between expert faculty and standardized patients followed immediately by de- brief sessions to reinforce key concepts. The topics included need for surgery in IBD, pregnancy and IBD, escalation of care for acute severe UC, initiating biologic therapy, treatment of moderate-severe IBD, treatment of moderate-severe IBD and managing loss of response to therapy. A review of supplemental opportunities for education in IBD was presented at the conclusion of the course. Pre- and post- course surveys using Likert scoring (1="strongly disagree" through 4="strongly agree") were administered to assess baseline knowledge and educational impact of the course on each addressed topic.

Results: 55 fellows from 32 programs participated. 49/55 (89%) completed pre- and post-course surveys to assess the educational impact of the program on the didactic sessions and on the group OSCE format. 100% of fellows felt that the course content was appropriate for their scope of clinical practice. Substantial improvement in comfort with all addressed clinical topics was noted (figure 1). In the post-course survey, all fellows reported an improved ability to manage and treat patients with IBD. Comparing career interest in IBD, more participants expressed interest in pursuing a career in IBD after participating (pre: 63% vs post: 75%). 96% of attendees stated that they would strongly recommend this course to future GI fellows.

Conclusions: This single day course for first-year GI trainees was effective and well-received, and offers a novel intervention to address the challenges of IBD education and training. Follow-up of this cohort of trainees and expansion for next year is planned.

Figure 1.