Implementation of a Training Hub to Build Capacity for Pediatric Eating Disorders Services

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Background

- There has been increased demand for pediatric eating disorders services[1]
- Eating disorder clinicians have reported burnout and high turnover intention [2,3,4]
- Clinicians report limited access to training and supports for evidence-based interventions[5]
- Training can improve quality of care and build workforce capacity, particularly in remote geographic regions [6]

Intervention

- We developed a **Provincial Eating Disorders Training Hub** to build clinician capacity
- Clinicians working in the public pediatric healthcare sector in British Columbia and the Yukon, Canada can access no-cost training and consultation through the Training Hub, with an initial focus on family-based treatment (FBT)

The Training Hub includes:

- A two-day virtual training
- Optional consulation
  - Monthly drop-in
  - Advanced small groups over 25 sessions

Methods

The Training Hub will be evaluated as an implementation strategy, using the **PRISM** and **RE-AIM for Sustainability framework.** We are collecting:

In progress

Quantitative Data

- Measures (baseline, pre- & post-training, and follow-up)
  - Professional quality of life
  - Self-compassion
  - Turnover intention
  - FBT Attitudes

Implementation Data

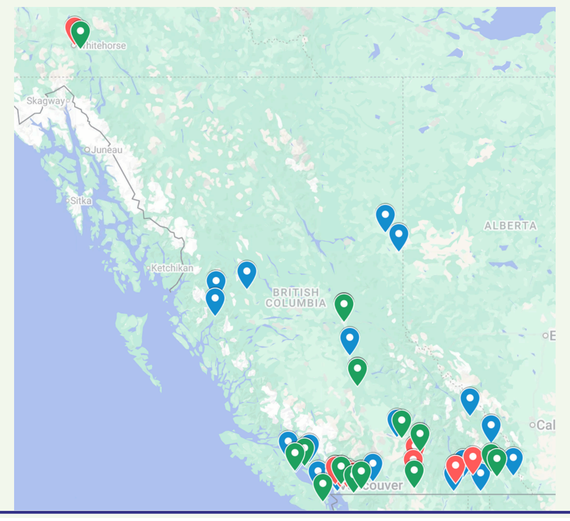
- Expression of interest, registration, and participation
- Attrition between training and consultation
- Consultation attendance

Qualitative Data

- Interviews with clinicians on experiences engaging with training and consultation

Study Progress

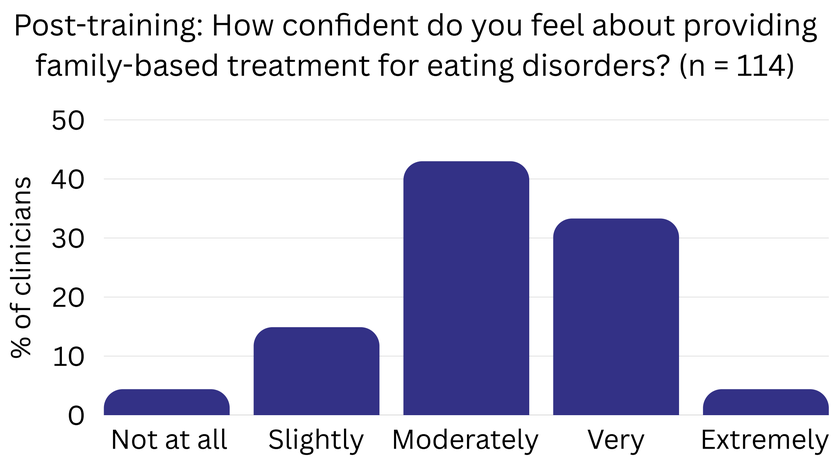
- 343 clinicians have expressed interest in the training since 2023 (65% from general programs; 35% from specialized ED programs)
- 212 clinicians participated in training over nine cohorts
- 57 clinicians are waiting for future training



Participant Survey

Alongside being invited to participate in research, clinicians were invited to complete a satisfaction survey after the training.

88% of participants were satisfied or highly satisfied with the training, and 92% reported increased knowledge of FBT.



"This experience has been very insightful and educative, and it's clear that it won't just be a learning moment-it's something that will bring lasting change. Things won't be the same again, and that's something to be proud of."

We anticipate that access to training and consultation supports will be associated with higher clinician professional well-being, as well as the accessibility of evidence-based treatments for pediatric eating disorders.

Early evidence shows high satisfaction with the training, even with a majority of clinicians working in general settings. We will conduct follow-up interviews to understand perspectives on consultation options.

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References & Acknowledgements