**New Application: Gastroenterology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)] |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** |
| Procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures [PR I.D.1.c).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories, with esophageal motility instrumentation [PR I.D.1.c).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic radiology support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| General surgery support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Interventional radiology support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Medical imaging and nuclear medicine support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Oncology support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pathology support services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities for the intensive care of critically ill patients with gastrointestinal disorders [PR I.D.1.b).(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities for parasitology testing [PR I.D.1.c).(2)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Working relationship with diagnostic radiology services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Working relationship with general surgery services [PR I.D.1.b)(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Working relationship with oncology services [PR I.D.1. b)(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Working relationship with pathology services [PR I.D.1. b)(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Working relationship with pediatrics services [PR I.D.1. b)(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | [ ]  YES [ ]  NO |

|  |  |
| --- | --- |
| What is the percentage of program director support? [PR II.A.2.c)] | % |

**Program Coordinator**

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the prevention, evaluation and management of the following?

|  |  |
| --- | --- |
| Acid peptic disorders of the gastrointestinal tract [PR IV.B.1.b).(1).(b).(i)] | [ ]  YES [ ]  NO |
| Acute and chronic gallbladder and biliary tract diseases [PR IV.B.1.b).(1).(b).(ii)] | [ ]  YES [ ]  NO |
| Acute and chronic liver disease [PR IV.B.1.b).(1).(b).(iii)] | [ ]  YES [ ]  NO |
| Acute and chronic pancreatic diseases [PR IV.B.1.b).(1).(b).(iv)] | [ ]  YES [ ]  NO |
| Diseases of the esophagus [PR IV.B.1.b).(1).(b).(v)] | [ ]  YES [ ]  NO |
| Disorders of nutrient assimilation [PR IV.B.1.b).(1).(b).(vi)] | [ ]  YES [ ]  NO |
| Gastrointestinal and hepatic neoplastic disease [PR IV.B.1.b).(1).(b).(vii)] | [ ]  YES [ ]  NO |
| Gastrointestinal bleeding [PR IV.B.1.b).(1).(b).(viii)] | [ ]  YES [ ]  NO |
| Gastrointestinal diseases with an immune basis [PR IV.B.1.b).(1).(b).(ix)] | [ ]  YES [ ]  NO |
| Management of gastrointestinal emergencies in the acutely ill patient [PR IV.B.1.b).(1).(b).(x)] | [ ]  YES [ ]  NO |
| Gastrointestinal infections, including retroviral, mycotic, and parasitic diseases [PR IV.B.1.b).(1).(b).(xi)] | [ ]  YES [ ]  NO |
| Genetic/inherited disorders [PR IV.B.1.b).(1).(b).(xii)] | [ ]  YES [ ]  NO |
| Geriatric gastroenterology [PR IV.B.1.b).(1).(b).(xiii)] | [ ]  YES [ ]  NO |
| Inflammatory bowel diseases [PR IV.B.1.b).(1).(b).(xiv)] | [ ]  YES [ ]  NO |
| Irritable bowel syndrome [PR IV.B.1.b).(1).(b).(xv)] | [ ]  YES [ ]  NO |
| Motor disorders of the gastrointestinal tract [PR IV.B.1.b).(1).(b).(xvi)] | [ ]  YES [ ]  NO |
| Medical management of patients under surgical care for gastrointestinal disorders [PR IV.B.1.b).(1).(b).(xvii)] | [ ]  YES [ ]  NO |
| Vascular disorders of the gastrointestinal tract [PR IV.B.1.b).(1).(b).(xviii)] | [ ]  YES [ ]  NO |
| Women's health issues in digestive diseases [PR IV.B.1.b).(1).(b).(xix)] | [ ]  YES [ ]  NO |

For the procedures listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a log book or equivalent method.

|  |  |
| --- | --- |
| Biopsy of the mucosa of esophagus, stomach, small bowel, and colon-instruction provided? [PR IV.B.1.b).(2).(a).(i)] | [ ]  YES [ ]  NO |
| Biopsy of the mucosa of esophagus, stomach, small bowel, and colon proficiency documented? [PR IV.B.1.b).(2).(a).(i)] | [ ]  YES [ ]  NO |
| Capsule endoscopy instruction provided? [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO |
| Capsule endoscopy proficiency documented? [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO |
| Colonoscopy with polypectomy-instruction provided? [PR IV.B.1.b).(2).(a).(iii)] | [ ]  YES [ ]  NO |
| Colonoscopy with polypectomy proficiency documented? [PR IV.B.1.b).(2).(a).(iii)] | [ ]  YES [ ]  NO |
| Conscious sedation instruction provided? [PR IV.B.1.b).(2).(a).(iv)] | [ ]  YES [ ]  NO |
| Conscious sedation proficiency documented? [PR IV.B.1.b).(2).(a).(iv)] | [ ]  YES [ ]  NO |
| Esophageal dilations instruction provided? [PR IV.B.1.b).(2).(a).(v)] | [ ]  YES [ ]  NO |
| Esophageal dilations proficiency documented? [PR IV.B.1.b).(2).(a).(v)] | [ ]  YES [ ]  NO |
| Esophagogastroduodenoscopy instruction provided? [PR IV.B.1.b).(2).(a).(vi)] | [ ]  YES [ ]  NO |
| Esophagogastroduodenoscopy proficiency documented? [PR IV.B.1.b).(2).(a).(vi)] | [ ]  YES [ ]  NO |
| Nonvariceal hemostasis, both upper and lower, including actively bleeding patients instruction provided? [PR IV.B.1.b).(2).(a).(vii)] | [ ]  YES [ ]  NO |
| Nonvariceal hemostasis, both upper and lower proficiency documented? [PR IV.B.1.b).(2).(a).(vii)] | [ ]  YES [ ]  NO |
| Other diagnostic and therapeutic procedures utilizing enteral intubation instruction provided? [PR IV.B.1.b).(2).(a).(viii)] | [ ]  YES [ ]  NO |
| Other diagnostic and therapeutic procedures utilizing enteral intubation proficiency documented? [PR IV.B.1.b).(2).(a).(viii)] | [ ]  YES [ ]  NO |
| Paracentesis instruction provided? [PR IV.B.1.b).(2).(a).(ix)] | [ ]  YES [ ]  NO |
| Paracentesis proficiency documented? [PR IV.B.1.b).(2).(a).(ix)] | [ ]  YES [ ]  NO |
| Percutaneous endoscopic gastrostomy instruction provided? [PR IV.B.1.b).(2).(a).(x)] | [ ]  YES [ ]  NO |
| Percutaneous endoscopic gastrostomy proficiency documented? [PR IV.B.1.b).(2).(a).(x)] | [ ]  YES [ ]  NO |
| Retrieval of foreign bodies from the esophagus instruction provided? [PR IV.B.1.b).(2).(a).(xi)] | [ ]  YES [ ]  NO |
| Retrieval of foreign bodies from the esophagus proficiency documented? [PR IV.B.1.b).(2).(a).(xi)] | [ ]  YES [ ]  NO |
| Variceal hemostasis including actively bleeding patients instruction provided? [PR IV.B.1.b).(2).(a).(xii)] | [ ]  YES [ ]  NO |
| Variceal hemostasis proficiency documented? [PR IV.B.1.b).(2).(a).(xii)] | [ ]  YES [ ]  NO |
| Gastrointestinal motility studies and 24-hour pH monitoring instruction provided? [PR IV.C.6.d)] | [ ]  YES [ ]  NO |
| Gastrointestinal motility studies and 24-hour pH monitoring proficiency documented? [PR IV.C.6.d)] | [ ]  YES [ ]  NO |

**Medical Knowledge**

Will the program provide experience for fellows to demonstrate knowledge of the following items?

|  |  |
| --- | --- |
| Anatomy, physiology, pharmacology, pathology and molecular biology related to the gastrointestinal system, including the liver, biliary tract and pancreas [PR IV.B.1.c).(3).(a)] | [ ]  YES [ ]  NO |
| Interpretation of abnormal liver chemistries [PR IV.B.1.c).(3).(b)] | [ ]  YES [ ]  NO |
| Liver transplantation [PR IV.B.1.c).(3).(c)] | [ ]  YES [ ]  NO |
| Nutrition [PR IV.B.1.c).(3).(d)] | [ ]  YES [ ]  NO |
| Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders [PR IV.B.1.c).(3).(e)] | [ ]  YES [ ]  NO |
| Sedation and sedative pharmacology [PR IV.B.1.c).(3).(f)] | [ ]  YES [ ]  NO |
| Surgical procedures employed in relation to digestive system disorders and their complications [PR IV.B.1.c).(3).(g)] | [ ]  YES [ ]  NO |

**Practice-Based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems Based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

|  |
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| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

|  |  |
| --- | --- |
| How many months of the program will be devoted to clinical experiences? [PR IV.C.3.] | # |
| Averaged over the two years of training, how many half-days per week of ambulatory care will each fellow participate in? This includes continuity ambulatory experience. [PR IV.C.5.] | # |

Indicate whether the fellowship program will provide formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures.

|  |  |
| --- | --- |
| Endoscopic Retrograde Cholendochopancreatography (ERCP), in all its diagnostic and therapeutic applications [PR IV.C.6.c).(1)] | [ ]  YES [ ]  NO |
| Enteral and parenteral alimentation [PR IV.C.6.c).(2)] | [ ]  YES [ ]  NO |
| Computed tomography [PR IV.C.6.c).(3).(a)] | [ ]  YES [ ]  NO |
| Contrast radiography [PR IV.C.6.c).(3).(b)] | [ ]  YES [ ]  NO |
| Magnetic resonance imaging [PR IV.C.6.c).(3).(c)] | [ ]  YES [ ]  NO |
| Nuclear medicine [PR IV.C.6.c).(3).(d)] | [ ]  YES [ ]  NO |
| Percutaneous cholangiography [PR IV.C.6.c).(3).(e)] | [ ]  YES [ ]  NO |
| Ultrasound, including endoscopic ultrasound [PR IV.C.6.c).(3).(f)] | [ ]  YES [ ]  NO |
| Vascular radiography [PR IV.C.6.c).(3).(g)] | [ ]  YES [ ]  NO |
| Wireless capsule endoscopy [PR IV.C.6.c).(3).(h)] | [ ]  YES [ ]  NO |
| Interpretation of gastrointestinal and hepatic biopsies [PR IV.C.6.c).(4)] | [ ]  YES [ ]  NO |
| Motility studies, including esophageal motility/pH studies [PR IV.C.6.c).(5)] | [ ]  YES [ ]  NO |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences: [PR IV.C.7.b)]

|  |  |
| --- | --- |
| Core Curriculum Conference Series | [ ]  YES [ ]  NO |
| Clinical Case Conferences  | [ ]  YES [ ]  NO |
| Research Conferences | [ ]  YES [ ]  NO |
| Journal Club | [ ]  YES [ ]  NO |
| Morbidity and Mortality Conferences | [ ]  YES [ ]  NO |
| Quality Improvement Conferences | [ ]  YES [ ]  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.7.c)] | [ ]  YES [ ]  NO |

|  |
| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.7.a)] |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

|  |
| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.7.] |
| Click here to enter text. |

|  |
| --- |
| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.8.b)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.10.] | [ ]  YES [ ]  NO |

**Evaluation**

**Fellow Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures?[PR V.A.1.a).(2)] | [ ]  YES [ ]  NO |

|  |
| --- |
| Describe the method for assessment of procedural competence.[PR V.A.1.a).(2)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the evaluations of faculty be written and confidential? [PR V.B.1.b)] | [ ]  YES [ ]  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | [ ]  YES [ ]  NO |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D.] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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