Assessing the Impact of a National Small-Group CME Activity on Management of Patients With IBS
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Educational Intervention and assessment purpose

Given the rapid advances related to irritable bowel syndrome (IBS) and chronic constipation (CIC), it is critical that a significant educational need has been created among practicing clinicians. In 2018, a national educational initiative focusing on the management of IBS was led by the Gastrointestinal Health Foundation (GHF) IBS Centers of Educational Excellence and complemented by educational resources on the GHF’s educational portal. The initiative consisted of 50 small group CME discussions and three online modules. The target audience consisted of community-based gastroenterologists and healthcare professionals who provide care for patients with IBS.

Learning objectives: Upon completion of this activity, participants should be able to:
1. Describe the burden of IBS and CIC on patients and the healthcare system
2. Discuss the management of IBS-D
3. Discuss the management of IBS-C
4. Identify patients with alarm symptoms
5. Discuss the educational needs of patients with IBS

Outcomes methodology

The educational intervention was a small-group CME activity designed to improve knowledge and practice of clinicians. The activity was delivered in a small-group setting, and participants were provided with evidence-based guidelines and best practices for the management of IBS and CIC.

Diagnosis and management of IBS-D

Overall, learners outperform nonlearners in diagnosis and treatment of IBS-D. Learners are more likely to choose appropriate testing to confirm IBS-D diagnosis and select appropriate initial pharmaceutical and nonpharmaceutical treatment for IBS-D as well as appropriate management for IBS-D. However, there are areas where additional education is needed, specifically in second- and third-line pharmaceutical management.

Diagnosis and management of IBS-C

Overall, there was less educational effect seen in IBS-C, especially when compared to IBS-D. Continued education needs to emphasize when testing is needed for IBS-C, as well as initial and second-line therapeutic approaches. Further importance may need to be placed on distinguishing between treatments best suited for IBS-D and IBS-C.

IBS with alarm symptoms

Patients are more likely than nonlearners to appropriately treat a patient presenting with IBS with alarm symptoms, but less than half of both groups would use colonoscopy as a diagnostic tool to rule out IBS.

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