FELLOWSHIP IN PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

Jefferson Medical College and Nemours/Alfred I. duPont Hospital for Children

Division of Pediatric Gastroenterology, Hepatology and Nutrition
Fellowship in Pediatric Gastroenterology
FELLOWSHIP IN PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

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I. INTRODUCTION

CORE VALUE: We are committed to scholarly and scientific inquiry directed towards the health of children.

Welcome to the Nemours/Alfred I. duPont Hospital for Children’s Division of Pediatric Gastroenterology, Hepatology and Nutrition. This is an accredited 3-year program affiliated with Jefferson Medical College that provides comprehensive basic training in pediatric gastroenterology. The fellows will also have experience of being involved in pre and post liver transplant patient care, and in the management of children with intestinal failure. Fellows will acquire skills in state-of-the-art pediatric gastroenterological procedures. The division members have special interests in a variety of disorders including inflammatory bowel disease, celiac disease, eosinophilic gastrointestinal disorders, food allergies, gastroesophageal reflux disease, liver diseases, short bowel syndrome, pancreatic diseases, nutrition support, and motility disorders. The division has a large research staff with several bench and clinical research protocols funded in many of the above areas.

The gastroenterology service is busy with a large inpatient practice that includes common and complex gastrointestinal disorders, nutrition support, intestinal failure, liver diseases, and a full consult service. The outpatient service is likewise an active and bustling facility located within the confines of the Rainbow Module at Nemours/Alfred I. duPont Hospital for Children.

Nemours/Alfred I. duPont Hospital for Children is the premier children’s hospital in Delaware. It stands on the grounds of Alfred I. duPont’s historic 300-acre estate. The 180-bed full-service hospital is equipped to care for children with a wide range of conditions. It is the regional center for the treatment of childhood cancers, cardiovascular conditions, neuromuscular disease, cystic fibrosis, cerebral palsy, kidney disease, bone dysplasia, respiratory and orthopedic conditions. Inpatient services at the hospital include pediatric medical and surgical units, a cardiovascular care center, pediatric rehabilitation, pediatric intensive care, and brand new cardiac and neonatal intensive care units. Over 40 medical, surgical and dental subspecialty programs are offered on an outpatient basis, with additional services also provided at Thomas Jefferson University, Bryn Mawr Hospital and Newtown Square in Pennsylvania.
II. MEMBERS OF THE DIVISION

Faculty (links to faculty interests and photos as on the division website)

GI at Nemours/
Alfred I. duPont Hospital for Children

J. Fernando del Rosario, MD, Division Chief,
Program Director
Karoly Horvath, MD, PhD,
Director of the Celiac Center & GI Research Lab
Seema Khan, MD
Adebowale Adeyemi, MD
Katryn Furuya, MD, FRCP – Assistant Program Director
Helen John-Kelly, MD
Zarela Molle-Rios, MD
Rebecca Ramirez, MD

NI at TJU

Sheeja Abraham, MD
Joan DiPalma, MD

Current Fellows

Nikki Allmendinger, MD (PGY-6)
Prateek Wali, MD (PGY-6)
Beth Loveridge-Lenza, DO (PGY-5)
Erika Kutsch, DO (PGY-4)

Nurse Practitioners

Maureen Egan, MSN
Margy Miccolis, MSN

Nursing Staff

Lisa Sayo, Nurse Manager
Angela Simms
Sharon Cervino
Kathy Dickens
Julann Fasy
Lynda Mariano
Cynthia Rehbach
Lauri Rodowsky
Rachel Walsh
Cyndy Walker

Nutritionists

Michelle E Innes (All GI including those with celiac disease and food allergies)
Lore Ritscher (Hepatology, metabolic diseases, renal/dialysis patients)

Social Worker

Ellen McClary

Area Manager

Christine Chisholm

Secretarial Staff

Lynn R Carr
Michelle Deputy
Joanne Kelleher
Doviea Lee

III. MEMBERS OF THE RESEARCH LAB

Karoly Horvath, MD, PhD
Director

Zhaoping He, PhD
Associate Research Scientist

Dalal Tonb, PhD
Research Associate

Sam Soundar, PhD
Research Associate

Laura Bolling, BS
Research Technician II

Tracey Nadal, BS
Research Technician II

Keely Pierzchalski
Clinical Research Technician
IV. FELLOWSHIP COMPONENTS

Rotations and Time Allocation

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<th>2nd YEAR</th>
<th>3rd YEAR</th>
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<td>Research/Elective</td>
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A. Clinical

The division cares for a large number of inpatient and outpatient cases, and is well staffed by attendings, advanced practice nurses and pediatric nurses with experience in supporting the endoscopy suite. The Fellow will participate in all aspects of inpatient and outpatient care.

General Comments: As a Fellow in our program, you will be a representative of a service, which is well respected for excellence in patient care, education and academic pursuits. It is imperative that we all maintain professionalism at all times. The service can be very busy and the patients, parents, or staff that we encounter may be stressed. The most common complaint that patient and personnel relations receive from families and other staff members, respectively, is that a particular staff member (nurse, resident, fellow, attending) did not act in a courteous or respectful manner, rather than having committed a management error. If the situation is particularly inflammatory, it is best to discuss the situation with the attending and let the attending help diffuse the situation.

Answer pages promptly. Prolonged or frequent delays in answering pages are unacceptable for good patient care. If you cannot answer a page due to a procedure, try and have someone answer for you and take a message.

In your interaction with patients and their families, strive to “listen” and be empathetic as best you can. Always provide ample opportunity for the patient and the parents to ask questions. The other common complaints by patients and their families are that the medical staff “does not listen”, “does not understand”, or does not explain the problem or answer the questions that patients and their families have.
1. Inpatient

The 1st year Fellow will spend 8 months of the year on the inpatient primarily responsible for the inpatient GI team but expected to participate in the activities of both the in-patient GI team and the Nutrition support team as described below:

The GI inpatient team serves patients admitted primarily to the GI team, and also provides consultations to patients with mainstream GI problems.

Team members: GI Fellow, the supervising Attending, and a PGY-Level 2 Pediatric resident.

The GI Nutrition support team serves patients in consultation for nutrition support.

Team members: GI APN (Margy Miccolis) and supervising Attending (mainly Dr. Rebecca Ramirez). In the absence of either or both, as well as on weekends, the GI Fellow and attending on call cover this service.

Responsibilities

1. Pre-round on all GI patients; this includes interim history, examination and a discussion of the assessment and plans with the GI resident.
   - Facilitate rounding and structuring of the work for the day
   - Provide a considerable amount of mentoring for the residents during inpatient service

2. GI Team Rounds at a time agreed on among the Fellow, resident and the GI Attending.

3. Fellows are encouraged to review the GI resident’s progress notes to ensure appropriate documentation in EPIC.
   - If necessary, the Fellow can correct the resident’s note

4. Fellows are expected to have updates, and to have examined and written appropriate notes on all follow-ups of GI consultations, preferably before rounding on these patients with the GI Attending at a time agreed on by both.

5. Timely review of pathology and radiology pertinent to the GI patient list.

6. Fellows are encouraged to demonstrate basic knowledge related to aspects of diagnosis, evaluation and management of all patients on the GI team and consults. Fellows are also encouraged to consult and share the current literature when involved in some interesting cases.

7. Fellows are also strongly encouraged to participate in procedures performed on their continuity care patients.
   - The Fellow is excused from participating in his/her patient’s procedure if the inpatient Fellow has a scheduled clinic
   - Every effort will be made to minimize scheduling Fellow patients for procedures during the Fellow’s outpatient clinic sessions
8. Fellows are expected to participate in the GI Nutrition Team rounds (which will generally take place in the afternoons) routinely except on the days of a fellow’s PM continuity clinic, concurrent procedures in PM, and urgent patient matters requiring their attention.

9. Keep primary GI MD informed of the progress of their patients.

Consultations
Consults must be done within 24 hours of notification. It is again important to communicate with the team of residents or the attending in charge of the patient our recommendations, so that implementation can be carried out promptly. It is necessary to officially “sign-off” by a note in the chart on any patients that are no longer followed by GI. Inpatient GI consult patients that were seen initially by the Fellow and need follow-up after discharge are to be scheduled for follow-up with the Fellow to ensure continuity. The Fellow is responsible for maintaining a log of all consults for tracking consultation data.

Evening/Morning Check-Out
The On-call Fellow for a particular evening or weekend receives the sign-outs from both the GI inpatient fellow and the APN on the Nutrition team.

The on-call Fellow must relay any significant changes that occurred on patients being followed by GI to the inpatient Fellow and the Nutrition team the following morning. Overnight admissions arranged for by the on-call Fellow and Attending will be seen by the inpatient Fellow.

2. Outpatient

a. Fellows in 1st and 3rd years are urged to adhere to their continuity clinic schedule and the overflow clinics to see their patients. The 2nd year fellow will have an additional continuity clinic precepted by Dr. Helen John-Kelly as permitted by the schedules of both parties. The Fellow is expected to field all calls from patients they have initially evaluated in the clinic and while on inpatient service. Questions and concerns that the patient or the patient’s parents raise need to be discussed with the primary attending of the patient (as much as possible) to determine the appropriate intervention. Phone encounters must be documented in the Epic system.

b. Fellows are urged to complete EPIC encounters within 24 hours of the clinic session; the in-patient Fellow, due to the unpredictable time table, will be allowed up to 72 hours to complete visit encounters.

- Please ensure appropriate documentation of medical information in EPIC, and review of required items before forwarding to preceptors

c. Please recognize that certain sub-specialty clinics (e.g. Liver Clinic) start earlier than the usual clinic sessions; please observe punctuality to make the most of these clinics.
d. Fellows in all 3 years of training will also have designated rotations as outpatient Fellow on call, under the supervision of a designated GI attending between 8:30 AM to 5:00 PM with the following responsibilities:

- ER consults
- ER calls
- Referring physician calls regarding patients not known to GI
- Evaluation of urgent new and follow up patients in clinics added to the routine schedule

3. Call

During fellowship, the Fellows assume progressive responsibility for the care of patients. Of necessity, these experiences require the opportunity to care for patients at all hours, and in varied settings. The Division of Pediatric Gastroenterology recognizes that fellowship is demanding of both time and energy, and that the educational goals of this program and learning objectives of Fellows must not be compromised by excessive reliance on fellows to fulfill service obligations. The structuring of duty hours and on-call schedules must focus on the needs of the patients, continuity of care, and the educational needs of the Fellow. The following Fellow Call model is consistent with the Institutional and Program Requirements, in accordance with ACGME guidelines. It is designed to ensure good patient care and educational opportunities for the Fellow, and to prepare the Fellow for the clinical activity and pace that one can expect once in practice.

Our Division ensures that the Fellow is provided appropriate back-up support by the Attending and Advanced Nurse Practitioners when patient care responsibilities are especially difficult or prolonged. In the event that a Fellow during the course of caring for a patient(s) is kept in the hospital continuously for 24 hours, the Fellow would be absolved of all clinical duties for the following 24 hours.

Call will comprise one entire week including a weekend. Call is shared equally by all fellows. Responsibilities during the call week will include first response to patient and hospital calls during the evenings and weekend. Call is generally taken from home, but if there is a patient that requires more attention than the in-house residents can provide or if there is a very sick patient that needs more than an assessment by the resident (e.g. pending transfer to PICU, patient requiring peritoneal tap for SBP) or there is a patient in need of an emergency GI procedure, the Fellow is expected to come to the hospital. Similarly if there is a procedure to be done after hours, the Fellow is expected to come in to do the procedure with GI Attending supervision.

Fellows may exchange calls among themselves. All changes need to be discussed with the Program Director.
4. Procedures

The Fellow is expected to participate in ALL procedures generated on the inpatient service. The Fellow is also expected to perform any outpatient procedure on patients a Fellow follows. Responsibilities include:

1. Ensure consents are signed.

2. Ensure that tests necessary prior to a procedure are performed, e.g. CBC, PT/PTT, US for biopsy marking prior to liver biopsies.

3. Know SBE prophylaxis status and history of medication allergies of each patient.

4. Maintain a log of all procedures.

5. Set-up of endoscopic equipment if a procedure is necessary on weekends or weeknights.

5. Non-elective Rotations and Electives

The fellows must complete a one month mandatory rotation in Transplant Hepatology during 2nd or 3rd year of training when Dr. Furuya is on in-patient service for Solid Organ Transplant. Fellows will also share responsibilities covering the ambulatory service when not on inpatient service. Another month of an elective rotation may be completed in or shared between Pathology, Radiology and Surgery. Fellows are urged to review the goals and objectives outlined and agreed upon by GI and the respective Divisions for elective rotations. If the fellow has specific interests in a particular field of pediatric gastroenterology (e.g motility, pediatric surgery), further in depth training in these areas could be arranged for.

6. Teaching & Conferences

The Fellow will be expected to participate in teaching activities for the pediatric residents and medical students, both through formal and informal sessions.

Conference Schedule:

- Pathology alternating with Radiology-GI interdisciplinary conferences (12 noon-1 pm on Wednesdays except 5th Wednesday of the month)
- Pediatric Grand Rounds (8-9 am on Wednesdays)
- GI Teaching Conference (9-10 am on Fridays)
  - Journal Club
  - Clinico-pathologic Case Presentations
  - Didactic topics
- GI Administrative meeting (12 noon-1 pm once monthly, Fridays)
- Surgery Conference (12 noon-1pm on 3rd Wednesday)
- Pediatric Morning Report (8:30-9 am on Mon, Tues, Thurs)
- Pediatric Noon Conferences (12-1pm on M-Fri)
- Biostatistics Course annual occurrence
- Fellows Education and Research Training Course (11 weeks)
- Web based learning through Tufts Health Care Institute (http://campus.thci.org/)

Follow the schedule of important GI annual scientific meetings sponsored by North American Society of Pediatric Gastroenterology, Hepatology and Nutrition, American Gastroenterological Association, American College of Gastroenterology, American Association for the Study of Liver Disease, Studies in Pediatric Liver Transplantation and other sub-specialty conferences to avail opportunities for presentation of research.

**Educational resources**
- Medical Library on campus
- Jeffline
- Access to the publications of the professional GI societies (Gastroenterology, Clinical Gastroenterology & Hepatology, Journal of Pediatric Gastroenterology & Nutrition, American Journal of Gastroenterology, Hepatology, Liver Transplantation)

**7. Other Responsibilities**

1. Organization of the schedules, format and sign-in records in GI Teaching, Pathology and Radiology Conferences.

2. Log of all diagnoses, procedures, oral presentations, abstracts, manuscripts in press and published manuscripts.


4. Organizing structured GI elective rotations for medical students and residents.

5. Maintain up to date Basic Life Support and Pediatric Advanced Life Support certifications.
B. RESEARCH

1. Areas of Research Interest

Each fellow must design and conduct a scholarly project in a subspecialty area of interest with the guidance of the fellowship director and a designated mentor.

Fellows are urged to identify areas of research interest (basic or clinical), and discuss these with the Fellowship Director and the potential mentors ideally towards the last quarter of the 1st year.

The Fellowship Director will facilitate meetings with potential mentors as necessary for the proposed studies.

Current areas of GI research:

- Tracheal and middle ear fluid pepsin in the evaluation of GERD in extraesophageal GERD
- Celiac disease.
- Identification of serum macrolipase, macroamylase and gastric lipase.
- Pancreatic insufficiency: retrospective review of pancreatic stimulation data.
- Ghrelin and obestatin in serum and gastric biopsies in children with failure to thrive and obesity.
- Eosinophilic esophagitis: clinical trials, and assessing utility of serum and stool ECP in follow-up.
- Inflammatory bowel disease.
- Drug induced liver injury
- Liver and obesity
- Studies in Pediatric Liver Transplantation

2. Resources

- Experienced, well qualified, and enthusiastic group of research scientists, research assistants and technicians to guide and mentor the fellows.
- GI Research Lab is located in (room number) in the Research Building at Nemours/AIDHC.
- GI Research Lab is currently engaged in multiple research projects related to analysis of intestinal disaccharidases, pancreatic enzymes, gastric pepsin in airway/middle ear fluid, and serum and stool eosinophil cationic protein.

3. Funding Support

- Nemours Biomedical Research funding through Clinical Research Review Committee.
- Fellows are urged to seek extramural funding (e.g. American College of Gastroenterology, Children’s Digestive Health and Nutrition Foundation, American Gastroenterological Association, Crohn’s Colitis Foundation of America etc)
4. Clinical Research Review Committee (link)

- CRRC review and approval is required before IRB submission.

5. Institutional Review Board (IRB) & IRBNET (links)

- Get familiar with IRBnet and complete all mandatory training prior to submission of a research project.

6. Scholarship Oversight Committee

- The committee evaluates the fellow’s progress as related to scholarly activity. The composition and the meeting schedules will be periodically conveyed to the fellows through the GME office (2-4 times a year).

V. EVALUATION

Fellows will be evaluated in accordance with the requirements of the Pediatric Gastroenterology Division, American Board of Pediatrics (Gastroenterology sub-board) requirements, and ACGME Institutional Requirements. Evaluation of Fellows will be through New Innovations, and maintained in personal files in the division. Fellows may review their files and append comments to evaluations. Fellows may not remove evaluations from their files, copy evaluations, or alter evaluations.

The Fellow will meet with the Program Director or designee at least twice during each year for performance evaluations. The Program Director will prepare a final written evaluation of the fellow’s performance at the completion of fellowship training, which will be maintained indefinitely in the division, with a copy forwarded to the Office of Graduate Medical Education of Nemours/AIDHC and the Office of House Staff Affairs at TJUH. This final evaluation will state that the Fellow is capable of practicing pediatric gastroenterologycompetently and independently.

Fellows are evaluated in the six General Competencies as defined by ACGME: patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice. Specifically, each Fellow will be assessed on performance on the inpatient and outpatient services, the ability to obtain and analyze clinical data in order to develop a rational and appropriate diagnostic and therapeutic intervention, procedural skills, organization and interpersonal skills, and research development and teaching activities.

The Program Director will: 1) complete the annual evaluation of each fellow’s performance provided by the Chairman for Education and the GMEC; 2) facilitate the annual confidential evaluation of the faculty by the residents, consistent with institutional procedures established by the Chairman for Education and the GMEC; and 3) facilitate the annual evaluation of the program by the Fellows as provided by the GMEC, and conduct additional evaluations as deemed necessary by the Program Director to identify strengths and areas for improvement in the program.
The American Board of Pediatrics (ABP) offers Subspecialty In-Training Exams (SITE) for gastroenterology. The purpose of SITE is to assess a fellow’s knowledge of pediatric gastroenterology and can be used to gauge readiness for subspecialty certification. The results can be used to help identify strengths and areas in need of remediation. Each Fellow is expected to participate in this activity each year. The registration fee is subsidized by the Division.

VI. GOALS AND OBJECTIVES

(Based on the General Competencies established by the ACGME, effective July 1, 2007)

FIRST-YEAR

A. Patient Care

Goals
To provide the fellows supervised training to provide patient care with the expertise in gastroenterology disorders in infants, children, adolescents and young adults, through acquisition of skills in diagnostic evaluations, procedures, and treatment decisions.

Objectives
Must demonstrate the clinical skills to perform a history and physical examination, make diagnostic and therapeutic decisions, develop and implement plans, counsel patients and families, use information technology to optimize patient care.

Must demonstrate the ability to perform and interpret results of labs and procedures.

Must acquire the necessary skills in performing the procedures, and develop an understanding of their indications, risks and limitations.

B. Medical Knowledge

Goals
To provide the fellows a well developed formally structured curriculum related to the fundamentals of the digestive system, for training of the psychosocial aspects of chronic GI diseases, and for structured and scheduled interdisciplinary conferences within the didactic curriculum.
Objectives
Fellows must demonstrate and apply medical knowledge of evolving biomedical, clinical, epidemiological and social-behavioral sciences in pediatric gastroenterology as it relates to patient care.

Fellows must take the initiative in effective teaching skills for medical students, residents, nurses, and peers as individuals and groups, in clinical settings, lectures, seminars, electronic and print modalities.

Fellows must participate in subspecialty conferences.

C. Practice-based Learning and Improvement

Goals
To provide the fellows with instruction in curriculum design, information delivery, assessment of outcomes and development of teaching materials.

Objectives
Fellows must set learning and improvement goals.

Fellows must identify and perform appropriate learning activities.

Fellows must self evaluate, and incorporate formative evaluation feedback into daily practice.

D. Interpersonal and Communication Skills

Goals
To provide the fellows the opportunities for effective communications related to effective delivery of health care and documentation of information.

Objectives
Fellows must communicate effectively and professionally with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Fellows must effectively communicate with physicians, other health professionals and health related agencies as a team member and in consultative role.

Fellows must maintain comprehensive, timely and legible medical records.
E. Professionalism

Goals
To provide the fellows instruction in curriculum that addresses bioethics, including attention to physician relationship to patient family, other health professionals, and society throughout the training.

Objectives
Fellows must demonstrate compassion, integrity, and respect for others.

Fellows must demonstrate responsiveness to patient needs; and accountability to patients, society and the profession.

Fellows must demonstrate sensitivity to a patient population diverse in age, gender, culture, religion, race, disabilities and sexual orientation.

F. Systems-based Practice

Goals
To provide the fellows instruction in such topics as the administration of health care systems, economics of health care, cost-effective management, quality improvement, and clinical outcomes. The program will provide experience in the prevention of medical errors.

Objectives
Fellows must work effectively to coordinate patient care within the health care system, by incorporating considerations of cost care, and risk benefit analysis.

Fellows must identify system errors and implement potential system solutions.

Fellows must work in inter-professional teams to enhance patient safety, and improve patient care quality.

SECOND-YEAR

A. Patient Care

Goals
As for the first year fellows.

Objectives
Fellows must perform with greater proficiency, efficiency, ease and accuracy.

Fellows must have greater participation in advanced level procedures.
B. Medical Knowledge

Goals
As for the first year fellows.

Objectives
Fellows must demonstrate continued progress in self learning.

Fellows must also plan, implement and actively participate in educational conferences and meetings.

C. Practice-based Learning and Improvement

Goals
As for the first year fellows.

Objectives
Fellows must identify, appraise and assimilate evidence from scientific studies related to their patients’ health problems.

Fellows are expected to participate in a quality improvement project.

D. Interpersonal and Communication Skills

Goals
As for the first year fellows.

Objectives
Fellows must communicate effectively and professionally with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Fellows must effectively communicate with physicians, other health professionals and health related agencies as a team member, team leader and in consultative role.

Fellows must maintain comprehensive, timely and legible medical records.

E. Professionalism

Goals
As for the first year fellows.

Objectives
Same as for the first year fellows.
F. Systems-based Practice

Goals
As for the first year fellows.

Objectives
Same as for the first year fellows.

THIRD-YEAR

A. Patient Care

Goals
As for first and second year fellows.

To provide the fellows all necessary and specific opportunities for satisfactory completion of all subspecialty training and certifying requirements.

Objectives
All of the above with the goal toward the satisfactory completion of all competencies of training and the ability to enter the practice of pediatric gastroenterology without the need for further supervision.

B. Medical Knowledge

Goals
As for first and second year fellows.

Satisfactory completion of all subspecialty training and certifying requirements.

Objectives
Fellows must demonstrate the skills and preparation for successful passing of pediatric gastroenterology certifying examination.

C. Practice based Learning and Improvement

Goals
As for the first and second year fellows.

Objectives
Same as for first and second year fellows.

Fellows must assume some administrative responsibilities.
D. Interpersonal and Communication Skills

Goals
As for first and second year fellows.

Objectives
Same as second year fellows.

E. Professionalism

Goals
As for the first and second year fellows.

Objectives
Same as for first and second year fellows.

F. Systems-based Practice

Goals
As for the first and second year fellows.

Objectives
Same as for the first and second year fellows.

Please see Appendix for Goals and Objectives pertaining to specific rotations:

- Appendix A: Ambulatory rotation
- Appendix B: Inpatient rotation
- Appendix C: Pathology
- Appendix D: Radiology
- Appendix E: Pediatric Surgery
- Appendix F: Hepatology/Liver Transplant

VII. CORE CURRICULUM

The curriculum will include clinical training in the diagnosis and management of inpatients and outpatients with pediatric gastrointestinal, hepatic, and nutritional disorders. There will be exposure to both acute and chronic conditions. In recognition of the importance of outpatient medicine to the practice of pediatric gastroenterology and nutrition, all fellows will spend at least one-two sessions per week for the entire 3-year period in the subspecialty clinics in which both new and continuing care patients are seen.
During the core curriculum an adequate number of routine endoscopic procedures must be performed in order to exceed the minimum standards prescribed by the NASPGHAN.

**Training through Conferences and Other Non-patient Care Activities**

In addition to experience in patient care, fellows will be extensively involved in other educational experiences, such as weekly pediatric grand rounds, lectures, courses, workshops, and seminars.

The program will provide instruction in the fundamental disciplines related to the digestive system, including embryology, physiology, pharmacology, nutrition, pathology, biochemistry, molecular biology, immunology, and genetics.

Fellows will be encouraged to develop independent learning skills through reading *textbooks and relevant scientific journals* and attending seminars, postgraduate courses, and annual scientific meetings of the major digestive disease societies.

Fellows will be actively involved in the planning and conduct of a *weekly clinical* conference that would be either a didactic lecture or fellow case presentations. Journal club will be held once a month.

*Journal clubs* should be used to educate the fellow in the skills of critical reading, detection of biases, application of statistics, validity of conclusions, and related attributes of scientific studies.

*Interdisciplinary conferences* with staff in pediatric radiology, pediatric pathology, or pediatric surgery will be held weekly on a rotational basis.

The opportunity to learn the essentials of study design, statistics, epidemiology, hypothesis testing, decision and outcomes analysis, and other skills necessary to conduct clinical investigation will be available to all fellows.
TRAINING IN THE MANAGEMENT OF PATIENTS WITH GI & NUTRITIONAL DISEASES AND DISORDERS, INCLUDING BUT NOT LIMITED TO (effective July 1, 2009):

- Growth failure and malnutrition
- Malabsorption/maldigestion
- Gastrointestinal allergy
- Peptic ulcer disease
- Hepatobiliary disease (biliary atresia, gall bladder diseases, fatty liver, intrahepatic cholestasis, autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic liver diseases)
- Digestive tract anomalies
- Inflammatory bowel disease
- Functional bowel disorders
- Pancreatitis (acute and chronic)
- Gastrointestinal infections
- Gastrointestinal problems in the immune compromised host, including graft versus-host disease
- Motility disorders
- Gastrointestinal bleeding
- Gastrointestinal complications of eating disorders

TRAINING IN PROCEDURES (effective July 1, 2009):

Fellows must understand the principles, indications, contraindications, risks, and interpretation of results of procedures; and must demonstrate competence in the performance (not solely based on a minimum of numbers, but on a formal objective evaluation system) of the following:

- Diagnostic colonoscopy (including biopsy) and therapeutic colonoscopy with snare polypectomy
- Diagnostic upper gastrointestinal endoscopy (including biopsy)

Fellows must understand the principles, indications, contraindications, risks, and interpretation of results of the following procedures:

- Gastrointestinal manometry
- Rectal suction biopsy
- Paracentesis
- Esophageal impedance/ pH testing
- Pancreatic function testing
- Breath hydrogen analysis
- Endoscopic placement of feeding tubes (including percutaneous endoscopic gastrostomy placement)
- Videocapsule endoscopy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Gastrointestinal foreign bodies
- Hemostatic techniques for variceal and non-variceal gastrointestinal bleeding
- Percutaneous liver biopsy
VIII. PROMOTION

All Fellows in the division of Pediatric Gastroenterology are expected to complete 12 months at each level of training, and shall satisfy the Delaware and Pennsylvania Boards of Medical Licensure requirements for promotion. Fellows must complete the minimum number of months of training required by the American Board of Pediatrics’ sub-board for pediatric gastroenterology for certification as a component of successful completion of fellowship training at Nemours/A.I. duPont Hospital for Children and TJU.

Fellows must develop the knowledge, skills, attitudes, behaviors and judgment to assume responsibility for independent practice at the completion of their education. This process involves the sequential assumption of progressive responsibility, and requires assessment of proficiency and fitness to move to the next level of training (promotion) or completion of the educational program.

In the division of pediatric gastroenterology, the following constitute criteria for promotion:

- successful completion of all rotations
- demonstration of competency as a subspecialty consultant
- demonstration of scholarly activity and “work product” in accordance with the criteria stated by the American Board of Pediatrics

A Fellow who fails to meet the performance standards required for promotion and outlined above will receive formative as well as summative feedback concerning their performance, and be provided with the opportunity to correct or improve the deficiencies identified. The performance standards that need to be demonstrated at each level of training may be found under the Goals and Objectives section. The competency of each fellow at each level will be evaluated. Written documentation of these evaluations will be maintained. Remediation efforts will be evaluated and documented in writing. Failure to demonstrate adequate performance following remediation efforts will result in disciplinary action.

IX. DIVISION POLICIES

All policies and procedures for Fellow selection, evaluation, promotion, and dismissal are in compliance with both ACGME requirements and with the institutional policies and procedures of Thomas Jefferson University and Nemours/A.I. duPont Hospital for Children.
A. FELLOW SELECTION

The Graduate Medical Education Programs of Nemours/AIDHC have, as their core purpose, the education of compassionate, highly-skilled, knowledgeable physicians who are committed to excellence and the achievement of Board Certification by the relevant American Board of Medical Specialty (ABMS) Certification Board. Thus, all candidates appointed to an ACGME-accredited residency position at Nemours/AIDHC will satisfy, as a requirement for selection, all ABMS Specialty Board-related eligibility prerequisites required to enter training in the related specialty program at Nemours/AIDHC and Jefferson. Candidates must have completed a pediatric residency program at an accredited institution. Further, all candidates must satisfy the requirements of the State of Delaware and Pennsylvania Boards of Medical Licensure for appointment at the specific level of training for which the position is offered. Residents and fellows must be selected based on qualifications that meet or exceed the standards outlined below.

Applicants with one of the following qualifications are eligible to be considered for appointment to residency programs of Nemours/AIDHC:

1. Graduates of medical schools in the U.S. and Canada accredited by the LCME;
2. Graduates of osteopathic medicine in the U.S. accredited by AOA;
3. Graduates of medical schools outside the U.S. who meet one of the following qualifications:
   - Have received a currently valid certificate from the ECFMG; or
   - Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Residency programs will select only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skill, and personal qualities such as motivation, honesty, and integrity.

Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

Nemours/AIDHC Graduate Medical Education Programs require that all requisite prior training be successfully completed prior to matriculation. Each Fellow accepted into a training program must receive the appropriate stipend as listed in the annual House Staff Stipend Schedule. Under no circumstances should an individual be accepted into a training program without the appropriate stipend support.

All applicants that are granted interviews will be interviewed in person, or if extenuating circumstances make that impossible, by telephone. Program directors evaluating the fitness of Fellows attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will speak directly with the referring program director or chairman to assess the educational qualifications of the Fellow prior to making any offer of employment. A final letter of evaluation and recommendation must be obtained from the referring program director for all Fellows entering programs at Nemours/AIDHC after completing some phase of training in another institution. This must be obtained prior to the GMEC evaluation of the application for appointment.
Fellow selection is through a national pediatric gastroenterology fellowship-matching program. Applicants may apply through ERAS (electronic residency application service) through the AAMC. After applicants are interviewed, a ranking list is submitted and the match takes place in June. Matched applicants will then be notified. Whenever-sponsored programs participate in the National Residency Matching Program; they will adhere to the rules and regulations of the Match.

Offers of employment by the fellowship program director or chairman must be contingent upon approval of the GMEC, licensure and satisfactory completion of training in an ACGME-approved program, or, when applicable, an AOA-accredited program. Fellows entering their first year of training are required to have passed USMLE Steps I, II and III (or the COMLEX I, II and III) in order to qualify for appointment. All applicants selected for hire must demonstrate the appropriate qualifications as outlined above, and demonstrate to the GMEC that they have the knowledge, skills, attitudes, behaviors and ethical deportment befitting a physician at Nemours/AIDHC. Actions available to the GMEC include requests for additional information prior to rendering a decision, placing of limitations or stipulations on the appointment of a fellow, full appointment of the fellow, or refusal to appoint.

The Residency program shall not require Fellows to sign a non-competition guarantee.

**B. FELLOW DISCIPLINE AND DISMISSAL**

In the unusual circumstance where just cause exists, the Division reserves the right to recommend disciplinary action, up to and including dismissal, of the Fellow. Under these circumstances, the Divisional/Departmental policies are as per the House Staff Contract and the Institutional Policies and Procedures regarding Resident Performance Deficiency.

**1. PROBATION**

In circumstances where just cause exists, a Program Director may recommend to the department Chairman that a Fellow be placed on probation. The Chairman following consultation with the Chairman for Education for GME may only impose probationary status. If probationary status is imposed, the Chairman shall provide written notice of probationary status and its duration to the Fellow. Such correspondence shall be reviewed with Hospital Counsel, and forwarded to the Office of Graduate Medical Education for inclusion in the Fellow’s file. Probation status is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.
2. SUSPENSION

In circumstances where just cause exists, a Program Director may recommend to the department Chairman that the Fellow be suspended. The Chairman following consultation with the Chairman for Education for GME may only impose suspension. In situations where the Fellow’s actions threaten the health, welfare or safety of any patient, visitor, colleague or employee, or where a Fellow’s license has been suspended or revoked, the Program Director or Chairman may impose suspension immediately. If suspension is imposed, the Chairman shall provide written notice of suspension and its duration to the Fellow. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of House Staff Affairs for inclusion in the Fellow’s file. A decision to suspend a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

3. NON-RENEWAL

In circumstances where just cause exists, the Program Director may recommend to the department Chairman that the Fellow’s appointment not be renewed for the following year of training. The decision not to reappoint a Fellow may only be imposed following consultation with the Chairman for Education for GME. If a Fellow is not re-appointed, the Chairman shall provide written notice of non-renewal to the Fellow at least four (4) months prior to the expiration of the current House Staff Agreement. However, if the cause for non-renewal arises within that four (4) month period, then the written notice of non-renewal shall be provided as soon as reasonable under the circumstances. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of House Staff Affairs for inclusion in the Fellow’s file. A decision not to reappoint a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

4. DISMISSAL

In the unusual situation where just cause exists, the Program Director may recommend to the Chairman that a Fellow be dismissed from the program. Academic dismissal may be warranted where the Fellow has been unable to meet performance standards established by the program, and remediation efforts have been unsuccessful. Non-academic dismissal may be warranted for any just cause, including, but not limited to, serious or repeated infraction of established policies or procedures, failure to adhere to appropriate patient care ethical or professional standards, failure to perform required work duties properly, or any action threatening the health, welfare or safety of any patient, visitor, colleague or employee. The dismissal of a Fellow may only be undertaken following consultation with the Chairman for Education of GME. In accordance with the House Staff Agreement, the Fellow will receive a letter from the Chairman outlining the grounds for dismissal. A decision to dismiss a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.
C. DISPUTE RESOLUTION PROCEDURE: LINES OF AUTHORITY IN THE PEDIATRIC GI FELLOWSHIP

Disputes concerning fellow performance, professionalism or deficiencies are best resolved at the program level. With the intention of providing fellows with the opportunity to rapidly address concerns, each program is required to develop a policy, and establish procedures, which are consistent with this policy, approved by the GME Committee, and designed to provide the fellow with the opportunity to resolve disagreements rapidly and fairly.

Resident Program Director Department of Pediatrics Physician in Chief
GI Fellow Division Chief Alfred I. duPont Hospital Chief of the Practice

GI Attending on Service

Pediatric residents rotating in the division of pediatric gastroenterology are expected to report to the fellow or to the GI Attending on service for any concerns during the rotation. GI fellows are also to report to the GI Attending on service for any concerns during their rotation. If the Attending on service is not available for any fellowship-related concerns, the fellow is expected to discuss these concerns with the program director. If the issues cannot be resolved at the program director level, then the matter will be elevated to the Division Chief and other higher figures of authority as the diagram above illustrates.

D. FACULTY INTERACTION WITH RESIDENTS AND FELLOWS

Fellows are physicians enrolled in educational programs at the graduate level, which are based in the clinical sciences. They are expected to receive and give feedback in an educational environment that nurtures and encourages their professional and personal achievement of excellence. Through participation in care of patients and feedback to the faculty, fellows also enhance the quality of patient care and education.

All residents (including Fellows) of Nemours/AIDHC and the faculty of Nemours/AIDHC strive to foster a patient care and educational environment permeated with the attributes of professionalism – Respect, Compassion, Integrity, Altruism, and Commitment to Excellence.

The faculty of Nemours/AIDHC affirms their commitment to create an educational environment in which interns, residents and fellows strive for excellence, and may raise and resolve issues without fear of intimidation or harassment, retaliation, or retribution. Such behavior on the part of any faculty member is unacceptable.

Similarly, Nemours/AIDHC fellows and residents deport themselves in a fashion that affirms their commitment to a constructive educational environment in which formative and summative feedback and evaluation are accepted in a professional fashion, and the pursuit of excellence is expected. Behaviors, such as intimidation or harassment, retaliation, or retribution of other members of the health care and educational team on the part of any resident or fellow are unacceptable.
**E. NATIONAL MEETINGS AND TRAVEL**

Fellows do not attend a meeting in their first year, unless they have a presentation to give or it is a Fellow Conference. During their 2nd and 3rd years, fellows will attend any meeting at which they will present their research. In addition, 3rd year fellows may attend one meeting even if they do not present. There is one week of conference time allotted for each fellow per year. The Division reimburses abstract submission fees.

**MEETINGS:**

AASLD – American Association for the Study of Liver Disease  
ACG – American College of Gastroenterology  
AGA – American Gastroenterological Association  
ASGE – American Society for Gastrointestinal Endoscopy  
NASPGHAN – North American Society for Pediatric Gastroenterology, Hepatology & Nutrition  
IBD Conference available for all first year fellows and those third year fellows engaged in IBD research.  
First year Fellows Conference  
Second year Fellows Conference  
Third year Fellows Conference  
North American Conference of Gastroenterology Fellows  
SPLIT – Studies in Pediatric Liver Transplantation

**F. VACATIONS**

Vacation during the first year should be taken during the outpatient rotation. If it is taken during the inpatient rotation, the schedule will need to be changed to assure that the Fellow completes the required number of calls. Vacation should be arranged with the Program Director at least 6 weeks in advance so that the secretaries can make sure that patients are not scheduled for the Fellow during the Fellow’s absence. Each Fellow is allotted 3 weeks vacation per year and 1 week of conference time.

**G. LEAVE OF ABSENCE**

Fellows may request time away from the training program for pregnancy, illness, professional development, or for other personal reasons. Institutional policies and practices regarding leaves of absence are set forth in the employee benefit section of the House Staff Agreement, and the Hospital’s human resources policies. Fellows will be required to complete the requisite training established by the program requirements and institutional policies in order to receive a certificate of successful completion. Fellows must notify the program director of any leave of absence.
H. POLICY DUTY HOURS

Graduate medical education takes place in the context of provision of direct patient care. Fellows assume progressive responsibility for the care of patients. Of necessity, these experiences require the opportunity to care for patients at all hours, and in varied settings. Recognizing that fellowship is demanding of time and energy, the educational goals of the program and learning objectives of Fellows must not be compromised by excessive reliance on Fellows to fulfill institutional service obligations. Control of the total number of assigned duty hours of the Fellow is an important component of balancing the service versus education in the fellowship. Fellow duty hours and on-call time periods must not be excessive. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the Fellow. Duty hours must be consistent with the Institutional and Program requirements, in accordance with ACGME guidelines as outlined below.

1. Duty hours are defined as all clinical and academic activities related to the residency/fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities, such as conferences. Duty hours do not include reading and preparation for time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.

3. Trainees must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call. The RRC will not consider requests for a rest period that is less than 10 hours.

I. EDUCATIONAL ALLOWANCE

There is an annual educational funding support towards books, journals, and travel to a meeting. Support courses during the first year will also be reimbursed up to $1000. Each Fellow will be registered for membership into the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPghan). See Christine Chisholm for updated information.

J. HEALTH

Please contact Employee Health Services for updated information. It is recommended that all GI Fellows have complete Hepatitis B vaccination series, and a negative PPD test when employed.
K. MOONLIGHTING

The policy of the Division of Pediatric Gastroenterology concerning moonlighting outside the program is consistent with RRC requirements, as well as ACGME guidelines. It is the prerogative of the Chief of the Division of Pediatric Gastroenterology and the Fellowship Director to determine whether moonlighting is permitted.

No Fellow shall be required to engage in moonlighting. Fellows may not moonlight until they have received the applicable license for unsupervised medical practice in the state where the moonlighting occurs. Fellows will adhere to the Moonlighting Policy of the institution and the program. In all instances in which moonlighting is permitted, the permission of the Program Director must be obtained prior to the initiation of moonlighting and documented in writing. This documentation will be made part of the Fellow’s personnel file.

Moonlighting activities must not interfere with the ability of the Fellow to achieve the educational goals and objectives of the program.

Professional liability insurance coverage is not provided for any activities outside the scope of the program, and moonlighting Fellows should arrange for adequate professional liability coverage for their activities. Fellows working additional shifts at Thomas Jefferson University Hospitals are insured for professional liability under their current resident policy, provided they meet the eligibility requirements, and are in compliance with procedures established by the Office of Medical Staff Affairs, as well as in compliance with the departmental, institutional, and ACGME duty hours requirements.

L. PHYSICIAN IMPAIRMENT

AIDHC are committed to the provision of superior patient care in an educational environment, which supports the development of excellence in each Fellow. Impairment of ability to function at each individual’s highest level of performance is not compatible with the commitment made to our patients, or other members of the health care and educational team.

As caregivers, we are also committed to the healing of those among us who manifest evidence of disorders, which impair their ability to function at their highest level of ability.

Responsibility of the Physician with Illness

Each physician must recognize in him/herself, or acknowledge when identified by a colleague, any illness or condition which impairs his/her ability to function in the clinical environment. Once recognized, the physician is responsible to:
1. Assure that patient care is continued in an uninterrupted fashion,

2. Assure that his/her direct supervisor has approved of the arrangements made to provide uninterrupted patient care,

3. Assure that he/she receives appropriate professional care for the illness giving rise to the impairment,

4. Return to duty only when able to function at an appropriate level,

5. Satisfy any observational or reporting requirements reasonably requested by his/her supervisor, or required by Medical Staff bylaws or AIDHC Policies and Procedures to assure that the physician is ready to return to patient care responsibilities,

6. If unable to function at an appropriate level, report this impairment to his/her supervisor.

**Fellow Impairment**

Any Fellow, who observes the behavior or performance of another Fellow which is indicative of impairment, whether physical, mental, or the result of substance abuse, should report, in a confidential manner, such observation to the Program Director or other appropriate institutional official, such as the Chairman, or Chairman for Education of GME.

All Fellows will abide by the institutional “Drug and Alcohol Policy.”

Counseling services available to impaired Fellows include confidential evaluation and referral, if needed, by a physician in the Department of Psychiatry; the Employee Assistance Program; and the Delaware Medical Society’s Physicians’ Health Program.

**M. FELLOWSHIP CLOSURE/REDUCTION**

Should AIDHC find it necessary to reduce the size or close a fellowship program, Fellows in the program will be notified of the intended reduction or closure as soon as possible after such a decision has been made. In the event of a reduction or closure, AIDHC will allow the fellows already in the program to complete their education or will assist the Fellows in enrolling in another ACGME-accredited program in which they can continue their education.
Appendix A

Goals and Objectives of the Ambulatory GI Rotation

Second year Fellow Expectations:

- Learn how to manage and cope with a busy outpatient clinic along with ER and outpatient physician/patient call responsibilities, as well as research
- Learn how to manage ER consultations to GI.
- Increase exposure to hepatology through the Liver clinic
  - Learn to develop an appropriate differential for children with cholestasis, abnormal liver enzymes, hepatomegaly, jaundice
  - Learn indications for liver biopsy
- Increase exposure to management of IBD patients in IBD clinic
  - Learn how to utilize other consultants in the care of IBD patients
  - Learn how to order Infliximab infusions and coordinate their administration in our Day Medicine unit.
- Acquire fund of knowledge on various GI conditions as outlined by the curriculum described in Fellow Handbook.

3rd year Fellow Expectations:

- Acquire the skills and be exposed to the same challenges as outlined in 2nd year fellow expectations
- Will require less supervision than 2nd year level and demonstrate more independent thinking and sound decision-making
- Demonstrate the ability to teach rotating medical students and residents with greater confidence than in 2nd year

Appendix B

Goals and Objectives of the Inpatient Rotation

Description: The purpose of the inpatient rotation is to immerse the incoming fellow in a variety of acute and chronic gastroenterology conditions of a severity requiring hospitalization with the hope that the exposure will aid in rapid acquisition of basic knowledge and the opportunity to become quickly involved in procedures. The fellow will spend 8 months of the first year on the inpatient service, 3 months during the second year and 1 month during the last year; the latter to help polish the fellow’s inpatient clinical skills prior to graduation.

Responsibilities:

All levels

1. Supervise the GI resident on all admissions to the GI service

2. Pre-round on all GI patients; this includes interim history, examination and discussion of assessment and plans with the GI resident
   - Facilitate rounding and structuring of the work for the day
   - Provide mentoring of the residents and medical students during inpatient service
3. Attend GI team rounds daily at a time agreed upon by the fellow, resident and Attending

4. Review GI resident’s notes to ensure proper and appropriate documentation
   - Fellow can edit the resident’s note in the electronic inpatient record
   - Cosign resident’s note to ensure it had been reviewed

5. Perform GI consultations in a manner commensurate to the acuity of the consult request

6. Provide updates and complete follow-up notes for all GI consultations preferably prior to rounding with the Attending

7. Timely review of pathology and radiology results pertinent to the GI patient list

8. Perform all procedures pertaining to GI inpatients or patients for whom GI was consulted

9. Maintain weekly ½ day fellow clinic

10. Participate in TPN rounds if there are no concurrent procedures or urgent patient matters requiring attention

11. Keep primary GI Attending informed of the progress of their admitted patients

12. Completion of discharge summaries within 5 days post discharge

**Learning Objectives/Expectations:**

**First year level**

1. Acquire the basic knowledge related to aspects of diagnosis, evaluation and management of all patients admitted to the GI service, as well those for whom GI is consulted

2. Acquire the basic knowledge related to the performance of endoscopic procedures, liver biopsies, impedance pH probe

3. Develop the practice of reviewing the literature to aid in the management of patients

4. Learn the process by which patients are admitted into the hospital and know the factors that influence management of inpatients, which include but are not restricted to:
   - Patient insurance plans and their criteria for admission
   - Utilization review
   - Social factors and the role Social services play in patient care

5. Develop mentorship/teaching skills to benefit the rotating residents and medical students

6. Develop effective communication skills to foster a positive working environment among the GI team, consulting services, nursing and other ancillary support personnel and services

7. Incorporates feedback from Attending to enhance clinical practice
Second year level
1. Acquired all the skills expected of the first year fellow
2. Expanded fund of knowledge
3. Refined procedural skills and acquired the ability to perform more complex procedures under the supervision of the Attending
4. Routinely reviews the literature in relation to the delivery of inpatient care
5. More proactive in communicating consult recommendations to the team requesting for GI consultation
6. Refined mentorship/teaching of residents and medical students

Third year level
1. Acquired all the skills expected of the first and second-year fellow
2. Fund of knowledge at a level that would allow for independent and competent practice
3. Procedural skills are sufficiently refined that very little assistance is needed from the supervising Attending
4. Able to conduct rounds with the GI team and make the majority of the management decisions with minimal input from the supervising Attending
5. Review of the literature in managing patients is second nature
6. Familiar with hospital procedures/protocols pertaining to patient admission, utilization review, social services
7. Developed appropriate communication and interpersonal skills that enhance partnerships with colleagues, nursing and ancillary staff to provide optimal care for inpatients
8. Able to practice pediatric GI independently in a competent manner

Appendix C

Goals and Objectives in Pathology Rotation
- Learn normal GI and liver histology
- Learn basic histopathologic preparatory techniques
- Learn indications for specific stains
- Learn histopathologic appearance of common GI and other important conditions
  - Esophageal disorders (Reflux Esophagitis, Barrett’s esophagus, Eosinophilic Esophagitis, Infectious Esophagitis)
  - Gastropathies (acute versus chronic, H. pylori, eosinophilic)
  - Celiac disease
  - Colitis (acute versus chronic)
  - Inflammatory Bowel Disease
  - Hirschsprung’s disease
  - Intestinal polyps (Juvenile polyps, Peutz-Jegher’s hamartomatous polyps)
  - Viral-induced mucosal pathology seen in transplant patients
  - Liver pathology
    a. Cholestasis (e.g. Biliary atresia, Primary Sclerosing Cholangitis)
    b. Hepatitis (acute versus chronic, viral hepatitides, autoimmune, steatosis/steatohepatitis)
    d. Rejection

- Learn to adjust current clinical practice that would in the future enhance interaction with the pathology department by virtue of knowing what the internal processes are in pathology when tissue samples from biopsies are being processed

- Develop proper communication skills to effectively and clearly explain findings to referring physicians

Appendix D

Goals and Objectives in Radiology Rotation

- Learn appearance of normal GI anatomy in various radiologic modalities:
  - fluoroscopy (UGI/SBFT, barium enema, modified barium swallow)
  - CT
  - MRI
  - US

- Know indications for commonly used radiologic techniques in GI and the pros and cons of using one versus another technique, as they pertain to the evaluation of important GI and hepatobiliary presentations/disorders including:
  - Vomiting
  - Dysphagia
  - Swallowing dysfunction
  - Foreign bodies
  - Hiatal hernia
  - Pyloric stenosis
  - Intestinal malrotation
  - Inflammatory bowel disease
  - Pancreatitis
  - Biliary Atresia
  - Cholelithiasis
  - GI bleeding
  - Abdominal Mass
- Become familiar with nuclear medicine techniques:
  - HIDA scan
  - Gastric scintigraphy scans
  - Technetium-labeled WBC scans
  - Meckel’s scan
  - Bleeding scans

- Learn Interventional Radiology Techniques:
  - Gastrostomy tube placement
  - GJ tube placement
  - US/CT-guided liver biopsies

- Know indications for commonly used radiologic techniques in GI and the pros and cons of using one versus another technique as they pertain to matters of cost-effectiveness and safety to the patient

- Learn how to communicate results of radiological techniques in a clear and effective manner

Appendix E

- Goal and Objectives of Pediatric Surgical Rotation
- Learn different surgical techniques and their indications for treatment of IBD, including the different types of rectal pouches
- Learn different surgical techniques for treatment of Hirschsprung disease
- Learn treatment of malrotation
- Learn surgical treatment of intussusception
- Learn surgical gastrostomy tube placement
- Learn different fundoplication techniques (Nissen vs Thal) and their Pros and Cons
- Learn technique for intrahepatic cholangiogram
- Become familiar with cholecystectomy
- Learn the indications for consulting the pediatric surgical service
- Learn cost effectiveness of different surgical techniques for the same condition: Example: traditional Nissen fundoplication vs. laparoscopic Nissen fundoplication for the treatment of severe gastroesophageal reflux disease
Appendix F

Goals and Objectives of the Hepatology/Liver Transplant Rotation

Descriptive: The GI fellows will spend one month on the Liver/Liver Transplant Rotation while Dr. Furuya is on in-patient service. They will do in-patient rounds with the attending. The Liver Transplant Service provides inpatient care for newly transplanted patients and also admits patients requiring treatment for rejection, post-transplant lymphoproliferative disease or infectious processes. They will also attend the Liver Transplant Clinics held Monday mornings and Thursday afternoons and will attend the Liver Transplant Meeting Monday afternoons which is held from 2:30 pm to 4 pm. Patients are discussed in the Liver Transplant Meeting – and a team approach is taken to direct post-transplant management and also the meeting is held for formal listing of patients who have been evaluated for liver transplant. The Liver Transplant Meeting is attended by the two nurse practitioners who are our transplant coordinators, the nurse practitioner who is not involved in recipient care, but who represents the living donor program; social worker; play therapist; nutritionist; general pediatricians; transplant surgeon; hepatologist; and financial counselor. The fellow will also attend Liver Clinic Tuesday mornings which provides care for all patients with liver disease including those awaiting liver transplant.

Starting July 2010, the GI fellows will routinely attend Liver Clinic Tuesday mornings while on their outpatient rotation in order to provide more exposure to patients with liver disease.

Goals and Objectives:

1. To be able to assess, diagnose and manage pediatric patients with liver disease which includes but is not exclusive to biliary atresia, non-alcoholic steatohepatitis, metabolic liver disease, hepatitis B, hepatitis C, autoimmune hepatitis, drug induced liver disease, cholestasis, primary sclerosing cholangitis, Wilson disease, alpha-1-antitrypsin deficiency.

2. To understand the pathophysiology behind basic liver diseases including metabolic liver disease such as tyrosinemia, glycogen storage disease, cystic fibrosis, urea cycle defects.

3. To be able to monitor and care for liver patients before liver transplant – that is the management of patients with end-stage decompensated liver disease – which includes hepatorenal syndrome, ascites, hepatic encephalopathy, hepatopulmonary syndrome, portal hypertension, porto-pulmonary hypertension, pruritus, osteopenia, spontaneous bacterial peritonitis.

4. To know the indications for endoscopic therapeutic intervention in patients with liver disease (variceal band ligation; sclerotherapy)

5. To know the indications for evaluation and listing for liver transplantation and what is involved in the evaluation of liver transplant candidates including the MELD and PELD scores.

6. To understand the differences between split, whole organ, segmental and liver relating liver transplants and basic liver anatomy.
7. To understand general contraindications to liver transplantation

8. To understand the nutritional consequences of chronic liver disease

9. To understand the use and indications for imaging studies in liver disease including doppler ultrasound, HIDA scan, ERCP, cholangiogram and MRCP.

10. To understand the role of liver biopsy in the diagnosis and management of patients with liver disease and post-transplant patients.

11. To be able to perform liver biopsies, paracentesis and esophageal variceal band ligation.

12. To be able to assess patients who have undergone liver transplant and to understand immunosuppression and the complications of liver transplant including primary non-function, post-transplant lymphoproliferative disease, acute and chronic rejection, infection, vascular injury and graft failure.

13. To learn how to conduct oneself in multi-disciplinary meetings and communicate in a manner that would promote a healthy exchange of ideas in order to develop the best treatment strategies for children with liver disease.

14. To learn the implications of chronic liver disease and liver transplantation on the following:
   - Impact on child
   - Impact on family unit
   - Rehabilitation for the child post-transplant
   - Insurance and Financial considerations for the family unit