



UNIVERSITY of CALIFORNIA, SAN DIEGO  
HEALTH SCIENCES

# **Division of Gastroenterology**

# **GI FELLOWSHIP PROGRAM**

## **Training Program Manual**

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Revised January 2009



# **University of California, San Diego**

<http://gastro.ucsd.edu>

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## GENERAL

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Each fellow is required to complete 18 months of direct patient care activities in the subspecialties of Gastroenterology and Hepatology and 36 months of weekly continuity clinic. Fellows usually complete 12 months of inpatient clinical consult rotations during their first year of fellowship. Their second and third years of fellowship are a combination of clinical (at least six months) and research rotations, depending on whether the fellow is in the clinical or NIH-funded T32 Research Training Grant tract. In addition, all fellows are expected to attend the core conferences during all three years of training.

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## GOALS

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To master the basic clinical and endoscopic procedural skills required to act as a consultant to patients with general gastroenterology and hepatology diseases and to acquire skills necessary for the critical evaluation and interpretation of basic and/or clinical research in the field.

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## OBJECTIVES

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(Modified from ACGME Requirements for Gastroenterology Fellowship Approved ACGME 9/28/04, Effective 7/1/05, Editorial Revision 4/25/05)

### A. Clinical Experience

Fellows have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of the following disorders:

- Disease of the esophagus
- Acid peptic disorders of the gastrointestinal tract
- Motor disorders of the gastrointestinal tract
- Irritable bowel syndrome
- Disorders of nutrient assimilation
- Inflammatory bowel diseases
- Vascular disorders of the gastrointestinal tract
- Gastrointestinal infections, including retroviral, mycotic, and parasitic infections
- Gastrointestinal diseases with an immune basis
- Gallstones and cholecystitis
- Alcoholic liver diseases
- Cholestatic syndromes
- Drug-induced hepatic injury

- Hepatobiliary neoplasms
- Chronic liver disease
- Gastrointestinal manifestations of HIV infections
- Gastrointestinal neoplastic disease
- Acute and chronic hepatitis
- Biliary and pancreatic diseases
- Women's health issues in digestive diseases
- Geriatric gastroenterology
- Gastrointestinal bleeding
- Cirrhosis and portal hypertension
- Genetic/inherited disorders
- Medical management of patients under surgical care for gastrointestinal disorders
- Management of GI emergencies in the acutely ill patient

## **B. Technical and Other Skills**

1. Fellows have formal instruction, clinical experience, and must demonstrate competence in the performance of the following procedures. A skilled preceptor must be available to teach and supervise the fellow during these procedures, which must be documented in each fellow's record, giving indications, outcomes, diagnoses, and supervisor. Assessment is based on a formal evaluation process.
  - Esophagogastroduodenoscopy (EGD) (fellows must perform a minimum of 130 supervised studies).
  - Esophageal dilation (fellows must perform a minimum of 20 supervised studies).
  - Flexible sigmoidoscopy (fellows must perform a minimum of 30 supervised studies).
  - Colonoscopy with polypectomy (fellows must perform a minimum of 140 supervised colonoscopies and 30 supervised polypectomies).
  - Percutaneous liver biopsy (fellows must perform a minimum of 20 supervised procedures).
  - Percutaneous endoscopic gastrostomy (fellows must perform a minimum of 15 supervised procedures).
  - Biopsy for the mucosa of the esophagus, stomach, small bowel, and colon.
  - Gastrointestinal motility studies and 24-hour pH monitoring.
  - Nonvariceal hemostasis, both upper and lower (fellows must perform 25 supervised cases, including 10 active bleeders).
  - Variceal hemostasis (fellows must perform a minimum of 20 supervised procedures).

- Other diagnostic and therapeutic procedures utilizing enteral intubation.
  - Moderate and conscious sedation.
2. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures:
- Gastric, pancreatic, and biliary secretory tests
  - Enteral and parenteral alimentation
  - Pancreatic needle biopsy
  - ERCP in all its diagnostic and therapeutic applications
  - Imaging of the digestive system, including:
    - Ultrasound, including endoscopic ultrasound
    - Computed tomography
    - Magnetic resonance imaging
    - Vascular radiography
    - Contrast radiography
    - Nuclear medicine
    - Percutaneous cholangiography

**C. Formal Instruction**

The program must include emphasis on the pathogenesis, manifestations, and complications of gastrointestinal disorders, including the behavioral adjustments of patients to problems. The impact of various modes of therapy and the appropriate utilization of laboratory tests and procedure should be stressed. In addition to formal instruction in the areas outlined above, specific content areas must be included in the formal educational program (lectures, conferences, seminars, and journal clubs), which include the following:

- Anatomy, physiology, pharmacology, pathology and molecular biology related to the gastrointestinal system, including the liver, biliary tract, and pancreas.
- The natural history of digestive diseases.
- Factors involved in nutrition and malnutrition.
- Surgical procedures employed in relation to digestive system disorders and their complications.
- Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders.
- Liver transplantation.
- Sedation and sedative pharmacology.
- Interpretation of abnormal liver chemistries.

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## ACGME GENERAL COMPETENCIES (vers 1.3 9.28.99)

<http://www.acgme.org/outcome/comp/compFull.asp#1>

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The program must require its fellows to develop the competencies in the six ACGME areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate these 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. Fellows are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Gather essential and accurate information about their patients.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures considered essential for the area of practice.
- Provide health care services aimed at preventing health problems or maintaining health.
- Work with health care professions, including those from other disciplines, to provide patient-focused care.

### **MEDICAL KNOWLEDGE**

Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavior) sciences and the application of this knowledge to patient care. Fellows are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations.
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

## **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Fellows must be able to investigate and evaluate their patient practices, appraise and assimilate scientific evidence, and improve their patient care practices. Fellows are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use information technology to manage information, access on-line medical information, and support their own education.
- Facilitate the learning of students and other health care professionals.

## **INTERPERSONAL AND COMMUNICATION SKILLS**

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Fellows are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients.
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- Work effectively with others as a member or leader of a health care team or professional group.

## **PROFESSIONALISM**

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Fellows are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

## **SYSTEMS-BASED PRACTICE**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

## UCSD GI FELLOWSHIP PROGRAM POLICY

### ACGME Core Competencies Learning Objectives

CORE COMPETENCIES	LEARNING OPPORTUNITY	EXPECTATIONS FOR TRAINING LEVEL	ASSESSMENT METHODS/EVALUATION TOOLS
<b>PATIENT CARE</b>	<p>Clinical rotations</p> <p>Continuity clinic</p> <p>Endoscopy procedures</p> <p>Night/Weekend call</p> <p>Core &amp; supplemental GI lectures (attendance &amp; preparation)</p> <p>Core UCSD GME lectures</p> <p>ASGE 1<sup>st</sup> Yr Fellows Endoscopy course</p> <p>Multi-disciplinary conferences</p> <p>National &amp; regional meetings (i.e., DDW, SD GI Society, national fellow's course)</p> <p>Observation of faculty role models</p>	<p>Provide compassionate, appropriate, and effective treatment of health problems and promotion of health with the following levels of assistance:</p> <p><b>FY1:</b> High level of assistance. Learning to provide excellent GI care, but not yet competent. Able to do diagnostic EGD and colonoscopy with assistance.</p> <p><b>FY2:</b> Medium level of assistance. Provides good GI care, but not yet at that of a faculty member or clinical practitioner. Able to do all diagnostic EGD and colonoscopy, and needs assistance with therapeutic procedures.</p> <p><b>FY3:</b> Low level of assistance. Competent to provide excellent GI care at the level expected of a faculty member or clinical practitioner. Able to do both diagnostic and therapeutic EGD and colonoscopies.</p>	<p>Observed clinical exams</p> <p>Observed endoscopy procedures</p> <p>Faculty case presentations</p> <p>Multi-rater/360° evaluations Faculty Nurse/staff Patient Peer Self</p> <p>Review of procedure logs &amp; procedure reports</p> <p>Global faculty assessment at semi-annual division review of fellow performance.</p> <p>Focused fellow evaluation/observation of patient encounters</p> <p>Portfolio</p> <p>AGA in-service examination</p>
<b>MEDICAL KNOWLEDGE</b>	<p>Clinical rotations</p> <p>Continuity clinics</p> <p>Core &amp; supplemental GI lectures (attendance &amp; preparation)</p> <p>Multi-disciplinary conferences</p> <p>National &amp; regional meetings (i.e., DDW, SD GI Society, national fellows courses)</p> <p>Clinical Research Enhancement Supplemental Training (CREST Program)</p>	<p>Fellows demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.</p> <p><b>FY1:</b> Learning general GI and Hepatology disease; think about research projects and scholarly activities</p> <p><b>FY2:</b> Improving core general GI &amp; Hepatology knowledge base to include more complicated conditions</p> <p><b>FY3:</b> Knowledge base expanded to have studied</p>	<p>Faculty observation</p> <p>Faculty evaluations</p> <p>Performance on national AGA in-service exam</p> <p>Passage rates of ABIM Gastroenterology Boards of graduates</p> <p>Publications</p> <p>Conference presentations</p> <p>National meeting presentations</p> <p>Global faculty assessment at semi-annual division review of</p>

	<p>NIH T32 research track</p> <p>Text books</p> <p>Online training: UpToDate, PubMed</p> <p>Board review courses</p> <p>Self-directed learning (i.e., ASGE, GESAP, &amp; AGA DDSAP)</p> <p>Research and scholarly activities</p>	nearly all aspects of clinical GI (i.e., via textbooks or board review)	<p>fellow performance</p> <p>Focused faculty evaluation/observation of patient encounter</p> <p>Portfolio</p>
<b>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</b>	<p>Core &amp; supplemental GI lectures (attendance &amp; preparation)</p> <p>Research &amp; scholarly activities</p> <p>QA project (Calculation of personal adenoma detection rates)</p> <p>Teaching of medical students, interns, residents at conferences or on rounds</p> <p>Online training: UpToDate, PubMed</p> <p>Clinical Research Enhancement Supplemental Training (CREST Program)</p>	<p>Fellows able to investigate and evaluate their patient practices, appraise, &amp; assimilate scientific evidence, and improve their patient care practices.</p> <p><b>FY1:</b> Learn resources available, think about QA projects, think about research projects, teach students/residents.</p> <p><b>FY2:</b> Begin research projects; assist on QA studies, increased teaching.</p> <p><b>FY3:</b> Complete research studies, evaluate QA study data, possible teaching of 1<sup>st</sup> &amp; 2<sup>nd</sup> yr medical student small groups; possible residents noon conference presentations.</p>	<p>Self-assessment</p> <p>Faculty assessment</p> <p>Student/resident evaluations of fellows</p> <p>Publications</p> <p>Conference presentations</p> <p>Adenoma detection rates compared to peers and national guidelines</p> <p>National meeting presentations</p> <p>Global faculty assessment at semi-annual division review of fellow performance</p> <p>Focused faculty evaluation/observation of patient encounter</p> <p>Portfolio</p>

<b>INTERPERSONAL &amp; COMMUNICATION SKILLS</b>	<p>Clinical rotations</p> <p>Continuity clinic</p> <p>Endoscopy procedures</p> <p>Night/Weekend call</p> <p>Observation of faculty role models</p> <p>Core UCSD GME lectures</p> <p>Core &amp; supplemental GI lectures (attendance &amp; preparation)</p> <p>Research &amp; scholarly activities</p> <p>Teaching of medical students, interns, residents at conferences or on rounds</p> <p>Clinical Research Enhancement Supplemental Training (CREST Program)</p>	<p>Fellows must demonstrate interpersonal &amp; communication skills that result in effective information and exchange and teaming with patients, their families, and professional associates.</p> <p><b>FY1:</b> Fellows interact with faculty similar to resident level with more detailed information exchange. Learning how to interact with patients on GI issues. Learning to interact with GI nurses, staff, techs.</p> <p><b>FY2:</b> Starting to interact with faculty at level between trainee and faculty. Better than FY1 at interacting with patients. Better at interacting with GI nurses, staff, techs.</p> <p><b>FY3:</b> Should be functioning nearly at the level of a faculty member or community practitioner. Expect excellent interactions with faculty, patients, and nurses/staff/techs.</p>	<p>Observed clinical exams</p> <p>Observed endoscopy procedures</p> <p>Review of procedure reports with TPD</p> <p>Faculty case presentations</p> <p>Multi-rater/360° evaluations Faculty Nurse/staff Patient Peer</p> <p>Publications</p> <p>Conference presentations</p> <p>National meeting presentations</p> <p>Global faculty assessment at semi-annual division review of fellow performance</p> <p>Focused faculty evaluation/observation of patient encounter</p> <p>Portfolio</p>
<b>PROFESSIONALISM</b>	<p>Clinical rotations</p> <p>Continuity clinic</p> <p>Endoscopy procedures</p> <p>Night/Weekend call</p> <p>Core &amp; supplemental GI lectures (attendance &amp; preparation)</p> <p>Core UCSD GME lectures</p> <p>Multi-disciplinary conferences national &amp; regional meetings (i.e., DDW, SD GI Society, national fellows courses)</p> <p>Observation of faculty role models</p> <p>Teaching of medical</p>	<p>Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p> <p>The fellow's professional behavior is expected to be very high at all times and from FY1 to FY3.</p> <p>Interactions with patients, staff, and attendings will evolve from more of a trainee role to more of a primary provider/supervisor/mentor/leader role.</p>	<p>Multi-rater/360° evaluations Faculty Nurse/staff Patient Peer</p> <p>Global faculty assessment at semi-annual division review of fellow performance.</p> <p>Focused faculty evaluation/observation of patient encounter</p> <p>Portfolio</p> <p>Unsolicited feedback from patients (i.e. "We Listen" program or consulting physicians)</p>

	<p>students, interns, residents at conferences or on rounds</p> <p>Required sexual harassment on-line training program (2 hours) annually</p> <p>Required on-line tutorial dealing with general ethical and regulatory principles related to human subject research as required by UCSD and VAMC Human Research Protection Programs</p> <p>Clinical Research Enhancement Supplemental Training (CREST Program)</p>		
<b>SYSTEMS-BASED PRACTICE</b>	<p>Clinical rotations at a variety of different practice settings.</p> <p>UCSD GME core conferences</p> <p>QA/M&amp;M quarterly meeting</p> <p>GI Grand Rounds on billing practices</p> <p>National &amp; regional meetings (i.e., DDW, SD GI Society, national fellows courses)</p> <p>Triaging referrals to the VA GI Division</p>	<p>Fellows demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.</p> <p><b>FY1:</b> Introduced to variety of settings and QA meetings</p> <p><b>FY2:</b> Participate in QA meetings and presentations</p> <p><b>FY3:</b> Consistently identify QA issues; understand billing issues</p>	<p>Faculty observations</p> <p>Presentations at QA/M&amp;M conferences</p> <p>Global faculty assessment at semi-annual division review of fellow performance</p> <p>Focused faculty evaluation/observation of patient encounter</p> <p>Portfolio</p>

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## GI FELLOWSHIP ENDOSCOPY AND PROCEDURES CURRICULUM

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### Key Procedures Which Fellows are Expected to Become Competent In (MOD 10/2007)

- Diagnostic and Therapeutic Colonoscopy
- Diagnostic and Therapeutic Esophagogastroduodenoscopy (EGD)

#### Standard for Proficiency

The standard for proficiency is based on the fellows developing a comprehensive understanding of the indications, contra-indications, limitations, complications, techniques, and interpretation of the above procedures. Training in these procedures are done by a combination of didactic lectures (Core Curriculum Series, ASGE Regional or National “Introduction to Endoscopy Course for 1st Year Fellows”), hands-on *ex-vivo* training (Dr. Patel’s session at beginning of fellowship), conferences (GI Endoscopy Conference at Thornton, EUS conference at Thornton, GI-Surgical Conference, QA conference) and by one-on-one mentoring with faculty. Given that there are no standards for currently evaluating competence in GI endoscopy, the evaluation is done by GI faculty.

All procedures are done with supervision by the faculty of the fellow. The faculty member may allow as much independence in the procedure as appropriate for the level of the fellow.

#### General Expectations of Proficiency

- FY1:** Complete diagnostic EGD and colonoscopy with frequent assistance. Perform therapeutic EGD and colonoscopy interventions such as polypectomy, dilation, and hemostasis with frequent assistance. Perform liver biopsies with frequent assistance.
- FY2:** Complete diagnostic EGD and colonoscopy with occasional assistance. Perform therapeutic EGD and colonoscopy interventions such as polypectomy, dilation, and hemostasis with occasional assistance. Perform liver biopsies with occasional assistance.
- FY3:** Complete diagnostic EGD and colonoscopy with rare assistance. Perform therapeutic EGD and colonoscopy interventions such as polypectomy, dilation, and hemostasis with rare assistance. Perform liver biopsies with rare assistance.

#### Documentation of Proficiency

Proficiency is documented by faculty and nurse/staff evaluations of the fellows after each rotation. There are also semi-annual mini-CEX observations of upper GI endoscopy and colonoscopy using the ASGE EGD and Colonoscopy Trainee Assessment Forms, such that a total of two each of EGD and Colonoscopy after observed by at least two different faculty. The Training Program Director reviews five endoscopy reports at each semi-annual review in order to evaluate indications, appropriateness, the proper use of technology, appropriate impressions and recommendations, and efficacy of report for communicating with others (physicians and patients).

## **Log of Key Procedures**

Fellows are responsible keeping a list of these. Each fellow will be responsible for providing the fellowship coordinator with their procedure numbers every six months. The fellows are highly encouraged to use the New Innovations system, but may use other systems.

## **Advanced Endoscopic Procedures**

Fellows are expected to get exposure to ERCP and EUS in order to understand indications, performance, risks, and management of complications. The three-year general GI fellowship is not meant to result in competence or proficiency in these procedures.

## **ACGME Regulations for Procedures**

1. Fellows must develop a comprehensive understanding of indications, contra-indications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline.
2. Fellows must acquire knowledge of and skill in educating patients about the rationale, technique, and complications of procedures, and in obtaining procedure-specific informed consent.
3. Faculty must supervise the procedures performed by each fellow and this continues until proficiency has been acquired and documented by the program director Each program must:
  - a. Identify key procedures;
  - b. Define a standard for proficiency;
  - c. Document achievement of proficiency; and
  - d. Assure that fellows log all key procedures performed.

## **EVALUATIONS**

After Each Rotation: Fellows will be evaluated on a monthly basis during clinical rotation. Evaluations will be performed using the New Innovations web-based software. Fellows will be evaluated by faculty attendings. Fellows, in turn, will evaluate their faculty attending. Faculty is expected to discuss their performance with the fellow at the end of each rotation. Nurses/staff will evaluate the fellows after each rotation. Fellows also evaluate each rotation for content and meeting learning objectives.

Continuity Clinic: Fellow performance in their continuity clinics is evaluated every semi-annually by the faculty attendings who regularly attend these clinics. Fellows will also evaluate by patients from the clinic.

Research (NIH T32 track): Research fellows are evaluated by their research mentors semi-annually during their second and third years.

Semi-annual Review of Fellows by GI Division Faculty Meeting: Global fellow performance in the six ACGME core competencies is reviewed semi-annually by the entire GI Division.

Semi-annual Review of Fellow Performance with Program Director: Fellow performance is reviewed semi-annually with the Training Program Director, which contains de-identified individual faculty and staff comments, review of research, portfolio review, review of endoscopy reports, patient evaluations,

and career counseling, etc.

Yearly Evaluations of Program by Fellows and Faculty: This is used at the Divisional Annual Fellowship Review Meeting.

Semi-Annual Evaluations of Faculty by Fellows. This is used at the Annual Fellowship Review Meeting and for evaluation purposes by Training Director and Division Chief.

Annual Program Review: Meeting with fellows, faculty, program director, and division chief to evaluate the program and make recommendations for future improvement. It also includes input from graduated fellows as well as fellows one and five years earlier.

Summative (Final) Evaluations with Fellows: This is done with graduating fellows and program director.

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## **GI FELLOW LINES OF RESPONSIBILITIES BY ROTATION & LEVEL OF TRAINING**

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### **UCSD Hillcrest GI (HC GI)**

This is predominantly a first-year rotation. There may be medical students, interns, and residents on this rotation. The fellow receives all consultations and determines the urgency of the consult. Depending on the consult, the fellow will decide which team member sees the patient and with what urgency. The fellow will either see or review the case with the other GI team members and make initial recommendations. All consults are presented by the fellow and team to the attending within 24 hours of consult receipt on attending rounds and sooner if it is an urgent (4-8 hours) or an emergency (1-2 hours) consult. Fellows do not see any patients if they are on a “non-teaching” service. First-year fellows are expected to be very closely supervised by attending physicians in terms of consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient GI consultations, learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., non-actively bleeding non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the room.

Second- and third-year fellows who rotate on this rotation are expected to need less supervision by the attending physician than first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to be comfortable performing basic EGD and colonoscopies, and be comfortable performing therapeutic procedures (i.e., actively bleeding non-variceal hemostasis and complex polypectomy). They may participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the room.

### **UCSD Hillcrest Hepatology Inpatient (Hep In)**

This is predominantly a first-year rotation. There may be medical students, interns, and residents on this rotation. The fellow receives all consultations and determines the urgency of the consult. Depending on the consult, the fellow will decide which team member sees the patient and with what urgency. The fellow will either see or review the case with the other GI team members and make initial recommendations. All consults are presented by the fellow and team to the attending within 24 hours of consult receipt on attending rounds and sooner if it is an urgent (4-8 hours) or an emergency

(1-2 hours) consult. Fellows do not see any patients if they are on a “non-teaching” service. First-year fellows are expected to be very closely supervised by attending physicians in terms of inpatient consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient Hepatology consultations, learning how to perform basic EGD, colonoscopies, and liver biopsies, and starting to learn therapeutic procedures (i.e., esophageal band ligation in non-bleeding settings). All endoscopic procedures are supervised by an attending physician who is present in the room.

Second- and third-year fellows on this rotation are expected to need less supervision by the attending physicians than first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to be comfortable performing basic EGD, colonoscopies, and liver biopsies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal hemostasis). All procedures are supervised by an attending physician who is present in the room.

### **UCSD GI/Hepatology Outpatient (GI/Hep Out)**

This is predominantly a first-year rotation. Fellows will see new and return patients in a variety of Hepatology and GI clinics including general Hepatology, general GI, and Liver Transplant clinic. Fellows are expected to be very closely supervised by attending physicians in terms of outpatient consults, presentations, and endoscopic procedures. They will present every case to an attending physician. Fellows learn how to efficiently conduct outpatient Hepatology and GI consultations, learn how to perform basic EGD, colonoscopies, liver biopsies, and start to learn therapeutic procedures (i.e., esophageal band ligation in non-bleeding settings). All procedures are supervised by an attending physician who is present in the room.

Second- and third-year fellows on this rotation are expected to need less supervision by the attending physicians than first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to be comfortable performing basic EGD, colonoscopies, liver biopsies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal hemostasis). All endoscopic procedures are supervised by an attending physician who is present in the room.

### **VAMC Inpatient (VA In)**

This is predominantly a first-year rotation. There may be medical students, interns, and residents on this rotation. The fellow receives all consultations and determines the urgency of the consult. Depending on the consult, the fellow will decide which team member sees the patient and with what urgency. The fellow will either see or review the case with the other GI team members and make initial recommendations. All consults are presented by the fellow and team to the attending within 24 hours of consult receipt on attending rounds and sooner if it is an urgent (4-8 hours) or an emergency (1-2 hours) consult. Fellows do not see any patients if they are on a “non-teaching” service. First-year fellows are expected to be very closely supervised by attending physicians in terms of inpatient GI and Hepatology consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient GI consultations, learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., not actively bleeding variceal and non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the endoscopy unit.

Second- and third-year fellows who rotate on this rotation are expected to need less supervision by the attending physicians than the first- year fellows in terms of consults, presentations, and endoscopic

procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to be comfortable performing basic EGD and colonoscopies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal and non-variceal hemostasis and complex polypectomy). They may participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the endoscopy unit.

### **VAMC Outpatient (VA Out)**

First-year fellows are expected to be very closely supervised by attending physicians in terms of outpatient GI and Hepatology consults, presentations, and endoscopic procedures. They will present every case to the attending physician. Fellows are learning how to efficiently conduct outpatient GI consultations, learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., not actively bleeding variceal and non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the endoscopy unit.

Second- and third-year fellows who rotate on this rotation are expected to need less supervision by the attending physicians than first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to be comfortable performing basic EGD and colonoscopies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal and non-variceal hemostasis and complex polypectomy). They may participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the endoscopy unit.

### **UCSD Thornton Inpatient (Thornton)**

This is rarely a first-year rotation. There may be medical students, interns, and residents on this rotation. The fellow receives all consultations and determines the urgency of the consult. Depending on the consult, the fellow will decide which team member sees the patient and with what urgency. The fellow will either see or review the case with the other GI team members and make initial recommendations. All consults are presented by the fellow and team to the attending physician within 24 hours of consult receipt on attending rounds and sooner if it is an urgent (4-8 hours) or an emergency (1-2 hours) consult. Fellows do not see any patients if they are on a “non-teaching” service. First-year fellows are expected to be very closely supervised by attending physicians in terms of inpatient GI and Hepatology consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient GI consultations, learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., not actively bleeding variceal and non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP. [They may participate in advanced procedures such as ERCP.] All endoscopic procedures are supervised by an attending physician who is present in the room.

This is predominantly for second- and third-year fellows. The fellow receives all consultations and either personally or by supervising students/interns/residents assesses the consults and presents the consult to the attending physician. These fellows are expected to need less supervision by the attending physicians than first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to run the service with supervision by the attending physician, expected to be comfortable performing basic EGD and colonoscopies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal and non-variceal hemostasis and complex polypectomy). They get exposure to and may participate in advanced procedures such as ERCP, EUS, capsule endoscopy, and double balloon enteroscopy. All endoscopic procedures are supervised by an attending physician who is present in the room.

### **Kaiser Permanente (Kaiser)**

This is rarely a first-year rotation. The fellow receives all consultations and determines the urgency of the consult. The fellow will see the patient and make initial recommendations. All consults are presented by the fellow to the attending within 24 hours of consult receipt on attending rounds and sooner if it is an urgent (4-8 hours) or an emergency (1-2 hours) consult. Fellows do not see any patients if they are on a “non-teaching” service. First-year fellows are expected to be very closely supervised by attending physicians in terms of inpatient GI and Hepatology consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient GI consultations, learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., not actively bleeding variceal and non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the room.

This is predominantly for second- and third-year fellows. The fellow receives all consultations and either personally or by supervising students/interns/residents assesses the consults and presents the consult to the attending physician. Fellows are expected to need less supervision by the attending physicians in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to run the service with supervision by the attending physicians, expected to be comfortable performing basic EGD and colonoscopies, and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal and non-variceal hemostasis and complex polypectomy). They are likely to participate in advanced procedures such as ERCP. All endoscopic procedures are supervised by an attending physician who is present in the room.

### **Float/Multi-Specialty**

This is rarely a first-year rotation. Fellows have the same lines of responsibility as described above for any rotation they are covering. First-year fellows are expected to be very closely supervised by attending physicians in terms of inpatient GI and Hepatology consults, presentations, and endoscopic procedures. Fellows are learning how to efficiently conduct inpatient GI consultations and learning how to perform basic EGD and colonoscopies, and starting to learn therapeutic procedures (i.e., not actively bleeding variceal and non-variceal hemostasis and non-complex polypectomy). They usually do not participate in advanced procedures such as ERCP.

This is predominantly for second- and third-year fellows. Fellows are expected to need less supervision by the attending physicians than the first-year fellows in terms of consults, presentations, and endoscopic procedures. Second- and third-year fellows are expected to provide more complete GI consultations, expected to run the service with supervision by the attending physician, and expected to be comfortable performing basic EGD and colonoscopies and be comfortable performing therapeutic procedures (i.e., actively bleeding variceal and non-variceal hemostasis and complex polypectomy). They likely participate in advanced procedures such as ERCP.

On the weeks when fellows are not covering an inpatient rotation, they will rotate through subspecialty clinics such as capsule endoscopy, advanced endoscopy, motility disorders clinic, pediatric general GI clinic, pediatric general GI endoscopy, and hereditary colon cancer syndrome.

### **Clinical Research**

This is rarely a rotation for first-year fellows. First-year fellows would be expected to start to identify research or scholarly projects and begin to plan for implementation.

Second-year fellows would be expected to have identified a project or projects and have started planning implementation and collecting data.

Third-year fellows would be expected to be completing data collection and starting to prepare the data for submission to a scientific meeting. Fellows doing scholarly activities such as case reports or book chapters would be expected to have submitted their data for publication.

### **Research (NIH T32) Training Grant**

Fellows on this rotation spend only a half day per week in their continuity clinic and rotate every second or third week doing a session of general endoscopy (i.e., screening colonoscopies) at the San Diego VAMC.

Fellows are expected to be working on their research studies with their faculty members. This includes basic, clinical, translational, and outcomes research. During their first research year, they are expected to learn appropriate research techniques and collect preliminary data, while in their second year they are expected to collect data in preparation for publication and/or grant submissions.

### **Night/Weekend Call**

Fellows generally are on this rotation mostly in their first- and second-year, little if any in their third year. This rotation is for one week at a time from Friday to Thursday, including the weekend, nights, and holidays. There are no students, interns, or residents on this service. Fellows refer to the on-call gastroenterology attending for the week. There is an on-call Hepatology attending for complex liver patients.

The type of patient consults generally related to acute gastrointestinal bleeding, bowel obstruction, abdominal pain, pancreatitis, choledocholithiasis, complications of cirrhosis, diarrhea, vomiting, constipation, and esophageal food impaction.

Fellows are responsible for receiving all new inpatient consults, follow-up on all existing consult patients on the UCSD Hillcrest GI inpatient, UCSD Hepatology Inpatient, Thornton GI Inpatient, and VAMC GI Inpatient consult services. Fellows also answer after hour patient phone calls for the GI Division.

Fellows see consults either emergently (1-2 hours) or urgently (3-16 hours). Fellows must present every new consult to the attending physician to review case and management plans. Urgent or emergency endoscopies are done with the attending physician present for the entire case. Endoscopic cases usually involve treatment of esophageal food impactions, diagnosis and treatment of upper and lower gastrointestinal bleeding, and include both variceal and non-variceal bleeding.

First-year fellows are expected to require a large amount of attending input during their first six months (i.e., frequent phone calls/meetings with attendings to review patient data and recommendations). Then less input during their next six months than when they are second- or third-year fellows. Second- and third-year fellows are expected to be able to make decisions and appropriately manage and triage consults and phone calls.

### **Lines of Responsibility between the Fellows and Internal Medicine Residents**

When internal medicine residents rotate on a GI or Hepatology service rotation, the fellow will assume a supervisory role for the residents. The fellow is expected to assign patients for the residents to evaluate, to discuss and review the resident's patient evaluations, and to provide teaching to the

residents. The fellow will also coordinate patient management and teaching rounds with the attending physicians.

### CLINICAL TRACK vs. RESEARCH TRACK

◆ **CLINICAL**

- ◇ 3 years clinical
- ◇ Some research time throughout 2<sup>nd</sup> & 3<sup>rd</sup> years
- ◇ Able to participate in CREST for clinical research training exposure
- ◇ Sometimes follow with 4<sup>th</sup> year advanced training
- ◇ Some pursue academic careers

◆ **RESEARCH**

- ◇ 1.5 years clinical
- ◇ Most of 2<sup>nd</sup> & 3<sup>rd</sup> year (75% time) protected for research
- ◇ Basic, clinical or outcomes research
- ◇ Able to participate in CREST for clinical research training exposure
- ◇ Sometimes follow with 4<sup>th</sup> year advanced training
- ◇ Most pursue academic careers

### GI CLINICAL TRACT

Clinical Rotations	Yr 1	Yr 2	Yr 3	Total
HC GI	3	1	0	4
HC Hep In	3	1	0	4
GI/Hep Out	2	2	0	4
Thornton GI	0	1	3	4
VA GI In	3	1	0	4
VA GI Out	1	1	2	4
Kaiser	0	1	2	3
Research/Motility	0	2	3	5
Float/Multi-Specialty	0	2	2	4
<b>Total</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>

**Year 1**

- ✧ Inpatient consults (Hillcrest GI, Hepatology In, Hepatology Out, VA In)

**Years 2 & 3**

- ✧ Inpatient consults (Hillcrest GI, Hepatology In, Hepatology Out, VA In) – less than year 1
- ✧ Kaiser
- ✧ Thornton Inpatient Rotation
- ✧ VA Outpatient Rotation (Endoscopy Clinics)
- ✧ Float/Pediatric GI Rotation
- ✧ Clinical Research

**GI T32 RESEARCH TRACK ROTATIONS**

Rotation	Yr 1	Yr 2	Yr 3	Total
HC GI	3	0	0	3
HC Hep In	3		0	3
HC Hep Out	2		0	2
VA GI In	3	0	0	3
VA GI Out	1	0	0	1
Elective Rotations (any clinical rotation)	0	3	3	6
Research	0	9	9	18
<b>Total</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>36</b>

**Year 1**

- ✧ Inpatient consults (Hillcrest GI, Hepatology In, Hepatology Out, VA In)

**Years 2 & 3**

- ✧ Clinical rotations for 3 months each year (6 months total)
- ✧ Research (NIH Training Grant)
- ✧ Continuity Clinics
- ✧ Some endoscopy

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### **GI FELLOW CALL**

(varies slightly depending on the number of 1<sup>st</sup> & 2<sup>nd</sup> year fellows)

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<b>Year</b>	<b>Night/Weekend Call (weeks)</b>
<b>1</b>	<b>9</b>
<b>2</b>	<b>4</b>
<b>3</b>	<b>0</b>

- Decreases with each year of fellowship
    - ◆ First Year: 9–11 weeks
    - ◆ Second Year: 3–6 weeks
    - ◆ Third Year: 0–2 weeks
  - Covers VAMC, UCSD, and Thornton Hospitals
    - ◆ On-call fellow covers acute inpatients on all services.
    - ◆ On-call fellow covers on holidays.
  - When off call, weekends, you are completely off
  - Same attending on with you for entire week
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### **UCSD CREST PROGRAM**

(Clinical Research Enhancement through Supplemental Training Program)

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- ◆ NIH funded to train clinical investigators
- ◆ 1-year, 2-year, or 3-year (MPH) tracks
- ◆ Held one afternoon (4–6 pm per week)
- ◆ Year 1: Epidemiology I, Patient Oriented Research I, Health Services Research, Data Management & Informatics
- ◆ Year 2: Biostatistics I, Biostatistics II, Patient Oriented Research II, Epidemiology II
- ◆ Clinical and Research fellows encouraged to enroll

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## RESEARCH PATHWAYS DURING FELLOWSHIP

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### CLINICAL TRACK

- ◆ Research done concurrently with rotations
- ◆ During 2<sup>nd</sup>/3<sup>rd</sup> Years
  - 5 months block time
  - Approximately ½ days per week of protected time during most 2<sup>nd</sup> & 3<sup>rd</sup> year
- ◆ CREST program optional
- ◆ Integrate clinical research and clinical work

### RESEARCH TRACK

- ◆ 2<sup>nd</sup> & 3<sup>rd</sup> years 75% protected time for research
- ◆ Basic, clinical, or outcomes research
- ◆ Continuity Clinic (once a week)
- ◆ Endoscopy session every other week
- ◆ Fewer weeks of call
- ◆ CREST or other advance degree optional

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## UCSD GI CONTINUITY CLINICS

(for more detail information, see page 86)

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- All fellows (clinical & research) do a ½ day continuity clinic per week.
- Clinics
  - VA GI Monday AM (4)
  - Hillcrest Hepatology Monday AM (3)
  - VA Hepatology Friday AM (2)
  - Hillcrest GI Friday AM (3)

### PLAN

- 18 months GI continuity clinic (9 months UCSD, 9 months VA)
- 18 months Hepatology continuity (9 months UCSD, 9 months VA)

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## GI FELLOWSHIP POLICY FOR TEACHING AND NON-TEACHING PATIENTS

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Nearly all patients at all inpatient and outpatient facilities and rotations are potentially teaching patients. Because the clinical volume at all inpatient and outpatient clinical settings far exceeds the involvement of fellows in all cases, an effort will be made to especially involve the fellows in patients with the greatest potential educational value to the trainees.

In cases where there are “non-teaching” patients, fellows will not be asked to see these patient consults except under emergency situations. A fellow will not see “non-teaching” patients either emergently or non-emergently unless first approved by the fellow’s attending physician on that rotation.

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## GI FELLOWSHIP PROGRAM POLICY ON ORDER WRITING

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### **Inpatient Rotations**

Because the GI division at all teaching facilities act as consultative services, there is generally no order writing on inpatient services. This is done by the Internal Medicine Hospitalist services. On rare exceptions for emergency patient care issues, the fellows may write or enter orders if they also discuss with the primary team.

### **Outpatient Clinical Experiences**

Fellows are responsible for writing orders related to ordering tests and prescribing medications.

### **Endoscopy Procedure Order Writing**

Each endoscopy unit has standardized pre-and post-procedure order forms required for each patient. The fellow will be expected to complete these forms as directed by the hospital endoscopy unit policies and obtain required attending co-signatures.

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## GI CONFERENCES

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All GI conferences are held on each Tuesday of the month and located at the VAMC, 1<sup>st</sup> floor North, in Conference Room B.

**Clinical Case Conference** is a weekly conference held at the VAMC during which GI fellows present current or recent interesting clinical cases for discussion by the entire GI division about proper diagnostic evaluation and management.

**Grand Rounds** is a weekly conference held at the VAMC for UCSD faculty, fellows, and community gastroenterologists that cover broad areas of clinical gastroenterology.

**Fellows Journal Club & Research Update** To review pertinent GI articles recently published in the literature; to critically review all aspects of a published article. It is also a time for fellows to update the faculty on the progress of their research projects.

**Research Seminar** is presentations by fellows, faculty, or invited speakers regarding GI basic or clinical research.

**GI/Hepatology Summer Clinical Lecture** Faculty review clinical aspects of acute management of common GI diseases. This is an introductory clinical series that goes from July to September each year.

**Core Curriculum Lecture Series** is where fellows learn in depth about basic GI pathophysiology and attain new non-textbook knowledge on focused GI topics in a seminar format through study of literature and input from an assigned expert in the field. Fellows learn how to critically appraise and present recent scientific literature of a focused topic. This follows the GI/Hepatology Summer Clinical Lecture Series and goes from October to June each year.

MON	TUES	WED	THURS
7:00-8:00am Thornton Adv Endo	8:00-8:30 am Thornton Pathology Conf 5:30-6:30 pm GI Faculty Meeting 5:30-6:30 pm Core Curriculum Lecture		7:00-7:30 am Clinical Case Conference 7:30-8:30 am Grand Rounds
	5:30-6:30 pm Core Curriculum Lecture	7:30-8:30 am Medicine GR	7:00-7:30 am Clinical Case Conference 7:30-8:30 am Journal Club
7:00-8:00 am Thornton Adv Endo	5:30-6:30 pm Core Curriculum Lecture	7:30-8:30 am Medicine GR	7:00-7:30 am Clinical Case Conference 7:30-8:30 am GI Grand Rounds
	5:30-6:30 pm Core Curriculum Lecture	7:30-8:30 am Medicine GR	7:00-7:30 am Clinical Case Conference 7:30-8:30 am Research Seminar
	5:30-6:30 pm Core Curriculum Lecture	7:30-8:30 am Medicine GR	7:00-7:30 am Clinical Case Conference 7:30-8:30 am Q/A Conference/Fellows Research Update

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## RESPONSIBILITIES OF FELLOWS ON INPATIENT CONSULT SERVICES

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1. The fellow will review the specific goals, expectations, learning objectives, and curriculum of the rotation with the faculty at the beginning of each rotation.
2. The fellow shall receive consult requests from the housestaff, nurse practitioners, or attending physicians, examine the patient's record, examine the patient, and must discuss each patient with the consult attending within a reasonable time of the consult (usually same day for routine, as soon as possible for emergent consults). The consult attending is legally responsible for the final decision making in regards to patient care. The consult attending, in the course of patient care, should make an effort to teach aspects pertinent to patient cases.

3. The fellow, after discussing the patient with the attending, is expected to arrange endoscopic procedures or liver biopsies and for scheduling and contacting appropriate personnel for set-up if emergent or semi-emergent procedures need to be performed. In the event that a procedure must be done on an emergent basis during regular business hours, the consult attending on service is the attending for the endoscopy if the procedure cannot be done by the endoscopy attending.
4. The fellow is expected to attend all conferences associated with each rotation (i.e., radiology conference, pathology conference) as well as communicate with the various departments on which patients will be reviewed from GI at the conference.
5. The fellow is expected to communicate any seriously ill patients with their co-fellows on-call if adverse events may be expected. Additionally, fellows are expected to communicate the status of any seriously ill patient with co-fellows who will cover the service on weekends. At the end of the rotation, the fellow will communicate the status of each patient with the oncoming fellow.
6. The fellow shall evaluate the attending and the overall rotation at the end of the rotation. The fellow and the attending will discuss their evaluations at the end of the rotation. These evaluations will be performed using the web-based New Innovations program.

**GI FELLOWSHIP DUTY HOURS, ON-CALL ACTIVITIES,  
AND WORKING ENVIRONMENT POLICY**

(adapted from UCSD GME House Officer Policy & Procedure Document, July 1, 2007 )

*Each program shall adopt the duty hour policies for their specialty as defined in the ACGME Institutional and Program Requirements.*

**A. Duty Hours**

1. Duty hours shall be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. When a fellow is off site, on call duty must return to the hospital, such time in the hospital shall be included in the 80 hour limit.
2. Each fellow shall have one day off in seven days averaged over no more than four weeks. One day off is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Particular attention should be paid to individual Residency Review Committee program requirements in the event the “one day in seven” is to be averaged over a shorter period, such as over as little as seven days.
3. Each fellow shall have an adequate time for rest and personal activities. This shall consist of a 10 hour time period provided between all daily scheduled duty periods and after in-house call.
4. Any internal moonlighting hours counts towards the 80-hour duty hour week.

## **B. *On-Call Activities***

1. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care. Each program must consult with their individual RRC because further limitations may be imposed.
2. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the fellow has not previously provided care. Exceptions will be elaborated in individual RRC program requirements. Programs must consult their individual RRC for clarification.
3. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - b. When fellows are called into the hospital from home, the hours fellows spend in-house must be counted toward the 80-hour limit.
  - c. The training program director must monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

## **C. *Working Environment***

UCSD GI fellows will be provided with the following resources for an adequate educational environment.

- Adequate space for conferences, rounds, and patient examinations.
- Workspace/desk with computer terminal availability.
- Available food at clinical facilities 24-hr a day.
- Available lounge/rest area during assigned duty hours.
- Secure space to store belongings during work hours.
- Medical Records (Inpatient and Outpatient). Readily available at all times.
- Medical reference material available at all times via electronic databases (i.e., electronic journals, textbooks, UpToDate, and PubMed).
- Pathology results available to patients (including autopsy reports).
- Adequate administrative and clinical support staff.

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## **ROTATION COVERAGE ORDER DURING FELLOW'S ABSENCE**

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When fellows are on core clinical rotations (UCSD GI In, UCSD Hep In, VA GI In, VA GI Out, Thornton, and Kaiser) and absent from their rotation because of vacation, illness, conference or personal issues, then the following will be the order of fellows to cover that service:

1. Float Fellow
2. Clinical Research Fellow
3. NIH T32 Research Fellow

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## **FATIGUE**

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Faculty and fellows shall be educated to recognize the signs of fatigue. Policies and procedures shall be developed to prevent and counteract the potential negative effects of fatigue.

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## **BACK-UP SUPPORT SYSTEM FOR FATIGUED FELLOWS WHILE ON-CALL OR SERVICE**

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When patient care responsibilities are unusually difficult, prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care, then the following policy will be in place.

If a fellow is experiencing fatigue or any issue which might jeopardize patient care, either they or any other fellow/faculty/staff can address this with the Program Director and/or Division Chief. The fellow will be contacted and if felt necessary, relieved of their duties. If during the workday hours, the duties will either be covered by the faculty Attending, other fellows at that site (i.e., VAMC or UCSD) or the Float fellow will be contacted (if not already covering another rotation). If needed, the clinical research fellow or one of the fellows on the NIH T32 training grant may need to help cover. If the fellow will need a prolonged period of time off, then the sequence of coverage of the service for long-term coverage is the Float fellow, clinical research fellow, and NIH T32 research fellow. If the fellow experiences fatigue or illness on night or weekend call, there is a back-up call schedule of a second fellow who can cover (in addition to the attending on-call).

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## **LEAVE**

(adapted from UCSD GME House Officer Policy & Procedure Document, July 1, 2007)

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### **VACATION**

- Fellows receive a total of 20 vacation “working days” per year.
- Vacation leave shall be scheduled with the agreement of the Program Director or the Fellowship Coordinator.
- Vacation may be scheduled in one week blocks. No extra days are given if University holidays fall within that one week block of time.
- To the extent allowed by the training requirements of the program, vacation leave will be granted in accordance with fellow’s requests.
- Changes in the leave schedule may be initiated by the Program Director when required by department activities. The Program Director shall endeavor to give advance notice of any change.
- Fellows wishing to make a change in the posted leave schedule must notify the Program Director and Fellowship Coordinator and submit a written request at least one month in advance. Approval of such requests is subject to the staffing requirements of the training program and the discretion of the Program Director or Fellowship Coordinator.
- Leave must be taken during the period of appointment unless an exemption is granted to the department by the Associate Dean for Graduate Medical Education.

### **PROFESSIONAL LEAVE**

- With the approval of the Training Program Director, fellows may be granted up to five work days of leave with pay, per academic year, to pursue scholarly activities pursuant to their educational curriculum.
- Time not taken may not be carried over from one academic year to the next and will be forfeited.

### **SICK LEAVE**

- Fellows shall accrue sick leave at the rate of 8 hours (one working day) per month, which is the equivalent of 12 working days per year.
- Each fellow shall immediately notify his/her Training Program Director of any illness and, if requested by the Program Director, shall provide physician records to document illnesses lasting three or more days.
- Sick leave is not to be used as additional vacation.
- Sick leave which remains unused at the end of an appointment year will carry over to the following appointment year if the fellow is reappointed. In the event the fellow is not reappointed, unused sick leave will be forfeited.
- Sick leave not used beyond the predetermined date for separation is forfeited.

## **SICK LEAVE - FAMILY ILLNESS AND BEREAVEMENT**

- Family Illness - A fellow shall be permitted to use not more than 30 days of sick leave in any calendar year when required to be in attendance or to provide care because of the illness of the house officer's spouse, parent, child, sibling, grandparent or grandchild. In-laws and step-relatives in the relationships listed also are covered. This provision also covers other related persons residing in the house officer's household.
- Family Bereavement - A house officer shall be permitted to use not more than 5 days of sick leave when the house officer's absence is required due to death of the house officer's spouse, parent, child, sibling, grandparent or grandchild. Inlaws and step-relatives in the relationships listed also are covered. This provision also covers other related persons residing in the house officer's household. In addition the house officer shall be permitted to use not more than 5 days of sick leave in any calendar year for bereavement or funeral attendance due to the death of any other person. The house officer shall provide prior notice to the Training Program Director as to the need for and likely length of any such absence.

## **PERSONAL LEAVE OF ABSENCE**

- A fellow may be granted a personal leave without pay when other leave balances have been exhausted, for the house officer's convenience, but in granting the leave, the best interests of the training program shall be considered.
- Personal leaves may be granted for personal needs not otherwise specifically provided for by this policy.
- The Training Program Director may approve a personal leave for a period not in excess of six months. The Associate Dean for Graduate Medical Education may grant individual exceptions to the six-month limit.

## **PREGNANCY/CHILDBEARING DISABILITY LEAVE**

- A fellow disabled due to pregnancy, childbirth or related medical conditions shall be granted a medical leave of absence of up to four months, but not to exceed the period of verified disability.
- Pregnancy disability leave may consist of leave without pay and/or paid leave such as accrued sick leave and accrued and/or advanced vacation leave.
- If a fellow on an approved pregnancy disability leave is also eligible for family and medical leave, (noted below under Family and Medical Leave), up to 12 workweeks of pregnancy disability leave shall run concurrently with family and medical leave under Federal law.
- Upon termination of a pregnancy disability leave that runs concurrently with Federal family and medical leave, an eligible fellow is also entitled to up to 12 workweeks of State family and medical leave.
- The aggregate of pregnancy disability leave and family and medical leave shall not exceed seven months from the onset of the disability.
- A pregnant fellow enrolled in the housestaff disability plan should contact the GME housestaff disability plan coordinator to discuss eligibility for coverage and the procedure to follow to obtain the disability benefit.
- For fellows disabled by pregnancy, childbearing or other related medical conditions who meet the eligibility requirements of the Family Medical Leave Act, the University shall continue its contribution for the house officer's health insurance benefits up to a maximum of 12 workweeks in a calendar year.

## **PARENTAL LEAVE**

- Parental Leave is a form of Family Care/Medical Leave to care for the house officer's newborn or a child placed with the house officer for adoption or foster care. Such leave must be initiated and concluded within one year of the birth or placement of the child. The University shall grant a Parental leave subject to the provisions of FMLA/CFRA. If requested and taken immediately following a Pregnancy Disability Leave, a house officer eligible for FMLA/CFRA at the beginning of her Pregnancy Disability leave shall be granted the unused portion of CFRA/FMLA leave for Parental Leave purposes, up to a maximum of 12 workweeks. The amount available for use is determined by the amount which the house officer has previously used under CFRA/FMLA in the leave year.
- Parental Leave, alone, shall not exceed 12 workweeks within the leave year. However, when Parental Leave is combined with a leave for pregnancy-related and/or childbearing disability only, the total Family Care/Parental Leave shall not exceed seven months in the leave year.

## **FAMILY AND MEDICAL LEAVE**

- Family and Medical Leave (FMLA) is provided for an eligible house officer's serious health condition, the serious health condition of the house officer's child, spouse or parent, or to bond with the house officer's newborn, adopted or foster care child in accordance with State and Federal law in effect at the time the leave is granted.
- Leave granted for bonding purposes shall be concluded within 12 months following the child's birth or placement for adoption or foster care.
- A house officer is entitled to up to 12 workweeks of FMLA leave during the 12 month calendar leave year, provided that:
- The house officer has at least 12 cumulative months of University service (all prior University service shall be used to calculate the 12-month service requirement); and
- The house officer has worked at least 1,250 actual hours during the 12 months immediately preceding the commencement date of the leave.
- FMLA leave is unpaid leave, except under the following circumstances:
- Accrued/advanced vacation (for the specific academic year) may be used at the house officer's option before taking leave without pay.
- In addition, up to 30 days of accrued sick leave per year may be used as salary replacement for family illness leave.
- All paid time off used for Family and Medical Leave shall be deducted from the 12 workweek Family and Medical Leave maximum.

### **Advance Notice and Certification**

- Whenever possible, the house officer shall provide at least 30 days advance notice. If 30 days notice is not practicable because of a medical emergency, for example, notice shall be given as soon as practicable. Failure to comply with these notice requirements may result in postponement of family and medical leave.
- A house officer who is granted leave for the house officer's own serious health condition shall be required to present medical certification prior to taking the leave and prior to returning to the training program.

## **Effect on Benefits**

- A house officer on family and medical leave shall be entitled to continue participation in health plan coverage (medical, dental and optical) as if on pay status for a period of up to 12 workweeks in a 12-month period. Contribution toward premium cost shall remain as it was prior to the onset of family and medical leave for a period of up to 12 workweeks in a calendar year.

## **LEAVE FOR WORK-INCURRED DISABILITY**

- A house officer who is off pay status and receiving temporary disability payments under the Workers' Compensation Act may be granted, at the discretion of the Training Program Director, a leave without pay for all or part of the period during which temporary disability payments are received, except that any leave without pay which is granted shall not extend beyond a predetermined date of separation.
- Periods of leave for work-incurred disability run concurrently with Family and Medical Leave for a house officer who is eligible for Family and Medical Leave.

## **MILITARY LEAVE**

A house officer granted temporary military leave for active-duty training or extended military leave is entitled to receive the house officer's regular University pay for the first 30 calendar days of such leave in any one fiscal year, provided that the house officer has completed 12 months of continuous University service immediately prior to the granting of the leave (all prior full-time military service shall be included in calculating this University service requirement) and provided that the aggregate of payments for temporary military leave, extended military leave and military leave for physical examination do not exceed 30 calendar days' pay in any one fiscal year. A house officer granted military leave with pay shall receive all benefits related to employment that are granted when a house officer is on pay status.

## **JURY DUTY**

- A house officer who is summoned and serves on jury duty shall be granted leave with pay for the time spent on jury service and in related travel.
- Deferment or excused absence from jury service can only be granted by the court pursuant to the procedure outlined in the Jury Summons Notice.
- Make-up time may be required to meet the educational objectives and certification requirements of the training program and/or the American Specialty Board.

## **POLICY ON EFFECT OF LEAVE ON COMPLETION OF THE TRAINING PROGRAM**

Make-up time may be required to meet the educational objectives and certification requirements of the training program and/or the American Specialty Board when a house officer is required to utilize leave time as described herein. The house officer should discuss this issue with his/her Training program Director, if possible, prior to taking extended leave. If extended leave results in the requirement for additional training in order to satisfy the program and/or American Specialty Board requirements, the pay status for the additional training time will be determined by the Training Program Director and the Associate Dean for Graduate Medical Education, if possible, prior to the approval of the leave.

Information regarding family illness & bereavement, personal leave of absence, pregnancy/child bearing disability leave, parental leave, family & medical leave, leave for work incurred disability,

military leave, jury duty, or policy on effect to of leave on completion of the training program, please refer to the UCSD GME House Officer Policy & Procedure Document online dated July 1, 2007.

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## SUPERVISORY BACK-UP

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Appropriate faculty and/or supervisory fellow back-up will be provided for every house officer for consultation, education, and supervision.

### MOONLIGHTING POLICY

(taken from UCSD GME House Officer Policy & Procedure Document, July 1, 2007)

As identified by the ACGME fellowship education is a full-time endeavor. As such, each program director must ensure that moonlighting does not interfere with the ability of the training program.

*UCSD Policy Regarding Professional Activities Outside the Graduate Medical Education Training Program, Including Moonlighting, (Rev 12-26-05).*

- A. Fellows are not required to engage in moonlighting as part of training at UCSD.
- B. All residents engaged in moonlighting must be licensed for unsupervised medical practice in California or in the state of practice.
- C. It is the responsibility of the institution hiring the resident to moonlight to determine whether such licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties while moonlighting.
- D. UCSD liability coverage will not be extended to cover moonlighting activities of the resident that fall outside the course and scope of the resident's UCSD appointment.
- E. Moonlighting that occurs at UCSD, San Diego Children's Hospital, and/or VA Medical Center San Diego (i.e. internal moonlighting), shall be counted toward the 80 hour weekly limit on duty hours.
- F. The program director must provide a prospective, written statement of permission allowing the resident to moonlight. This statement shall be made part of the resident's permanent file.
- G. In the event a resident is given permission to moonlight, the program director shall monitor the resident's performance for the effect of these activities upon performance in the trainee's residency program. Adverse effects may lead to the withdrawal of permission to moonlight.
- H. The UCSD GMEC will oversee the training program's implementation and monitoring of the UCSD moonlighting policy.
- I. The UCSD moonlighting policy must be disclosed to applicants to the GME training programs and to all current trainees.

J. Each program director must comply with UCSF and ACGME policies and procedures regarding moonlighting.

K. Fellows must log their moonlighting hours into New Innovations (Portfolio – Scholarly Activity).

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**RESPONSIBILITIES OF FELLOWS FOR PATIENT CARE  
AND INPATIENT CONSULT SERVICES**

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1. The fellow will review the specific goals, expectations, learning objectives, and curriculum of the rotation with the faculty at the beginning of each rotation.
2. The fellow shall receive consult requests from the housestaff, nurse practitioners, or attending physicians, examine the patient's record, examine the patient, and must discuss each patient with the consult attending within a reasonable time of the consult (usually same day for routine, as soon as possible for emergent consults). The consult attending is legally responsible for the final decision making in regards to patient care. The consult attending, in the course of patient care, should make an effort to teach aspects pertinent to patient cases.
3. The fellow, after discussing the patient with the attending, is expected to arrange endoscopic procedures or liver biopsies for scheduling and contacting appropriate personnel for set-up if emergent or semi-emergent procedures need to be performed. In the event that a procedure must be done on an emergent basis during regular business hours, the consult attending on service is the attending for the endoscopy if the procedure cannot be done by the endoscopy attending.
4. The fellow is expected to attend all conferences associated with each rotation (i.e., radiology conference, pathology conference). The fellow is expected to communicate with the various departments on which patients will be reviewed from GI at the conference.
5. The fellow is expected to communicate any seriously ill patients with their co-fellows on-call if adverse events may be expected. Additionally, fellows are expected to communicate the status of any seriously ill patient with co-fellows who will cover the service on weekends. At the end of the rotation, the fellow will communicate the status of each patient with the oncoming fellow.
6. The fellow shall evaluate the attending and the overall rotation at the end of the rotation. The fellow and the attending will discuss their evaluations at the end of the rotation. These evaluations will be performed using the web-based New Innovations program.

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**RESPONSIBILITIES OF ATTENDING PHYSICIANS  
ON INPATIENT CONSULT SERVICE**

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1. The faculty will review the specific goals, expectations, learning objectives, and curriculum of the rotation with the fellow at the beginning of each rotation.

2. Attendings should be present to perform rounds with the fellow Monday through Friday. The attending MUST suspend his/her usual schedule for this extremely important teaching and patient care endeavor for at least two hours each afternoon. It is the responsibility of the attending to see new patients, evaluate the patient, write notes on the patient, and be able to bill for services of that patient. Since these rotations are teaching rotations, effort should be made to teach the fellow as well as provide good patient care.
3. Physical attendance with the fellow at conferences that pertain to each rotation (i.e., pathology rounds, radiology rounds, etc.).
4. The consult attending must be available for emergency or semi-emergent procedures on consult patients. In general, this often occurs in the afternoon before or during times of physical rounds with the fellow. If the patient is prepped and ready for endoscopy during routine endoscopy hours when an attending for endoscopy is present, then the team should notify the endoscopy attending to determine availability in the schedule. If there is no availability in the schedule, then the consult attending is responsible for staffing the endoscopy during regular business hours.
5. The attending shall evaluate the fellow at the end of the rotation. This evaluation must be discussed with the fellow at the end of the rotation. The attending will also be evaluated by the fellow on the rotation, which will be placed in the academic file of the attending and reviewed for promotional purposes. These evaluations will be performed using the web-based New Innovations program.
6. The attending must make an effort not to be away during attending responsibilities. In the event that this is absolutely unavoidable, it is the responsibility of the attending to find coverage that can fulfill the preceding four points described above.
7. Attendings may be required to perform procedures and see inpatient consults in the event that the fellows are unavailable.

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## **POLICIES FOR ATTENDING SUPERVISION OF CLINICAL FELLOWS**

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### Policy and Procedure for Notification of New Consultations and Admissions:

- Requests for consultation will either be telephoned directly to the attending assigned to the consultative service or to the responsible fellow.
- An attending faculty member will daily or as medically appropriate, personally see and supervise inpatient consultations and ensure appropriate documentation.

### Policy for Notification of Attending Faculty in an Urgent Setting:

- In the event of an emergent or urgent consultation, the responsible fellow will page the responsible attending faculty member.

### Responsibilities of Attending Faculty Member when Supervising Fellows:

- The attending faculty member or his/her back-up will supervise the fellow daily and, as medically appropriate, document supervision of the care of all hospitalized patients assigned to his/her consultative service.
- The attending faculty member, in the course of this medical care, is expected to teach pertinent clinical aspects to the consult team.
- On-call schedules for attending faculty members must be structured so that the supervisory attending physician is apparent to fellows on duty.
- The attending faculty member will assess the skill level of the fellow by direct observation and complete monthly written evaluations on fellows assigned to the consultative service. Twice-yearly the attending faculty member will evaluate the performance of fellows assigned to their outpatient continuity clinics based on assessment of progressive independence of the fellow in specific areas of competence.
- At the end of the rotation, the attending faculty member will communicate the status of each patient on the consultative service to the incoming attending.
- For ambulatory clinic consultations, the attending faculty member will be present and available to the fellow during the entire ambulatory clinic session or outpatient procedure and will supervise and document the recommendations for care of all new patients referred for consultation.

Attending faculty members are notified about policies at Divisional and Departmental meetings. Fellows are notified annually or more frequently if changes are indicated.

### Responsibilities of Fellows Assigned to the Consultative Service

- Fellows must read the chart, examine the patient, and discuss each case with the attending physician assigned to the consult service. The fellows are aware that the attending physician is legally responsible for the final recommendations; nonetheless, a full consultative note will be written and the recommendations will be discussed with the referring team.
- The fellow is expected to contact appropriate ancillary service (nursing, pharmacy, social work, scheduling clerk) to arrange follow-up for patients. The fellow is expected to attend all conferences associated with each rotation unless there is a patient emergency.
- The fellow is expected to communicate medical information about all seriously ill patients to co-fellows on call. At the end of each rotation, in order to maximize continuity, the fellow will communicate the status of each patient in hospital or recently discharged to the incoming fellow.
- The fellow will evaluate educational aspects of each rotation and that provided by each attending annually.

### Supervision of Fellows During Endoscopy Procedures:

- Faculty will be in the room for the entire procedure. The exception to this is at the VAMC where the faculty must be physically in the VAMC Endoscopy Unit.
- Faculty is ultimately responsible for the performance and outcome of the procedure.
- Both faculty and fellows share responsibility to assure appropriate medical care after procedures, including follow-up of pathology results.

### Supervision during night/weekend call periods.

- Fellows will discuss all consults and active medical issues with the attending.
- Relevant telephone conversations with patients by Fellows will be communicated as appropriate to the patient's gastroenterologist and/or entry made into the electronic medical record of the hospital information system.

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## **GUIDELINES FOR GASTROENTEROLOGY RESEARCH FELLOWS**

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The Division of Gastroenterology considers exposure to investigation to be an essential part of the training experience for GI fellows, whether they are in the clinical or research track. To ensure that fellows make timely progress towards their research goals, the Divisional Faculty Development and Research Committee (FDRC) will review and approve research plans submitted jointly by the fellow and their intended mentor prior to beginning a research project, and will receive annual reports from the fellow and their mentor as to accomplishments and progress towards the goals of the project.

Fellows are expected to have approximately six months of time protected for research and scholarly activities. This time consists of both dedicated month blocks for research and also dedicated ½ day research sessions during other clinical rotations.

Research projects may be investigator initiated basic or clinical studies, case reports, book chapters, reviews, or creation of educational/training materials.

Effective with fellows entering the program July 2006, the following timeline will be implemented:

- A list of “approved” faculty to mentor GI fellows in their research training is appended to these guidelines for all fellows entering the program. Many are members of the UCSD GI Division. The Division Chief and Director of the GI Training Grant (currently Dr. John M. Carethers) and the Fellowship Director (currently Dr. Thomas Savides) are available to provide guidance on selecting a potential mentor. As soon as possible upon entering the fellowship, but no later than January 1\* of the first year for research fellows or April 1 of the first year for clinical fellows, fellows should meet with prospective faculty advisors and select a mentor. Fellows wishing to work with a faculty member not on the “approved” faculty list must seek the assent of the FDRC Chair and the Director of the Training Grant for research track fellows before making any firm commitment. In most cases, a fellow should select a single mentor, although approval can be sought for no more than two co-mentors if justified on the basis of the planned project(s).

- By April 15th of their first year, all fellows must submit to the FDRC a two to three page outline of the intended research project, countersigned by the mentor, which should include a brief background statement, hypothesis, specific aims of the proposed project, experimental design, and pertinent references. The submission should also include a signed commitment form from the mentor indicating his/her willingness to oversee the research project and to provide necessary resources and professional guidance.
- The FDRC will meet to review and approve project proposals and provide feedback to the fellow and their mentor by June 1st of the first year
- By April 15th of the second year, all fellows must submit a report on progress made and results obtained, which should include details of presentations, publications, if any, and any plans to apply for extramural support. The mentor will be requested to submit a separate confidential evaluation of the fellow's progress towards his/her research goals.

The FDRC will meet to review and approve project reports and provide feedback to the fellow and their mentor by June 1st of the second year.

- In July of the third year, all fellows will be expected to make a brief presentation of their research in progress and/or specific aims for completion at the Divisional research seminar.
- By April 15th of the third year, all fellows must submit a final report on progress made and results obtained, which should include details of presentations, publications, if any, and any plans to apply for extramural support. The mentor will be requested to submit a separate confidential evaluation of the fellow's progress towards his/her research goals.
- The FDRC will meet to review and approve project reports and provide feedback to the fellow and their mentor by June 1st of the third year. A confidential summary of research progress will be prepared for the fellow's file and will be used in the preparation of subsequent letters of recommendation that may be requested of the Division Head.
- In June of the third year, all fellows will make a final presentation of their research findings at the Divisional Research Seminar. Fellows will also be asked to submit a confidential evaluation of their research experience at this time.

\*Research track fellows who begin their fellowship with a research period in year 1 should make arrangements for mentor selection prior to arriving, with the assistance of the Training Grant Director, Fellowship Program Director, Division Chief, and/or the FDRC Chair.

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**FACULTY APPROVED TO MENTOR GASTROENTEROLOG FELLOWS  
IN THEIR RESEARCH EXPERIENCE**

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**Notes**

1. Fellows appointed to the GI training grant should select a mentor from among those listed as training grant (TG) faculty.
2. Fellows wishing to work with faculty not on this list should seek the assent of the FDRC chair (and the training grant director, if appropriate) before making a commitment.

Name	Division, Department Or Institution	Training Grant Faculty
Kim E. Barrett, PhD	GI	Yes
David Broide, MD	Allergy	Yes
Hilde Cheroutre, PhD	LIAI	Yes
Mario Chojkier, MD	GI	No
Edward Dennis, MD	Chemistry	Yes
Hui Dong, MD, PhD	GI	Yes
Lars Eckmann, MD	GI	Yes
Marilyn Farquhar, PhD	CMM	Yes
Theodore Friedmann, MD	Pediatrics	Yes
Richard Gallo, MD, PhD	Dermatology	Yes
Pradipta Ghosh, MD	GI	Yes
Frances Gillin, PhD	ID (Pathology)	Yes
Christopher Glass, MD, PhD	Endo/CMM	Yes
Donald Guiney, MD	ID	Yes
Paul Insel, MD	Pharmacology	Yes
Samuel Ho, MD	GI	Yes
Hal Hoffman, MD	Pediatrics	Yes
Barbara Jung, MD	GI	Yes
Martin F Kagnoff, MD	GI	Yes
Michael Karin, PhD	Pharmacology	Yes
Richard Kolodner, PhD	Heme/Onc	Yes
Yuko Kono, MD	GI	No
David Kravetz, MD	GI	No
Mary Lee Krinsky, MD	GI	No
Mitchell Kronenberg, PhD	LIAI	Yes
Joel Lavine, MD	Pediatric GI	Yes
Rohit Loomba, MD	GI	Yes
Ravinder Mittal, MD	GI	Yes
Derek Patel, MD	GI	No
Eyal Raz	RAI	Yes
Silva Resta, MD, PhD	GI	Yes
Thomas Savides, MD	GI	No
Richard Schooley, MD	Infectious Disease	Yes

Name	Division, Department Or Institution	Training Grant Faculty
Jeffrey Schwimmer, MD	Pediatric GI	Yes
Susan Taylor, PhD	Pharmacology	Yes
Ajit Varki, MD	Heme/Onc	Yes
Jason Yuan, MD, PhD	Pulmonary	Yes

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**POLICIES FOR FELLOW APPOINTMENT, ELIGIBILITY,  
SELECTION, AND PROMOTION**

(adapted from UCSD GME House Officer Policy & Procedure Document, July 1, 2007)  
<http://ogme.ucsd.edu/gme/index/.cfm>

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**ELIGIBILITY CRITERIA**

Applicants for appointment to the graduate medical education training programs sponsored by UCSD must meet the following criteria:

- Graduate of a medical school located in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or
- Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); or
- Graduate of an international medical school located outside of the United States and Canada who meets the following qualifications:
  - Holds a current, valid certificate issued by the Educational Commission for Foreign Medical Graduates; and
  - Holds a full and unrestricted license in the State of California to practice medicine or has received written notification from the Medical Board of California of approval to commence training in an accredited program in this State; or
- Graduate of a medical school located outside of the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school, and who provides evidence of compliance with the licensure laws of the State of California.
- Graduate of an ACGME approved Internal Medicine Program or part of the combined UCSD Internal Medicine/Gastroenterology Training Program, Physician Scientist Training Program (PSTP).

**SELECTION POLICY**

Programs The UCSD GI Fellowship should selects from among eligible applicants on the basis of their preparedness and ability to benefit from the program (i.e. clinical track or NIH T32 research track) in which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or any other applicable legally protected status.

The UCSD GI Fellowship Program participates in the In selecting from among qualified applicants, it is strongly suggested that programs participate in an organized matching program, where available, such as the National Residency Matching Program (NRMP). Eligibility shall be determined according to the ACGME requirements.

### **NONDISCRIMINATION**

Pursuant to University policy, no housestaff member in a UCSD program will be discriminated against because of race, color, religion, martial status, national origin, ancestry, sex, sexual orientation, physical or mental handicap, medical condition as defined in Section 12926 of California Government Code, status as a Vietnam-era veteran or special disabled veteran, or, within the limits imposed by law or University regulations, because of age or citizenship.

### **SEXUAL HARASSMENT POLICY**

The University of California is committed to creating and maintaining a community in which all persons who participate in University programs and activities can work together in an atmosphere free of all forms of harassment, exploitation or intimidation, including sexual. Specifically, every member of the University commonly should be aware that the University is strongly opposed to sexual harassment and that such behavior is prohibited both by law and by University policy. It is the intention of the University to take whatever action may be needed to prevent, correct and, if necessary, discipline behavior which violates this policy. This statement is abstracted from the UCSD Sexual Harassment and Complaint Policy PPM Section 200-10. The policy may be obtained from the Office of Sexual Harassment Prevention and Policy or from the Office of Graduate Medical Education.

## **TITLE AND LEVELS**

### **INITIAL APPOINTMENT**

Each house officer is appointed to a Resident Physician or Pharmacy Resident title with a duration period of not more than one (1) year. Titles for house officer appointments are Resident Physician 1 through IX, Chief Resident Physician, and Pharmacy Resident.

Appointments to the Resident Physician Series and Pharmacy Resident Title are made by the Associate Dean for Graduate Medical Education upon nomination by the Program Director based on the number of years of training accepted by the board in the particular specialty or subspecialty. House officers must be graduates in medicine, osteopathic medicine or pharmacy or hold an equivalent degree, and must be licensed to practice medicine in the State of California by the end of their first 24 months of postdoctoral training, or as otherwise prescribed by law. Individual appointments are made on an annual basis.

Typically, a first-year resident enters at level one and progresses a step on each anniversary or appointment until the conclusion of the training program. Credit for previous training (i.e., advanced standing) is a matter for discussion between the house officer, the Program Director and the Specialty Board. A stipend for service as Chief Resident is afforded in addition to the salary when so indicated by the Program Director.

### **REAPPOINTMENT/PROMOTION**

Reappointment to a Resident Physician position for subsequent years is not automatic. It shall be subject to annual review and contingent upon mutual agreement, funding availability, and satisfactory performance. Reappointment shall be recommended by the Training Program Director and approved by the Associate Dean for Graduate Medical Education.

Reappointment to a subsequent year shall be for a one-year term.

Notification of reappointment shall be provided annually to house officers who have successfully completed the preceding year of training and who meet the qualifications and are being recommended for continuation to the next year.

This notification shall be signed by the Associate Dean for Graduate Medical Education and sent to each house officer. The house officer shall be asked to acknowledge their acceptance of the reappointment.

Each notification shall provide notice of the terms and conditions of that reappointment, including the requirement for licensure, salary, length of appointment, including starting and ending dates, level of appointment and terms for appointment.

Non-renewal of agreement of appointment: In instances where a house officer's appointment is not going to be renewed, the program shall provide the house officer with a written notice of intent not to renew the appointment no later than four months prior to the end of the house officer's current appointment. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the trainee's appointment, the program must provide the trainee with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the appointment. The house officer who receives a notice of intent not to renew his/her appointment shall be afforded the due process procedures outlined in the UCSD Graduate Medical Education Academic Due Process and Leave Guidelines Document.

### **SALARY – RATES**

The basic salary scales for house officers are established by the University Office of the President. At UCSD Medical Center, salaries for represented housestaff are collectively bargained by UCSD and the San Diego Housestaff Association.

### **DEDUCTIONS**

Deductions for State and federal taxes as well as Medicare will automatically be made from house officer earnings. Social Security (FICA) withholding will not be made, but in lieu of this 7.5% of the house officer's pre-tax pay is directed to the Safe Harbor University of California Defined Contribution Plan. These non-voluntary contributions may be directed to one of the several University of California managed funds or to any one of over 100 Fidelity Investments funds.

House officers may make voluntary contributions to the University of California 403(b) Plan. Contributions come from pre-tax pay and may be made within certain limits.

When a house officer leaves the University, monies from the Safe Harbor Defined Contribution Plan and the voluntary 403(b) plans may be handled as follows:

- May either be rolled over into a new employer's retirement fund, or into an IRA; or
- May be left on deposit if the account has a minimum of \$2,000 in the Plans; or
- Contributions and earnings may be paid to the house officer, although the distribution is subject to penalties if the recipient is under the age of 59-½, and the distribution is subject to taxation.

House officers who are paid from funding sources that mandate a stipend payment in lieu of salary may not be eligible for one or more of the previously described features.

## **CHECK DISPOSITION**

In most cases, the house officer's paycheck will be issued by the University of California, San Diego Payroll Office. House officers are paid on a monthly basis in arrears (e.g., the August 1 paycheck represents July earnings). Checks may be directed to Surepay direct bank deposit or the house officer's campus or home address.

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## **GME ACADEMIC DUE PROCESS GUIDELINES**

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### **GRIEVANCE**

Fellows are welcome to approach the Program Director and/or Division Chief regarding any issue or problem related to their training.

Additionally, fellows may bring his/her concerns regarding directly to the Campus Ombudsperson, UCSD Office of the Ombud. That telephone number is: (858) 534-0777. Such interaction is held in strict confidence. The Campus Ombudsperson will report to the Chair, GMEC who will investigate the circumstances and initiate an appropriate resolution.

## ROTATION CURRICULUMS

### UCSD Hillcrest GI Inpatient

<i>HC GI</i>	MON	TUES	WED	THURS	FRI
AM  Continuity Clinic (Mon or Fri)	Consults  Endoscopy Patel, TBD	Consults  Endoscopy Patel, TBD	Medicine GR 7:30-8:30 AM Garren Aud  Consults  Endoscopy Liver	Core Curriculum Lecture 7:30-8:30AM VA 3 <sup>rd</sup> Fl Conf Rm 3162  Consults  Endoscopy Patel, TBD	Case Conf 7:30-8:00 am Patel/Kalmaz  Fellows' Clinic 8:00A-12:00 N  Endoscopy TBD
PM	Consults  Rounds	Consults  Rounds   GI Conferences 5:30 – 7:30 PM VAMC 1 <sup>st</sup> Fl Conf Rm B	Liver Path Conf 12:00-1:00 PM  GI Path Conf 1:00-1:30 PM  Consults  Rounds	Consults  Rounds	Consults  Rounds

\*Refer to pages 26 & 27 for revised GI Conference Schedule

### Information and Responsibilities

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology disorders commonly encountered in the inpatient setting.
  - Performance of routine gastrointestinal procedures.
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology disorders such as upper and lower GI bleeding, abdominal pain, pancreatobiliary disorders.
  - Performance of routine gastrointestinal procedures such as EGD and colonoscopy.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.

- Professionalism
  - Interaction with a diverse team of nurses, techs, GI coordinators, residents and medical students.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Triage of inpatient consults and arrangement of appropriate endoscopy and follow-up within a academic medical center system.

### **Training Opportunities**

1. Inpatient rounds
2. Supervised GI procedures
3. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
4. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Fellows Responsibilities on the Hillcrest GI Consult Service**

1. The Fellow shall receive inpatient consult requests from the housestaff, nurse practitioners, or Attending physicians, examine the patient's record, examine the patient, and will discuss each patient with the consult Attending. The consult Attending is legally responsible for the final decision making in regards to patient care. The consult Attending, in the course of patient care, should make an effort to teach aspects pertinent to patient cases. The fellow may receive a call from an outpatient physician to expedite a procedure or clinic appointment. If this happens, the fellow needs to make sure to discuss this with the Attending.
2. The Fellow, after discussing the patient with the Attending, is expected to arrange endoscopic procedures or liver biopsies for scheduling and contacting appropriate personnel for set-up if emergent or semi-emergent procedures will be performed. In the event that a procedure must be done on an emergent basis during regular business hours, the consult Attending on the service is the Attending for the endoscopy if the procedure cannot be done by the endoscopy Attending.
3. The Fellow is expected to attend all conferences associated with each rotation (i.e., radiology conference, pathology conference). The Fellow is expected to communicate with the various departments on which patients will be reviewed from GI at the conference.

4. The Fellow is expected to communicate any seriously ill patients with their co-Fellows on-call if adverse events may be expected. Additionally, the Fellow is expected to communicate the status of any seriously ill patient with their co-Fellows who will cover the service on weekends. At the end of the rotation, the Fellow will communicate the status of each patient with the on-coming Fellow.
5. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.
6. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Attending Physician's Responsibilities on the Hillcrest GI Consult Service**

1. Attendings on call should be present to perform rounds with Fellows Monday through Friday.
2. The Attending on call will suspend his/her usual schedule for this extremely important teaching and patient care endeavor (for at least one to two hours each day).
3. It is the responsibility of the Attending on call to see all new patients, evaluate these patients, write notes on the patients and bill for the services provided. The consult Attending is legally responsible for final decision-making in regards to patient care.
4. Since these rotations are teaching rotations, sincere effort should be made to teach the Fellows as well as provide good patient care. The consult Attending, in the course of patient care, should make an effort to teach aspects pertinent to the available cases.
5. The consult Attending must be available for emergency or semi-emergent procedures on consult patients.

6. Physical attendance with the Fellow at conferences that pertain to each rotation (pathology rounds, radiology rounds, etc).
7. The consult Attending must be available for emergency or semi-emergent procedures on consult patients. In general, this often occurs in the afternoon before or during times of physical rounds with the Fellow. If the patient is prepped and ready for endoscopy during routine endoscopy hours with a Attending for endoscopy is present, then the team should notify the endoscopy Attending to see if there is availability in the schedule. If there is no availability in the schedule, then the consult Attending is responsible for staffing the endoscopy during regular business yours.
8. The Attending will make every effort not to be away during times of Attending responsibility. In the event that this is absolutely unavoidable, it is the responsibility of the Attending to find coverage to fulfill his/her duties as Attending.
9. The Attending shall evaluate the Fellow and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.
10. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

### **Learning Materials in UCSD Hillcrest Endoscopy Fellows Area**

There are a variety of books and journals covering all aspects of Gastroenterology and Hepatology. In addition, Up-To-Date is available via the UCSD intranet.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

# UCSD Hepatology Inpatient

<i>HepIn</i>	MON	TUES	WED	THURS	FRI
AM	<p>Consults</p>	<p>Liver Journal</p> <p>Club/Case Conf 8:00 AM Bloom Conf Rm MPF, 2<sup>nd</sup> Fl</p> <p>Consults</p>	<p>Medicine GR</p> <p>7:30-8:30 AM Garren</p> <p>Consults</p> <p>Liver Biopsy Kono</p> <p>Endoscopy Hassanein</p>	<p>Core Curriculum Lecture 7:30–8:30A VA Conf Rm 3162</p> <p>Consults</p>	<p>Consults</p>
PM	<p>Consults</p> <p>Rounds</p>	<p>Consults</p> <p>Rounds</p> <p>Liver Transplant Patient Selection Mtg 3:00-4:00 PM</p> <p>Liver Cancer Grp Conf 4:00 PM</p> <p>GI Conferences 5:30-7:30 PM VAMC 1<sup>st</sup> Fl Conf Rm B</p>	<p>Liver Path Conf 12:00-1:00 PM</p> <p>GI Path Conf 1:00-1:30 PM</p> <p>Consults</p> <p>Rounds</p>	<p>Consults</p> <p>Rounds</p>	<p>Consults</p> <p>Rounds</p>

Refer to pages 26 & 27 for revised GI Conference Schedule

## Information & Responsibilities

### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Hepatology disorders commonly encountered in the inpatient setting, including liver failure and liver transplant.
  - Performance of routine gastrointestinal procedures related to liver patients, including endoscopic treatment of variceal bleeding and liver biopsies
- Medical Knowledge
  - Exposure to a wide variety of Hepatology disorders commonly encountered in the inpatient setting.
  - Performance of routine gastrointestinal procedures such as esophageal variceal band ligation.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.

- Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students including close interaction with surgical transplant teams.
- Professionalism
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students including surgery transplant residents and attendings.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Understand the role of a tertiary referral service for end stage liver disease and liver transplant.
  - Coordinate consultative and procedural Hepatology care within an academic medical center system

### **Training Opportunities**

1. Inpatient rounds
2. Outpatient clinic
3. Supervised GI procedures
4. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
5. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Fellows Responsibilities on Hepatology Inpatient Consult Service**

1. The Fellow shall receive consult requests from the house staff, nurse practitioners, or attending physicians.
2. Examine the patient's record, examine the patient, and will discuss each patient with the consult attending.
3. The consult attending is legally responsible for the final decision making in regards to patient care.
4. The consult attending, in the course of patient care should make an effort to teach aspects pertinent to patient cases.
5. The Fellow, after discussing the patient with the attending, is expected to arrange endoscopic procedures or liver biopsies for scheduling, and contacting appropriate personnel for set-up if emergent or semi-emergent procedures will be performed.

6. In the event that a procedure must be done on an emergent basis during regular business hours, the consult attending on the service is the attending for the endoscopy if the procedure cannot be done by the endoscopy attending.
7. The Fellow is expected to attend all conferences associated with each rotation (i.e. radiology conference, pathology conference).
8. The Fellow is expected to communicate with the various departments on which patients will be reviewed from GI at the conference.
9. The Fellow is expected to communicate any seriously ill patients with their co-Fellows on-call if adverse events may be expected.
10. Additionally, the Fellow is expected to communicate the status of any seriously ill patient with their co-Fellows who will cover the service on weekends.
11. At the end of the rotation, the Fellow will communicate the status of each patient with the oncoming Fellow.
12. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.

#### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of hepatology consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in hepatology consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal band ligation.
- FY3:** Fellows are expected to be nearly competent in providing hepatology consultations and performing EGD and colonoscopies with interventions such as esophageal band ligation and emergency variceal hemostasis.

#### **Minimal Responsibilities of Attending Physicians on the Hepatology Inpatient Consult Service**

1. Attendings should be present to perform rounds with Fellow Monday through Friday.
2. The attending will suspend his/her usual schedule for this extremely important teaching and patient care endeavor for at least one to two hours each afternoon.
3. It is the responsibility of the attending to see all new patients, evaluate the patient, write notes on the patient, and be able to bill for services of that patient.
4. Since these rotations are teaching rotations, sincere effort should be made to teach the Fellow as well as provide good patient care.

5. Physical attendance with the Fellow at conferences that pertain to each rotation (i.e. pathology rounds, radiology rounds, etc.).
6. The consult attending must be available for emergency or semi-emergent procedures on consult patients.
7. In general, this often occurs in the afternoon before or during times of physical rounds with the fellow. If the patient is prepped and ready for endoscopy during routine endoscopy hours when an attending for endoscopy is present, then the team should notify the endoscopy attending to see if there is availability in the schedule. If there is no availability in the schedule, then the consult attending is responsible for staffing the endoscopy during regular business hours.
8. The attending MUST make an effort not to be away during attending responsibilities. In the event that this is absolutely unavoidable, it is the responsibility of the attending to find coverage who can fulfill the preceding four points described above.
9. The Attending shall evaluate the Fellow and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.
10. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

### **Learning Materials in UCSD Hillcrest Endoscopy Fellows Area**

There are a variety of educational books and journals covering all aspects of Hepatology. In addition, Up-To-Date is available via the UCSD intranet.

### **Conferences**

See above Table. The Fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations on the six ACGME Core Competencies via the New Innovations software program.

## UCSD GI/Hepatology Outpatient

<i>HepOut</i>	MON	TUES	WED	THURS	FRI
<b>AM</b> Continuity Clinic (Mon or Fri)	<b>VA GI Clinic</b> 8:00 am – 12:00 VA Area 2	<b>Transplant/Hepat. Clinic</b> 9:00 am – 12:00 pm ACC  <b>Liver Journal Club</b> 12:30 PM 4 <sup>th</sup> floor MPF	<b>Liver Biopsies</b> 8:00 am Kono/Hassanein  <b>Endoscopy</b> Hassanein	<b>Core Curriculum Lecture</b> 7:30-8:30 am VA 3 <sup>rd</sup> Fl Conf Rm 3162  <b>Hepatology Clinic</b> 9A-12N ACC	<b>VA Liver Clinic</b> 8:00 am – 12:00 pm VA Area 1B
<b>PM</b>	<b>VA Endoscopy</b> 1:00-4:00 PM Goldberg	<b>Liver Selection Mtg.</b> 2:00-3:00 PM  <b>Liver Cancer Group Hepatoma Radiology Conference</b> 4:00-5:00PM  <b>GI Conferences</b> 5:30-7:30 pm VA 1 <sup>st</sup> Fl Conf Rm B	<b>Liver Path Conf</b> 12:00-1:00 PM  <b>Hepatology Clinic</b> 1:30-5:00 PM ACC	<b>VA Liver Clinic</b> 1:00-5:00 PM Ho	<b>HC Endoscopy and Capsules</b> 1:00-4:00 PM Kalmaz

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information & Responsibilities

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the outpatient setting.
  - Performance of routine gastrointestinal and Hepatology procedures.
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the outpatient setting.
  - Performance of routine gastrointestinal procedures.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents, and medical students.
- Professionalism
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents, and medical students.

- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds
- Systems-based Learning
  - Work in different practice settings.
  - Learn to effectively coordinate consultative and procedural GI care in a variety of settings

### **Training Opportunities**

- 1 Inpatient rounds
- 2 Outpatient clinic
- 3 Supervised GI procedures
- 4 Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
- 5 GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Fellows Responsibilities on GI Hepatology Outpatient Service**

1. The Fellow shall see patients referred by outpatient consult requests from the housestaff, nurse practitioners, or attending physicians.
2. Examine the patient's record, examine the patient, and will discuss each patient with the outpatient attending.
3. The outpatient attending is legally responsible for the final decision making in regards to patient care.
4. The outpatient attending, in the course of patient care, should make an effort to teach aspects pertinent to patient cases.
5. The Fellow will dictate the initial outpatient consult (H&P) which will be co-signed by the attending.
6. The Fellow, after discussing the patient with the attending, is expected to order outpatient endoscopic procedures or liver biopsies so that they can be scheduled, in addition to any labwork or radiology studies.
7. In the case of need for hospital admission or emergent/ semi-emergent procedures, the outpatient Fellow must contact appropriate personnel (including inpatient Fellow and attending) for notification and help to make necessary arrangement.
8. The Fellow is expected to attend all conferences associated with each rotation (i.e. radiology conference, pathology conference).

9. The Fellow is expected to communicate any seriously ill patients with their co-Fellows on-call if adverse events may be expected.
10. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Attending Physicians Minimal Responsibilities on the GI Hepatology Outpatient Rotation**

1. Attendings should be present to examine and discuss patients in all clinics.
2. Since these clinics are for teaching, sincere effort should be made to teach the fellow as well as provide good patient care.
3. Physical attendance with Fellow at conferences that pertain to each rotation (i.e. pathology rounds, radiology rounds, etc.).
4. The attending will make an effort not to be away during attending responsibilities. In the event that this is absolutely unavoidable, it is the responsibility of the Attending to find coverage who can fulfill the preceding points described above.
5. The Attending shall evaluate and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.
6. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

### **Learning Materials in UCSD Hillcrest Endoscopy Fellows Area and VA Library**

There are a variety of educational books and journals covering all aspects of GI and Hepatology. In addition, Up-To-Date is available via the UCSD intranet.

### **Conferences**

See above Table. The Fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on six ACGME Core Competencies via the New Innovations software program.

## VAMC GI Inpatient

<i>VA In</i>	MON	TUES	WED	THURS	FRI
AM Continuity Clinic (Mon or Fri)	VA GI 'A' Clinic 8:00-12:00N Area 2 Jung/Goldberg  Consults	Endoscopy Mittal  Consults	Medicine GR 7:30-8:30 AM Garren Aud  Endoscopy Krinsky Consults	Core Curriculum Lecture 7:30-8:30 AM VA Conf Rm 3162  Endoscopy Patton Consults	VA GI 'B' Clinic Chojkier/Kravetz  Consults
PM	Consults	Consults  VA Tumor Board 4:00-5:00 PM  GI Conferences 5:30-7:30 PM VA 1 <sup>st</sup> Fl Conf Rm B	GI/Rad/Surg Conf. 12:00-1:00PM VA Radiology  GI Pathology 1:30 PM Rm 1704 Consults	Consults	Consults

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information & Responsibilities

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the inpatient setting.
  - Performance of routine elective and emergency gastrointestinal procedures.
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the inpatient setting on a mostly elderly male population. This includes cirrhosis, peptic ulcer disease, GI malignancy, and colon cancer screening.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Professionalism

- Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Triage of inpatient consults and arrangement of appropriate follow-up.
  - Medical care in a government VA integrated healthcare system.

### **Training Opportunities**

1. Inpatient rounds
2. Outpatient clinic
3. Supervised GI procedures
4. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
5. GI-specific conferences: Clinical Case/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Responsibilities of Fellows on the GI Consult Service**

1. The Fellow shall receive consult requests from housestaff, nurse practitioners, or Attending physicians. The Fellow will then carry out the request by examining the patient's record, the patient, and discussing the patient with the consult Attending in a timely manner. All consults of the month should be recorded in the green consult book located in the GI library.
2. The Fellow, after discussion with the consult Attending, will arrange for endoscopic procedures, clinic, or liver biopsies in a routine or emergent/semi-emergent manner. If possible, endoscopies on inpatients may be performed with the regular endoscopy Attending. This will be determined depending on the volume of scheduled patients by the charge nurse, the VA Inpatient Fellow, and the respective endoscopy Attending. In the event that a procedure must be done on an emergent basis during regular business hours and cannot be fit into the outpatient schedule, the consult Attending on service will staff the endoscopy.
3. Each active patient requires a written note in the electronic chart each day. The Fellow is responsible for documenting and communicating sign off on inactive patients to the requesting team as well as arranging post-discharge GI follow-up as appropriate.
4. The Fellow is responsible for organizing junior members on the team such as rotating residents and medical students. This may include seeing consults while the Fellow is performing endoscopies. Every patient, however, should be personally seen by the fellow. While students

and housestaff should be encouraged to act autonomously, the ultimate responsibility lies with the Fellow.

5. The Fellow is in charge of presenting cases at both rotation-specific conferences (i.e., pathology and GI/radiology/surgery conference). Selected cases may be presented at tumor board for interdisciplinary discussion. The cases are to be communicated to the respective department in time so that slides/imaging can be viewed at the time of the conference. Specifically, up to five cases may be signed up at least 24 hours in advance for review during pathology conference by placing the completed sign-up sheet into the box in the pathology administrative office, room 1715B. For the GI/radiology/surgery conference, a list of patients to be discussed should be brought to the conference. In order to sign up a patient for discussion during tumor board, Dr. Baird's office needs to be notified a week in advance at extension 3511.
6. The Fellow is expected to communicate any seriously ill patients to the respective co-Fellow on-call if adverse events may be expected during nights/weekends. At the end of the rotation, the fellow will communicate the status and plan for each active patient with the on-coming fellow via a sign out.
7. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.
8. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

#### **Responsibilities of Attending Physicians on the VA GI Inpatient Rotation Service**

1. The Attending shall communicate the goals and expectations of the rotation on the first day of rotation.
2. The Attending will round everyday with the team. This means the attending will suspend his/her usual schedule for at least three hours each afternoon to allow for rounds, emergent procedures, and formal teaching. This should be done in advance. The Attending should be available via pager during the remainder of the day to discuss immediate management on new consults and possible scheduling for emergent procedures. It is the responsibility of the Attending to arrange for coverage if an emergent conflict arises.
3. It is the responsibility of the Attending to see all new patients and write a note documenting H and P and a plan within 24 hours.
4. Formal didactics on a subject of choice should be presented by the Attending at least once a week.

5. The Attending is required to attend all rotation-specific conferences with the team.
6. The Attending shall evaluate the Fellow and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.
7. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Learning Materials**

There are a variety of educational books and journals covering all aspects of Gastroenterology and Hepatology in the GI library, Room 3162. In addition, Up-To-Date and other on-line resources are available via all VA computers.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## VAMC GI Outpatient

<i>VA Out</i>	MON	TUE	WED	THURS	FRI
AM  Continuity Clinic (Mon or Fri)	<b>GI 'A' Clinic</b> 8:00A – 12:00 N Area 2 Jung/Goldberg	<b>Endoscopy</b> Mittal	<b>Liver Biopsies</b> 7:30A – 8:00A Kravetz  <b>Endoscopy</b> Krinsky	<b>Core Curriculum Lecture</b> 7:30 – 8:30A VA Conf Rm 3162  <b>Endoscopy</b> Patton	<b>GI 'B' Clinic</b> 8:00A–12:00 N Area 1B Chojkier/Kravetz
PM	<b>Q/A</b>  <b>Path Results Review Path Book Update</b>  <b>Research</b>	<b>Endoscopy</b> Krinsky/Goldberg  <b>Tumor Board</b> 4:30 PM  <b>GI Conferences</b> 5:30-7:30 PM VA 1 <sup>st</sup> Fl Conf Rm B	<b>GI/Rad/Surg</b> 12:00-1:00 PM VA Radiology  <b>Endoscopy</b> Krinsky	<b>Nutrition Rounds</b> 1:30-2:30 PM Patton  <b>Endoscopy</b> Carethers	<b>Paracentesis</b>  <b>Q/A</b>  <b>Path Results Review Path Book Update</b>  <b>Research</b>

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information & Responsibilities

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology disorders commonly encountered in the outpatient setting.
  - Performance of routine gastrointestinal procedures.
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology disorders commonly encountered in the outpatient setting, such as GERD, GI malignancy, pancreatic disease, and colon cancer screening.
  - Performance of routine gastrointestinal procedures such as colonoscopy and EGD.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Professionalism
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.

- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Follow-up on pathology.
  - Triage of outpatient consults and arrangement of appropriate follow-up.

### **Training Opportunities**

1. Out-patient clinic
2. Endoscopy procedures and liver biopsies
3. Liver biopsies
4. Triage of outpatient consults
5. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
6. Capsule endoscopy/motility tracing
7. Furthering of ongoing research project
8. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference
9. Involvement in ongoing Q/A projects

### **Responsibilities of Fellow on the VA GI Outpatient Service**

1. The Fellow shall receive consult requests from housestaff, nurse practitioners, or Attending physicians via CPRS or occasionally by pager. The Fellow will then assess the request and determine an appropriate response. This should occur daily. Consults which are not routine should be discussed with the consult Attending. Advanced procedures such as EUS and ERCP need to be ordered in CPRS and scheduled with Angelina Hoadley, nurse case manager.
2. The Fellow will perform scheduled outpatient GI procedures under the supervision of the endoscopy Attending. The Fellow is expected to obtain informed consent, document a pre-procedure note in CPRS, examine the patient, and then present the patient to the Attending prior to each procedure. Following the procedure, the procedure note will be completed in Provation and the encounter form edited as appropriate (e.g. whether biopsies were taken or polyps removed).
3. The Fellow will attend outpatient clinics and see scheduled new and follow-up patients. The Fellow is encouraged to schedule patients to maintain continuity of care, i.e. schedule a clinic patient for an upcoming endoscopy session with the fellow or see a recently endoscoped patient in one of the clinics of the rotation.

4. The Fellow is responsible for follow-up on pathology. For this, all pathology specimens that are documented in the path binder, located at the main desk in the endoscopy unit, are looked up in CPRS and the type of pathology is marked in the binder. Second, appropriate follow-up is determined. If that differs from what was documented in the procedure note, a note needs to be entered in CPRS and the patient should be called. Any patient with cancer needs to be called and follow-up expedited. Additionally, a note needs to be entered into CPRS detailing the plan and documenting patient notification as well as attending involvement (either the attending who diagnosed the case should be contacted or alternatively, Dr. Ho, GI Section Chief). Finally, all cases of malignancy need to be documented in the green cancer documentation book located in the procedure unit staff room.
5. The Fellow is encouraged to attend both rotation-specific conferences (i.e. pathology and GI/Radiology/Surgery conference). Selected cases may be presented at tumor board for interdisciplinary discussion. The VA Outpatient Fellow is encouraged to communicate potential cases to the VA Inpatient Fellow.
6. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.
7. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Responsibilities of Attending Physicians on the VA GI Outpatient Rotation**

1. Each Attending shall communicate the goals and expectations of the rotation on the first day of the rotation.

2. The endoscopy Attending will hear about each case prior to the endoscopy and provide input on whether to proceed with the procedure. Further, the Attending will be present for all key aspects of the procedures. If the Attending is not in the endoscopy room, he or she should be easily available. The Attending will not leave the endoscopy unit if procedures are in progress.
3. The Attending will edit and sign all procedure notes once they are completed.
4. The Attending is required to attend all rotation-specific conferences with the team.
5. The Attending shall evaluate the Fellow and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.
6. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and scoring). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

### **Learning Materials**

There are a variety of educational books and journals covering all aspects of Gastroenterology and Hepatology in the GI library, Rm 3162. In addition, Up-To-Date and other on-line resources are available via all VA computers.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## UCSD GI Thornton Inpatient

<i>Thornton</i>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
<b>AM</b>	<b>EUS/ERCP Conf</b>  7:00-8:00AM Triton Rm, 2 <sup>nd</sup> Fl  <b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>Endo Staff/Vendor Conf</b>  7:30-8AM Triton Rm, 2 <sup>nd</sup> Fl  <b>Path Conf</b>  8-8:30AM Pathology, 1 <sup>st</sup> Fl (1 <sup>st</sup> & 3 <sup>rd</sup> Tues)  <b>Inpt Consults/Rounds</b>	<b>Medicine GR</b>  7:30-8:30 AM Garren Aud  <b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>Core Curriculum Lecture</b> 7:30-8:30AM VA 3 <sup>rd</sup> Fl GI Conf Rm  <b>Inpt Consults/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>
<b>PM</b>	<b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>UCSD Tumor Board</b>  12-1 PM Moores CC Board Rm 2nd Fl  <b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>  <b>GI Conferences</b> 5:30-7:30 pm VA 1 <sup>st</sup> Fl Conf Rm B	<b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>	<b>Inpt Consult/Rounds</b>  <b>Observe Adv Endo procedures</b>

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information & Responsibilities

#### Goals & Objectives:

- Patient Care
  - Exposure to a wide variety of Gastroenterology disorders commonly encountered in tertiary referral medical center.
  - Exposure to advanced endoscopic procedures such as EUS, ERCP, double balloon enteroscopy, and esophageal ablation.
- Medical Knowledge
  - Learn about GI and liver disorders related to oncology patients, geriatric patients, bone marrow transplant patients, pancreatico-biliary disease and complicated cardiovascular patients.
  - Increase knowledge of types and indications for advanced GI endoscopy procedures such as EUS, ERCP, double balloon enteroscopy, and esophageal ablation.

- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Professionalism
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Learn the role of a tertiary academic medical center for referral oncology and advanced endoscopy patients.
  - Coordinate GI procedures and consults in a tertiary academic medical center

### **Training Opportunities**

1. Inpatient rounds
2. Supervised GI procedures
3. Observe advanced GI procedures (i.e. EUS, ERCP, etc)
4. Rotation-specific conferences: GI Tumor Board
5. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Responsibilities of Fellows on the Thornton GI Rotation**

1. The Fellow will answer phone call questions and consults from other doctors caring for patients at Thornton, see and discuss consults with the attending of the day, dictate a consult note, and participate in general GI procedures related to the consult. These duties will be from 8 AM until 5 PM. All consults shall be recorded in the consult book at the fellow's cubicle. The Fellow will sign-out active patients to the on-call Fellow.
2. Fellows participating in advanced endoscopies cases will mostly be in an observational role with teaching of principles by the attending, but may have some hands-on exposure at the discretion of the attending endoscopist.
3. Fellows attending outpatient clinics will be expected to see patients, discuss them with the faculty member, and dictate notes.

4. Fellows are expected to attend the above conferences. The Fellows may be asked to prepare 1-2 presentations for conferences during the rotation.
5. Fellows understand that the curriculum of the rotation may change at any time, at the discretion of the Fellow Training Director, and that they need to follow any new schedule or curriculum.
6. Fellows are expected to provide consultation and management of patients at a more independent level than on the rotations during their 1<sup>st</sup> year of fellowship.
7. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.
8. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

### **Graded Responsibilities of Fellows**

- FY1:** Expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate attending supervision.
- FY2:** Expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Expected to be nearly competent in providing GI consultations, and performing EGD and Colonoscopy with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows also are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Responsibilities of the Attending Physicians on the Thornton GI Rotation**

1. Attendings must discuss inpatient consults with the Fellows, and allow the fellows to participate in general GI endoscopies related to these consults.
2. Attendings will conduct teaching rounds at least three days per week.
3. Attendings will attend scheduled conferences.
4. Attendings in who the Fellows have a more observational role will be active in teaching fundamental concepts important for the Fellows to know about GI oncology, advanced endoscopic techniques, radiology, hepatology, and motility.
5. The Attending shall evaluate the Fellow and discuss their evaluation with the Fellow at the end of the rotation. The evaluation will be documented electronically via New Innovations software. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.

6. The Attending will receive an annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed in the Attending's academic file for to be reviewed for promotional purposes.

### **Learning Materials in Thornton Endoscopy Fellows Area**

There are a variety of educational VHS, CD, and DVD media evaluate which teach various aspects of GI endoscopy and IBD. Additionally, there are numerous books about EUS and GI Oncology. There is also a self-study DVD about GI Radiology from the American College of Radiology. In addition, Up-To-Date is available via the UCSD intranet.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## Kaiser Permanente Rotation

<i>Kaiser</i>	MON	TUES	WED	THURS	FRI
AM Continuity Clinic (Mon or Fri)	<p>Consults</p> <p>Endoscopy</p> <p>GI/Path Conf 12:30 PM (every 4<sup>th</sup> Monday)</p>	<p>Consults</p> <p>Endoscopy</p>	<p>Consults</p> <p>Endoscopy</p>	<p>Core Curriculum Lecture 7:30 – 8:30 am VA 3<sup>rd</sup> Fl Conf Rm 3162</p> <p>Consults</p> <p>Endoscopy</p>	<p>Consults</p> <p>Endoscopy</p> <p>Med/Surg/Rad/Tumor Conf 12:30 PM</p>
PM	<p>Consults</p> <p>Endoscopy</p>	<p>Consults</p> <p>Endoscopy</p> <p>GI Conferences 5:30-7:30 pm VA 1<sup>st</sup> Fl Conf Rm B</p>	<p>Consults</p> <p>Endoscopy</p>	<p>Consults</p> <p>Endoscopy</p>	<p>Consults</p> <p>Endoscopy</p>

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information and Responsibilities

**Location:** Kaiser Permanente Medical Center  
 Division of Gastroenterology  
 4646 Zion Avenue  
 San Diego, CA 92120

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the inpatient setting, including GI bleeding, abdominal pain, abnormal liver tests, and pancreatico-biliary disorders.
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the inpatient setting, such as upper and lower GI bleeding, abdominal pain, mild liver disease, and pancreatico-biliary disease.
  - Performance of routine gastrointestinal procedures such as EGD, endoscopic hemostasis, colonoscopy, PEG placement, and exposure to ERCP
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, and technicians.

- Professionalism
  - Interaction with a diverse team of nurses, technicians.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Gain exposure to medical care practiced in a large integrated health care system which mainly cares for men and women between the ages of 18 to 65.

### **Training Opportunities**

1. Inpatient rounds
2. Outpatient clinic
3. Supervised GI procedures
4. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
5. GI-specific conferences: Clinical Case/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Fellows' Responsibilities on the Kaiser GI Consult Service**

1. The Fellow may receive consult requests from the house staff, nurse practitioners, GI Office front desk staff, or Attending physicians.
2. The Fellow will examine the patient's record, examine the patient, and will discuss each patient with the consult Attending. The consult Attending is legally responsible for the final decision making in regards to patient care.
3. The Fellow, after discussing the patient with the Attending, is expected to arrange/schedule endoscopic procedures or liver biopsies. The Fellow will contact appropriate personnel for set-up if emergent or semi-emergent procedures are to be performed. In the event that a procedure must be done on an emergent basis during regular business hours, the consult Attending on the service will serve as the Attending for the endoscopy if the procedure cannot be performed/supervised by the designated endoscopy Attending.
4. The Fellow is expected to attend all conferences associated with this rotation. The Fellow is expected to communicate with the various services (Surgery, Radiology, Pathology) regarding which patients will be presented at these conferences:
5. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.

6. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Attending Physicians' Responsibilities on Kaiser GI Consult Service**

1. Attendings on call should be present to perform rounds with Fellows Monday through Friday.
2. The Attending on call will suspend his/her usual schedule for this extremely important teaching and patient care endeavor (for at least one to two hours each day).
3. It is the responsibility of the Attending on call to see all new patients, evaluate these patients, and write notes on the patients. The consult Attending is legally responsible for final decision-making in regards to patient care.
4. Since these rotations are teaching rotations, sincere effort should be made to teach the Fellows as well as provide good patient care. The consult Attending, in the course of patient care, should make an effort to teach aspects pertinent to the available cases.
5. The consult Attending must be available for emergency or semi-emergent procedures on consult patients. This often occurs in the afternoon, before or during times of rounding with the Fellow. If the patient is prepped and ready for endoscopy during routine endoscopy hours when the endoscopy Attending is present, the Fellow should notify the endoscopy Attending to see if there is availability in the schedule. If there is no availability in the schedule, the consult Attending then is responsible for staffing the endoscopy during regular business hours.
6. The Attending should attend (with the Fellows) all conferences that pertain to this rotation (see Table above).
7. The consult Attending is responsible for all after-hours and weekend coverage. At the end of the rotation, the consult Attending will follow any remaining inpatients.

8. The Attending will make every effort not to be away during times of Attending responsibility. In the event that this is absolutely unavoidable, it is the responsibility of the Attending to find coverage to fulfill his/her duties as Attending.
9. Attendings are also strongly encouraged to give verbal evaluations directly to the Fellows at the end of the rotation and to solicit evaluations of their performance as Attendings from the Fellows.

### **Learning Materials in Kaiser Endoscopy Area**

There are a variety of educational books and journals covering all aspects of GI and Hepatology in the Kaiser physician offices.

### **UCSD Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty members and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## GI Float/Multi-Specialty Rotation

<i>Float</i>	MON	TUES	WED	THURS	FRI
<b>AM</b>	<b>Continuity Clinic</b> (Mon or Fri)	<b>IBD Clinic</b> Perlman Dr. Docherty	<b>Medicine GR</b> 7:30-8:30 AM Liebow	<b>Core Curriculum Lecture</b> 7:30-8:30 AM VA 3 <sup>rd</sup> Fl, Conf Rm 3162	<b>Continuity Clinic</b> (Mon or Fri)
			<b>Pediatric GI Endo</b> Rady Children's Hosp Dr. Dohill	<b>Motility Disorders Clinic</b> Perlman Dr. Mittal	
<b>PM</b>	<b>Capsule Endoscopy</b> Thornton Kalmaz	<b>Adv Endo Clinic</b> Perlman Kalmaz/Fehmi/Savides	<b>Pediatric GI Clinic</b> Rady Children's Hosp Dr. Dohill OR Room 9		
		<b>GI Conferences</b> 5:30-7:30 PM VA 1 <sup>st</sup> Fl Conf Rm B			

### Information & Responsibilities

#### Goals of the Rotation:

- Patient Care
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the adult and pediatric inpatient and outpatient settings.
  - Performance of routine adult gastrointestinal procedures and observing pediatric procedures.
- Medical Knowledge
  - Exposure to a wide variety of adult and pediatric Gastroenterology and Hepatology disorders.
  - Performance of routine gastrointestinal procedures.
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
- Professionalism
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.

- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
- Systems-based Learning
  - Work in a variety of healthcare settings including pediatric hospital, government (VAMC) hospital, and university hospitals.
  - Learn to coordinate patient care within a variety of hospital systems

### **Training Opportunities**

5. Inpatient rounds
6. Outpatient clinic
7. Supervised GI procedures
8. Rotation-specific conferences: GI-Pathology, Tumor Board, GI/Radiology/Surgery
9. Attend GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Responsibilities of Fellows on the GI Float/Pediatric GI Rotation:**

1. The Fellow shall provide coverage for other Fellows who are absent from their assigned rotations because of vacation, illness, jury duty, or away meetings, etc. They will have the same role and responsibilities as any Fellow participating on the rotation they are covering. Assignment of the Float to cover various services is at the discretion of the GI Training Program Director.
2. The Fellow will spend one week at Children's Hospital during each month participating in inpatient and outpatient pediatric GI and Hepatology. This will be arranged in advance through the UCSD/Rady Children's Hospital Pediatric GI Program Director (Dr. Joel Lavine).
3. When the Fellow is not assigned to cover another Fellow's rotation, they will go to the VA Medical Center where they will conduct their research and assist as needed.
4. Fellows are expected to attend the usual weekly core UCSD GI Division and Fellowship conferences.
5. Fellows understand that the curriculum of the rotation may change at any time, at the discretion of the Fellow Training Director, and that they need to follow any new schedule or curriculum.
6. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.

## **Pediatric GI Endo/GI Clinic**

1. 1-2 weeks prior to rotation, go to Children's GME Office website, click on Forms.
2. Complete & submit the following forms to Shaela Parrott () in the Children's GME Office.
  - a. Badge Request Form
  - b. Confidentiality Form
  - c. Resident & Fellow. On 2<sup>nd</sup> page, under Rotation Type, select "case by case", and request for your GME paperwork to be effective for 1 year. This will avoid you having to do the paperwork again if you rotate through more than once a year.
3. 1-2 days before rotation contact either Wendy Nguyen or Nancy Ruiz
  - a. To confirm start time & clinic schedule as schedules can vary.
  - b. Check in to obtain your badge & parking validation so you can go straight to the endoscopy suite.
4. Directions to Endoscopy Suite:
  - a. Come across the bridge to 3030 Children's Way
  - b. Take elevator to 3<sup>rd</sup> floor, turn right when you exit, and follow signs to Warren Surgical Suite.
5. Directions to Clinic
  - a. Arrive at 3020 Children's Way. There is a shuttle booth in front of the ER to take you to Building 28.
  - b. Clinic is on the 2<sup>nd</sup> floor. Please check in with Nurse, Nancy Boyd.

## **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.

**FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

**Responsibilities of the Attending Physicians on the GI Float/Pediatric GI Service**

The Attendings who supervised Fellows during each covered service will have the same responsibilities as would occur as if the Fellow were doing a full month block of that rotation.

**Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

**Learning Materials**

Depending on whether the Fellow covers at Hillcrest, Thornton, or the VAMC, the same learning material as described in the Curriculum for those rotations will apply.

**Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## **NIGHT/WEEKEND CALL (UCSD Hillcrest/UCSD Thornton/VAMC La Jolla)**

<i>Night Weekend</i>	MON	TUES	WED	THURS	FRI	SAT	SUN
AM						9-11am Hep Rounds	9-11am Hep Rounds
PM						Urgent procedures	Urgent procedures
AFT HRS (5pm-8 am)	Telephone call	Telephone call	Telephone call	Telephone call	Telephone call	Telephone call	Telephone call

Gray shaded area represents Fellow's monthly assigned rotation

### **Information & Responsibilities**

#### **Goals and Objectives**

- Patient Care
  - Experience with emergency Gastroenterology and Hepatology diseases
  - Learning to talk to patients and triage their phone calls for acute GI medical problems
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the inpatient setting while covering other services.
  - Performance of emergency gastrointestinal procedures.
- Medical Knowledge
  - Exposure to a wide variety of acute inpatient Gastroenterology and Hepatology disorders such as upper and lower GI bleeding, biliary obstruction, cholangitis, acute esophageal and colonic obstructions, and acute liver failure..
  - Performance of emergency gastrointestinal procedures such as EGD with endoscopic hemostasis (variceal and non-variceal), endoscopic management of esophageal food impactions, and colonoscopy for lower GI bleeds and pseudoobstruction.
  - Exposure to emergency biliary procedures such as ERCP
- Interpersonal and Communication Skills
  - Learn to communicate with patients over the phone about emergency GI problems
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of nurses, technicians, GI coordinators, residents and medical students.
  - Coordinate urgent and emergent GI and Hepatology services on nights and weekends.
  - Coordinate coverage of other fellows' patients during night/weekend call with appropriate communication "hand-offs" between fellows

- Professionalism
  - Interaction with a diverse team of nurses, techs, GI coordinators, residents and medical students.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
- Systems-based Learning
  - Triage of inpatient consults and arrangement of appropriate endoscopy and follow-up within an academic medical center system.

### **Teaching Methods**

One-on-one experience working closely with GI and Hepatology attendings on nights/weekends at bedside, in the endoscopy unit, and via telephone consultation.

### **Fellows Responsibilities on the Hillcrest GI Consult Service**

1. Telephone call for patients, emergency room, and inpatients for GI and Hepatology services Monday thru Friday from 5 pm to 8 am, and Saturday and Sunday from 8 am to the follow 8 am.
2. On Saturday and Sundays at Hillcrest, fellow will have Inpatient Hepatology Rounds from 9:00 – 11:00 am.
3. Fellows will see all follow-up patients and new inpatient or ER consults, and discuss with attending.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI consultation and basic procedures such as EGD and colonoscopy. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI consultations and EGD and colonoscopy and are improving their skills at more advanced techniques such as esophageal dilation, PEGs, colon polypectomy, and hemostasis.
- FY3:** Fellows are expected to be nearly competent in providing GI consultations and performing EGD and colonoscopies with interventions such as dilations, PEG, polypectomy, and hemostasis. Fellows are getting additional exposure to advanced techniques such as capsule endoscopy, ERCP, and EUS.

### **Attending Physician's Responsibilities on the Hillcrest GI Consult Service**

1. Saturday and Sundays, elective GI procedures will be scheduled in the late morning/early afternoon so the fellow can round with the Hepatology service in the morning.
2. If Attending has a personal scheduling conflict, the Attending can elect to do the procedure themselves with the nurse and technician while the fellow rounds with Hepatology.
3. Emergency procedure in the ICU or ER will take priority over rounding.

### **Mix of Diseases**

Broad GI and liver, including emergency diseases of the esophagus, stomach, small and large intestine, pancreas, liver and biliary tree.

### **Patient Characteristics**

Extremely wide range of patients reflecting the diversity of hospitals caring for underinsured patients, veteran affairs patients, geriatric patients, substance abuse patients, HIV patients, transplant patients, and oncology patients.

### **Reading List**

A reading list of important primary publications in Gastroenterology and Hepatology is provided to the fellows and available on the New Innovations Web site. In addition, Up-To-Date is available via the UCSD intranet.

### **Educational Resources**

There are a variety of educational books and journals covering all aspects of Gastroenterology and Hepatology. Internet access is provided. An Institutional subscription to Up-to-Date is provided to GI fellows via the UCSD Intranet. PubMed is available via the Internet to search for publications.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations on the following 6 Core Competencies:

- Patient Care
- Medical Knowledge
- Interpersonal & Communication Skills
- Professionalism
- Practice-based learning
- System-based learning

# CLINICAL RESEARCH

Clinical Research	MON	TUES	WED	THURS	FRI
AM  Continuity Clinic (Mon or Fri)	Research	Research	Motility Reading 8:30A-12:00 N HC Motility Lab	Core Curriculum Lecture 7:30-8:30 AM VA 3 <sup>rd</sup> Fl Conf Rm 3162  Research	Research
PM	Research	Research  GI Conferences 5:30 -7:30 PM VA 1 <sup>st</sup> Fl, Conf Rm B	Research	Research	Research

Refer to pages 26 & 27 for revised GI Conference Schedule

## Information & Responsibilities

### Goals of the Rotation

- Patient Care
  - Exposure to a wide variety of GI motility disorders commonly encountered in the outpatient setting.
- Medical Knowledge
  - Learn about GI motility disorders and special testing such as esophageal motility studies and 24-hour pH studies.
  - Do independent study related to a clinical or scholarly research topic.
- Interpersonal and Communication Skills
  - Interaction with motility lab physicians and staff.
  - Interactions with other research resources, i.e., biostatisticians and research mentors.
- Professionalism
  - Interaction with motility lab physicians and staff.
  - Interaction with others performing research or scholarly activities.
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds.
  - Use clinical experience to generate ideas for research and/or scholarly activity.

- Systems-based Learning
  - Learn how a tertiary motility referral lab operates and interacts with the community.

### **Training Opportunities**

1. GI Motility lab readings
2. Supervised clinical research / scholarly activity
3. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, Core Curriculum Conference.

### **Responsibilities of Fellows**

1. The Fellow will work with an identified mentor on on-going scholarly activities such as investigator initiated research, chapters, case reports, or quality improvement projects. Note that the Fellow is expected to work on scholarly activities on an on-going basis throughout their 2<sup>nd</sup> and 3<sup>rd</sup> years, and not only on blocks of time.
2. Attend motility procedures, read motility studies with Dr. Ravinder Mittal, participate in motility clinic, and endoscopy procedures.
3. Fellows will attend their weekly continuity clinic on either Monday or Friday morning at either UCSD or the VA.

### **Responsibilities of the Attending Physicians**

1. Research mentor will provide adequate time and resources to allow successful completion of scholarly activities.
2. Motility attendings will provide adequate case volume and teaching to increase knowledge of motility disorders.
3. The attendings will evaluate the fellow at the end of the rotation.

### **Learning Materials in Motility Area**

There are a variety of educational books, VHS, CD, and DVD media evaluate which teach various aspects of GI motility. These are available in the UCSD Motility Lab. In addition, Up-To-Date is available via the UCSD intranet.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by faculty member and nurse observations based on the six ACGME Core Competencies via the New Innovations software program.

## NIH T32 Research Rotation

<i>NIH T32</i>	MON	TUES	WED	THURS	FRI
AM	<b>Continuity Clinic (Mon or Fri)</b>		<b>Medicine GR</b> 7:30-8:30 AM Liebow Aud	<b>Core Curriculum Lecture</b> 7:30-8:30 AM VA 3 <sup>rd</sup> Fl, Conf Rm 3162	<b>Continuity Clinic (Mon or Fri)</b>
PM		<b>GI Conferences</b> 5:30-7:30 PM VA 1 <sup>st</sup> Fl Conf Rm B		VA Endoscopy 1:00-4:30 PM VA 2 <sup>nd</sup> Fl (every 2-3 weeks)	

Refer to pages 26 & 27 for revised GI Conference Schedule

### Information & Responsibilities

#### Goal and Objectives

- Patient Care
  - Perform research which may translate to clinical care.
- Medical Knowledge
  - Study a variety of disease states as part of the research project.
  - Learn techniques involved with clinical and basic research.
- Interpersonal and Communication Skills
  - Interact with other researchers, study personnel, lab technicians, and biostatisticians.
- Professionalism
  - Interact with other researchers, study personnel, lab technicians, and biostatisticians.
- Practice-based Learning
  - Use clinical questions raised by patient care to form research questions to study.
- Systems-based Learning
  - Understand the relationship of biomedical research with clinical care.

#### Training Opportunities

1. Research in a clinical or basic laboratory setting
2. Interactions with faculty mentor and post-docs
3. Formal clinical training in Clinical Research methodology via UCSD CREST program (optional)
4. Write grant proposals and manuscripts.
5. Continued clinical training during continuity clinic.
6. Faculty mentor-specific laboratory conferences: laboratory meeting and journal club

7. GI-specific conferences: Clinical Conference/Grand Rounds, Research seminar, Journal Club, Fellows Research Update, and Core Curriculum Conference.

### **Responsibilities of Fellows on the Research Rotation**

1. The fellow is required to work full-time on a project with a mentor of choice. This involves full participation in the duties/training associated with the respective laboratory/research group such as lab meeting presentations and research-specific training requirements.
2. The fellow will attend ½ day a week of continuity clinic and up to two half days a month of endoscopy clinic.
3. The fellow will attend all required GI related conferences (Tuesday evening and Thursday morning – 3 hrs/week).

### **Responsibilities of Mentors on the Research Rotation**

In agreeing to serve as mentor, the faculty sponsor assumes responsibility for the fellows' research training during the course of the rotations. This pertains directly to teaching of techniques, which might occur by members of the faculty sponsor's research group as well as designated one-on-one meetings at regular intervals with the mentee. Further, the faculty sponsor is asked to be present at conferences where the fellow is reporting on his/her research progress to the Division.

### **Educational Resources**

Specific reading will be provided and directed by research mentor. It is expected that a large amount publications will be reviewed as background for the research project. Publications can be obtained through on-line sources available at all computers on campus as well as the Biomedical library.

### **Conferences**

See above Table. The fellow is expected to attend the UCSD Tuesday evening and Thursday morning conferences at the VAMC.

### **Evaluations**

Fellows will be evaluated by their research mentor semi-annually based on the UCSD/Department of Medicine guidelines for postdoctoral researchers. Mentor critique will be discussed with the Training Grant Director semi-annually. Fellows will be evaluated by their Continuity Clinic attendings on a semi-annual basis.

## Continuity Clinics

<i>Cont Clinic</i>	MON	TUES	WED	THURS	FRI
AM	<p><b>VA GI Clinic</b> 8:00 am – 12:00 pm VA Area 2</p> <p>or</p> <p><b>UCSD Hillcrest Liver Clinic</b> 8:00 am – 12:00 pm Hillcrest Medical Offices South</p>				<p><b>VA Liver Clinic</b> 8:00 am – 12:00 pm VA Area 1B</p> <p>or</p> <p><b>UCSD Hillcrest GI Clinic</b> 8:00 am – 12:00 pm Hillcrest GI Outpatient Center</p>

### Information & Responsibilities

#### Goals and Objectives

- Patient Care
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the outpatient setting.
  - Exposure to patients of male and female genders
- Medical Knowledge
  - Exposure to a wide variety of Gastroenterology and Hepatology disorders commonly encountered in the outpatient setting.
  - Exposure to diseases commonly involving male and female genders
- Interpersonal and Communication Skills
  - Interaction with a diverse set of patients and families.
  - Interaction with a diverse team of physicians, nurses, and medical assistants
- Professionalism
  - Interaction with a diverse team of physicians, nurses, and medical assistants
- Practice-based Learning
  - Ongoing evaluation of evidence-based practice by using online resources.
  - Presentations at attending rounds
- Systems-based Learning
  - Work in different practice settings.
  - Learn to effectively coordinate consultative and procedural GI care in a variety of settings

### **Training Opportunities**

1. Outpatient clinic
2. See 4-8 patients per session with faculty supervision
3. Pre- or post- clinic case conferences (if offered)

### **Fellow Responsibilities in Clinic**

1. Examine the patient's record, examine the patient, and discuss each patient with the outpatient attending.
2. The Fellow will type or dictate the clinic visit note, which will be co-signed by the attending.
3. The Fellow, after discussing the patient with the attending, is expected to order outpatient endoscopic procedures or liver biopsies so that they can be scheduled, in addition to any labwork or radiology studies.
4. In the case of need for hospital admission or emergent/ semi-emergent procedures, the outpatient Fellow must contact appropriate personnel (including inpatient Fellow and attending) for notification and help to make necessary arrangement.
5. The Fellow is expected to communicate any seriously ill patients with their co-Fellows on-call if adverse events may be expected.
6. Fellows on inpatient services as expected to notify their co-fellows if one of their continuity clinic patients is admitted to the hospital
7. Fellows are expected to check their electronic patient medical record system on a regular basis in order to ensure smooth communication with clinic staff regarding patient issues which develop between clinic sessions.
8. The Fellow shall evaluate the Attendings at or near the end of the rotation and evaluate the educational aspects of the rotation semi-annually via the New Innovations software program.

### **Graded Responsibilities of Fellows**

- FY1:** Fellows are expected to be learning the skills of GI and Hepatology consultation. There is a high level of immediate Attending supervision.
- FY2:** Fellows are expected to have moderate competence in GI and Hepatology consultations.
- FY3:** Fellows are expected to be nearly competent in providing GI and Hepatology consultations.

### **Attending Physicians Minimal Responsibilities on the GI Hepatology Outpatient Rotation**

1. The outpatient attending is legally responsible for the final decision making in regards to patient care.

2. The outpatient attending, in the course of patient care, will make an effort to teach aspects pertinent to patient cases.
3. Attendings will see all patients in clinics.
4. Physical attendance with Fellow at conferences that pertain to each rotation (i.e. pathology rounds, radiology rounds, etc.).
5. The attending will make an effort not to be away during attending responsibilities. In the event that this is absolutely unavoidable, it is the responsibility of the Attending to find coverage who can fulfill the preceding points described above.
6. The Attending shall evaluate and discuss their evaluation with the Fellow on a semi-annual basis.. The evaluation will be documented electronically via New Innovations software.
7. The Attending will receive a semi-annual evaluation sheet from the Division (generated from New Innovations that reflects their Fellow comments and cumulative scores). This evaluation will be placed into the Attending's academic file for to be reviewed for promotional purposes.

#### **Learning Materials in UCSD Hillcrest Clinic Area and VA Library**

There are a variety of educational books and journals covering all aspects of GI and Hepatology. In addition, Up-To-Date is available via the UCSD intranet.

#### **Conferences**

Optional conferences may be associated with continuity clinics.

#### **Evaluations**

Fellows will be evaluated by faculty member semi-annually based on six ACGME Core Competencies via the New Innovations software program.

## UCSD GI Fellow Continuity Clinics Curriculum

	VA GI Mon	VA Hep Fri	UCSD Hep Mon	UCSD GI Fri
<b>Goals and Objectives</b>	Learn outpatient GI clinic visit skills of history taking, physical exam, assessment, & plan.  Learn to manage long-term continuity patients with common GI problems.	Learn outpatient Hepatology clinic visit skills of history taking, physical exam, assessment, & plan.  Learn to manage long-term continuity patients with common Hepatology problems.	Learn outpatient Hepatology clinic visit skills of history taking, physical exam, assessment, & plan.  Learn to manage long-term continuity patients with common Hepatology problems.	Learn outpatient GI clinic visit skills of history taking, physical exam, assessment, & plan.  Learn to manage long-term continuity patients with common GI problems.
<b>Educational Purpose</b>	Learn to provide long-term patient management for gastrointestinal diseases.	Learn to provide long-term patient management for liver diseases.	Learn to provide long-term patient management for liver diseases.	Learn to provide long-term patient management for gastrointestinal diseases.
<b>Teaching Methods</b>	Fellows see patients in clinic independently and then present to an attending in the clinic for discussion and teaching.	Fellows see patients in clinic independently and then present to an attending in the clinic for discussion and teaching.	Fellows see patients in clinic independently and then present to an attending in the clinic for discussion and teaching.	Fellows see patients in clinic independently and then present to an attending in the clinic for discussion and teaching.
<b>Mix of Diseases</b>	Common GI diseases including GERD, peptic ulcers, dysphagia, abdominal pain, irritable bowel syndrome, inflammatory bowel disease, celiac sprue, luminal GI tract malignancy, rectal bleeding, anorectal problems, gallbladder problems, and pancreatitis.	Common liver diseases include evaluation of elevated liver tests, hepatitis A, B, and C, autoimmune hepatitis, NASH/NAFLD, hemochromatosis, liver cancer, primary sclerosing cholangitis, and end stage liver disease complications (ascites, encephalopathy, GIB).	Common liver diseases include evaluation of elevated liver tests, hepatitis A, B, and C, autoimmune hepatitis, NASH/NAFLD, hemochromatosis, liver cancer, primary sclerosing cholangitis, and end stage liver disease complications (ascites, encephalopathy, GIB).	Common GI diseases including GERD, peptic ulcers, dysphagia, abdominal pain, irritable bowel syndrome, inflammatory bowel disease, celiac sprue, luminal GI tract malignancy, rectal bleeding, anorectal problems, gallbladder problems, and pancreatitis.
<b>Patient Characteristics</b>	Adult males; military veterans; 15% female.	Adult males; military veterans; 15% female.	Diverse gender and ethnic mix; 50% female	Diverse gender and ethnic mix; 50% female
<b>Types of Clinical Encounters</b>	Approximately 5-9 new and return visits per session.	Approximately 5-9 new and return visits per session.	Approximately 5-9 new and return visits per session.	Approximately 5-9 new and return visits per session.
<b>Expectations by Year of Training</b>	1 <sup>st</sup> Yr Fellows can take history and physical, make assessment and plan with moderate faculty assistance, and can manage low complexity medical problems.  2 <sup>nd</sup> Yr Fellows can take history and physical, make assessment and plan with occasional faculty assistance, and can manage moderate complexity medical problems.  3rd Yr Fellows can take history and physical, make assessment and plan with rare faculty assistance, and can manage highly complex medical problems.	1 <sup>st</sup> Yr Fellows can take history and physical, make assessment and plan with moderate faculty assistance, and can manage low complexity medical problems.  2 <sup>nd</sup> Yr Fellows can take history and physical, make assessment and plan with occasional faculty assistance, and can manage moderate complexity medical problems.  3rd Yr Fellows can take history and physical, make assessment and plan with rare faculty assistance, and can manage highly complex medical problems.	1 <sup>st</sup> Yr Fellows can take history and physical, make assessment and plan with moderate faculty assistance, and can manage low complexity medical problems.  2 <sup>nd</sup> Yr Fellows can take history and physical, make assessment and plan with occasional faculty assistance, and can manage moderate complexity medical problems.  3rd Yr Fellows can take history and physical, make assessment and plan with rare faculty assistance, and can manage highly complex medical problems.	1 <sup>st</sup> Yr Fellows can take history and physical, make assessment and plan with moderate faculty assistance, and can manage low complexity medical problems.  2 <sup>nd</sup> Yr Fellows can take history and physical, make assessment and plan with occasional faculty assistance, and can manage moderate complexity medical problems.  3rd Yr Fellows can take history and physical, make assessment and plan with rare faculty assistance, and can manage highly complex medical problems.
<b>Evaluations</b>	Fellows evaluated on six core competences. Patients provide evaluation of fellows. Fellows also meet with clinic director for semi-annual evaluation.	Fellows evaluated on six core competences. Patients provide evaluation of fellows. Fellows also meet with clinic director for semi-annual evaluation.	Fellows evaluated on six core competences. Patients provide evaluation of fellows. Fellows also meet with clinic director for semi-annual evaluation.	Fellows evaluated on six core competences. Patients provide evaluation of fellows. Fellows also meet with clinic director for semi-annual evaluation.

	<b>VA GI Mon</b>	<b>VA Hep Fri</b>	<b>UCSD Hep Mon</b>	<b>UCSD GI Fri</b>
<b>Procedures and Services</b>	No procedures within the sessions, but endoscopies ordered after seeing patients. Fellows encouraged to perform endoscopies on their patients seen in clinic.	No procedures within the sessions, but endoscopies ordered after seeing patients. Fellows encouraged to perform endoscopies on their patients seen in clinic.	No procedures within the sessions, but endoscopies ordered after seeing patients. Fellows encouraged to perform endoscopies on their patients seen in clinic.	No procedures within the sessions, but endoscopies ordered after seeing patients. Fellows encouraged to perform endoscopies on their patients seen in clinic.
<b>Reading Lists</b>	Yamada textbook, Schlessinger and Fordtran Textbook	Sherlock & Dooley Textbook	Sherlock & Dooley Textbook	Yamada textbook, Schlessinger and Fordtran Textbook
<b>Pathologic Material</b>	Pathology and lab reports reviewed in clinic.			
<b>Other Educational Resources</b>	UpToDate and Pubmed available online in all clinics	UpToDate and Pubmed available online in all clinics	UpToDate and Pubmed available online in all clinics	UpToDate and Pubmed available online in all clinics