



Targeting GI Nurses' Competence With Inflammatory Bowel Disease (IBD): Uncovering Regional Differences

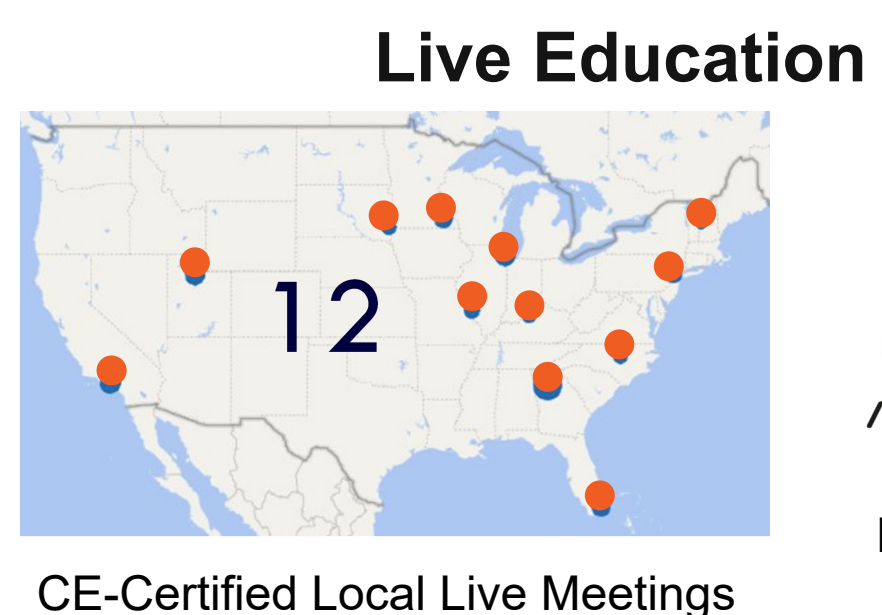
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Background

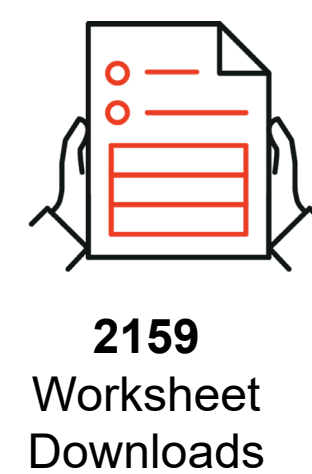
- The shift to personalized therapy has created a gap in the appropriate risk stratification and monitoring of patients undergoing treatment for IBD
- Our research shows that nurses are challenged to keep current with the risk/benefit profiles and clinical applications of newer IBD treatments^[1]
- Evidence suggests that poor adherence to IBD therapies arises from gaps in communication and shared decision making between healthcare providers—including nurses—and IBD patients^[2,3]

Methods

- We developed a series of 12 live meetings for nurses—plus online worksheets, slidesets, and a CE-certified video for IBD clinicians—to provide tools for GI nurses involved in IBD care
- This case-based education focused on:
 - Assessing and risk stratifying patients with IBD to optimize routine health screenings and preventive care
 - Evaluating risk/benefit profiles and monitoring requirements for current IBD therapies
 - Applying principles of shared decision making and strategies to promote adherence in the care of patients with IBD

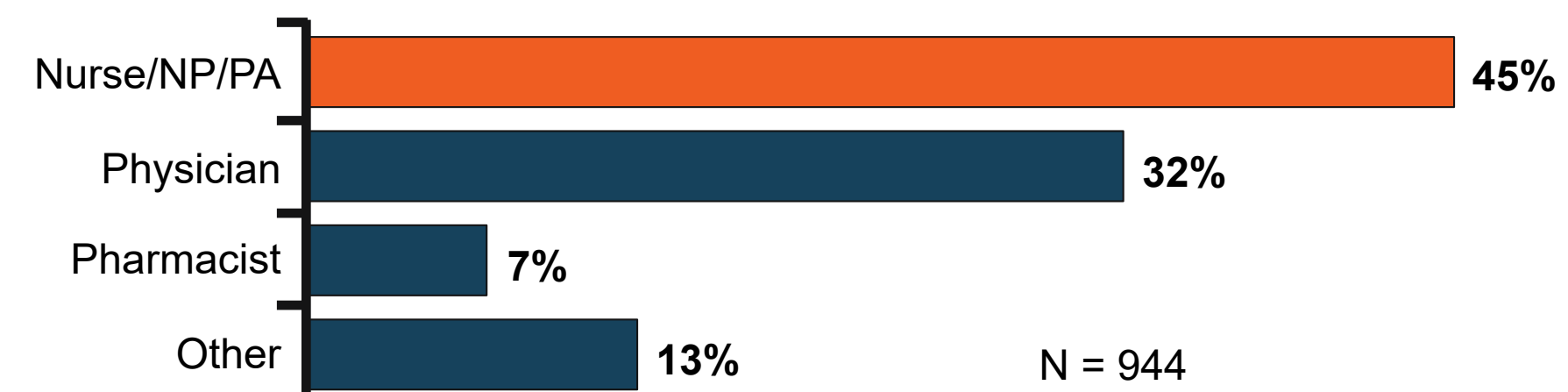


Web-Based Education



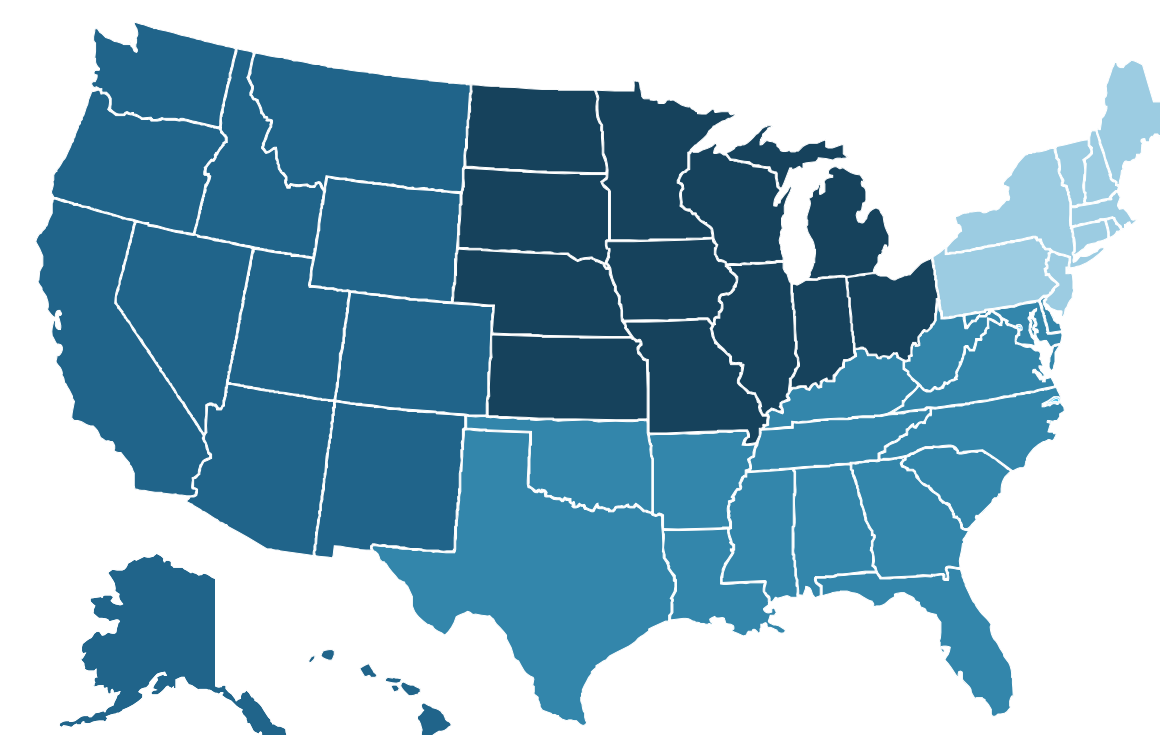
Participant Demographics

- Program predominantly reached nurse and physician target audiences

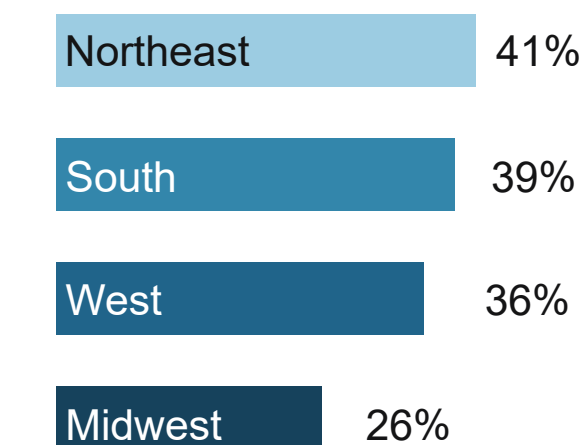


US Regional Variation in Baseline Competence

- Clinicians in the Midwest had the largest gap in baseline competence



Combined Optimal Answers Before Education

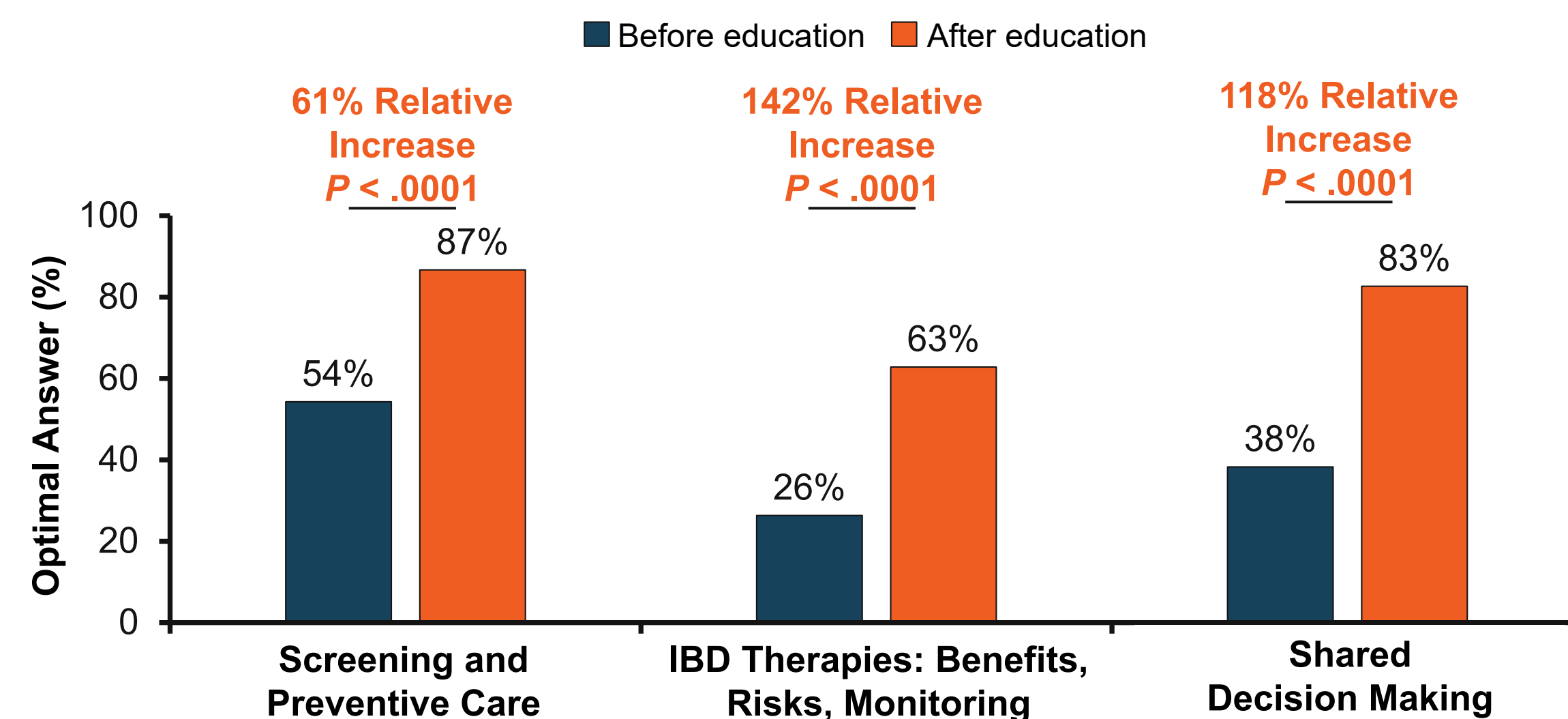


- After the education, competence was not significantly different across US regions



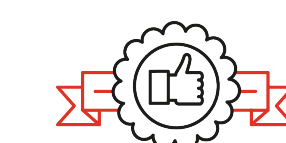
Improvements in Competence

- After the education, clinicians significantly improved their competence in all 3 learning objectives for the program
 - 348 clinicians answered questions assessing level 4 outcomes
 - Cohen's *d* effect size was +0.82 (large)



- Clinicians' lowest competence—and highest improvement after education—was in **risk/benefit profiles and monitoring requirements for IBD therapies**

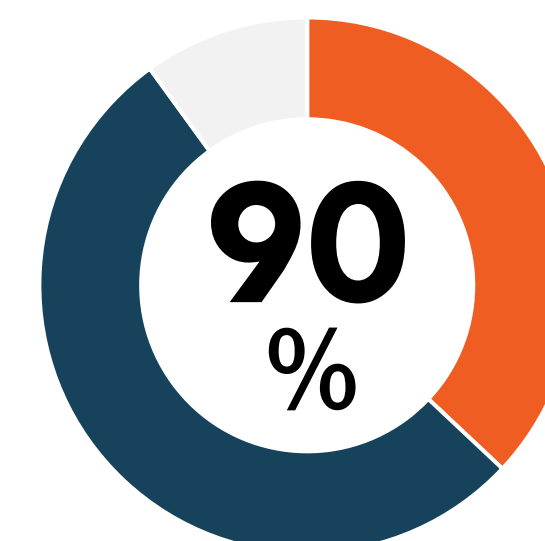
Results



Impact on Practice

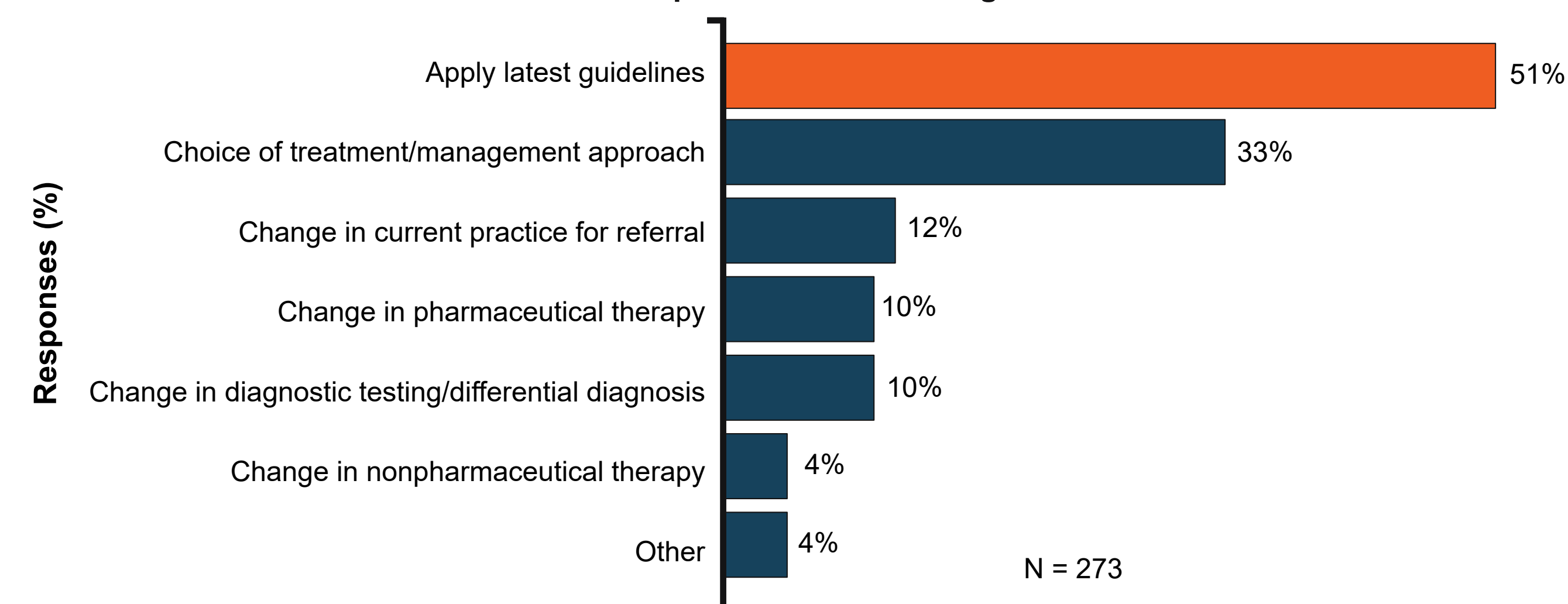
- As a result of the education, clinicians planned to apply the latest guidelines and change their treatment choice/management approach for IBD

Confirmed best practice (53%)



Changed clinical practice (37%)

Participants' Plans to Change Practice Behavior



Impact on Patients

15,519

Patients likely to benefit from clinicians' participation in the live and Web-based education

Program Summary

- This education **improved learners' competence** in screening and preventive care, monitoring/treatment considerations, and shared decision making in IBD
 - By topic, **risk/benefit profiles and monitoring requirements for IBD therapies** had the greatest pre-education and posteducation learning gaps—and the greatest improvement—suggesting that future education should continue to focus on this need
 - By region, greatest need for education was in the **Midwest**
- Many learners planned to **change their clinical practice** as a result of this education, mostly by applying latest guidelines and by changing their treatment approach

