

BACKGROUND

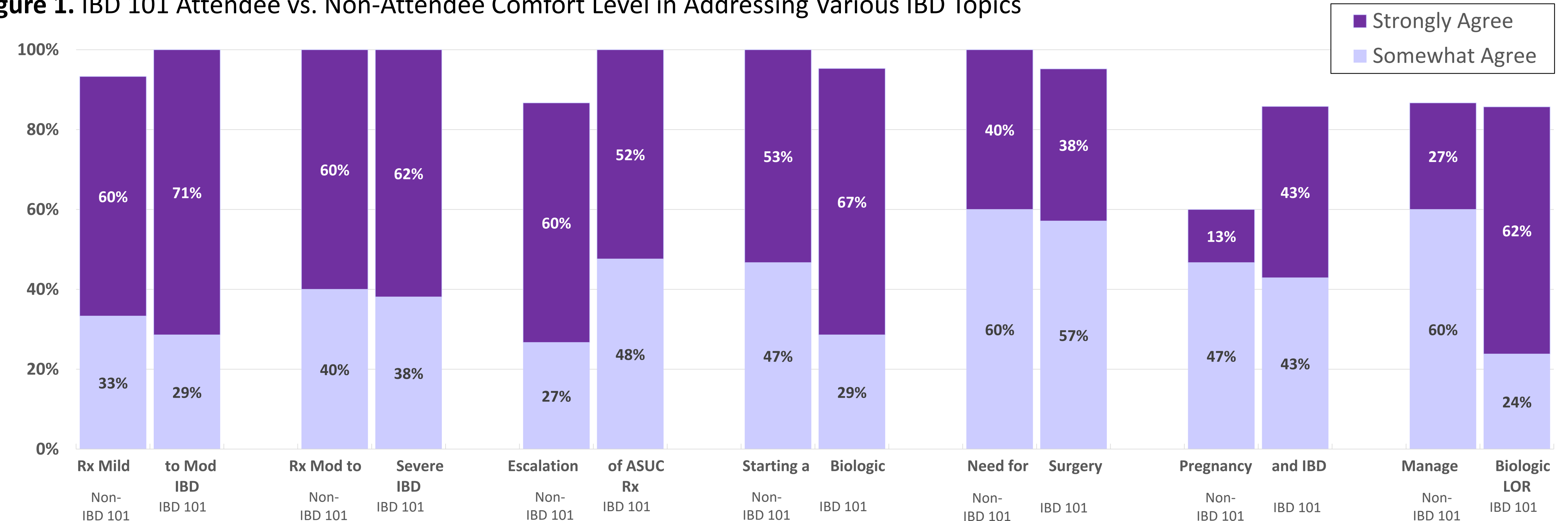
- The care of inflammatory bowel disease (IBD) has become increasingly complex and specialized.
- IBD education of gastroenterology (GI) trainees needs improvement and standardization.
- IBD 101, an annual course designed to introduce first-year GI fellows to various clinical topics in the management of IBD, was first held on September 14, 2019.

METHODS

- In the inaugural IBD 101 program, a select group of fellows (N=55 from 32 programs) participated in a one-day course.
- The course included small group didactic sessions led by expert faculty members and group observed structured clinical examinations (OSCEs), in which fellows observed encounters between expert faculty and standardized patients followed immediately by debrief sessions to reinforce key concepts.
- Topics covered:
 - Treatment of mild-moderate IBD
 - Treatment of moderate-severe IBD
 - Escalation of care for acute severe ulcerative colitis (ASUC)
 - Initiating biologic therapy
 - Need for surgery in IBD
 - Pregnancy and IBD
 - Managing loss of response to therapy
- To assess the long-term impact of IBD 101, email surveys were administered in May 2022 (the graduating year of the inaugural IBD 101 cohort) to all third-year GI fellows from participating programs, inclusive of both attendees and non-attendees.
- The primary outcome was comfort level discussing the 7 topics addressed at IBD 101, graded using a Likert scale (1= “strongly disagree” to 4= “strongly agree”).
- Information regarding each fellow’s exposure to IBD education during their fellowship was collected.

RESULTS

Figure 1. IBD 101 Attendee vs. Non-Attendee Comfort Level in Addressing Various IBD Topics



RESULTS

- Thirty-six fellows completed surveys, of whom 21 (58%) were IBD 101 attendees and 15 (42%) were non-attendees.
- Attendees reported equivalent or higher levels of comfort than non-attendees in all 7 topics (Figure 1).
- In particular, more attendees strongly agreed with comfort in discussing pregnancy and IBD (43% vs. 13%; P=0.04) and loss of response to biologics (62% vs. 27%; P=0.13) than non-attendees.
- When assessing overall confidence (comfort in all 7 categories), 76% of attendees reported overall confidence compared with 53% of non-attendees (P=0.15).
- IBD 101 was associated with overall confidence (OR 5.21 [95% CI 0.91-29.9]; P=0.06) even after adjusting for presence of an IBD specialist at a fellow’s home institution, no. of IBD patients seen per month (≤ 5 vs. >5) and rotating through an IBD-only clinic or inpatient service (Table 1).

Table 1. Multivariable Analysis of Factors Associated with Overall Confidence in IBD 101 Topics

| | Odds Ratio [95% CI] |
|-----------------------------------------|---------------------|
| IBD 101 attendee | 5.21 [0.91-29.9] |
| No. of IBD patients seen per month (>5) | 4.48 [0.80-25.2] |
| IBD specialist at home institution | 8.30 [0.47-145.4] |
| Rotation in IBD clinic or service | 2.92 [0.43-19.7] |

CONCLUSIONS

- IBD 101 was associated with increased comfort in management of IBD, with a more pronounced impact on challenging topics.
- IBD 101 is a valuable learning opportunity for first-year GI fellows with a durable benefit independent of individual access to IBD education.

REFERENCES:

- Malter L, Israel A, Rubin D. Proposal to Update the Curriculum in Inflammatory Bowel Diseases for Categorical Gastroenterology Fellows. *Inflamm Bowel Dis.* 2019;19:1443-1449.
- Cohen BL, Ha C, Ananthakrishnan AN, et al. State of adult trainee inflammatory bowel disease education in the United States: a national survey. *Inflamm Bowel Dis.* 2016;22:1609-1615.