



2020 Education Needs Assessment Report – LDCOP

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).

240 participants began the “Live Donor” specialty section and 219 completed the section. A breakdown of the information gathered from these participants is provided in this report.

I. “Live Donor” Specialty Section Participants

Role of Participants:

Participants were asked, “Which best describes you? (please choose one).” Based on the 240 participants who started the LDCOP 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	13 (5.4%)	65 (8.7%)
Physician/Primarily Clinical	105 (43.8%)	316 (42.4%)
Surgeon/Primarily Research	3 (1.3%)	12 (1.6%)
Surgeon/Primarily Clinical	20 (8.3%)	45 (6.0%)
Administrator	13 (5.4%)	34 (4.6%)
Advanced Practice Provider	14 (5.8%)	43 (5.8%)
Histocompatibility Specialist	7 (2.9%)	23 (3.1%)
Nurse/Transplant Coordinator	10 (4.2%)	16 (2.1%)
Pharmacist	25 (10.4%)	104 (14.0%)
Psychologist/Psychiatrist	7 (2.9%)	12 (1.6%)
Social Worker	11 (4.6%)	19 (2.6%)
Researcher/Scientist	6 (2.5%)	37 (5.0%)
Other	6 (2.5%)	19 (2.6%)

Affiliation of Participants:

Participants were asked what is their “*Affiliation (please choose one.)*” Based on the 240 participants who started the LDCOP 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	118 (49.2%)	427 (57.3%)
Government or Military	3 (1.3%)	9 (1.2%)
Hospital	99 (41.3%)	256 (34.4%)
Industry	5 (2.1%)	16 (2.1%)
Organ Procurement Organization	3 (1.3%)	15 (2.0%)
Stand-alone Private Practice	8 (3.3%)	13 (1.7%)
Other	4 (1.7%)	9 (1.2%)

Experience Level of Participants:

Participants were asked to “*Please enter your level of experience/years in practice.*” Based on the 240 participants who started the LDCOP 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	0	5 (0.7%)
In training (resident)	1 (0.4%)	16 (2.1%)
In training (fellow)	14 (5.8%)	46 (6.2%)
<5 years	62 (25.8%)	182 (24.4%)
6-10 years	48 (20.0%)	147 (19.7%)
11-15 years	41 (17.1%)	123 (16.5%)
16-20 years	21 (8.8%)	81 (10.9%)
21+ years	53 (22.1%)	145 (19.7%)

II. LDCOP's "Live Donor" Specialty Section Data

A list of important and timely topics was created for the 2020 Needs Assessment Survey specialty sections by LDCOP 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."

Here are the results from the 219 participants who completed this specialty section.

LDCOP 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 219 results).

1. Finding common ground: standardizing living donor evaluations: 2.51
2. Substance Abuse, Smoking and Vaping in donor and recipient candidates: 2.47
3. Utilization of Hepatitis C Ab positive/NAT-negative living donors: 2.44
4. Paired donation (KPD) versus desensitization for ABO and immunologically incompatible pairs versus breaking compatible pairs.: 2.4
5. (Tied) Racial and Ethnic Disparities in living kidney donation: 2.39
(Tied) Psychosocial challenges in living donor candidates: 2.39
7. Role of APOL1 Genetic Testing in potential kidney donors of African ancestry.: 2.36
8. (Tied) International donors –International living donor feasibility, evaluation and follow up: 2.34
(Tied) ESRD/CKD risks in living kidney donor candidates: 2.34
10. Optimizing resources to reduce the financial burden of living kidney donation: 2.3
11. Evaluation and Assessment of BP Pre-donation, Pre-existing Hypertension in Kidney Donor Candidates: 2.25
12. GFR – Measurement techniques, Minimal acceptable GFR thresholds pre-donation: 2.23
13. Kidney stones – Symptomatic and incidental nephrolithiasis in the living kidney donor candidate: criteria for acceptance, work up and outcomes: 2.22
14. (Tied) Principles in Informed Consent and Shared Decision Making for Living Kidney Donors: 2.21
(Tied) Management of BP and Hypertension post-donation.: 2.21
16. Operating LKD program at its best: evaluation, billing and more: 2.17

LDCOP 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 219 results).

1. Substance Abuse, Smoking and Vaping in donor and recipient candidates: 146
2. Finding common ground: standardizing living donor evaluations: 142
3. Role of APOL1 Genetic Testing in potential kidney donors of African ancestry.: 136
4. Paired donation (KPD) versus desensitization for ABO and immunologically incompatible pairs versus breaking compatible pairs.: 133
5. Utilization of Hepatitis C Ab positive/NAT-negative living donors: 131
6. Racial and Ethnic Disparities in living kidney donation: 130
7. (Tied) International donors –International living donor feasibility, evaluation and follow up: 128
(Tied) Psychosocial challenges in living donor candidates: 128
9. Optimizing resources to reduce the financial burden of living kidney donation: 125
10. ESRD/CKD risks in living kidney donor candidates: 121
11. Operating LKD program at its best: evaluation, billing and more: 117
12. Evaluation and Assessment of BP Pre-donation, Pre-existing Hypertension in Kidney Donor Candidates: 116
13. Kidney stones – Symptomatic and incidental nephrolithiasis in the living kidney donor candidate: criteria for acceptance, work up and outcomes: 113
14. GFR – Measurement techniques, Minimal acceptable GFR thresholds pre-donation: 110
15. Principles in Informed Consent and Shared Decision Making for Living Kidney Donors: 103
16. Management of BP and Hypertension post-donation.: 102

LDCOP Specialty Topics – “Not interested” Only: The following topics received the highest number of “Not interested” results (out of 219 results).

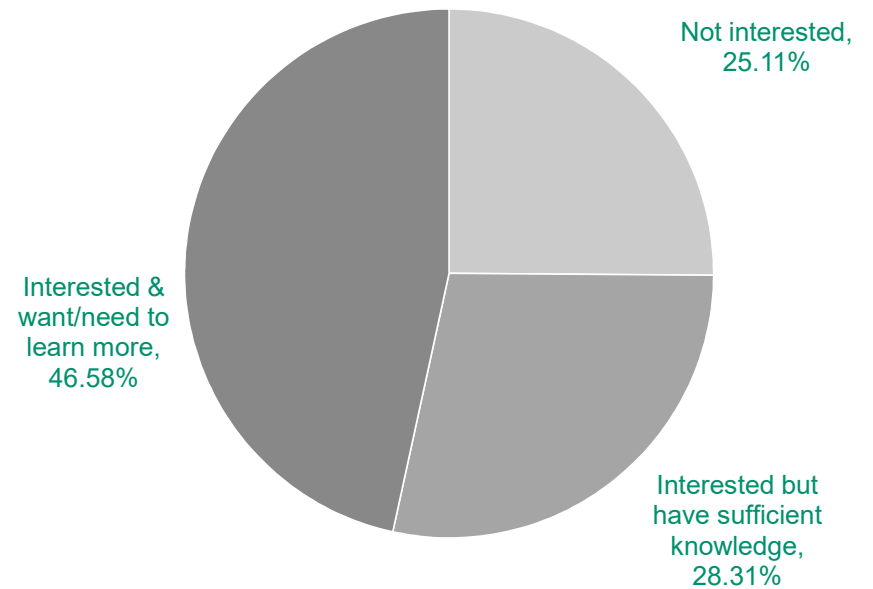
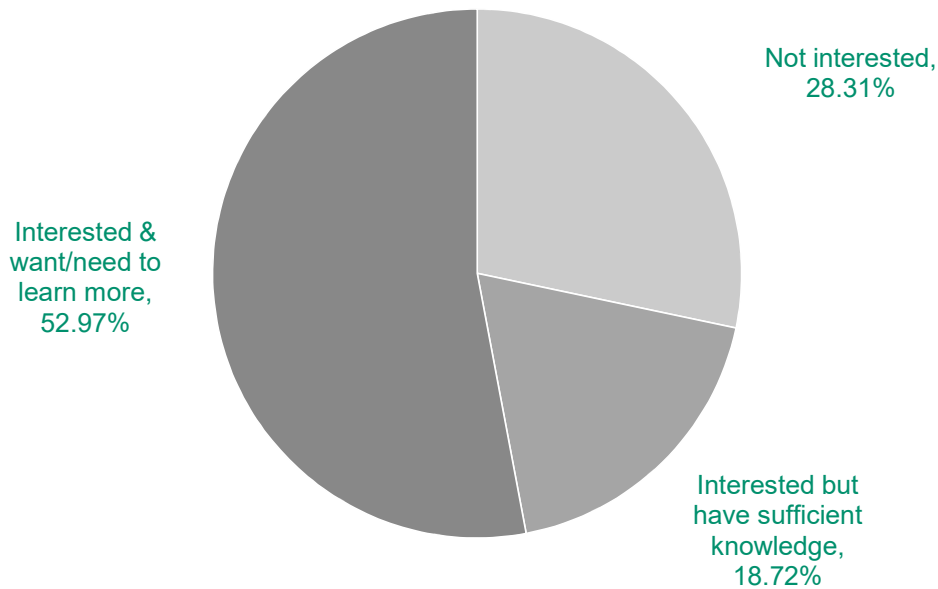
- Operating LKD program at its best: evaluation, billing and more: 79
- Kidney stones – Symptomatic and incidental nephrolithiasis in the living kidney donor candidate: criteria for acceptance, work up and outcomes: 65
- Evaluation and Assessment of BP Pre-donation, Pre-existing Hypertension in Kidney Donor Candidates: 62
- Optimizing resources to reduce the financial burden of living kidney donation: 60
- GFR – Measurement techniques, Minimal acceptable GFR thresholds pre-donation: 59
- Role of APOL1 Genetic Testing in potential kidney donors of African ancestry.: 58
- Principles in Informed Consent and Shared Decision Making for Living Kidney Donors: 57
- Management of BP and Hypertension post-donation.: 55
- International donors – International living donor feasibility, evaluation and follow up: 53

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

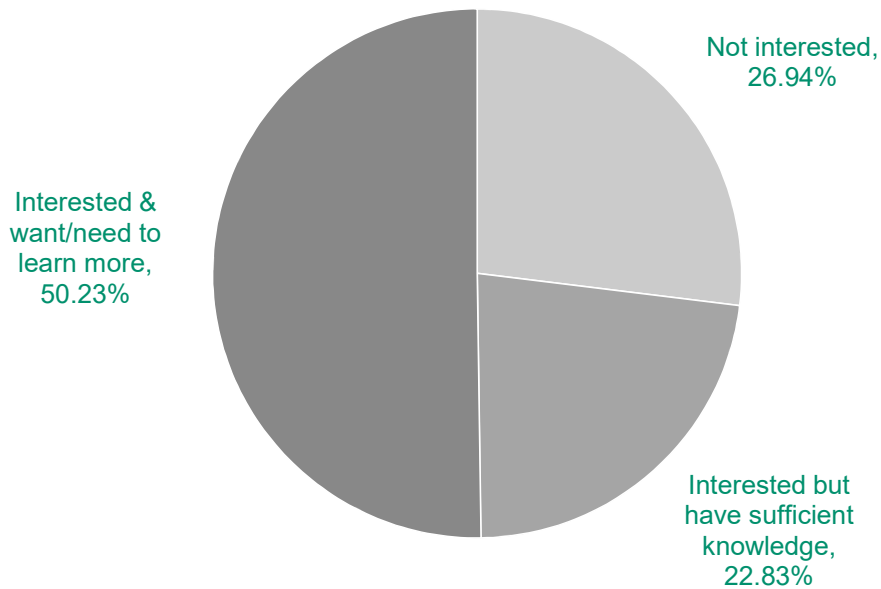
If you have follow-up questions, or would like additional details on a result, please contact the AST Education Program Manager, Brian Valeria (bvaleria@myast.org) for more information.

Evaluation and Assessment of BP Pre-donation, Pre-existing Hypertension in Kidney Donor Candidates

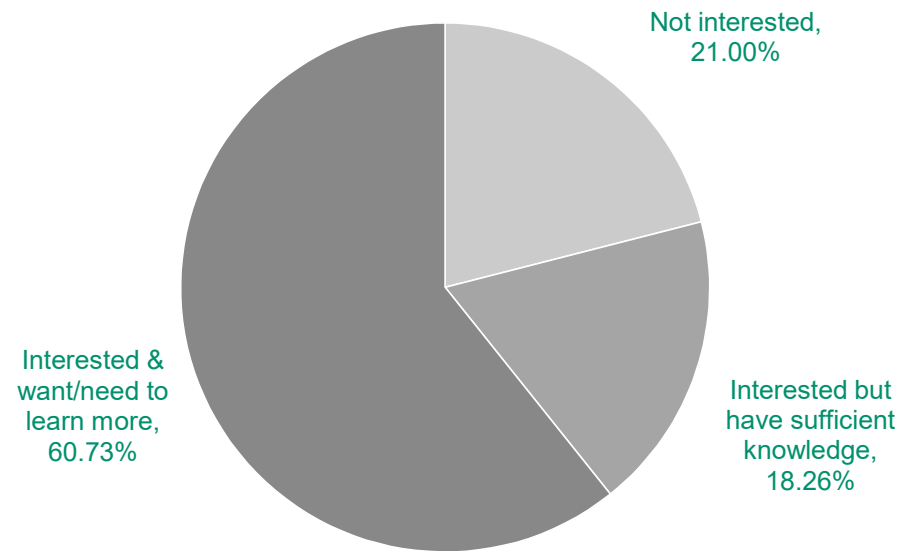
Management of BP and Hypertension post-donation.



GFR – Measurement techniques, Minimal acceptable GFR thresholds pre-donation

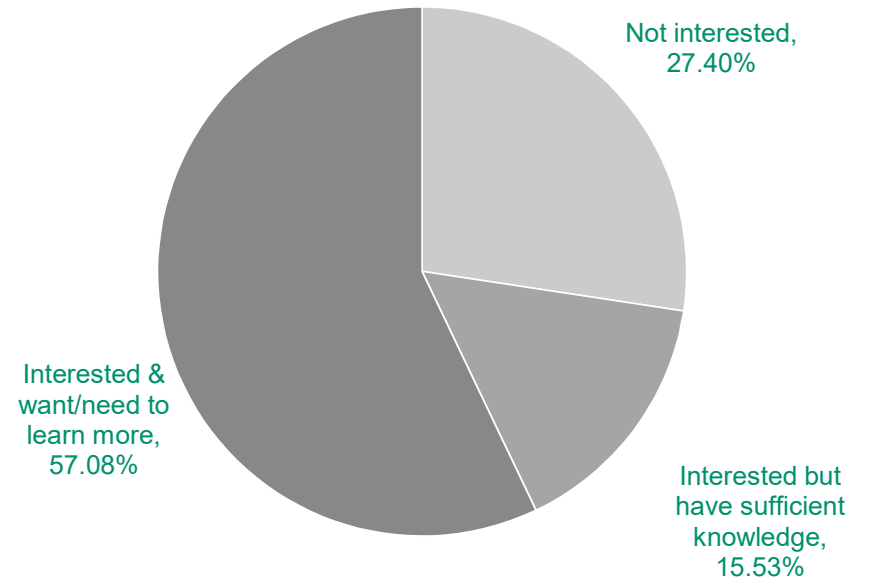
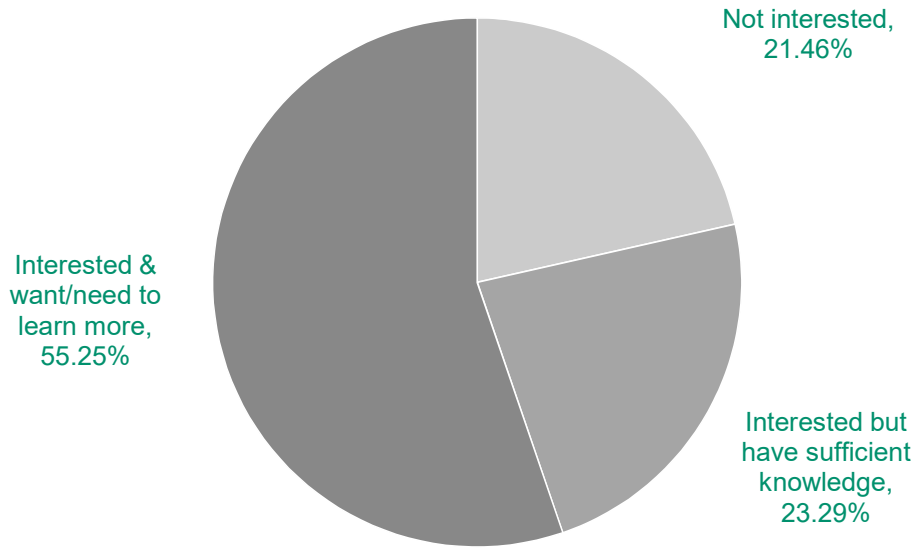


Paired donation (KPD) versus desensitization for ABO and immunologically incompatible pairs versus breaking compatible pairs.



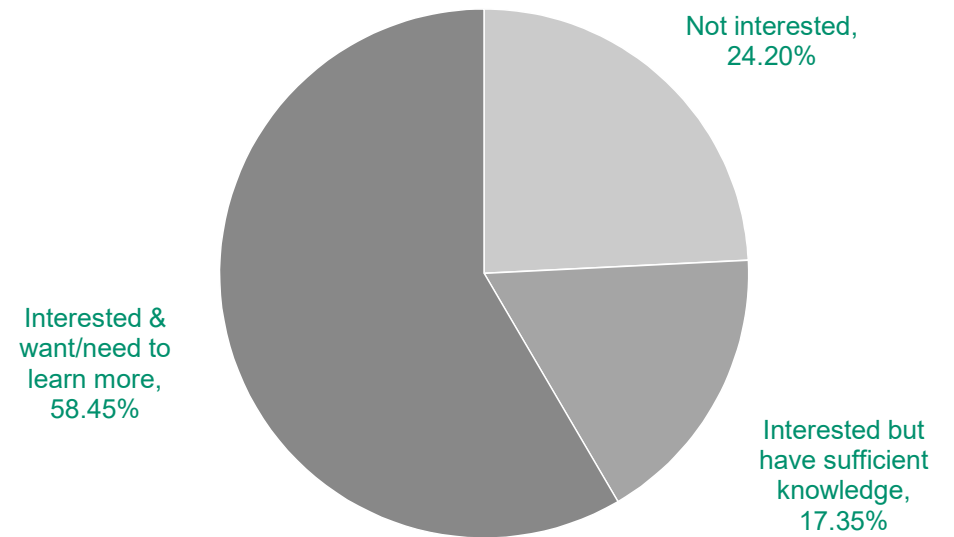
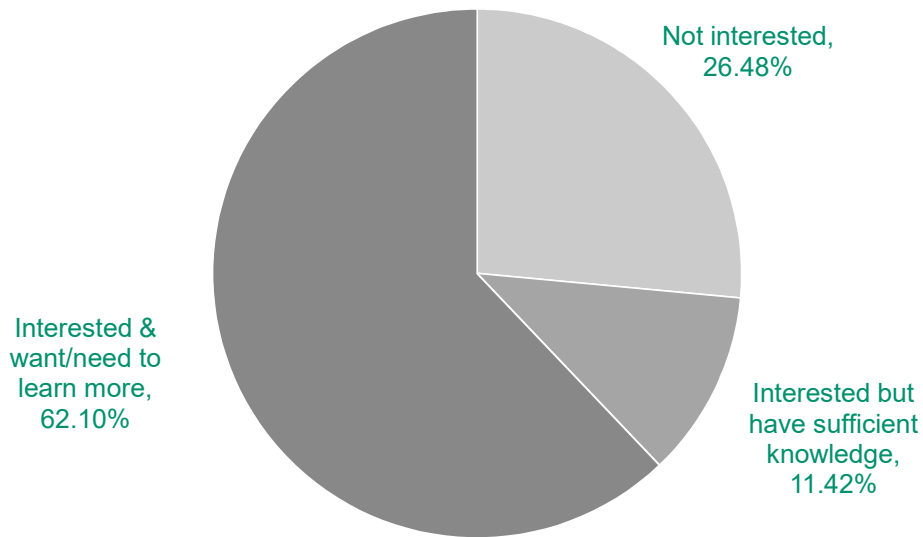
ESRD/CKD risks in living kidney donor candidates

Optimizing resources to reduce the financial burden of living kidney donation



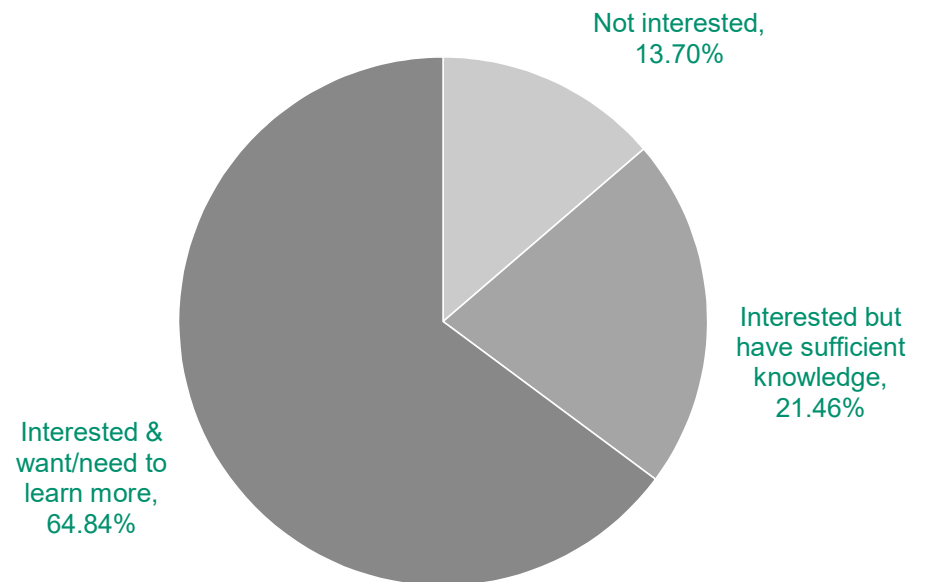
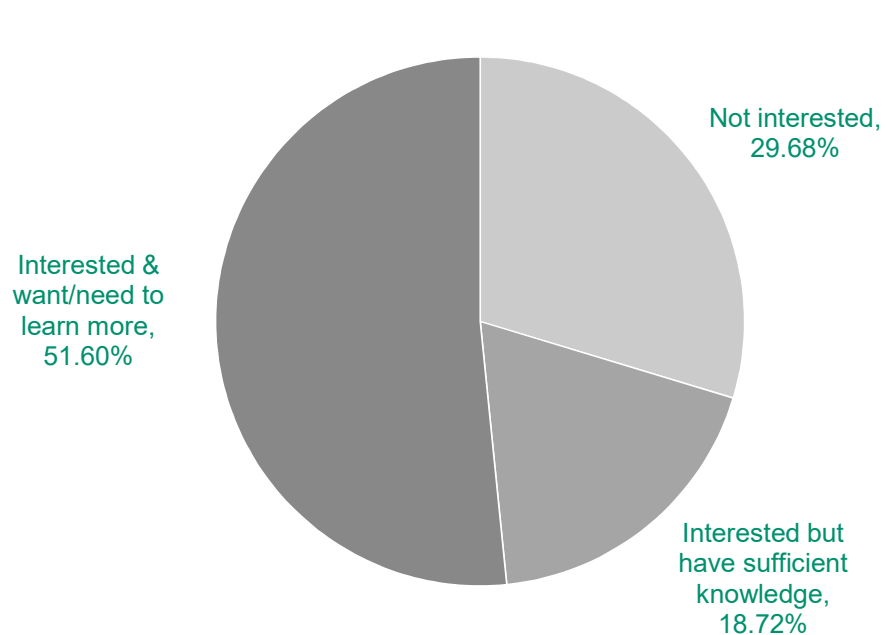
Role of APOL1 Genetic Testing in potential kidney donors of African ancestry.

International donors – International living donor feasibility, evaluation and follow up



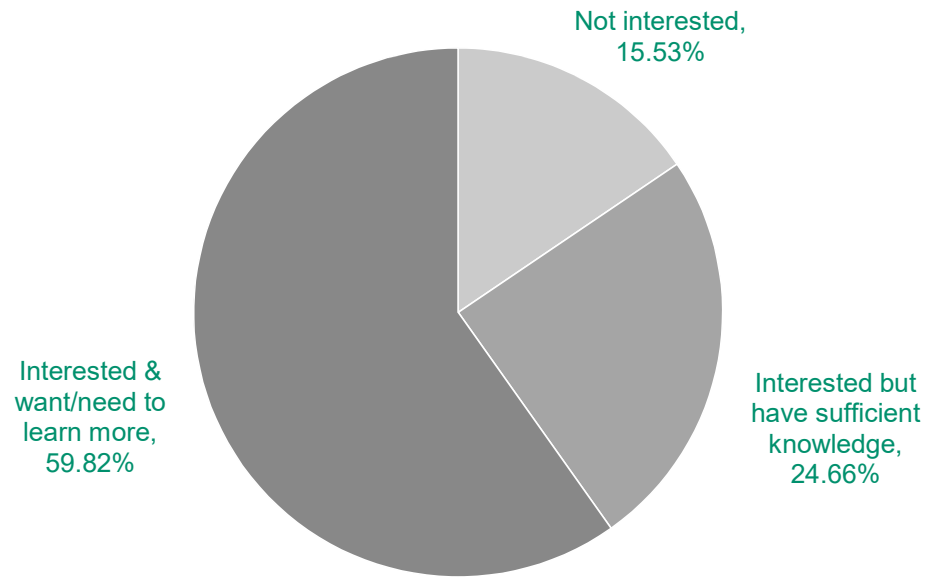
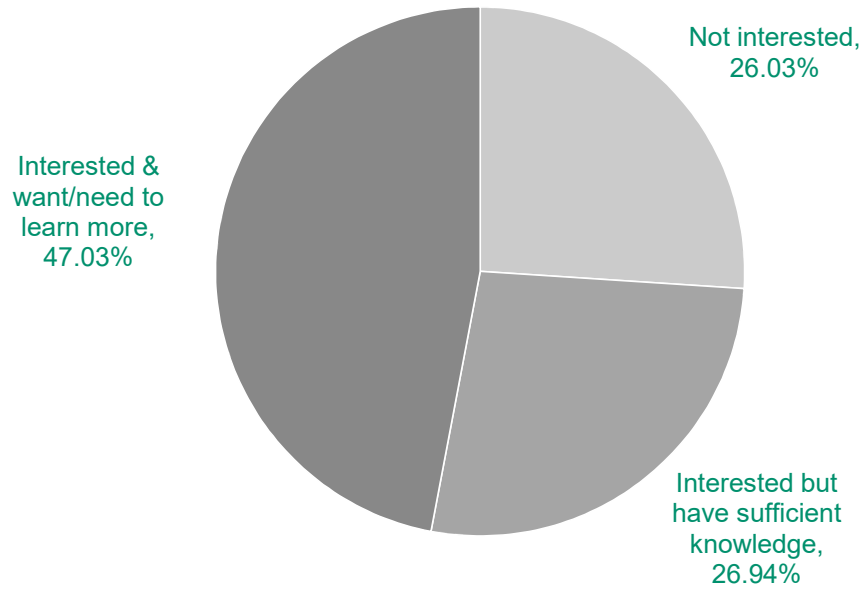
Kidney stones – Symptomatic and incidental nephrolithiasis in the living kidney donor candidate: criteria for acceptance, work up and outcomes

Finding common ground: standardizing living donor evaluations

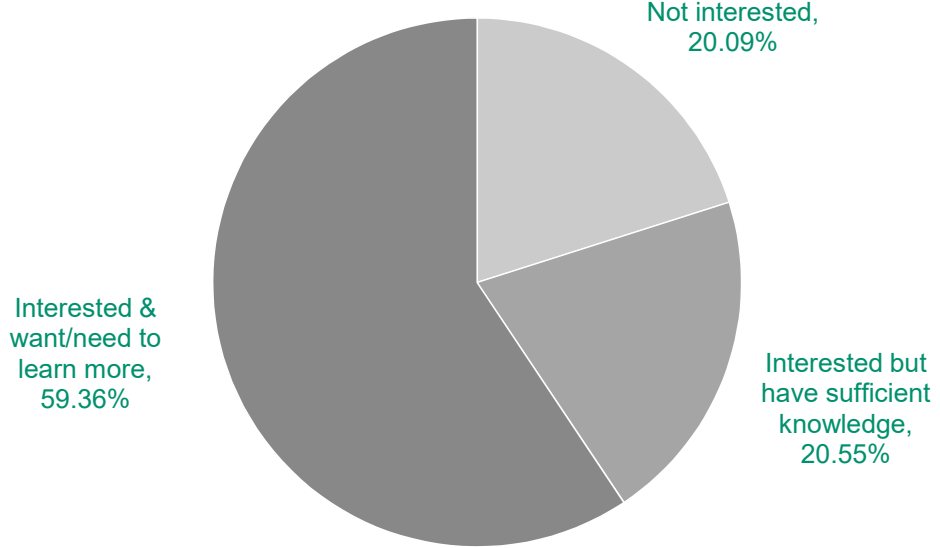


Principles in Informed Consent and Shared Decision Making for Living Kidney Donors

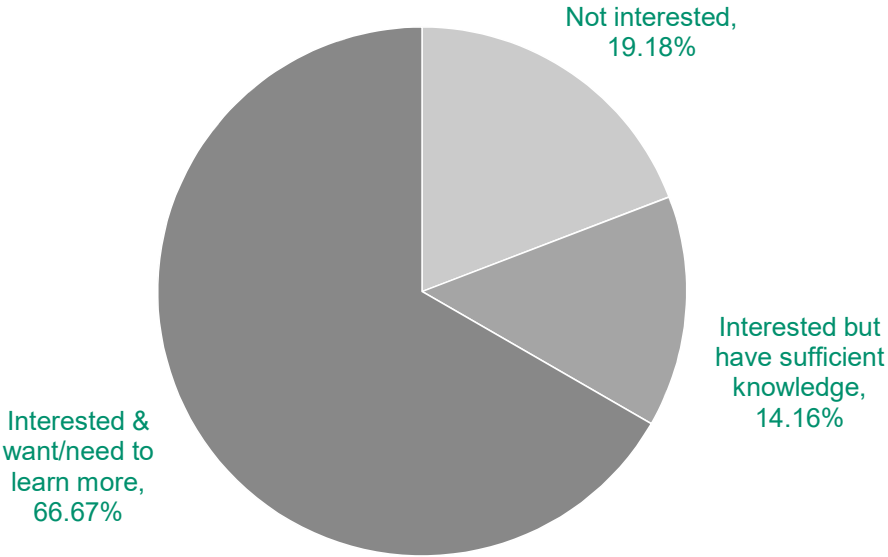
Utilization of Hepatitis C Ab positive/NAT-negative living donors



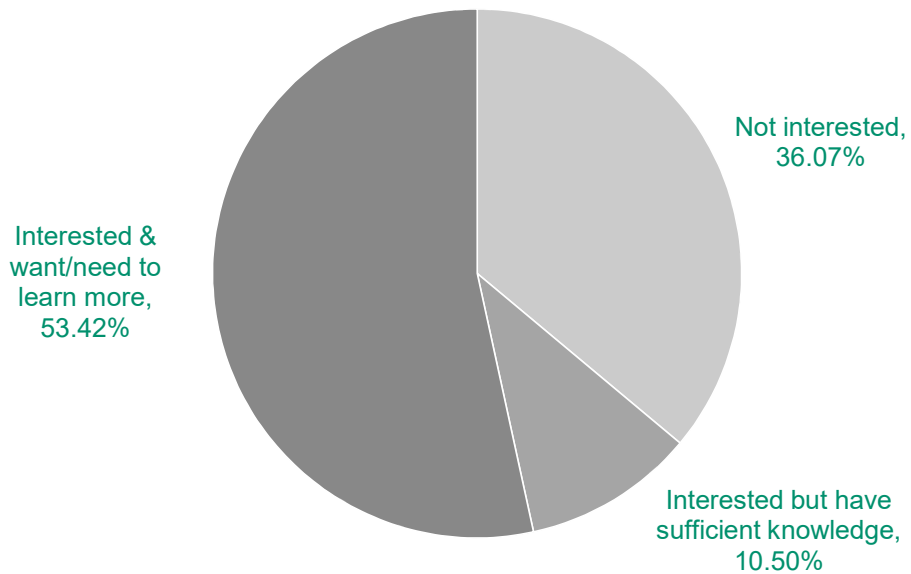
Racial and Ethnic Disparities in living kidney donation



Substance Abuse, Smoking and Vaping in donor and recipient candidates



*Operating LKD program at its best:
evaluation, billing and more*



Psychosocial challenges in living donor candidates

