**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)

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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 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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**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**

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

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

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| 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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