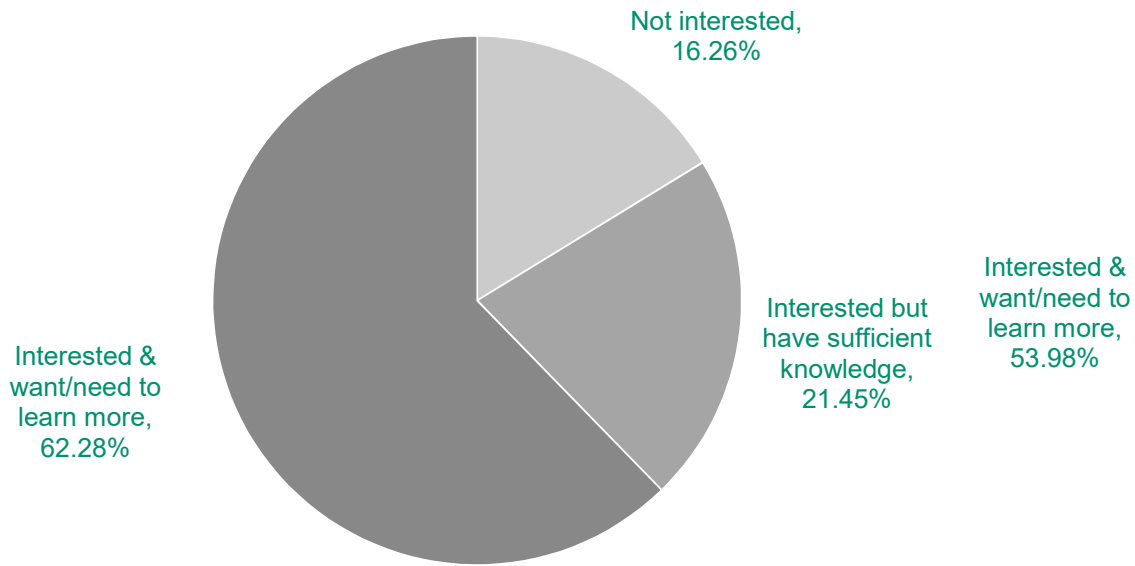
Evaluation, use of KDPI > 85 donors and immunosuppression in older recipients



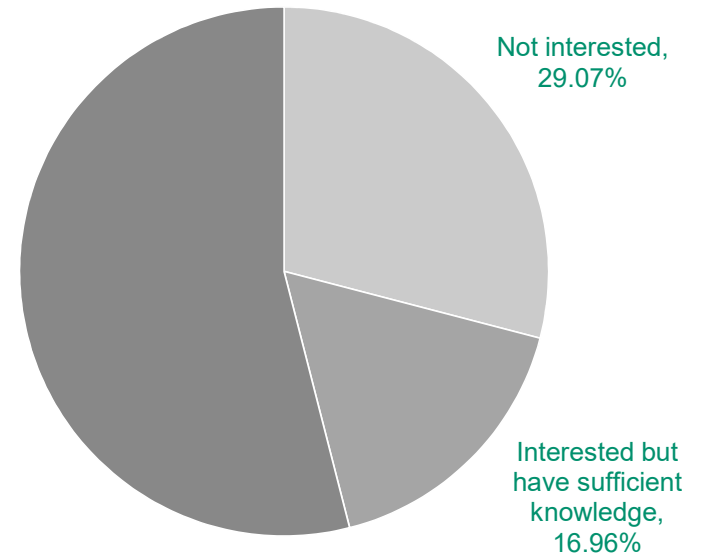
Common virus and fungal complications post-transplantation



*Risk stratify and manage cardiovascular complications
pre and post transplantation*

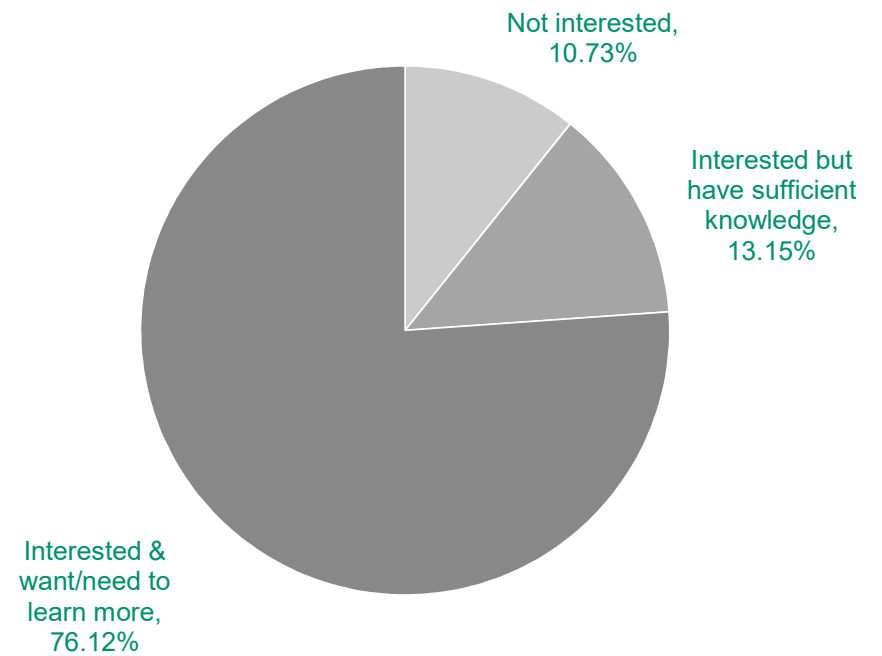
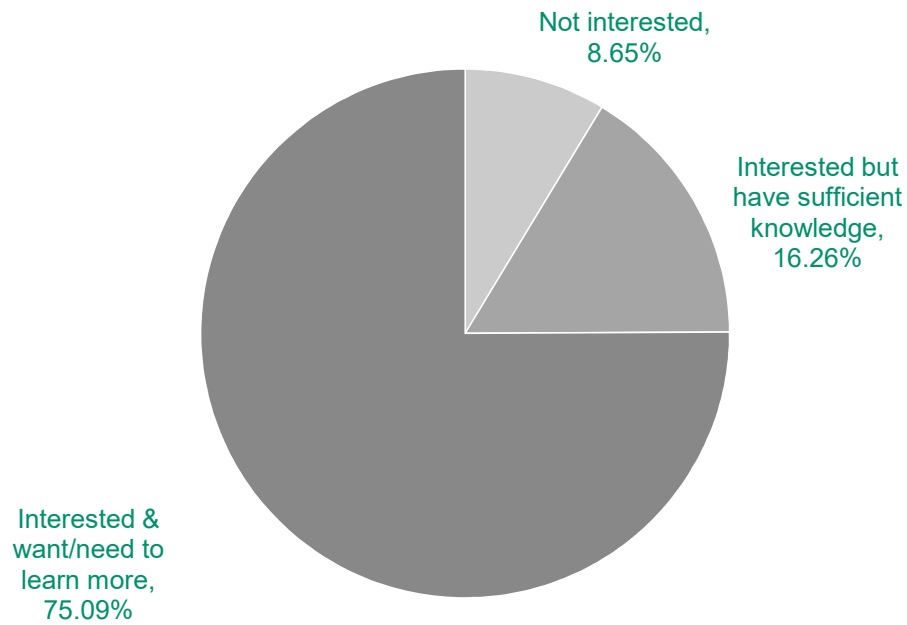


Wait list management



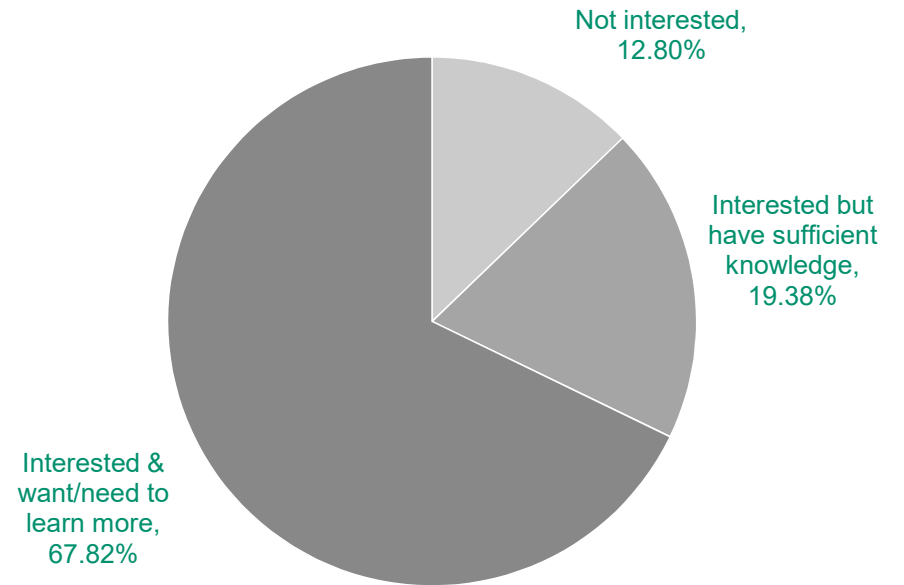
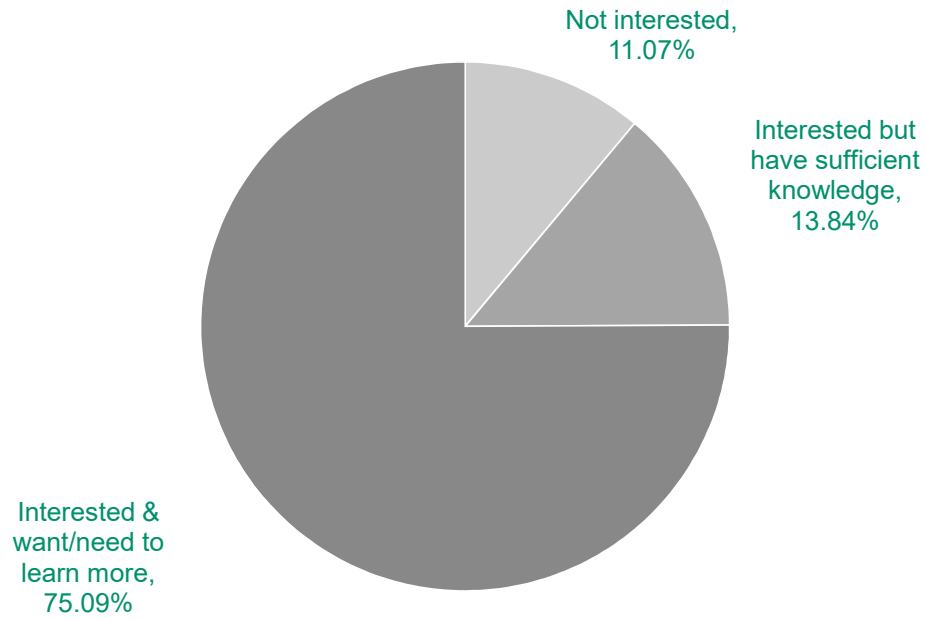
Donor specific antibodies monitoring and treatment strategies (including managing patients with de novo DSA and stable allograft function)

Chronic humoral rejection management



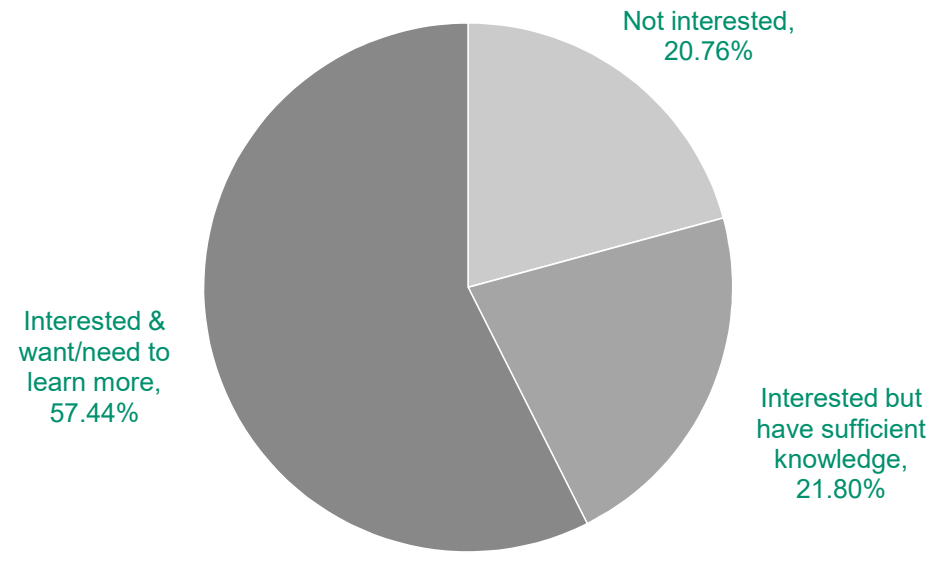
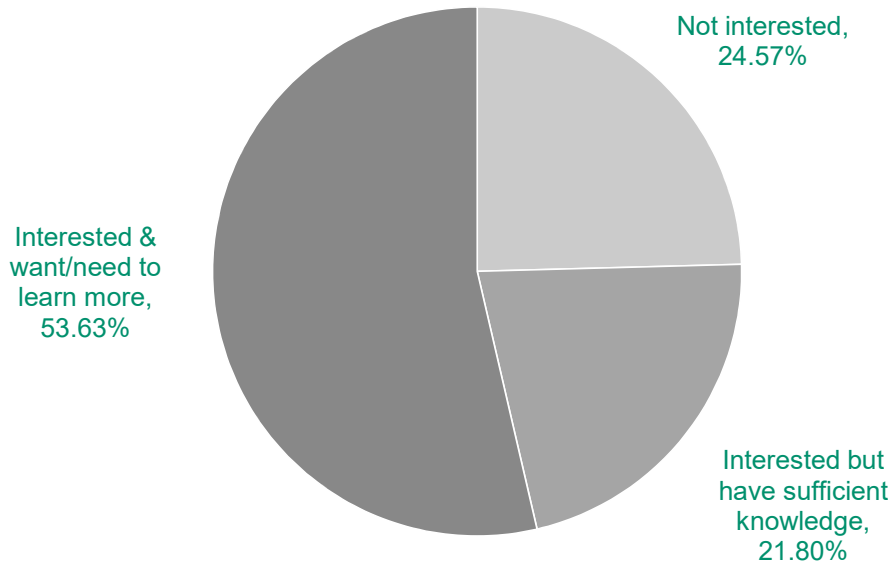
Tools to improve medication adherence in high risk patient populations

Recurrent kidney disease post-transplantation: monitor and treat

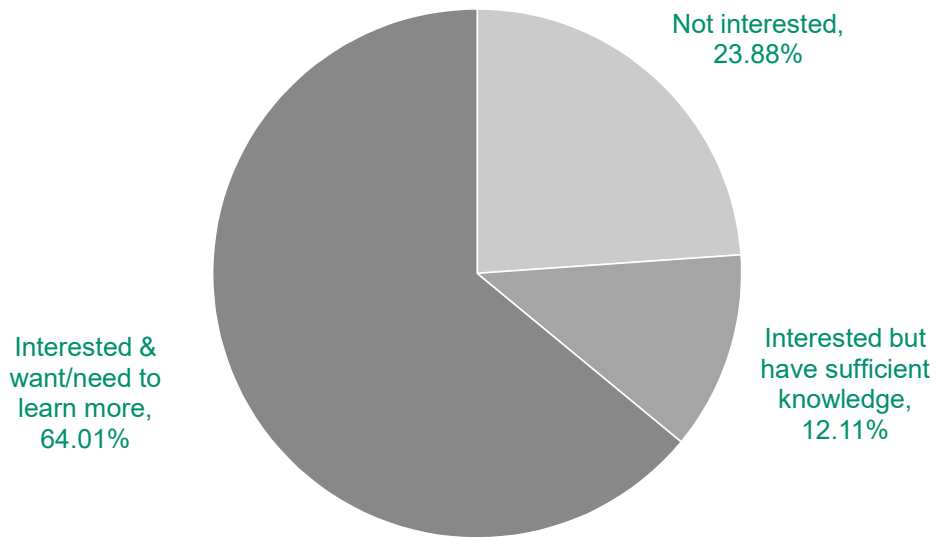


Bone: hyperparathyroidism and osteopenia/osteoporosis management post-transplant

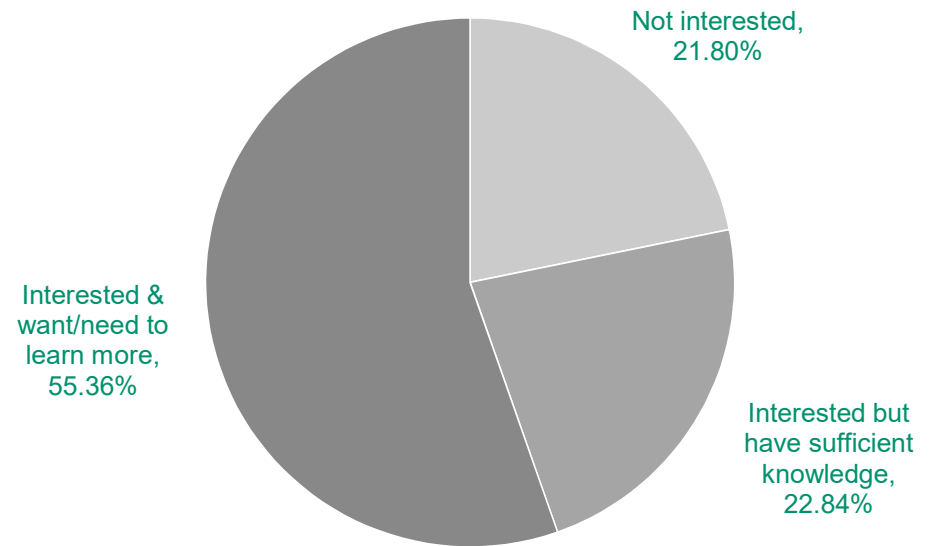
Cancer surveillance following transplant



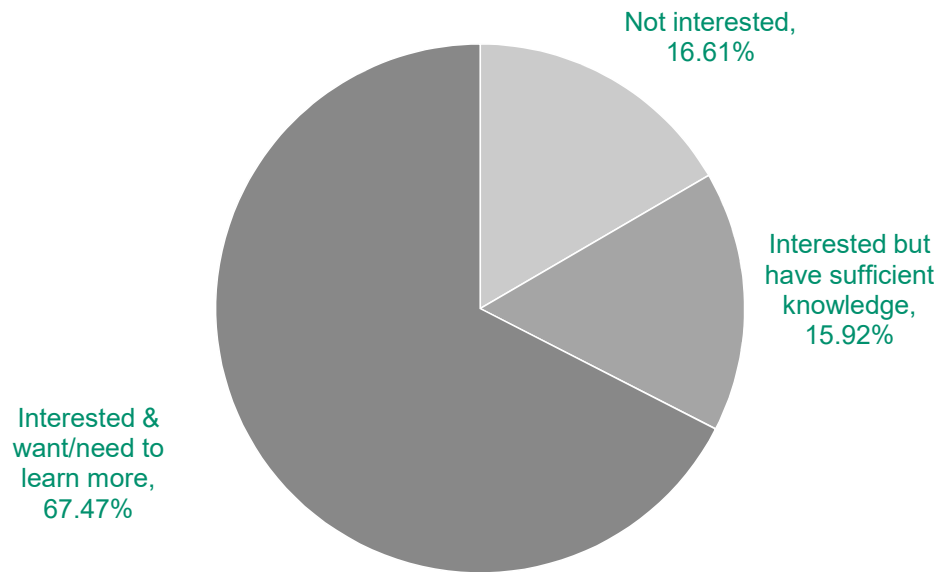
*Strategies following the loss of Medicare
3 years after transplant*



*Cardiovascular evaluation and management of
patients on the kidney transplant waiting list*



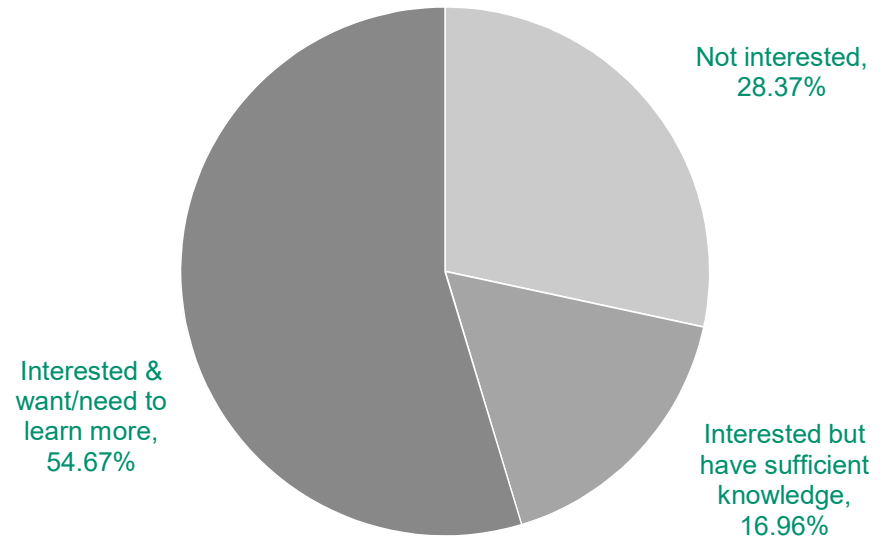
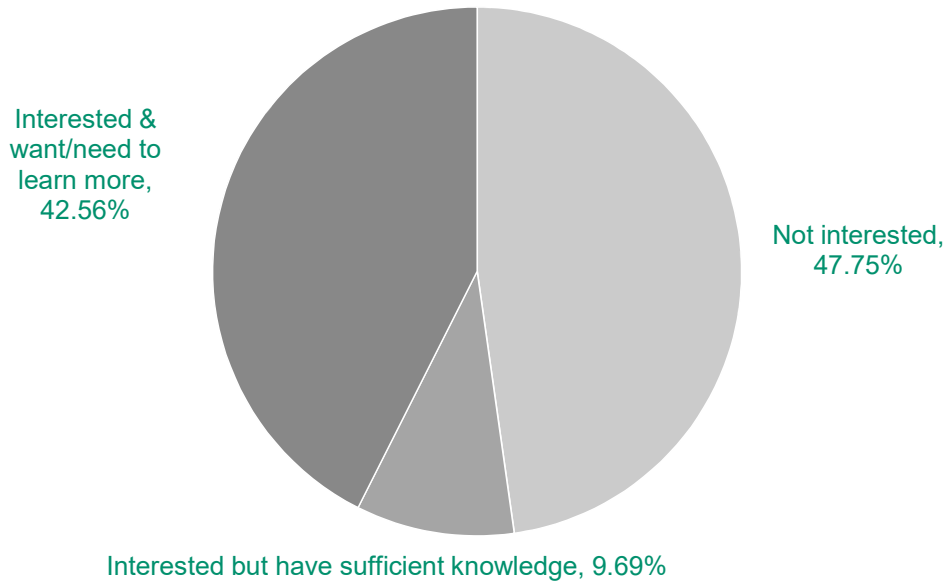
*Increased risk transplant candidates
(i.e. HIV, Amyloidosis, etc.)*



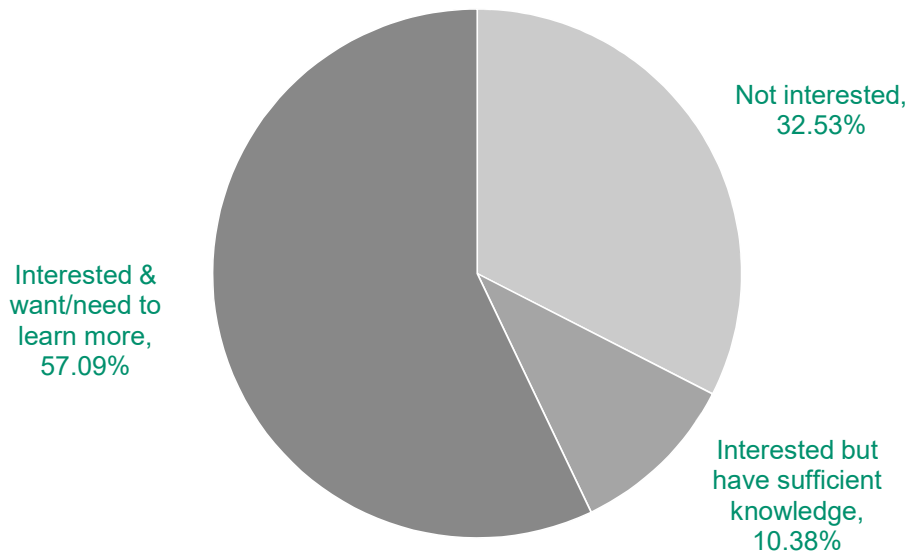
2020 Education Needs Assessment: Pancreas Topics

Strategies to grow a pancreas transplant program

Simultaneous pancreas/kidney vs pancreas after living donor kidney transplant



Pancreas transplantation versus medical therapy



Cardiovascular evaluation of pancreas transplant candidates

