**New Application: Gastroenterology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR 1.2.c.] (Limit response to 300 words) |
| Click here to enter text. |

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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR 1.6.a.] | [ ]  YES [ ]  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR 1.8.b.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR 1.8.d.] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR 1.8.h.] (Limit response to 300 words) |
| Click here to enter text. |

Will the following facilities/laboratories/services be available for fellows’ education? [PR 1.8.e.-1.8.g.]

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| Facilities for the intensive care of critically ill patients with gastrointestinal disorders | [ ]  YES [ ]  NO |
| Up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories | [ ]  YES [ ]  NO |
| Support services, including: |  |
|  Anesthesiology | [ ]  YES [ ]  NO |
|  General surgery | [ ]  YES [ ]  NO |
|  Interventional radiology | [ ]  YES [ ]  NO |
|  Medical imaging and nuclear medicine | [ ]  YES [ ]  NO |
|  Oncology | [ ]  YES [ ]  NO |
|  Pathology | [ ]  YES [ ]  NO |

Will the program have a close working relationship with the following services and specialists? [PR 1.8.e.1.]

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| Diagnostic radiology |  [ ]  YES [ ]  NO |
| General surgery | [ ]  YES [ ]  NO |
| Oncology | [ ]  YES [ ]  NO |
| Pathology services | [ ]  YES [ ]  NO |
| Pediatrics |  [ ]  YES [ ]  NO |

**Faculty**

List the core faculty member certified by the ABIM or the AOBIM in gastroenterology that has demonstrated expertise and a primary focus in hepatology. [PR 2.10.c.]

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| --- | --- | --- |
| **Last Name** | **First Name** | **Select all that apply** |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  current ABIM or AOBIM certification in transplant hepatology[ ]  active membership in a nationally or internationally recognized hepatology specialty society[ ]  a United Network for Organ Sharing (UNOS)- recognized transplant hepatologist[ ]  successfully completed an ACGME-accredited hepatology fellowship program |

List the core faculty member certified by the ABIM or the AOBIM in gastroenterology that has demonstrated expertise in all aspects of endoscopy, including advanced procedures. [PR 2.10.d.]

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| **Last Name** | **First Name** | **Credentials** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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

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| Acid peptic disorders of the gastrointestinal tract [PR 4.4.a.] | [ ]  YES [ ]  NO |
| Acute and chronic gallbladder and biliary tract diseases [PR 4.4.b.] | [ ]  YES [ ]  NO |
| Acute and chronic liver disease [PR 4.4.c.] | [ ]  YES [ ]  NO |
| Acute and chronic pancreatic diseases [PR 4.4.d.] | [ ]  YES [ ]  NO |
| Diseases of the esophagus [PR 4.4.e.] | [ ]  YES [ ]  NO |
| Disorders of nutrient assimilation [PR 4.4.f.] | [ ]  YES [ ]  NO |
| Gastrointestinal and hepatic neoplastic disease [PR 4.4.g.] | [ ]  YES [ ]  NO |
| Gastrointestinal bleeding [PR 4.4.h.] | [ ]  YES [ ]  NO |
| Gastrointestinal diseases with an immune basis [PR 4.4.i.] | [ ]  YES [ ]  NO |
| Management of gastrointestinal emergencies in the acutely ill patient [PR 4.4.j.] | [ ]  YES [ ]  NO |
| Gastrointestinal infections, including retroviral, mycotic, and parasitic diseases [PR 4.4.k.] | [ ]  YES [ ]  NO |
| Genetic/inherited disorders [PR 4.4.l.] | [ ]  YES [ ]  NO |
| Geriatric gastroenterology [PR 4.4.m.] | [ ]  YES [ ]  NO |
| Inflammatory bowel diseases [PR 4.4.n.] | [ ]  YES [ ]  NO |
| Irritable bowel syndrome [PR 4.4.o.] | [ ]  YES [ ]  NO |
| Motor disorders of the gastrointestinal tract [PR 4.4.p.] | [ ]  YES [ ]  NO |
| Patients under surgical care for gastrointestinal disorders [PR 4.4.q.] | [ ]  YES [ ]  NO |
| Vascular disorders of the gastrointestinal tract [PR 4.4.r.] | [ ]  YES [ ]  NO |
| Women's health issues in digestive diseases [PR 4.4.s.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to: [PR 4.5.a.-4.5.b.]

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the performance of the following? [PR 4.5.c.-4.5.m.]

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| Biopsy of the mucosa of the esophagus, stomach, small bowel, and colon | [ ]  YES [ ]  NO |
| Capsule endoscopy | [ ]  YES [ ]  NO |
| Colonoscopy with polypectomy | [ ]  YES [ ]  NO |
| Conscious sedation | [ ]  YES [ ]  NO |
| Esophageal dilation | [ ]  YES [ ]  NO |
| Esophagogastroduodenoscopy | [ ]  YES [ ]  NO |
| Non-variceal hemostasis, both upper and lower, including actively bleeding patients | [ ]  YES [ ]  NO |
| Paracentesis | [ ]  YES [ ]  NO |
| Percutaneous endoscopic gastrostomy | [ ]  YES [ ]  NO |
| Retrieval of foreign bodies from the esophagus | [ ]  YES [ ]  NO |
| Variceal hemostasis, including actively bleeding patients | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.g.1.] | [ ]  YES [ ]  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR 4.11.g.2.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click or tap here to enter text. |

**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in the following areas?

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| Anatomy, physiology, pharmacology, pathology and molecular biology related to the gastrointestinal system, including the liver, biliary tract and pancreas [PR 4.6.a.] | [ ]  YES [ ]  NO |
| Interpretation of abnormal liver chemistries [PR 4.6.b.] | [ ]  YES [ ]  NO |
| Liver transplantation [PR 4.6.c.] | [ ]  YES [ ]  NO |
| Nutrition [PR 4.6.d.] | [ ]  YES [ ]  NO |
| Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders [PR 4.6.e.] | [ ]  YES [ ]  NO |
| Sedation and sedative pharmacology [PR 4.6.f.] | [ ]  YES [ ]  NO |
| Surgical procedures employed in relation to digestive system disorders and their complications [PR 4.6.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 4.7.] (Limit response to 400 words)

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| 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 4.8.] (Limit response to 400 words)

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| 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 structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR 4.11.a.] | # |
| How many months of the fellows’ clinical experience will be composed of hepatology? [PR 4.11.a.] | # |

If the fellows’ hepatology clinical experience is not provided as block rotations, briefly describe how this experience is obtained. [PR 4.11.a.] (Limit response to 300 words)

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR 4.11.g.] | [ ]  YES [ ]  NO |

Explain “NO” response. (Limit response to 250 words)

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| Click or tap here to enter text. |

Will the program provide fellows with formal instruction and clinical experience in the interpretation of following?

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| Endoscopic Retrograde Cholendochopancreatography (ERCP), in all its diagnostic and therapeutic applications [PR 4.11.e.1.] | [ ]  YES [ ]  NO |
| Enteral and parenteral alimentation [PR 4.11.e.2.] | [ ]  YES [ ]  NO |
| Computed tomography [PR 4.11.e.3.a.] | [ ]  YES [ ]  NO |
| Contrast radiography [PR 4.11.e.3.b.] | [ ]  YES [ ]  NO |
| Magnetic resonance imaging [PR 4.11.e.3.c.] | [ ]  YES [ ]  NO |
| Nuclear medicine [PR 4.11.e.3.d.] | [ ]  YES [ ]  NO |
| Percutaneous cholangiography [PR 4.11.e.3.e.] | [ ]  YES [ ]  NO |
| Ultrasound, including endoscopic ultrasound [PR 4.11.e.3.f.] | [ ]  YES [ ]  NO |
| Vascular radiography [PR 4.11.e.3.g.] | [ ]  YES [ ]  NO |
| Wireless capsule endoscopy [PR 4.11.e.3.h.] | [ ]  YES [ ]  NO |
| Interpretation of gastrointestinal and hepatic biopsies [PR 4.11.e.4.] | [ ]  YES [ ]  NO |
| Motility studies, including esophageal motility/pH studies [PR 4.11.e.5.] | [ ]  YES [ ]  NO |

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| Will the fellows have exposure to and clinical experience in the performance of gastrointestinal motility studies and 24-hour pH monitoring? [PR 4.11.f.] | [ ]  YES [ ]  NO |

**CONTINUITY AMBULATORY 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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.h.] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR 4.11.h.1.] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR 2.7.d.] | [ ]  YES [ ]  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR 4.11.i.] (Limit response to 300 words)

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| Click or tap here to enter text. |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.l.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR 5.1.h.] |
| Click here to enter text. |

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| 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 5.1.b.1.] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

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| Will the evaluations of faculty be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR 5.4.c.] | [ ]  YES [ ]  NO |