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Rising Educators, Academicians and Clinicians Helping Inflammatory Bowel Disease (REACH-IBD) – promoting improvement of IBD education in the United States

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The management of the inflammatory bowel diseases (IBD) is becoming increasingly complex due to heterogeneity of disease presentation along with multiple patient and

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disease-related factors influencing therapeutic decision-making. The IBD treatment armamentarium has expanded over the past decade, with more immunosuppressive medications available to prescribers, increasing use of therapeutic drug monitoring, and a shift in the treatment goals towards mucosal healing with the “treat to target” strategy in clinical practice.[1] Optimal IBD care requires an appropriate knowledge base starting with the ability to assess clinical and endoscopic disease activity and severity across the broad spectrum of disease presentations. Additionally, as the majority of IBD medications are immunosuppressive, gastroenterologists need to be aware of the varied indications for the different classes of IBD medications, understand appropriate dosing, duration and monitoring of therapies, recognize treatment-associated adverse events and incorporate appropriate health care maintenance measures into their clinical practices. Recently, gastrointestinal societies, including the American Gastroenterological Association (AGA) and the Crohn’s and Colitis Foundation of America (CCFA), have published quality indicators to help provide a uniform level of care to IBD patients and avoid adverse events, poorer quality of life and worsened disease-associated outcomes.[2, 3] For example, many IBD patients are not optimized with appropriate classes of medications, vaccinated for preventable-infectious illnesses, or have had appropriate health care maintenance while on immunosuppressive therapies.[4–7]

With improvements in IBD knowledge starting at the trainee level, graduating physicians will be better equipped to implement appropriate guidelines and evidence-based approaches to their IBD patients. However, exposure to IBD patients, both in the hospital and ambulatory care setting, and formal IBD education may vary across fellowship programs, particularly among hospitals with lower-volumes of IBD patients. On the other hand, trainees at major IBD referral centers with identified IBD experts are more likely to have consistent exposure to IBD patients as well as additional educational curricula integrated into their 3-year training program.

With the goal to improve the quality of IBD education at the trainee level by designing structured IBD objectives, creating clinical outcome-based resources, facilitating access to IBD experts and performing formal evaluations to assess clinical competency, a group of investigators - focused on pediatric *and* adult IBD - performed two nationwide surveys of gastroenterology (GI) trainees and fellowship program directors, with both studies published in this journal issue. Over 80% of adult GI trainees and 50% of pediatric GI trainees expressed an interest in an IBD-centered practice post-fellowship, but less than 10% of respondents would be interested in a formal fourth year of IBD-specialty training. Overall, self-reported competency in the management of IBD outpatients was lower compared to inpatient care for both adult and pediatric GI trainees as exposure to IBD patients in the ambulatory care setting is less frequent. Both sets of trainee respondents reported that increased IBD patient volumes, routine IBD-centered didactics as part of the core educational curriculum, interaction with national experts, and trainee-centered web-based resources would improve their satisfaction with IBD education.

Detecting the educational needs of pediatric and adult gastroenterology trainees is a critical first step towards improving structure, content and format of IBD education in the United States. Based on the findings from the adult and pediatric trainee IBD needs assessment

surveys, formal trainee educational modules are being developed with the support of the CCFA to address the topics identified to be in need of remediation. The overall aim of these modules is to improve the quality of IBD education by designing structured IBD objectives, creating evidence-based clinical practice resources accessible to all GI trainees, facilitating access to IBD experts and performing formal evaluations to assess clinical competency.

While this contribution is important, the needs of gastroenterology trainees and junior faculty interested in IBD do not end by acquiring *enhanced knowledge* in IBD only. Strikingly, to date, there had been no formal representation for this professional group in the United States, despite major successes of comparable groups in Europe (e.g. Young Talent Group of the United European Gastroenterology and Young-European Crohn's and Colitis Organization).[8, 9] To fill this gap *Rising Educators, Academicians and Clinicians Helping Inflammatory Bowel Disease (REACH-IBD)* was founded under the auspice of the CCFA (Box 1). This group has the mission to (1) facilitate networking and career development for clinical fellows, post-doctoral scientists, and junior faculty with an interest in IBD, (2) increase active participation of our members in the clinical, educational, scientific and research programs within the CCFA and (3) foster collaborative research among our members within the CCFA. REACH-IBD is open to all clinical fellows, post-doctoral scientists, and junior faculty (pediatric and adult; medical and surgical specialties as well as PhDs) less than 7 years out of training with a rank not higher than Assistant Professor (http://www.ccfa.org/get-involved/become-member/professional-membership/reach-ibd.html).

Box 1

Mission of Rising Educators, Academicians and Clinicians Helping Inflammatory Bowel Disease (REACH-IBD)

1. Trainee and junior faculty education
2. Facilitate mentorship with established experts
3. Foster collaborative research between junior investigators
4. Career development and trajectory advice
5. Develop and share best practices in delivery of patient care
6. Develop peer-mentorship.

REACH-IBD develops a continuous program consisting of educational and career development seminars, mentoring programs, networking events, research collaborations and facilitating participation of members in activities and professional committees within the CCFA as well as the trainee educational modules. The REACH-IBD program provides career support tools, networking and visibility for any trainee or junior faculty interested in pursuing a career in IBD practice, education and/or research. This group is permeable for every interested member. REACH-IBD is working on establishing a transparent succession structure and limited terms of service for the steering committee, with the plan to allow every member on a competitive basis to contribute to developing REACH-IBD activities.

The vision is to create and maintain a group of friends that forms a dynamic basis for the future leadership in IBD in the United States.

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Abbreviations

AGA	American Gastroenterological Association
CCFA	Crohn's and Colitis Foundation of America
GI	gastroenterology
IBD	inflammatory bowel diseases
REACH-IBD	Rising Educators, Academics, and Clinicians Helping IBD

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