



# Assessment of Inflammatory Bowel Disease Training Among Gastroenterology Fellows



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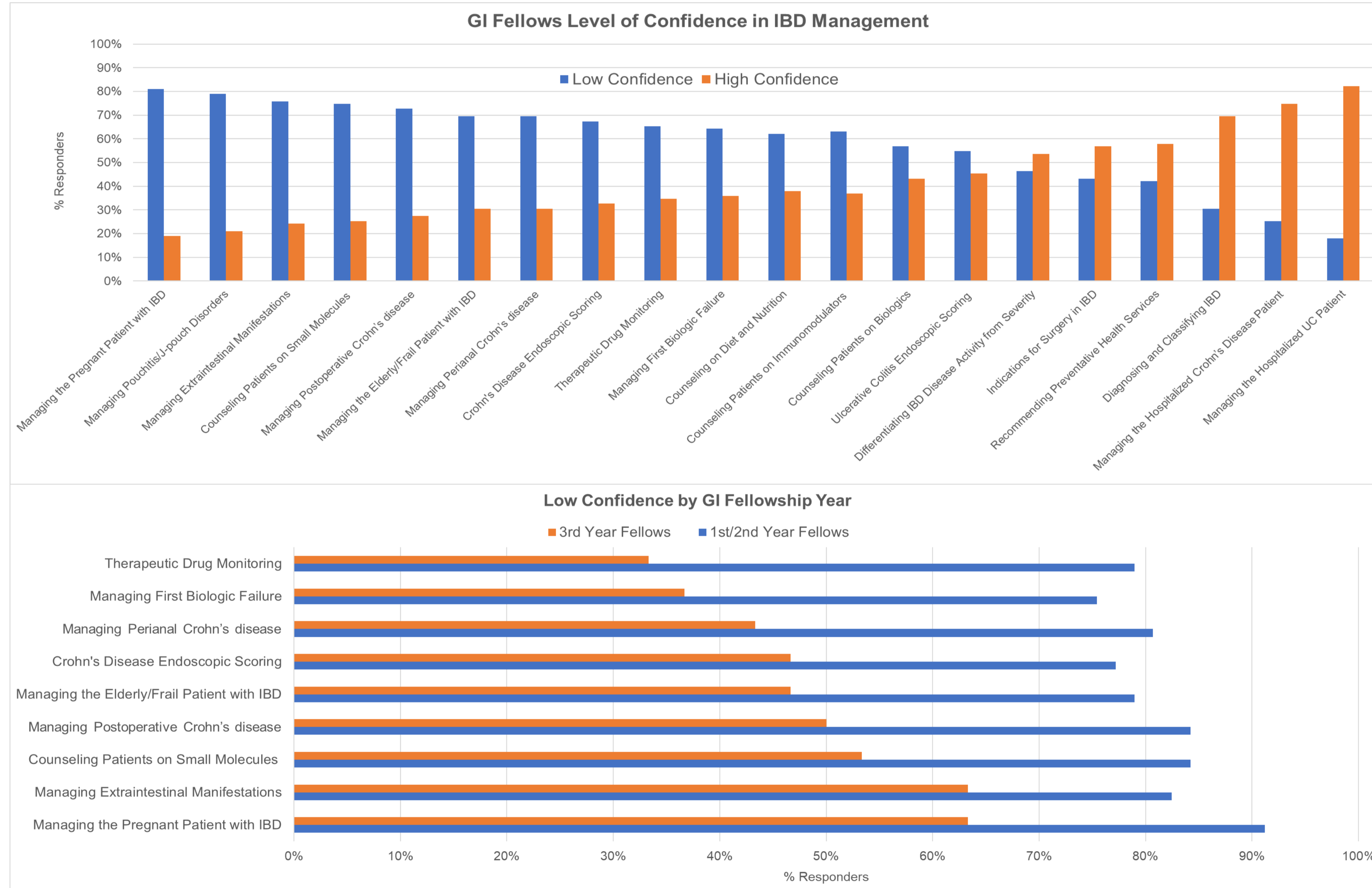
## BACKGROUND/AIM

- The management of inflammatory bowel disease (IBD) has become more complex with the rapid expansion of approved therapeutic agents and paradigm shifts in treatment goals.
- We aimed to assess the confidence and training in IBD among GI fellows in the United States (US).

## METHODS

- Multicenter survey of GI fellows in the US
- Survey was voluntary, anonymous, and distributed electronically from December 2021-March 2022
- Questions covered 20 core IBD domains:
  - Confidence level (Likert scale 1-4)
  - Methods of training received
  - Amount of additional training desired
- Preferred learning method for IBD training
- Confidence was dichotomized into low vs. high defined as not at all to slightly confident and as moderately to extremely confident.
- Continuous variables were analyzed using unpaired student's t-tests. Categorical variables were analyzed using Pearson's chi-square tests.

## RESULTS



- Seventeen GI fellowship programs participated.
- 113 of 175 fellows (65%) responded to the survey.
- Having a dedicated outpatient IBD rotation was significantly associated with high confidence in managing the pregnant patient (87.5% vs. 40.9%; p=0.007), pouch disorders (78.9% vs. 41.2%; p=0.004), EIMs (71.4% vs. 42.4%; p=0.021), and postoperative CD (70.8% vs. 41.3%; p=0.014).
- Training institution type (academic vs. community) was not associated with confidence in the 5 lowest ranking domains (all p>0.05).
- Recorded web-based lectures were the preferred learning strategy (25.7%).

Questions/Characteristics	N (%) *	Questions/Characteristics	N (%) *
<b>Fellowship Year</b>		<b>Presence of an IBD Center</b>	
1 <sup>st</sup> year	32 (36.8)	Yes	48 (55.2)
2 <sup>nd</sup> year	25 (28.7)	No	24 (27.6)
3 <sup>rd</sup> year	29 (33.3)	Unsure	15 (17.2)
4 <sup>th</sup> year (not IBD)	1 (1.1)	<b>Availability of an IBD Specialist on Faculty</b>	
<b>Type of Training Institution</b>		Yes	79 (90.8)
Academic/University/VA Hospital	74 (85.1)	No	5 (5.7)
Community Hospital	6 (6.9)	Unsure	3 (3.4)
University-Affiliated Community Hospital	7 (8.0)	<b>Training Institution Offers an Advanced 4th Year IBD Fellowship</b>	
<b>Number of IBD Didactic Sessions/Year</b>		Yes	46 (52.9)
1	1 (1.1)	No	41 (47.1)
2	2 (2.3)	Unsure	N/A
3	13 (14.9)	<b>Planning a Career in IBD</b>	
4	12 (13.8)	Yes	12 (13.8)
> 4	13 (14.9)	No	50 (57.5)
No didactics	46 (52.9)	Unsure	25 (28.7)
<b>Have a Dedicated Outpatient IBD Rotation</b>		<b>Applying/Enrolling in an Advanced 4th year IBD Fellowship</b>	
Yes	43 (49.4)	Yes	7 (8.0)
No	44 (50.6)	No	62 (71.3)
Unsure	18 (20.7)	Unsure	18 (20.7)

- Receiving more than 4 didactic IBD sessions per year was significantly associated with high confidence in managing the pregnant patient (100% vs. 63.6%; p=0.002) and postoperative CD (92.3% vs. 62.3%; p=0.004).
- Most fellows (64.4%-68.9%) desired a moderate to a lot more training (≥ 2 hours) in 8 domains

## CONCLUSIONS

- Most GI fellows lacked confidence and training in key domains of IBD management.
- This can result in significant implications on the quality of IBD care.
- A focused and sustainable curriculum for GI fellows addressing the identified gaps of knowledge in IBD management is warranted.