Enhancing Trainee Satisfaction with IBD Education

To the Editor:

Cohen et al1 have done wonders in reporting the state of trainee IBD education in the US. Among their many findings, they highlight concerns regarding levels of IBD exposure, with a need for increased access to experts, patients, and didactics. In addition, continuing medical education–based courses were deemed unfavorably by trainees.

The field of medical education is now strongly recognized. And therefore, gastroenterology must rise to its presence. To enhance trainee satisfaction, we should, therefore, aim to delve into the science of education currently and use more innovative means. One such example is that of MOOCs or massive open online courses. Here, learners are exposed to curricula material online delivered by experts in the field from a range of highly ranked academic institutions. Massive open online courses have been praised for their ability to access experts without added cost and furthermore the global connectivity among learners. Leveraging massive open online courses in gastroenterology have taken place. One such example is from the University of Birmingham related to hepatology.2 And a similar concept in IBD may aid to solve the expert access issue and the poor satisfaction with current continuing medical education courses.

In addition to didactics, more active learning methods are taking place. One such example is that of flipped learning where learners are presented with material before class with class time spent problem solving. This has been trialed to good effect in pediatric gastroenterology,3 and its value may prove beneficial in IBD.

These are just 2 examples of current education movements. Although the list is by no means extensive, there is now a need to better understand educational pedagogy to enhance trainee competency.

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REFERENCES

Reply:

We thank Dr. Sharma for his thoughtful letter. We agree that new educational approaches are needed to improve inflammatory bowel disease (IBD) training for gastroenterologists. Nearly half of respondents to our needs assessment1 indicated that online resources were their first choice resource for IBD clinical care education. New online IBD educational resources such as the massive open online courses proposed by Dr. Sharma are needed to enhance gastroenterology trainee education. Rising Educators, Academics, and Clinicians Helping IBD (REACH-IBD) has also initiated an online educational video series targeting core competencies in which fellows did not feel confident or comfortable with their training. The first sections of the video series will be released in the fall of 2016 through the American College of Gastroenterology and Crohn’s & Colitis Foundation of America IBD-Circle (https://acg-ccfa-ibd-circle.within3.com/public/sign_in) and include programs on J-Pouch management, pregnancy and IBD, postoperative Crohn’s disease management, and advanced treatment approaches for IBD care and managing complications.

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REFERENCE

Perinuclear Antineutrophil Cytoplasmic Antibody with a Large Portion Being Anti-β-Glucuronidase, May Have Played a Causative Role in the Pathogenesis of Inflammatory Bowel Disease

To the Editor:

I read with great interest the article by Birim-Schwartz et al1 published recently in this journal regarding the perinuclear antineutrophil cytoplasmic...