Pediatric Gastroenterology Program Handbook

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Program Information:

Program Locations

<table>
<thead>
<tr>
<th>Program Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Tennessee Health Science Center</td>
<td>920 Madison Memphis ,TN 38163</td>
<td>(901) 448-5364</td>
<td>(901) 448-6182</td>
</tr>
<tr>
<td>LeBonheur Children’s Hospital</td>
<td>51 N Dunlap Memphis, TN 38105</td>
<td>(901) 287-5437</td>
<td></td>
</tr>
<tr>
<td>Faculty Office Building</td>
<td>49 N. Dunlap Memphis, TN 38103</td>
<td>(901) 287-7489</td>
<td>(901) 287-7461</td>
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</tbody>
</table>

Program Faculty

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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<td><a href="mailto:dblack@uthsc.edu">dblack@uthsc.edu</a></td>
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<td>Associate Professor</td>
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<tr>
<td>Sandy Childress, Transplant</td>
<td></td>
<td>(901) 287-5434</td>
<td><a href="mailto:Sandy.childress@lebonheur.org">Sandy.childress@lebonheur.org</a></td>
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Program Fellows

<table>
<thead>
<tr>
<th>Jennifer Armbruster Lee</th>
<th><a href="mailto:jarbru1@uthsc.edu">jarbru1@uthsc.edu</a></th>
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<tbody>
<tr>
<td>Tsega Temtem</td>
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<tr>
<td>Iris-Jo Shi</td>
<td></td>
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Program Coordinator

<table>
<thead>
<tr>
<th>Makeda Porter</th>
<th>Phone: (901) 287-7489</th>
</tr>
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<tbody>
<tr>
<td>Fellowship Coordinator</td>
<td>Fax: (901) 287-7461</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mporte17@uthsc.edu">mporte17@uthsc.edu</a></td>
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GME Contacts

https://www.uthsc.edu/GME/

| Eugene Mangiante, MD                     | Phone: (901) 448-5364 |
| Executive Associate Dean                 | Fax: (901) 448-6182   |
|                                        |                       |
| Aaron Haynes                             | Phone: (901) 448-5364 |
| Director                                | Fax: (901) 448-6182   |
|                                        |                       |
| Amy Hall                                 | Phone: 901-448-5364   |
| Designated Institutional Official        | Fax: 901-448-6182     |
Program Description:

Pediatric Gastroenterology Fellowship

Pediatric Gastroenterology Fellowship is a 36-month program that is accredited, in compliance with current ACGME 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 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.

Program Eligibility

In order to be considered for the Pediatric Gastroenterology applicants must have completed an accredited three-year pediatric residency by the beginning of the Fellowship program. 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 exceptional 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

Program Goals and Objectives
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.

The six general competencies are:
Patient
Medical Knowledge
Practice-Based Learning Improvement
Interpersonal and Communication Skills
Professionalism
System-Based Practice
First year fellow

Inpatient service (6 months)

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.

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.

Communication and Interpersonal 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.

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

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

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
Second year fellow

Inpatient service (4 months)

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.

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.

Communication and Interpersonal 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.

Practice-based learning and improvement
Use clinical encounters for teaching opportunities
Develop a commitment to lifelong learning

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.

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.
Third year fellow

Inpatient service (2 months)

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

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).

Communication and Interpersonal 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.

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.

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.

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.
The Educational Program

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

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 residents are required to complete the HIPAA module provided by the GME office annually.

**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.

**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.

**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 and provision of feedback.

**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.
**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.

**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 group
## Curriculum

### First Year

<table>
<thead>
<tr>
<th>Month/4 Wk</th>
<th>1 - 6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<td>Hepatology</td>
<td>Radiology</td>
<td>Nutrition</td>
<td>Pathology</td>
<td>Vacation</td>
<td>Research</td>
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<td>or rotation</td>
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<td>100%(C) HOSP1</td>
<td>100%(C) HOSP1</td>
<td>100%(C) HOSP1</td>
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### Second Year

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<tr>
<td>Experience</td>
<td>Inpatient</td>
<td>Pediatric Surgery</td>
<td>Inpatient</td>
<td>Vacation</td>
<td>Liver transplant</td>
<td>Research</td>
<td>Adult endoscopy</td>
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<td>or rotation</td>
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<td>100%(C) HOSP1</td>
<td>100%(C) HOSP1</td>
<td>3 weeks</td>
<td>100%(C) HOSP1</td>
<td>100%(R)</td>
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### Third Year

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<tr>
<td>Experience</td>
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<td>Research</td>
<td>Vacation</td>
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<tr>
<td>or rotation</td>
<td>100%(C) HOSP1</td>
<td>100%(R)</td>
<td>3 weeks</td>
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</table>

**Total number of clinical months:** 21  
**Total number of research months:** 12.75
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:
Gastrointestinal manometry and gastrointestinal foreign bodies
Rectal suction biopsy and percutaneous liver biopsy
Paracentesis and pancreatic function testing
Esophageal impedance/pH testing
Breathe hydrogen analysis
Endoscopic placement of feeding tubes and endoscopic retrograde cholangiopancreatography (ERCP)
Videocapsule endoscopy
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 risk 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.
Educational Activities

<table>
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<tr>
<th>Conference</th>
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<th>Role of the Fellow</th>
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<tbody>
<tr>
<td>Journal club</td>
<td>Monthly</td>
<td>Presents one article</td>
</tr>
<tr>
<td>Pathology conference</td>
<td>Monthly</td>
<td>Discussion participant</td>
</tr>
<tr>
<td>Research conference</td>
<td>Monthly</td>
<td>Presents his/her progress</td>
</tr>
<tr>
<td>Book Club</td>
<td>Monthly</td>
<td>Presents chapter</td>
</tr>
<tr>
<td>Pediatric Grand Rounds</td>
<td>Weekly</td>
<td>Attends</td>
</tr>
<tr>
<td>CFRI Research Conference</td>
<td>Monthly</td>
<td>Attends and presents</td>
</tr>
<tr>
<td>CFRI Journal Club</td>
<td>Monthly</td>
<td>Attends and presents</td>
</tr>
<tr>
<td>K-Club</td>
<td>Monthly</td>
<td>Attends</td>
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<tr>
<td>Resident Ethics Conference</td>
<td>Monthly</td>
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<td>Schwartz Rounds</td>
<td>Monthly</td>
<td>Attends</td>
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<tr>
<td>Pediatric Surgery, Radiology</td>
<td>Monthly</td>
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<tr>
<td>Joint Case Conference</td>
<td>Quarterly</td>
<td>Attends and presents</td>
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Grand Rounds

Every Wednesday morning, hospital wide grand rounds are held – speakers include current faculty, fellows and visiting faculty.

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 also supervised by the Scholarship Oversight Committee. 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.

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 Scholarship Oversight Committee. 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 Scholarship Oversight Committee 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.
Supervision

http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-supervision.pdf

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s.

PGY-4 fellows and beyond will serve in a supervisory role of junior residents for clinical activities. Supervision of fellows will be provided indirectly with direct supervision available.

All fellows and faculty will be educated on supervision policies and procedures during the Annual Program Review and incoming fellow orientation.

The Pediatric Gastroenterology program must have at least three qualified pediatric gastroenterologists, inclusive of the program director in order to provide accurate supervision of fellows. Pediatric Gastroenterology faculty attendings, senior residents and fellows are permitted to serve in a supervisory role of junior residents. The Program Director will define the mechanism by which fellows can be deemed competent to perform a procedure(s) under indirect supervision or oversight.

Levels of Supervision

Programs must use the following classification of supervision to ensure oversight of resident supervision and graded authority and responsibility:

**DIRECT SUPERVISION** – the supervising physician is physically present with the resident and patient.

**INDIRECT SUPERVISION WITH DIRECT SUPERVISION**

Available when supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

**OVERSIGHT** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
Each accredited program is responsible for utilizing appropriate methods of performance evaluation of fellow’s consistency with the ACGME common program requirements. Fellows will be evaluated on the 6 competencies.

Faculty must evaluate fellows in a timely manner after each rotation assignment.

Each evaluation is completed on New Innovations

Fellows will complete evaluations through New Innovations of their attending physician after each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

Each evaluation must become part of the fellow’s permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional.

The program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care.

During the first six months of inpatient service the fellow will be under the direct supervision of the attending faculty. The fellow’s knowledge and clinical skills will be continuously assessed.

As the fellows progress it is expected that their responsibility and authority increase.

This advancement will be guided by the clinical competency committee (CCC). The CCC will meet semi-annually to discuss the fellow's performance. During these meetings, the CCC will look at the combination of the written evaluations and discussion to evaluate the fellow’s progression.

Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program.
Clinical Competence Committee /Quality Improvement Committee –CCC/QIC

https://www.uthsc.edu/GME/policies/resident-evaluation.pdf

The program director must appoint the Program Evaluation Committee (PEC) and the Quality Improvement/Clinical Competency Committee (QIC/CCC).
The Program Evaluation Committee must be composed of at least two program faculty members and should include at least one fellow.
In the program evaluation for Pediatric Gastroenterology there must be a written description of its responsibilities and should participate actively in: planning, developing, implementing, and evaluating educational activities of the program in compliance with ACGME standards.
Responsible for reviewing the program implementation of Milestones and develop outcomes.
The committee must ensure completion of all documentation required by the ACGME and the ABP.
The CCC must meet twice a year in May and December.
All members of the CCC must keep all information professional and confidential.

Examinations

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

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.
Benefits

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

Health Insurance

http://www.uthsc.edu/GME/policies/insurance.pdf
Health insurance is mandatory for every fellow in the program. Health, dental, and vision coverage is provided by Cigna and is available for fellows and eligible dependents. Coverage is effective on the resident’s first recognized day of the residency program. Fellows are responsible for approximately 20% of the premium. Residents with existing coverage may decline UT health insurance by completing the declination form.

Liability/Malpractice Insurance

http://www.uthsc.edu/GME/policies/claimscommission.pdf
As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act.

Life and Disability Insurance

http://www.uthsc.edu/GME/disability.php
Disability and Life insurance are available to fellows for a lost cost.

Memberships
Fellows in Pediatric Gastroenterology Fellowship Program will be provided with memberships to the following organization:

American Board of Pediatrics
### Salary (2017-2018)

<table>
<thead>
<tr>
<th>ACCREDITED PROGRAMS</th>
<th>BASE ANNUAL</th>
<th>with Disability Life Benefits *</th>
<th>Monthly *</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>$ 50,640.00</td>
<td>$ 51,240.00</td>
<td>$ 4,270.00</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$ 52,404.00</td>
<td>$ 53,004.00</td>
<td>$ 4,417.00</td>
</tr>
<tr>
<td>PGY 3</td>
<td>$ 54,000.00</td>
<td>$ 54,600.00</td>
<td>$ 4,550.00</td>
</tr>
<tr>
<td>PGY 4</td>
<td>$ 56,400.00</td>
<td>$ 57,000.00</td>
<td>$ 4,750.00</td>
</tr>
<tr>
<td>PGY 5</td>
<td>$ 58,104.00</td>
<td>$ 58,704.00</td>
<td>$ 4,892.00</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$ 60,840.00</td>
<td>$ 61,440.00</td>
<td>$ 5,120.00</td>
</tr>
<tr>
<td>PGY 7</td>
<td>$ 63,120.00</td>
<td>$ 63,720.00</td>
<td>$ 5,310.00</td>
</tr>
</tbody>
</table>

In addition to the base salary, those residents participating in the disability and group life insurance programs provided through GME currently receive an additional $600 per year for disability and life insurance benefits as shown above in Column 3.

### Stipend

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.

### White Coats

Fellows in Pediatric Gastroenterology will receive 4 white lab coats yearly.

### Policy and Procedures

[https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/index.php](https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/index.php)

### Academic Appeal Process

[https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf](https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf)

All students have the right to appeal decisions regarding academic matters at the University of Tennessee Health Science Center (UTHSC), and a process is available for students to pursue an academic appeal. A written request for an academic appeal must be submitted within 10 days of the disciplinary or adverse academic action. The request must include all information, documents and materials the fellow wants considered and the reason the fellow believes the action is not warranted.
ACLS/ PALS /BLS


All residents/fellows entering any graduate medical education program sponsored by UTHSC must obtain Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification prior to or within 30 days of beginning training at UT and must maintain certification throughout the entirety of their training. Individual programs may have additional life support certification requirements. ACLS certification must be through the American Heart Association. Note: Pediatrics and Pediatric Subspecialties may obtain Pediatric Advanced Life Support (PALS) in lieu of ACLS.

Agreement of Appointment


Residency/fellowship programs in GME at the University of Tennessee are under the College of Medicine and are mostly accredited by any of the following: the Accreditation Council for Graduate Medical Education (ACGME), the specialty’s American Board, or Non-Standard programs approved by the Graduate Medical Education Committee.

Alertness Management/Fatigue Mitigation


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 Pediatric Fellowship program educates all fellows to recognize the signs of fatigue and sleep deprivation and educate all fellows in alertness management and fatigue mitigation processes. The program has adopted a fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. The program will provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home.
Clinical Experience and Education
Residents and fellows must log duty hours including internal and external moonlighting and vacation, sick and educational leave on a weekly basis in New Innovations.
https://www.new-innov.com/login
When residents and fellows have not logged duty hours for 6 days, they will receive an automatic email reminder from New Innovations regarding their delinquent hours.

Disability Accommodations
https://www.uthsc.edu/oed/disabilities.php
As a public institution that receives federal funding, the University of Tennessee Health Science Center and the Pediatric Gastroenterology Fellowship is required to comply with the Americans’ with Disabilities Act to provide services accessible services to each person.

Disciplinary and Adverse Action
https://www.uthsc.edu/GME/documents/policies/disciplinary.pdf
Disciplinary actions are typically utilized for serious acts requiring immediate action. These actions include suspension, probation, and dismissal by the UTHSC. A fellow can be denied a Certificate of Completion due to unsatisfactory performance for at least 50% of their rotations.

Drug and Alcohol
Fellows at the University of Tennessee Health Science Center are subject to all University work rules and Drug Free Workplace Policy (Policy HR 0720). HR Policy 0720 Drug Free Campus and Workplace sets forth the University’s commitment to maintaining a safe and healthful environment for students and employees.
AIRS (Aid for Impaired Residents Program)
The Aid for Impaired Residents Program is a confidential program which functions in coordination with the nationally recognized Aid for Impaired Medical Student Program (AIMS). The University of Tennessee recognizes that substance abuse is an illness and that if treatment becomes necessary, disability coverage may apply, depending on the circumstances. If a resident becomes impaired due to alcohol or other substance abuse, or due to other circumstances, and is deemed impaired, this may be a reason for dismissal from the program.

Duty Hours
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 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.

Grievances

Fellows may raise and resolve issues without fear of intimidation or retaliation. The Associate Dean and the Director for Graduate and Medical Student Education maintains an open door policy so concerns can be addressed at any time.

Grievances related to the work environment or issues in relation to the program or faculty that are not related to disciplinary or academic adverse can be addressed by discussing problems with program director or departmental chair.

Graduation
https://www.uthsc.edu/graduation/checklist.php
The Registrar's office is responsible for awarding degrees and certificates. Students must meet all requirements before degrees/certificates are awarded.
**Harassment**

https://www.uthsc.edu/GME/policies/harassment.pdf

In accordance with University of Tennessee Health Science Center Personnel Procedure #280 and University of Tennessee System Policy HR0280, Sexual Harassment, the University of Tennessee Health Science Center and University Wide Administration are committed to providing a harassment free environment for the entire campus community (faculty, staff, students, residents, post docs, patients/clients and applicants). Sexual harassment will not be tolerated and will be grounds for disciplinary action.

**Immunizations**

https://www.uthsc.edu/GME/Registration_Materials/uhsprices.pdf
https://www.uthsc.edu/univheal/student-services/immunization.php

The University of Tennessee and the State of Tennessee require certain immunizations be obtained for enrollment/registration purposes. A hold has been placed on all new student accounts until your immunization records are recorded and complete.

**Leave**

https://www.uthsc.edu/GME/documents/policies/leave.pdf

Pediatric Fellowship is required to use New Innovations to track annual, sick and educational leave taken. Fellows are required to submit a GME timesheet to the program coordinator each month listing any annual, sick, Educational or Family Medical Leave taken.

**Annual/Vacation**

Fellows may take up to three (3) weeks of annual leave per year. Annual leave is not accumulated from year to year. Fellows do not receive pay for unused annual leave.

**Bereavement Leave**

Fellows’ may take up to 3 days of paid leave due to the death of an immediate family member. Immediate family includes spouse, child, parent, grandparent, brother or sister. Additional bereavement leave without pay can be granted with approval from the Program Director.
Educational
10 days of Educational leave can be taken during fellowship with approval from the Program Director.

Jury Duty
Fellow’s may turn in their compensation for jury duty and be paid or may keep the compensations and take annual leave with or without pay.

Family and Medical Leave
Fellows who have been employed for at least 12 months or have worked at least 1,250 hours during the previous 12 month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). This provide eligible employees up to 12 weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or their spouse, child or parent. Fellows are required to use all available sick and annual leave days to be paid during FML leave.

Maternity Leave
Parental leave is available to fellows for the birth or adoption of a child. Sick leave and annual leave may be used in order for the fellow’s salary to continue. The University of Tennessee policy allows 3 weeks days of paid leave. Additional time is permitted with the approval of the Program Director and will be considered leave without pay. Please notify program director as soon as you are aware that you will need Maternity Leave.

Military Leave
Military Leave will be administered in accordance with the University Policy 370.

Sick
Fellows accumulate three (3) weeks of sick leave per year. Sick leave is non-cumulative from year to year. Fellows are not paid for unused sick leave.
Licensure Exemption and Prescribing Information
Under the State of Tennessee statute T.C.A. 63-6-207, medical interns, residents, and fellows who do not hold a special training license are exempt from the requirement of a license to practice medicine or surgery in this state when participating in an accredited training program in the state of Tennessee. The Graduate Medical Education office will apply to the Tennessee Medical Board for a licensure exemption for each resident or fellow while training under the supervision and control of University of Tennessee College of Medicine faculty.

Moonlighting

Moonlighting is defined as any professional activity outside the course and scope of a fellows approved training program. Moonlighting opportunities are available to fellows in good standing with their program. The Pediatric Gastroenterology Fellowship program realizes that moonlighting can be a valuable experience, but may be discouraged due to the potential negative impact such activities may have on educational growth as well as the challenges it presents in complying with the ACGME policies. Approval for moonlighting is up to the discretion of the program director and must be done in writing. The program director may ask a fellow to discontinue moonlighting if it’s interfering with the patients care.

New Innovations

New Innovations is the mandatory software application for all GME programs both ACGME accredited and non-standard. The cost for the New Innovations is covered by the GME Office. GME employs an Institutional GME Coordinator that is tasked with maintaining, from an institutional level, the data, access, and policies and procedures of the application. The GME Office develops the policies regarding the use of this application and has the final say regarding any issues to include mandatory modules, deadlines, and access.
Professional Conduct

http://policy.tennessee.edu/hr_policy/hr0580/
It is the expectation of all students enrolled at the UTHSC to maintain the high ethical and professional standards of the various disciplines of the health professions. Failure to do so may subject a student to suspension or other appropriate remedial action by the University.

Transitions of Care


Design clinical assignments to minimize the number of transitions in patient care.
Ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
Fellows must communicate with team members in the hand-over/hand-off process.

Clinical assignments are designed to minimize the number of transitions in patient care.
The hospital service is covered by the same day time attending for two weeks in continuity. The fellows will be assigned to month long blocks for day time patient management. On Monday morning after the weekly education seminar the weekend team signs out to the inpatient team for that week. The fellow will be on the daytime service but take night call from home on an intermittent basis. Prior to nighttime call, the attending on the inpatient service will discuss the current inpatients with the on call attending and fellow. The following morning, the on call team will verbally discuss the patient issues and admissions that occurred overnight with the inpatient team.
The protocol for handoffs:

**Verbal handoffs**
Sick or DNR?
Identifying data (name, age, gender, diagnosis)
New events of the day
Overall health status/clinical condition
Upcoming possibilities with plan, rationale

**Written handoffs**
Identifying information --Name, location, history number, hospital day
Diagnosis, procedures, condition
Medications and Allergies
Attending Physician
Important contact information (patient’s record, family, referring physician

**Travel**
[http://treasurer.tennessee.edu/travel/policy-and-forms.htm](http://treasurer.tennessee.edu/travel/policy-and-forms.htm)

The Pediatric Gastroenterology Fellowship Program follows UTHSC institutional policy on Travel:
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 and sent the coordinator.
The UT Travel Form must be completed for reimbursement.
Resources

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/pediatricssubspecialtymilestones.pdf

New Innovations:
https://www.new-innov.com/Login/

Pediatric Gastroenterology Fellowship:
https://www.uthsc.edu/pediatrics/gastroenterology/fellowship/faculty.php

UTHSC GME:
http://www.uthsc.edu/GME/

UTHSC GME Policies:
http://www.uthsc.edu/GME/policies.php

UTHSC Library:
http://library.uthsc.edu/
Forms

FMLA
https://www.uthsc.edu/GME/pdf/fmla.pdf

Reimbursement


Travel


Moonlighting Form
Permission to Engage in Moonlighting
University of Tennessee Health Science Center
Graduate Medical Education
2001 – 2018

As Program Director for the Pediatric Gastroenterology Fellowship, I grant permission for Dr. __________________________ to engage in moonlighting activities outside the residency program. Dr. __________________________ will be moonlighting a maximum of _________ hours per month at the following institution:
______________________________________________________________ (City, State)
Describe the patient care role and responsibilities of Dr. __________________________ in the moonlighting experience:

Dr. __________________________ ’s performance will be monitored for the effect of these activities upon performance in the residency program. Adverse effects will lead to withdrawal of permission.
This statement will be made part of Dr. __________________________’s file.
Dr. __________________________ understands that he/she must have a full and unrestricted license to practice in the appropriate state, and that the State Claims Commission Act does not cover moonlighting activities. He must provide his/her personal malpractice protection for these activities or be covered by the facility in which he/she is moonlighting. Dr. __________________________ also understands that the total hours worked in patient care (whether as a resident or in moonlighting) complies with the program’s and institution’s Duty Hour regulations.

Approval: __________________________________________________
(Name)

Fellowship Program Director, (Pediatric Gastroenterology Program)
Acknowledgement: ___________________________________________
(Name of Fellow), (PGY-_____)
Pediatric Gastroenterology Fellowship Authorized Leave Request Form

Name: _____________________________________ PGY_______

Type of Leave: __________________________________________________

Vacation _______________________________________________________

First date of leave: _______________________________________________

Last date of Leave: _______________________________________________

Inpatient Duties: __________________________________________________

Rotation: _______________ Hospital(s) ________________________ Month______________

Name of Fellow(s) Covering Inpatient Duties during Leave: ____________________________

2) Clinics: ____________________________________________________________________

Clinic Cancellation or Coverage Confirmed by:

Fellow’s Signature___________________________________ Date: ___________________

APPROVALS:

Attending on Rotation__________________________ Date: ____________________

Program Director: ____________________________ Date: ____________________