



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Pediatric Gastroenterology
(Pediatrics)**

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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

Pediatric gastroenterology is the subspecialty of pediatrics that comprises the diagnosis and management of patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders.

Int. II. Duration of Education

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

I. Institution

I.A. Sponsoring Institution

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

I.A.1.a) The pediatric gastroenterology program should be geographically proximate to the affiliated pediatric residency program.

I.A.2. The educational program in pediatric gastroenterology must not negatively affect the education of residents in the affiliated pediatric residency program.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director must demonstrate a record of ongoing involvement in scholarly activity.

- II.A.2. The program director must demonstrate a record of mentoring or guiding fellows in the acquisition of competence in the clinical, teaching, research, quality improvement, and advocacy skills pertinent to the discipline.
- II.A.3. The program director must ensure that each fellow:
- II.A.3.a) is provided with mentorship in development of the necessary clinical, educational, scholarship, and administrative skills; and,
 - II.A.3.b) documents experience in procedures.
- II.A.3.b).(1) The program director must ensure that such documentation is available for review.
- II.A.4. The program director must coordinate, with the program directors of the pediatric residency and other related subspecialty programs, the incorporation of the ACGME-I Competencies into fellowship education to foster consistent expectations for fellows' achievement and faculty members' evaluation processes.
- II.A.5. Meetings with the program directors of the pediatric residency program and all pediatric subspecialty programs should take place at least semiannually.
- II.A.5.a) There must be documentation of these meetings.
 - II.A.5.b) These meetings should address a departmental approach to common educational issues and concerns that may include core curriculum, the ACGME-I Competencies, and evaluation.
- II.A.6. The fellowship program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load

II.B. Faculty

- II.B.1. To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least three faculty members, including the program director.
- II.B.2. Faculty members must encourage and support fellows in scholarly activities.
- II.B.2.a) This must include mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients.
 - II.B.2.b) Scholarly activities must be in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric gastroenterology.

II.B.3. Qualified faculty members in the following pediatric subspecialties should be available for the education of fellows:

- II.B.3.a) neonatal-perinatal medicine;
- II.B.3.b) pediatric cardiology;
- II.B.3.c) pediatric critical care medicine;
- II.B.3.d) pediatric endocrinology;
- II.B.3.e) pediatric hematology-oncology;
- II.B.3.f) pediatric infectious disease;
- II.B.3.g) pediatric nephrology; and,
- II.B.3.h) pediatric pulmonology.

II.B.4. The faculty should also include the following specialists with substantial experience in treating pediatric problems:

- II.B.4.a) anesthesiologist(s);
- II.B.4.b) child and adolescent psychiatrist(s);
- II.B.4.c) child neurologist(s);
- II.B.4.d) medical geneticist(s);
- II.B.4.e) pathologist(s);
- II.B.4.f) pediatric radiologists(s);
- II.B.4.g) pediatric surgeon(s); and,
- II.B.4.h) transplant hepatologist(s).

II.B.5. Consultants should be available in adult gastroenterology for transition care of young adults.

II.C. Other Program Personnel

II.C.1. To ensure multidisciplinary and interprofessional practice in pediatric gastroenterology, the following personnel with pediatric focus and experience should be available:

- II.C.1.a) child life therapist(s);
- II.C.1.b) dietitian(s);

- II.C.1.c) mental health professional(s);
- II.C.1.d) nurse(s);
- II.C.1.e) pharmacist(s);
- II.C.1.f) physical and occupational therapist(s);
- II.C.1.g) respiratory therapist(s);
- II.C.1.h) school and special education liaison(s);
- II.C.1.i) social worker(s); and,
- II.C.1.j) speech and language therapist(s).

II.D. Resources

- II.D.1. Facilities and services, including comprehensive laboratory, pathology, and imaging services, must be available.
- II.D.1.a) There must be a fully equipped and staffed procedure facility that includes diagnostic and therapeutic endoscopic instruments, staff members skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult.
- II.D.2. An adequate number and variety of pediatric gastroenterology patients ranging in age from newborn through young adulthood must be available to provide a broad educational experience for the fellows.
- II.D.3. A sufficient number of patients must be available in inpatient and outpatient settings to meet the educational needs of the program.

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 pediatrics, or a pediatric 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, including:
- IV.A.1.a).(1).(a) trustworthiness that makes colleagues feel secure when a fellow is responsible for the care of patients;
- IV.A.1.a).(1).(b) leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment to improve patient care; and,
- IV.A.1.a).(1).(c) the capacity to recognize that ambiguity is part of clinical medicine and to respond by utilizing appropriate resources in dealing with uncertainty.
- 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.
- IV.A.1.b).(1).(a) Fellows must demonstrate competence in the clinical skills needed in pediatric gastroenterology, including:
- IV.A.1.b).(1).(a).(i) providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans;
- IV.A.1.b).(1).(a).(ii) providing transfer of care that ensures seamless transitions, counseling patients and families, using information technology to optimize patient care, and providing appropriate role modeling and supervision;
- IV.A.1.b).(1).(a).(iii) providing for or coordinating care for patients with complex and chronic diseases with the appropriate physician and/or agency;

IV.A.1.b).(1).(a).(iv)	selecting, performing, and evaluating procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal, pancreatic, and hepatobiliary diseases and nutritional disorders;
IV.A.1.b).(1).(a).(v)	using a variety of diagnostic tests, such as the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and pancreatic function; and,
IV.A.1.b).(1).(a).(vi)	diagnosing and managing infants, children, and adolescents with acute and chronic liver diseases, biliary/cholestatic disease, pancreatic disorders, and nutritional disorders, and those requiring liver transplantation, to include:
IV.A.1.b).(1).(a).(vi).(a)	digestive tract anomalies;
IV.A.1.b).(1).(a).(vi).(b)	functional bowel disorders;
IV.A.1.b).(1).(a).(vi).(c)	gastrointestinal allergy;
IV.A.1.b).(1).(a).(vi).(d)	gastrointestinal bleeding;
IV.A.1.b).(1).(a).(vi).(e)	gastrointestinal complications of eating disorders;
IV.A.1.b).(1).(a).(vi).(f)	gastrointestinal infections;
IV.A.1.b).(1).(a).(vi).(g)	gastrointestinal problems in the immune-compromised host, to include graft versus host (GVH) disease;
IV.A.1.b).(1).(a).(vi).(h)	growth failure and malnutrition, to include an understanding of nutritional assessment and parenteral and enteral support;
IV.A.1.b).(1).(a).(vi).(i)	hepatobiliary diseases, such as biliary atresia, diseases of the gallbladder, fatty liver, intrahepatic cholestasis, autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic liver diseases;

IV.A.1.b).(1).(a).(vi).(j)	inflammatory bowel disease;
IV.A.1.b).(1).(a).(vi).(k)	malabsorption/maldigestion, such as celiac disease, cystic fibrosis, and pancreatic insufficiency;
IV.A.1.b).(1).(a).(vi).(l)	motility disorders;
IV.A.1.b).(1).(a).(vi).(m)	pancreatitis, acute and chronic; and
IV.A.1.b).(1).(a).(vi).(n)	peptic ulcer disease.
IV.A.1.b).(1).(b)	Fellows must be able to competently perform all medical and diagnostic procedures considered essential for the practice of pediatric gastroenterology. Fellows must:
IV.A.1.b).(1).(b).(i)	competently use and interpret the results of laboratory tests and imaging;
IV.A.1.b).(1).(b).(ii)	acquire the necessary procedural skills and develop an understanding of their indications, contraindications, risks, and limitations;
IV.A.1.b).(1).(b).(iii)	demonstrate competence in the performance and/or interpretation of:
IV.A.1.b).(1).(b).(iii).(a)	breath hydrogen analysis;
IV.A.1.b).(1).(b).(iii).(b)	colonoscopy, both diagnostic and therapeutic;
IV.A.1.b).(1).(b).(iii).(c)	diagnostic gastrointestinal endoscopy;
IV.A.1.b).(1).(b).(iii).(d)	endoscopic placement of feeding tubes, to include percutaneous endoscopic gastrostomy placement;
IV.A.1.b).(1).(b).(iii).(e)	endoscopic removal of gastrointestinal foreign bodies;
IV.A.1.b).(1).(b).(iii).(f)	esophageal impedance/pH testing;
IV.A.1.b).(1).(b).(iii).(g)	gastrointestinal manometry;
IV.A.1.b).(1).(b).(iii).(h)	hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding;

- IV.A.1.b).(1).(b).(iii).(i) pancreatic function testing;
- IV.A.1.b).(1).(b).(iii).(j) paracentesis;
- IV.A.1.b).(1).(b).(iii).(k) percutaneous liver biopsy;
- IV.A.1.b).(1).(b).(iii).(l) rectal suction biopsy; and,
- IV.A.1.b).(1).(b).(iii).(m) videocapsule endoscopy.

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) biostatistics, bioethics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods; and,

IV.A.1.c).(1).(b) methods of initial evaluation and criteria for follow-up care for patients:

IV.A.1.c).(1).(b).(i) requiring liver transplantation; and,

IV.A.1.c).(1).(b).(ii) with intestinal failure who require small bowel transplantation.

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. Fellows must demonstrate skill in:

IV.A.1.e).(1).(a) teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, as well as by electronic and print modalities; and,

IV.A.1.e).(1).(b) providing feedback to learners and assessing educational outcomes.

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. Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric gastroenterology.

IV.B.1.a) The program must utilize didactic and clinical experience.

IV.B.1.b) Pediatric gastroenterology conferences must occur regularly and involve active participation by the fellows in planning and implementation.

IV.B.1.c) Fellow education must include instruction in:

IV.B.1.c).(1) basic and fundamental disciplines as appropriate to pediatric gastroenterology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism;

IV.B.1.c).(2) pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, and conferences dealing with bioethics; complications and death; and the scientific, ethical, and legal implications of confidentiality and informed consent; and,

IV.B.1.c).(2).(a) Conferences should address relationships between physicians and with patients, patients' families, allied health professionals, and society at large.

IV.B.1.c).(3) the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes.

IV.B.1.d) Structured and scheduled interdisciplinary conferences with pediatric radiology, pediatric pathology, and pediatric surgery must be included in the didactic curriculum.

IV.C. Clinical Experiences

IV.C.1. Fellows must have responsibility for providing longitudinal care for outpatients throughout their educational program that is supervised by one or more members of the pediatric gastroenterology faculty.

IV.C.1.a) This must include longitudinal care for outpatients.

IV.C.1.b) The panel of patients must be representative of the types of gastroenterology disorders fellows are likely to encounter once they complete their educational program.

IV.D. Scholarly Activity

IV.D.1. Fellows' Scholarly Activity

IV.D.1.a) The program must have a core curriculum in research and scholarship.

IV.D.1.a).(1) Where appropriate, the curriculum should be a collaborative effort involving all pediatric subspecialty programs at the institution.

IV.D.1.b) The program must provide a Scholarship Oversight Committee for each fellow to oversee and evaluate the fellow's progress as related to scholarly activity.

IV.D.1.b).(1) Where applicable, a fellow's Scholarship Oversight Committee should be a collaborative effort involving other pediatric subspecialty programs or other experts.

IV.D.1.c) Each fellow must design and conduct a scholarly project in pediatric gastroenterology with guidance from the fellowship director and a designated mentor. The designated mentor must:

IV.D.1.c).(1) be approved by the Scholarship Oversight Committee; and,

IV.D.1.c).(2) have expertise in the fellow's area of scholarly interest, either as a faculty member in pediatric gastroenterology or through collaboration with other departments or divisions.

IV.D.1.d) Fellows' scholarly experience must begin in the first year and continue for the entire length of the educational program.

IV.D.1.d).(1)

The experience must be structured to allow development of requisite skills in research and scholarship, and provide sufficient time for project completion, and presentation of results to the Scholarship Oversight Committee.

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

See International Foundational Requirements, Section VI.