ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Gastroenterology (Internal Medicine)

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Gastroenterology is the subspecialty of internal medicine that focuses on the evaluation and treatment of disorders of the gastrointestinal tract. Gastroenterology requires an extensive understanding of the entire gastrointestinal tract, including the esophagus, stomach, small intestine, liver, gall bladder, pancreas, colon, and rectum.

Int. II. Duration of Education

Int. II.A. The educational program in gastroenterology must be 36 or 48 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in gastroenterology must function as an integral part of ACGME-I-accredited residency in internal medicine.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

See International Foundational Requirements, Section II.B.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

II.D.1. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided.

II.D.1.a) These facilities should have a working relationship with diagnostic radiology, general surgery, oncology, pathology, and pediatrics services.

II.D.2. There must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures.

II.D.2.a) Equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories

II.D.3. Support services must be available, including anesthesiology, diagnostic radiology, general surgery, interventional radiology, medical imaging and nuclear medicine, oncology, and pathology.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in internal medicine, or an internal medicine residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in managing the care of patients:

IV.A.1.b).(1).(a) in a variety of health care settings, including

	inpatient and various ambulatory settings;
IV.A.1.b).(1).(b)	using critical thinking and evidence-based tools;
IV.A.1.b).(1).(c)	using population-based data; and,
IV.A.1.b).(1).(d)	with whom they have limited or no physical contact, through the use of telemedicine.
IV.A.1.b).(2)	Fellows must demonstrate competence in prevention, evaluation, and management of:
IV.A.1.b).(2).(a)	acid peptic disorders of the gastrointestinal tract;
IV.A.1.b).(2).(b)	acute and chronic gallbladder and biliary tract diseases;
IV.A.1.b).(2).(c)	acute and chronic liver diseases;
IV.A.1.b).(2).(d)	acute and chronic pancreatic diseases;
IV.A.1.b).(2).(e)	care of patients under surgical care for gastrointestinal disorders;
IV.A.1.b).(2).(f)	diseases of the esophagus;
IV.A.1.b).(2).(g)	disorders of nutrient assimilation;
IV.A.1.b).(2).(h)	gastrointestinal and hepatic neoplastic disease;
IV.A.1.b).(2).(i)	gastrointestinal bleeding;
IV.A.1.b).(2).(j)	gastrointestinal diseases with an immune basis;
IV.A.1.b).(2).(k)	gastrointestinal emergencies in the acutely-ill patient;
IV.A.1.b).(2).(l)	gastrointestinal infections, including retroviral, mycotic, and parasitic diseases;
IV.A.1.b).(2).(m)	genetic/inherited disorders;
IV.A.1.b).(2).(n)	geriatric gastroenterology;
IV.A.1.b).(2).(o)	inflammatory bowel diseases;
IV.A.1.b).(2).(p)	irritable bowel syndrome;
IV.A.1.b).(2).(q)	motor disorders of the gastrointestinal tract;
IV.A.1.b).(2).(r)	vascular disorders of the gastrointestinal tract; and,
IV.A.1.b).(2).(s)	women’s health issues in digestive diseases.

IV.A.1.b).(3) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice including

IV.A.1.b).(3).(a) performing diagnostic and therapeutic procedures relevant to their specific career path, including;

IV.A.1.b).(3).(a).(i) biopsy of the mucosa of esophagus, stomach, small bowel, and colon;

IV.A.1.b).(3).(a).(ii) capsule endoscopy;

IV.A.1.b).(3).(a).(iii) colonoscopy with polypectomy;

IV.A.1.b).(3).(a).(iv) conscious sedation;

IV.A.1.b).(3).(a).(v) esophagogastroduodenoscopy;

IV.A.1.b).(3).(a).(vi) both upper and lower non-variceal hemostasis, including for actively bleeding patients;

IV.A.1.b).(3).(a).(vii) paracentesis;

IV.A.1.b).(3).(a).(viii) percutaneous endoscopic gastrostomy;

IV.A.1.b).(3).(a).(ix) retrieval of foreign bodies from the esophagus; and,

IV.A.1.b).(3).(a).(x) variceal hemostasis, including actively bleeding patients.

IV.A.1.b).(3).(b) treating their patient's conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective; and,

IV.A.1. b).(3).(c) using diagnostic and/or imaging studies relevant to the care of the patient.

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:

IV.A.1.c).(1).(a) the scientific method of problem solving and evidence-based decision-making;

IV.A.1.c).(1).(b) indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic

procedures integral to the discipline, including the appropriate indication for and use of screening tests/procedures;

IV.A.1.c).(1).(c) anatomy, physiology, pharmacology, pathology, and molecular biology related to the gastrointestinal system, including the liver, biliary tract, and pancreas;

IV.A.1.c).(1).(d) interpretation of abnormal liver chemistries;

IV.A.1.c).(1).(e) liver transplantation;

IV.A.1.c).(1).(f) nutrition;

IV.A.1.c).(1).(g) prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders;

IV.A.1.c).(1).(h) sedative pharmacology; and,

IV.A.1.c).(1).(i) surgical procedures employed in relation to digestive system disorders and their complications.

IV.A.1.c).(2). Fellows must demonstrate sufficient knowledge specific to the subspecialty of gastroenterology including application of technology appropriate for the clinical context, including evolving technologies.

IV.A.1.d) Practice-based Learning and Improvement

IV.A.1.d).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in the subspecialty area.

IV.B.1.a) The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.

IV.B.2. Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction.

IV.B.3. Fellows must have formal didactics addressing:

IV.B.2.a) esophageal dilation;

IV.B.2.b) interpretation of abnormal liver chemistries;

IV.B.2.c) liver transplantation;

IV.B.2.d) nutrition;

IV.B.2.e) retrieval of foreign bodies from the esophagus and stomach;

IV.B.2.f) prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders;

IV.B.2.g) sedative pharmacology; and,

IV.B.2.h) surgical procedures employed in relation to digestive system disorders and their complications.

IV.C. Clinical Experiences

IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback.

IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.

IV.C.3. Rotations must be structured to minimize conflicting inpatient and outpatient responsibilities.

IV.C.4. At least 18 months must be devoted to clinical experience, of which the equivalent of five months should be comprised of hepatology.

IV.C.5. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures:

IV.C.5.a) endoscopic retrograde and cholangiopancreatography in all its

diagnostic and therapeutic applications;

IV.C.5.b) enteral and parenteral alimentation;

IV.C.5.c) esophageal dilation;

IV.C.5.d) imaging of the digestive system, including:

IV.C.6.d).(1) computed tomography (CT), including CT entero/colography;

IV.C.6.d).(2) contrast radiography;

IV.C.6.d).(3) magnetic resonance imaging (MRI);

IV.C.6.d).(4) nuclear medicine;

IV.C.6.d).(5) percutaneous cholangiography;

IV.C.6.d).(6) ultrasound, including endoscopic ultrasound;

IV.C.6.d).(7) vascular radiography; and,

IV.C.6.d).(8) wireless capsule endoscopy.

IV.C.6.e) interpretation of gastrointestinal and hepatic biopsies

IV.C.6.f) motility studies, including esophageal motility/pH studies; and,

IV.C.6.g) retrieval of foreign bodies from the esophagus and stomach.

IV.C.7. Fellows must have exposure to and clinical experience in the performance of gastrointestinal motility studies and 24-hour pH monitoring.

IV.C.8. The program must provide educational experiences in team-based care that allow fellows to interact with and learn from other health care professionals.

IV.C.9. The educational program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development.

IV.C.10. Fellows must have experience in the role of a gastroenterology consultant in the inpatient and outpatient setting.

IV.C.11. Fellows should participate in training using simulation.

IV.C.12. Fellows should have a structured continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of gastroenterology.

IV.C.12.a) This experience should average one half-day each week throughout the educational program.

IV.C.12.b) The continuing patient care experience should not be interrupted

by more than one month, excluding a fellow's vacation.

IV.D. Scholarly Activity

IV.D.1. Fellows' Scholarly Activity

IV.D.1.a) While in the program all fellows must engage in at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section IV.D.2

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. Direct supervision of procedures performed by each fellow must occur until competence has been acquired and documented by the program director.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.