

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pediatric Gastroenterology Fellowship
Program Handbook
2020-2021**

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Section 1. Program Information

General Information and Mission Statement

The Department of **Pediatrics** at the University of Tennessee Health Science Center (UTHSC) offers a three-year ACGME accredited **Pediatric Gastroenterology** Fellowship program in Memphis, Tennessee.

Pediatric Gastroenterology Fellowship is a 36-month program that is accredited, in compliance with current ACGME policies and provides the knowledge and skills required for an academic career, which includes clinical service, teaching and research. The fellow in pediatric gastroenterology must gain an extensive background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, and to conduct scholarly activity in this specialized field.

The fellow must be guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

Program Mission:

Our mission is to train pediatric gastroenterology fellows in the disease and treatment of pediatric patients with gastrointestinal, liver and nutrition disorders. We also will train the fellows to be skilled in the performance of the endoscopic and other procedures required to provide the diagnostic and therapeutic investigations needed by the subspecialty. The trainees will acquire the research and teaching skills needed to be successful in an academic setting.

Program Aims:

Our fellowship program is committed to providing trainees with the unique clinical experiences and educational opportunities that will prepare them to pursue a career in gastroenterology. During their training, our fellows develop a solid foundation in clinical gastroenterology and hepatology. Our fellows develop close relationships with our diverse, dedicated faculty. Opportunities for research are available from your first year and there are dedicated resources to both train and support a variety of interests.

The primary aim of the pediatric gastroenterology fellowship is to equip our fellows to be experts in the care of children with gastroenterology, hepatology, and nutritional diseases. They will be crucial consultants for both diagnosis and treatment with excellent skills in the diagnostic procedures of the specialty. They will also possess the skills to excel in academics and research endeavors whether basic science or clinically focused.

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf>

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University of Tennessee

Pediatric Gastroenterology Fellowship Block Diagram

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1		

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1		
Rotation Name	INPATIENT	INPATIENT	INPATIENT	INPATIENT	INPATIENT	INPATIENT	HEPATOLOGY	RADIOLOGY	NUTRITION	PATHOLOGY	RESEARCH	RESEARCH/ VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	80%	20%

Year-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP1	HOSP2					
Rotation Name	INPATIENT	INPATIENT	INPATIENT	INPATIENT	PED SURGERY	LIVER TRANSPLANT	ADULT ENDOSCOPY	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH/ VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	80%	80%	80%	80%	20%

Year-3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	HOSP1	HOSP1	HOSP1									
Rotation Name	INPATIENT	INPATIENT	INPATIENT	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH/ VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	80%	80%	80%	80%	80%	80%	80%	80%	20%

*Research can occur at site 1 or site 2

Section 2. Site Information

1. Le Bonheur Children's Hospital

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2. Methodist Healthcare - Memphis Hospitals

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Section 3. Educational Activities

Didactic Lectures

Didactics lectures are held every 2nd and 4th Wednesday afternoons and a faculty lecture the 1st and 3rd Friday afternoon. There are typically between one to two lectures presented depending on rotation schedules.

Attendance

All Fellows are expected to attend all didactic lectures, educational activities, etc., so long as rotation/duty hour violations/etc. are not interfering.

Educational Activities

Grand Rounds

Every Wednesday morning, hospital wide grand rounds are held – speakers include current faculty, fellows and visiting faculty. All Fellows are required to attend so long as rotation/duty hour/etc. are not interfering.

Conference Schedule

Conference	Frequency	Role of the Fellow
Journal club	Monthly (1 st Monday @ 8am)	Presents one article
Pathology conference	Monthly (2 nd Monday @ 8am)	Discussion participant
Research conference	Monthly (3 rd Monday @ 8am)	Presents his/her progress
Book Club	Monthly (4 th Monday @ 8am)	Presents chapter as part of rotation
Pediatric Grand Rounds	Weekly	Required Attendance - CME
CFRI Research Conference	Monthly	Attends and presents
CFRI Journal Club	Monthly	Attends and presents
K-Club	Monthly	Attends
Resident Ethics Conference	Monthly	Attends
Schwartz Rounds	Monthly	Attends
Joint Case Conference	Quarterly	Attends and presents

Procedures

- Fellows must understand the principles, symptoms, risks, and explanation of results of procedures.
- Diagnostic colonoscopy (including biopsy) and therapeutic colonoscopy with snare polypectomy and diagnostic of the upper gastrointestinal endoscopy (including biopsy).
- Assessment of procedural competence should not be based solely on a minimum number of procedures performed, but on a formal evaluation process.
- Fellows must understand the principles, indications, risks, and interpretation of results of the following procedures:
 - a) Gastrointestinal manometry and gastrointestinal foreign bodies
 - b) Rectal suction biopsy and percutaneous liver biopsy
 - c) Paracentesis and pancreatic function testing
 - d) Esophageal impedance/pH testing
 - e) Breathe hydrogen analysis
 - f) Endoscopic placement of feeding tubes and Endoscopic Retrograde Cholangiopancreatography (ERCP)
 - g) Videocapsule endoscopy

h) Hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding

Outcomes of Procedures include:

- Knowledge through direct patient care as well as through a variety of other learning activities.
- Learning activities, which may not involve direct contact with the patient, in which fellows engage to gain a solid understanding of these procedures and tests, should be well documented.
- Fellows should be familiar with the basic principles, indications, contraindications and risks of advanced endoscopic procedures, endoscopic ultrasonography, endoscopic laser therapy, endoscopic stent placement, and endoscopic esophageal fundoplication.
- Fellow must demonstrate an understanding of the indications, contraindications, risks, and benefits of diagnostic and therapeutic procedures, as well as skills in their performance.

Program Meetings

- Annual Program Evaluation: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>
- Clinical Competence Committee /Quality Improvement Committee –CCC/QIC: <https://www.uthsc.edu/GME/policies/resident-evaluation.pdf>
- In addition, fellows receive a *Semi-Annual Review* typically in the fall and an *End-of-year Evaluation* spring of each academic year.

Required Reading

It is suggested that all fellows read and review topics that are in the North American Society for Pediatric Gastroenterology, Hepatology & Nutrition (NASPGHAN) educational set.

<https://naspghan.org/professional-resources/continuing-education-resources/>

Research and Scholarly Activity

Fellows' Scholarly Activities

The fellows will be required to select a scholarly activity as a part of the fellowship. After several months of fellowship, the fellow will have a research rotation to expose them to various research opportunities. At the end of the month it is expected that they will have selected a project and mentor and prepared an outline of the project.

The pediatric department has a curriculum for fellows through the Children's Foundation Research Institute that presents various research skills. It is expected that before completion of the fellowship that they will have generated enough data to prepare an abstract and submit it for presentation at a national meeting. Fellows are required to complete scholarly activity projects based on ACGME guidelines. These projects help prepare each fellow gain critical knowledge in the area and establish their developing capability to evaluate medical research/literature.

Fellow Research Activities

Beginning in their first year and extending throughout their training: Faculty will supervise the fellow's research experience closely. It will be monitored by the fellow's research mentor and supervised by the Scholarship Oversight Committee (SOC). After several months in training to gain some insight the fellow will rotate onto a research month. This month allows them to meet with potential mentors and discuss research ideas. The expectation is that by the end of the month they will have settled on a mentor and a project. (first meeting is normally near the 6-month mark, and then they continue every 6 months depending on how in-depth the research projects are).

They will be expected to then search and read the available background literature. Then they will prepare an outline of the project describing the research question and methods to perform the study necessary to answer the chosen question. This protocol is accomplished with the guidance of their selected mentor. This will be presented to the SOC. It is expected that the Committee may request further refinement or suggest alternative approaches. The protocol will be revised until the Committee is satisfied with the content.

As a second-year fellow the trainee is to initiate the research and begin data collection. The fellow should have weekly meetings with their selected mentor and receive guidance on the research progress. The progress will be presented as a brief update at the monthly division research conference.

The third-year fellow should be able to function in a more independent fashion. Enough data should have been collected to prepare an abstract with the goal being presentation at a national meeting. Before completion of the fellowship the trainee should have prepared a manuscript of the findings and submitted to an appropriate peer-reviewed journal. The SOC will also be meeting with the fellow twice yearly to ensure the trainee is making adequate progress. Feedback and recommendations for the fellow will be produced as a result of these meetings. The fellow will participate in 12.75 months of dedicated research time over the 3-year fellowship.

Section 4. Examinations

Documenting Exam Results

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in Fellow personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Fellowship, all Fellows are expected to have taken and passed Step 1, 2 and 3 or COMLEX 1, 2 and 3. For more information on UTHSC USMLE requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

Board Examination

Pediatric Fellowship partakes in the yearly Pediatric Gastroenterology In -Training Examination with the American Board of Pediatrics. All fellows are required to take the exam during each year of training. Results of the exam are received by the Program Director and are used to develop a progression plan. Dates, locations of exams and full details can be found at the American Board of Pediatric website.

<https://www.abp.org/content/subspecialty-training-examination-site>

Section 5. Policies and Procedures

<https://www.uthsc.edu/GME/policies.php>

I. Academic Appeal Process

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Academic Appeals. For more information on the UT Academic Appeals Policy, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf>

II. Clinical and Educational Work Hours

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Clinical and Educational Work Hours. For more information on the UT Fellow Clinical and Educational Work Hours Policy, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf>

ACGME Fellow Clinical and Educational Work Hours:

- Limit of 80 hours/week (averaged over 4 weeks), inclusive of all in-house call activities and all moonlighting.
- 1 day free every 7 days (averaged over 4 weeks), at-home call cannot be assigned on these free days.
- 8 hours off between scheduled clinical work and education periods.
- Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and Fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period-of-time must be no longer than an additional four hours. Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- 14 hours off free of clinical work and education after 24 hours of in-house call.
- In-house call must be scheduled no more frequently than every third night.
- All clinical work from home and time called into the hospital during home-call must be counted in the 80-hour weekly limit.

Clinical and Educational Work Hours Logging and Monitoring Procedures

Fellows must log clinical and educational work hours including internal and external moonlighting and annual, sick and educational leave on a weekly basis in New Innovations. When Fellows have not logged any hours for 5 days, they will receive an automatic email reminder from New Innovations. Program Coordinators must check every Monday to ensure that all Fellows/fellows have logged their hours for the previous week using either the “Weekly Usage” or “Hours Logged” report in New Innovations. The Program Coordinator will send email reminders to those Fellows/fellows who have not logged their hours for the previous week. The Program Director should be copied on the email. If the Fellow/fellow has not updated his/her hours in New Innovations to be current by the following Monday, he or she will receive a written leave without pay notice. For each violation, the Program Director or Coordinator must enter a comment into New Innovations that describes the action taken to remedy the violation. A Clinical and Educational work hours Subcommittee will review the hours on a regular basis and look for any problem areas. On a quarterly basis, the Chair of this Subcommittee will present a report that outlines any problem areas and makes recommendations for GMEC action. The GME office also monitors hours through the New Innovations Dashboard.

III. Disciplinary and Adverse Actions

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Disciplinary and Adverse Actions. For more information on the UT Disciplinary and Adverse Action Policy, please visit the GME website:

<https://www.uthsc.edu/GME/documents/policies/disciplinary.pdf>

IV. Duties and Responsibilities

Participate in the administrative aspects of the subspecialty, including:

- An awareness of regional and national access to care, resources, workforce, and financing appropriate to their specialty through guided reading and discussion.
- Drafting policies and procedures, leading interdisciplinary meetings and conferences, providing in-service teaching sessions.
- Discussions/proposals for hospital and community resources including clinical, laboratory and research space, equipment, and technology necessary for the program to provide state-of-the-art care while advancing knowledge in the field
- Business planning and practice management that includes billing and coding, personnel management policies and professional liability.
- Necessary collaborations within (e.g., pathology, radiology, surgery) and beyond the institution (e.g., participation in national specialty societies, cooperative care groups).

1. Patient Care

- Fellow must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families. Fellows must develop competence in clinical diagnosis, medical management of patients, and the correlation of pathophysiology with clinical disorders.
- Fellows must be competent in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal and hepatobiliary diseases and nutritional disorders.
- Fellows must be able to communicate effectively with the referring physician when providing consultations.
- Fellows must be competent to manage patients with gastrointestinal and nutritional diseases and disorders:

This should include, but not limited to, those listed below:

- Growth failure and malnutrition including an understanding of nutritional assessment and parenteral and enteral nutrition support.
- Malabsorption/maldigestion (celiac disease, cystic fibrosis, pancreatic insufficiency
- Gastrointestinal infections, allergies, and problems in immune- compromised host
- Peptic ulcer disease) Hepatobiliary disease and autoimmune liver disease
- Digestive tract anomalies
- Inflammatory and Functional bowel disease
- Pancreatitis (acute and chronic)

Patient Confidentiality/HIPPA

- All patient information is confidential and subject to HIPAA regulation. Service lists, discharge summaries, op notes and all other papers or material containing patient information should be guarded. Papers should be placed in the shredders provided, not in the trash. All patient identifiers should be removed for presentation at conference.
- All residents are required to complete the HIPAA module provided by the GME office annually.

2. **Medical Knowledge**

- This includes courses, workshops, seminars, and laboratory experience/scholarly activity, that provides an appropriate background for fellows in the basic and fundamental disciplines related to the digestive system, such as embryology, physiology, pharmacology, nutrition, pathology, biochemistry, molecular biology, immunopathology, and genetics.
- Training in the evaluation of the psychosocial aspects of chronic gastrointestinal disease as they affect the child and competence in counseling chronically ill patients and their families including preventive measures for digestive disease should be components of the training program.
- Structured and scheduled interdisciplinary conferences with pediatric radiology, pediatric pathology, and pediatric surgery must be included in the didactic curriculum.

3. **Practice-Based Learning and Improvement**

- Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- Fellows are expected to develop skills and habits to be able to meet the following goals.
- Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- Set learning and improvement goals and identify and perform appropriate learning activities.
- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement.
- Incorporate formative evaluation feedback into daily practice and locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and use information technology to optimize learning.

4. **Interpersonal and Communication Skills**

- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- Communicate effectively with patients, families, and the public, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies.
- Work effectively as a member or leader of a health care team or other professional group.

- Maintain comprehensive, timely, and legible medical records and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes.

5. **Professionalism**

- Fellows must demonstrate a commitment to carrying out professional responsibilities.
- And an adherence to ethical principles.
- Compassion, integrity, and respect for other and respect for patient privacy and autonomy.
- Responsiveness to patient needs that supersedes self-interest and accountability to patients, society and the profession.
- Dress in such a way as to comply with hospital professional dress codes.
- Sensitivity and responsiveness to a diverse patient population, including but not limited.
- To diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. **System Based Practice**

- Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- Work effectively in various health care delivery settings and systems relevant to their clinical special.
- Coordinate patient care within the health care system relevant to their clinical specialty.
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.
- Advocate for quality patient care and optimal patient care systems.
- Participate in identifying system errors and implementing potential systems solutions.

Required Documentation for each Rotation

In order to satisfy Fellowship review requirements for Pediatric Gastroenterology Fellowship training, the following documentation must be completed during or at the completion of each rotation and submitted to the Fellowship coordinator or submitted in New Innovations in a timely manner.

Duty Hours

<http://www.uthsc.edu/GME/policies/dutyhours2011.pdf>

- Duty hours are defined as all clinical and academic activities related to the fellowship program; 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, moonlighting (internal and external), and scheduled academic activities such as conferences.
- Duty hours must be limited to 80 hours per week, inclusive of all in-house call activities and all moonlighting
- Duty hours must be entered weekly into New Innovations. (Failure to enter duty hours will result in a violation and leave without pay).
- Fellows PGY 4 and 5, must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is preferred that fellows have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients

Duty Hour Oversight

Duty hour compliance is a collective responsibility of GME leadership, Program Director, Faculty and fellows. The Pediatric Gastroenterology Fellowship uses the duty hour module in New Innovations to monitor compliance with institutional, common, Pediatrics, and Pediatric Gastroenterology program requirements. The Program Director will monitor fellow duty hours and adjust fellow schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of duty hours on learning and patient care. This includes monitoring the need for and ensuring the provision for back up support systems when patient care responsibilities are usually difficult or prolonged. Pediatric Gastroenterology fellows will do weekly (every 5 days) input of duty hours into the New Innovations duty hour module. Recording will include all Duty hours listed above and all time away as described in the Leave Policy.

Fit Testing

Fellows participating in a GME training program will be required to have an annual fit test. All tests will be completed by University Health Services or by an outside vendor in conjunction with UHS or by one of the affiliated hospital partners of the University. The timing and procedure that is used for the testing is at the discretion of the GME Office. All testing will be in compliance with OSHA standards.

V. Faculty Evaluation Plan

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Program and Faculty Evaluation. For more information on the UT Faculty Evaluation Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>

VI. Fatigue Management

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fatigue Management. For more information on the UT Fatigue Management Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/fatigue2011.pdf>

All new Fellows are required to complete the on-line training module on fatigue. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

The Fellow must be unimpaired and fit for duty to engage in patient care. If the Fellow is unable to engage in patient care due to fatigue or impairment, he or she must transition his/her patient care to other healthcare providers. It is the responsibility of peers, supervising attendings and faculty to monitor the Fellow for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The UT Pathology Fellowship Program provides the Fellow with facilities for rest/sleep and access to safe transportation home. When the Fellow is too fatigued to continue to care for his or her patient, relief back-up call systems with transition of care to other providers is available.

VII. Grievances

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Grievances. For more information on the UT Grievances Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/grievances2010.pdf>

VIII. HIPAA

The Health Insurance and Portability and Accountability Act (HIPAA) necessitated updating and standardizing our privacy and security practices to comply with the federal regulations. The HIPAA Privacy Rule came into effect in April 2003 and the Security Rule came into effect in April 2005.

The Privacy Rule regulates the use and disclosure of certain information held by “Covered Entities” and establishes regulations for the use and disclosure of Protected Health Information (PHI). The Security rule complements the Privacy Rule. While the Privacy Rule pertains to all PHI including paper and electronic, the Security Rule deals specifically with Electronic Protected Health Information (EPHI). The general Security Rule is defined by three types of security safeguards required for compliance: administrative, physical, and technical.

IX. Immunization Requirements

The UTHS Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Immunization Requirements. For more information on the UT Immunization Requirements, visit the GME website: <http://www.uthsc.edu/GME/policies/infectioncontrol.pdf> and <http://www.uthsc.edu/GME/policies/ic-tuberculosis.pdf>

X. Aid to Impaired Residents (AIR) Program

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Aid for the Impaired Physician. For more information on the AIRS program, please visit the GME website: <http://www.uthsc.edu/GME/policies/airs2012.pdf> The AIRS Program is a confidential program, which functions in coordination with the nationally recognized Aid for Impaired Medical Student Program (AIMS) developed at the University of Tennessee. The program is a cooperative effort with the Tennessee Medical Foundation is Physicians Health Program and is designed to assess any psychological or substance abuse problem that may be affecting a Fellow’s health or academic performance.

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Brentwood, TN 37027
(615) 467-6411 P
www.e-tmf.org

XI. Leave - List any program specific policies.

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow leave. For more information on the UT Fellow Leave Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/leave.pdf>

XII. Medical Licensure/Prescribing (DEA, NPI)

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Licensure Exemption and Prescribing Policies. Fellow DEA numbers will be assigned by the GME office and must be documented on every prescription along with the hospital’s DEA number. For more information on the UT Licensure Exemption and Prescribing Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/Lic_Exempt_Prescrip2008.pdf

XIII. Mentorship / Advisors - If applicable.

The UTHSC Pediatric Gastroenterology Fellowship Program aims to foster an environment of life-long career development and values faculty mentorship of Fellows. A mentorship program will assign Fellows to a faculty member for regular meetings. Development of other mentor-mentee relationships are also encouraged, outside of the formal program.

XIV. Moonlighting

The UTHSC Pediatric Gastroenterology Fellowship Program does not participate in any moonlighting opportunities for Fellows. For more information on the UT Moonlighting Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/moonlighting201.pdf>

Fellows on J-1 visas cannot participate in moonlighting activities. Fellows on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each Fellow is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover Fellows who are moonlighting.

To ensure that professional activities outside the program do not interfere with the ability of the Fellow to achieve the goals and objectives of the educational program, all extramural professional activities must be approved in advance by the program director. If approved, the program director will include a written statement of permission in the Fellow's file and will monitor the effect of these moonlighting activities. Adverse effects on the Fellow's performance may lead to withdrawal of permission.

XV. Patient Handoffs/Transition of Care

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institution policy on Patient Handoffs and Transition of Care. For more information on the UT Handoffs and Transitions of Care Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/handoffs2011.pdf>

XVI. Professional Conduct

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Professional Conduct. For more information on the UT Code of Conduct Policy, please visit the GME website: http://policy.tennessee.edu/hr_policy/hr0580/

XVII. Fellow Academic Performance Improvement

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on remediation and performance improvement. For more information on the UT Remediation policy, please visit the GME website: <http://www.uthsc.edu/GME/documents/policies/academic-performance-improvement-policy.pdf>

XVIII. Fellow Candidate Eligibility and Selection

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow Selection. For more information on the UT Fellow Selection Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/FellowSelection.pdf>

Application Process and Interviews:

- All applications will be processed through the Electronic Fellowship Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC Pediatric Gastroenterology Fellowship Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of Fellows and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

Program Eligibility and Selection Criteria

- Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency.
- Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME.
- Review and approval of the applicant's educational qualifications.
- Satisfactory completion of the United States Medical Licensing Examination (USMLE)

Applicant must complete application on ERAS

A completed application file will include:

- Completed application form
- Current curriculum vitae
- Personal statement (The personal statement should include previous research and clinical experience, reason for interest and an indication of your career goals.)
- Three letters of reference. One letter should be from the Director of your Residency
- USMLE Score Reports, Official Medical School Transcript and a recent photograph

Resources

- Space in an ambulatory setting for optimal evaluation and care of outpatients.
- An inpatient area staffed by pediatric residents and faculty
- Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments, staff skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult.
- Full support services, including Physical/Occupational Therapy, Social Services, Nutrition, and Feeding Therapy.
- Pediatric and neonatal intensive care unit
- An on-site or an established commercial laboratory

XIX. Fellow Reappointment and Promotion

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow Evaluation and Promotion. For more information on the UT Fellow Evaluation and Promotion Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/Fellow-evaluation.pdf> and <http://www.uthsc.edu/GME/policies/reappointment2011.pdf>

Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the Fellowship period. Reappointment and promotion of a Fellow to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicates progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program. This includes demonstrated proficiency in:

- Each of the ACGME competencies:
 - Patient Care
 - Medical Knowledge
 - Practice-based Learning and Improvement
 - Interpersonal and Communication Skills
 - Professionalism

- Systems-Based Practice
- Ability to teach others
- Attendance, punctuality and availability
- Adherence to rules and regulations in effect at the UTHSC and each health care entity to which assigned
- Other examples include satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.

XX. Fellow Supervision

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow Supervision. For more information on the UT Fellow Supervision Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf

Fellow and Faculty Policy Awareness

Fellows and faculty members should inform each patient of their respective roles in that patient's care when providing direct patient care of their respective roles in each patient's care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the fellow can be adequately supervised by the appropriate availability of the supervising faculty member, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The program must define when physical presence of a supervising physician is required.

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

XXI. Safety Policies and Procedures

Should a resident/fellow have a needle stick or exposure they need to contact their coordinator, Jeannine, and contact the University Workers Compensation agent, Corvel within 48 hours. The process is:

Workers' Compensation Claims Process: Supervisor

- Supervisor may call in First Notice of Loss (FNOL) within 3 days when resident is receiving medical treatment.
- Contact the CorVel nurse triage line: 1-866-245-8588 option #2
- A departmental fine of \$1,000 will be charged each time a claim report is not completed by a supervisor.

- Complete the **Incident Report form** and return to the campus Workers Compensation representative at 910 Madison Ste. 764.

XXII. Travel

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow Travel. For more information on the UT Fellow Travel Policy, please visit the University of Tennessee policy website: http://policy.tennessee.edu/fiscal_policy/fi0705/

Travel Reimbursement Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/Fellow-travel-request-form.pdf>

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Fellow Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

Section 6. Fellow Benefits

XXIII. Salary

Fellows in the UTHSC Pediatric Gastroenterology Fellowship Program are student employees of The University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

2020-2021 RESIDENT AND FELLOW COMPENSATION RATES FOR ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits	Monthly
PGY 1	\$ 54,024.00	\$ 54,684.00	\$ 4,557.00
PGY 2	\$ 55,860.00	\$ 56,520.00	\$ 4,710.00
PGY 3	\$ 57,600.00	\$ 58,260.00	\$ 4,855.00
PGY 4	\$ 60,120.00	\$ 60,780.00	\$ 5,065.00
PGY 5	\$ 62,400.00	\$ 63,060.00	\$ 5,255.00
PGY 6	\$ 64,800.00	\$ 65,460.00	\$ 5,455.00
PGY 7	\$ 67,200.00	\$ 67,860.00	\$ 5,655.00

For information on the UT Salary Policy, please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/salary.pdf>

XXIV. Health Insurance

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow Insurance Benefits. Health insurance is mandatory. Health, dental, and vision coverage is provided by Cigna Health care for Fellows and eligible dependents. Coverage is effective on the Fellow's first recognized day of the Fellowship program. Fellows are responsible for approximately 20% of the premium. Fellows with existing coverage may decline UT health insurance by completing the declination form. Life and Disability Insurance are also available through UT GME.

For more information on the UT Fellow Insurance Benefits, please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

XXV. Liability/Malpractice Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/claimscommission.pdf>

XXVI. Stipends

Each fellow in Pediatric Gastroenterology will be supplied with a stipend of \$1,000.00 each year. The stipend can cover books and items related to the curriculum. Fellows must follow UTHSC policy & procedures when requesting reimbursement from their stipend.

White Coats: Fellows in Pediatric Gastroenterology will receive 3 white lab coats yearly.

Business Cards: Each fellow in Pediatric Gastroenterology will be provided with business cards for work related usage.

Section 7. Curriculum

ACGME Competencies

The core curriculum of the UTHSC Pediatric Gastroenterology Fellowship program is based on the 6 ACGME Core Competencies:

- **Patient Care:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement:** Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Milestones

The Milestones are designed only for use in evaluation of Fellow physicians in the context of their participation in ACGME accredited Fellowship or fellowship programs. The Milestones provide a

framework for the assessment of the development of the Fellow physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. 2020 ACGME Milestones for Pediatric Gastroenterology Fellowship are located at:

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/332_PediatricGastroenterology_2019.pdf?ver=2019-02-19-150330-800

Competency Based Goals

The UTHSC Pediatric Gastroenterology Fellowship Program follows the mandate of ACGME competency-based education and training. Fellows will be evaluated during their training in the six general competencies as defined by the ACGME guidelines.

Assessment Instruments and Methods

Fellow Evaluation of Program and Faculty

Fellows are given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation is confidential and in writing.

Program Director's Evaluation of Faculty

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from Fellow evaluation of rotations.

Faculty Evaluation of Program and Fellows

Faculty have the opportunity to annually evaluate the program confidentially and in writing. The results will be included in the annual program evaluation.

Annual Program Evaluation

Each ACGME-accredited Fellowship program must establish a Program Evaluation Committee (PEC) to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

Procedure:

1. The Program Director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
2. The PEC will be composed of at least 2 members of the Fellowship program's faculty, at one of who is a core faculty member, and include at least one Fellow (unless there are no Fellows enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
3. The PEC's responsibilities include:
 - a. Acting as an advisor to the program director, through program oversight.
 - b. Review of the program's self-determined goals and progress toward meeting them.
 - c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
 - d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
4. The PEC should consider the following elements in its assessment of the program:
 - a. Curriculum

- b. Outcomes from prior Annual Program Evaluations
- c. ACGME letters of notification, including citations, areas for improvement, and comments
- d. Quality and safety of patient care
- e. Aggregate Fellow and faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Fellow and Faculty Surveys; and written evaluations of the program.
- f. Aggregate Fellow: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.
- g. Aggregate faculty: evaluation and professional development

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and Fellows.

The PEC members for the Pediatric Gastroenterology Fellowship program consist of one Third year fellow and three faculty members. This evolution is normally held in June of each academic year.

Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. The CCC will review all Fellow/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding Fellow progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Fellow/fellow evaluation documentation and files that are reviewed by a program's QIC/CCC are protected from discovery, subpoena or admission in a judicial or administrative proceeding.

Procedure

1. A Clinical Competency Committee must be appointed by the program director.
 - a. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.
 - b. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's Fellows.
2. The Clinical Competency Committee must:
 - c. Review all Fellow evaluations at least semi-annually.
 - d. Determine each Fellow's progress on achievement of the specialty-specific Milestones.
 - e. Meet prior to the Fellows' semi-annual evaluations and advise the Program Director regarding each Fellow's progress.

The CCC members for the Pediatric Gastroenterology Fellowship program consist of the following:

- Associate Program Director - Dr. Cavender - serving as the CCC Chair
- Assistant Program Director - Dr. Algotar
- Faculty Member - Dr. Whitworth

Each meeting consists of a complete review and discussion of each fellows' milestones and performance throughout the program. This meeting is held every 6 months where the program director reviews the outcome of the CCC meeting with each fellow. All feedback is provided to fellows in documented form in a formal letter that is signed by the program director and the fellow or they can generate a rebuttal letter in response to any concerns they have within their review

Fellow Evaluation

The program utilizes the following methods for Fellow evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.
2. All Fellows are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Formative Evaluation

1. Faculty must directly observe, evaluate and frequently provide feedback on Fellow performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.
2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation, e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
4. Completed electronic evaluations are reviewed by the Fellow. Any evaluations that are marginal or unsatisfactory should be discussed with the Fellow in a timely manner and signed by the evaluator and Fellow.
5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the Fellow's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive Fellow performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the Fellow at least semi-annually. The program director or faculty designee will meet with and review each Fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and Fellow are required to sign the written summary that will then be placed in the Fellow's confidential file. The Fellow will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the Fellow should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
 - Competency-based deficiencies;
 - The improvements that must be made;
 - The length of time the Fellow has to correct the deficiencies; and
 - The consequences of not following the improvement plan.
9. If unacceptable or marginal performance continues and the Fellow is not meeting program expectations, another review should take place in time to provide a written notice of intent to the Fellow at least 30 days prior to the end of the Fellow's current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the Fellowship program must give the Fellow as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program’s QIC/CCC. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.
2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the Fellow’s permanent record maintained in the GME office and will be accessible for review by the Fellow. The end-of-program final evaluation must:
 - Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows are able to engage in autonomous practice upon completion of the program.
 - Verify that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
 - Consider recommendations from the CCC.

Rotation Goals and Objectives

Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to Fellows and faculty either in writing or electronically and reviewed by the Fellow at the start of each rotation. For more information on Program and Faculty Evaluation requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf>

The full details of goals and objectives for each rotation can be found on the dashboard within New Innovations at the bottom right under Curriculum.

The 2020-2021 rotation block schedule is given below, followed by a brief description of the rotations.

PGY4 Rotations	# of Months	PGY5 Rotations	# of Months	PGY6 Rotations	# of Months
Inpatient Service / Consults	6 months	Inpatient Service	4 of months	Inpatient Service	3 months
Hepatology / Liver Transplant	1 month	Pediatric Surgery	1 month	Research	7 months, 1 week
Pathology / Radiology	1 month	Adult Endoscopy	1 month	Vacation	3 weeks
Nutrition	1 month	Research	4 month, 1 week		
Research	1 month, 1 week	Vacation	3 weeks		
Vacation	3 weeks				

Core Rotations in Pediatric Gastroenterology

The fellows will participate in approximately 18 months of dedicated research time which is not allocated to any particular site. The fellows will have:

- 2.25 months during year 1
- 5.25 months during year 2
- 9.25 during year 3.

The other 2.25 months (9 weeks) of training will be allocated for vacation time.

PGY-Specific Educational Experience Showing Level of Progression

Definition

ACGME Common Program Requirements IV.A.2 states the following: “Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to Fellows and faculty annually in either written or electronic form. These should be reviewed by the Fellow at the start of each rotation.”

Purpose

Pediatric Gastroenterology Fellowship is required to have goals and objectives for each rotation and training level. These goals and objectives, along with teaching and evaluation methodologies, are essential to a competency-based education.

Each rotation has specific competency-based goals and objectives. In addition, the following list of year-specific goals defines specific goals either in skills, knowledge, or professionalism that are appropriate for each year of training. Fellows must strive to achieve these goals, as well as the overall educational goals described in the previous pages. Goals may vary somewhat between levels depending on individual rotation schedules.

The six general competencies are:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

PGY4 Goals:

Patient care

- Perform a comprehensive history and complete physical exam to guide the development of a relevant treatment plan for the patient’s problems.
- Create a differential diagnostic list for common complaints referred to a pediatric gastroenterologist.
- Make appropriate choices for diagnostic and therapeutic interventions for common diseases and problems referred to pediatric gastroenterology based on the best current literature
- Perform the following procedures under direct supervision: Diagnostic and Therapeutic colonoscopy.

Medical knowledge

- Recognize the presentation of common pediatric gastroenterologic conditions
- Describe the pathophysiology of common pediatric gastroenterologic conditions
- Integrate the best available evidence for the diagnosis and treatment of common gastroenterologic diseases
- Develop an understanding of the principles, indications, contraindications, risks and interpretation of results.

Practice-based learning and improvement

- Critically appraise the literature and applicability to clinical situations
- Obtain patient information from varied sources and integrate them
- Seek feedback from attending on performance on a regular basis

Interpersonal and Communication Skills

- Obtain the information from the families to ensure the care is family centered and addresses their concerns.
- Demonstrate good listening skills when interacting with families or other members of the health care team.

Professionalism

- Demonstrate reliability in the daily care provided by the GI service
- Demonstrate integrity and honor in complex situations and remain calm during crises that arise

Systems-based practice

- Ensure that every team member has a role/responsibility to fulfill
- Provide continuity for patient care.

PGY5 Goals:**Patient care**

- Create a comprehensive problem list and differential diagnosis for uncommon presentations to the pediatric gastroenterologist.
- Implement diagnostic and therapeutic interventions for uncommon diseases/problems presenting to the gastroenterological service.

Medical knowledge

- Identify and explain the signs and symptoms of uncommon presentations of gastroenterological problems and diseases (celiac disease, inflammatory bowel allergic enteritis)
- Explain the physiology and pathophysiology of common and uncommon gastroenterological problems and diseases.

Practice-based learning and improvement

- Use clinical encounters for teaching opportunities
- Develop a commitment to lifelong learning

Interpersonal and Communication Skills

- Verify information from appropriate sources, filling in gaps to promote optimal care
- Provide information to families and other health care workers that is accurate, appropriate for their level of understanding and consistent with the overall treatment plan.

Professionalism

- Identify cultural and personal issues of patient/families that affect patient care decisions.
- Maintain integrity and honor in complex situations
- Assumes the accountability for the actions of themselves and the health care team.
- Recognizes the presence of ethical issues and addresses these with the families and health care team appropriately.

Systems-based practice

- Serve as a liaison between multiple services, assuring accuracy and timeliness of response
- Effectively explore acceptable alternatives to plan of care when requested.

PGY6 Goals:**Patient care**

- Efficiently direct the care of multiple patients on a daily basis
- Perform technical procedures (i.e. colonoscopy with terminal intubation, upper endoscopy with balloon dilation, upper endoscopy with variceal banding).

Medical knowledge

- Identify the physiology and pathophysiology of uncommon gastrointestinal problems and diseases.
- Actively pursue knowledge about a focused area of gastroenterology, hepatology, or nutrition

Practice-based learning and improvement

- Demonstrate an ability to critically appraise the medical literature
- Utilize the available evidence to guide the decisions and treatments planned for the patients with common gastroenterological issues.

Interpersonal and Communication Skills

- Direct work rounds, obtaining the appropriate information and directing patient care.
- Provide effective feedback to the medical students, residents, peers and faculty
- Perform timely consultations with complete information to requesting services.

Professionalism

- Assumes the accountability for the actions of themselves and the health care team.
- Recognizes the presence of ethical issues and addresses these with the families and health care team appropriately.

Systems-based practice

- Recognize task overload and ask for help if needed and offer to help others that are overloaded.
- Ensure continuity of patient care including systematical hand off of responsibilities.
- Ensure that the team providing care has all of the daily roles and responsibilities for patient care assigned for completion.

Supervision and Graded Responsibility of Pediatric Gastroenterology Fellows

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The program must define when physical presence of a supervising physician is required.

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision**: The supervising physician is physically present with the fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision**: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
3. **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Section 8. Resource Links

Site	Link
New Innovations	https://www.new-innov.com/Login/
UTHSC GME	http://www.uthsc.edu/GME/
UTHSC GME Policies	http://www.uthsc.edu/GME/policies.php
UTHSC Library	http://library.uthsc.edu/
GME Wellness Resources	https://uthsc.edu/graduate-medical-education/wellness/index.php
ACGME Fellows Resources	https://www.acgme.org/residents-and-fellows/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
American Board of Pediatrics	https://www.abp.org/content/abp-portfolio-log
LeBonheur Children’s Hospital	http://www.lebonheur.org/our-services/gastroenterology/
Milestones	http://www.acgme.org/portals/0/pdfs/milestones/pediatricssubspecialty_milestones.pdf
Pediatric Gastroenterology Fellowship	https://www.uthsc.edu/pediatrics/gastroenterology/fellowship/faculty.php
North American Society for Pediatric Gastroenterology, Hepatology & Nutrition (NASPGHAN)	https://naspghan.org/professional-resources/continuing-education-resources/

Additional Forms:

- FMLA Form:
<https://www.uthsc.edu/GME/pdf/fmla.pdf>
- Travel Request Form:
<https://uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>
- Fellow Travel Reimbursement Processing Form:
<https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf>

Section 9. Appendix

UTHSC
Department of Pediatric Gastroenterology
Leave Request Form

Name : _____

Request Date: _____

Rotation: _____

Leave to begin (Date/Time): _____

Leave to end (Date/Time): _____

Leave Category:

- Annual leave/Vacation/Personal days
- Sick leave (personal/other)
- Professional Leave
- Other: _____

Number of days and/or Hours:

Professional Leave:

Meeting: _____

Location: _____

Dates: _____

Approvals/Signatures:

Signature of Fellow: _____

Date: _____

Program Director Approval: Yes No

Signature: _____

Date: _____

**AGREEMENT FOR HANDBOOK OF PEDIATRIC GASTROENTEROLOGY
FELLOWSHIP PROGRAM**

- I. I have received the 2020-2021 Handbook for the UTHSC Pediatric Gastroenterology Fellowship Program.

- II. I have been informed of the following requirements for house staff:
 - 1. Requirements for each rotation and conference attendance
 - 2. Formal teaching responsibilities
 - 3. Reporting of duty hours and case logging
 - 4. Safety policies and procedures
 - 5. On call procedures
 - 6. Vacation requests

- III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to the Fellowship Coordinator no later than July 10, 2020.**