

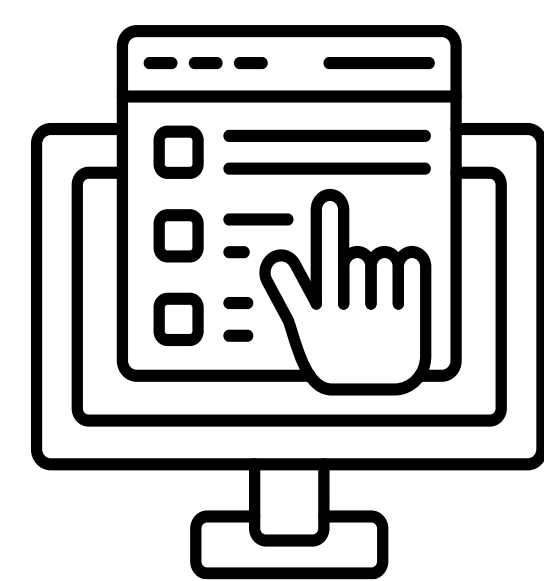
IDENTIFYING GAPS IN GASTROENTEROLOGY APP ONBOARDING: RESULTS FROM A NATIONAL SURVEY AND EARLY OUTCOMES FROM A PILOT INPATIENT TRAINING CURRICULUM

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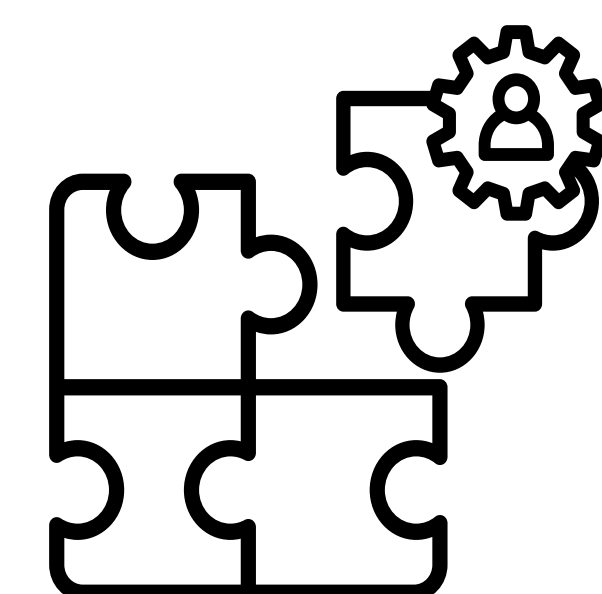
BACKGROUND

Advanced Practice Providers (APPs) play an essential role in gastroenterology, yet structured onboarding practices remain highly variable.¹⁻³ Limited specialty-specific training may affect provider confidence, clinical readiness, and patient care quality.⁴⁻⁶ Emerging evidence supports the development of formalized postgraduate APP training programs, including fellowships and residencies, to bridge the gap between generalist education and specialty practice.⁶⁻⁷ This study characterized national GI APP onboarding experiences and evaluated early outcomes of a pilot inpatient GI training curriculum.

NEEDS ASSESSMENT SURVEY

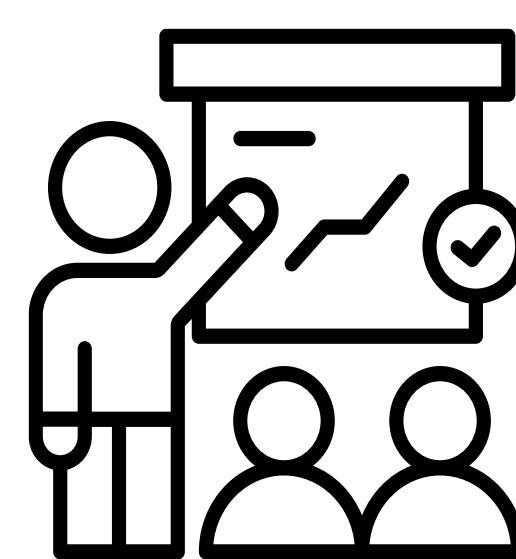


Thirteen question survey distributed to AGA APP listserv (289 APPs).
Sixty-seven responded

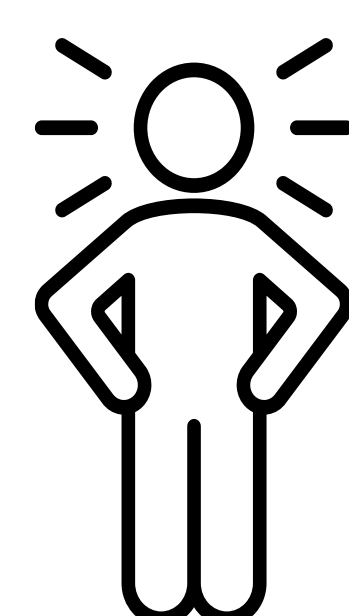


Identified themes and gaps in training.

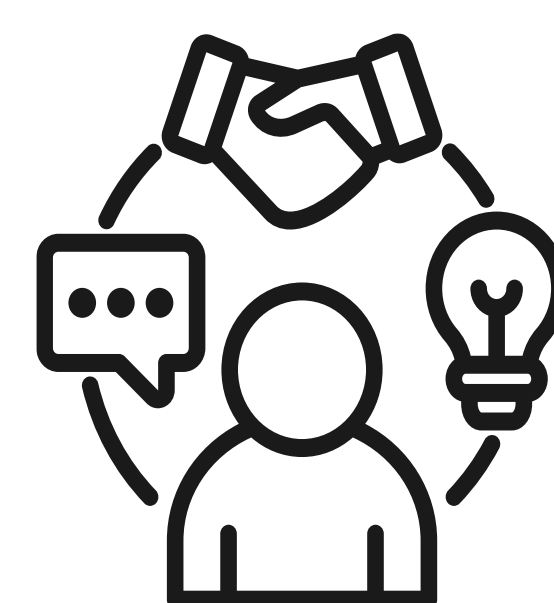
SURVEY OUTCOMES



80% with less than 3 months onboarding



40% less than moderately confident



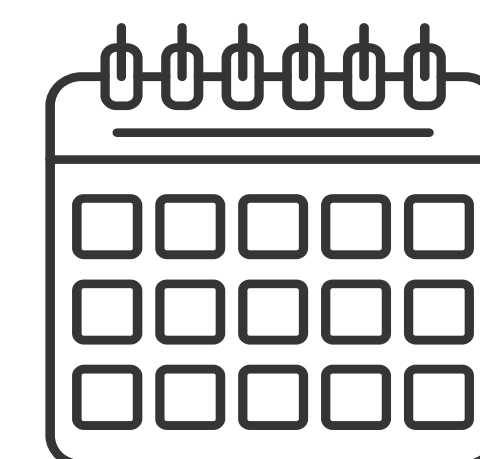
57% with limited formal training



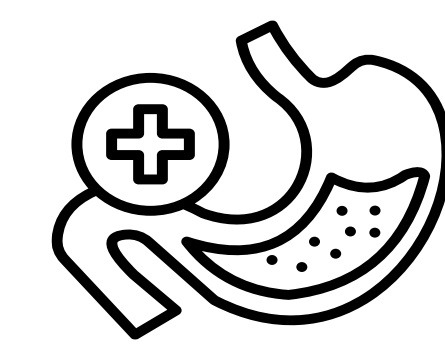
Specific gaps in hepatology, IBD and gut-brain disorders

95% Would benefit from additional training

CURRICULUM DESIGN



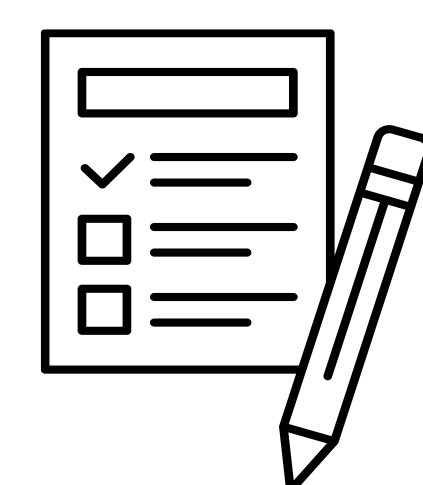
Four-week inpatient curriculum designed on competency-based principles



Targeted didactics based on survey knowledge gaps



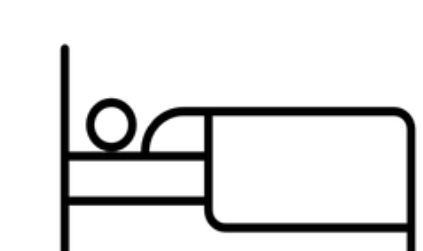
Attending evaluations at week one & week four



Pre & post knowledge exams compared

CURRICULUM OUTCOMES

Most effective learning modalities



Bedside Teaching



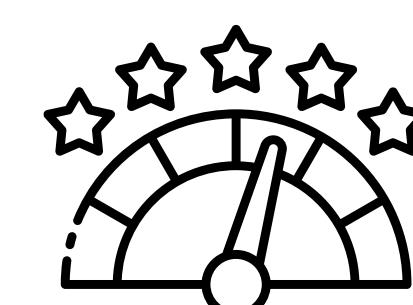
Case-Based



Online Modules



Pre/post test



“Exceeding Expected Performance”

26% Improvement in clinical knowledge gaps

CONCLUSION

- ❖ There is a national need in GI APP onboarding
- ❖ Structured competency-based curriculum is feasible and associated with improved knowledge and preparedness
- ❖ Scalable framework with generalizable components and institution specific implementation
- ❖ Future directions include multi center studies to evaluate performance, outcomes and readiness

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