GASTROENTEROLOGY FELLOWSHIP

MetroHealth Medical Center
Case Western Reserve University
School of Medicine

Fellow Handbook
2019-20

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Program Description

1. Goals and Objectives

The MetroHealth Medical Center Gastroenterology Fellowship is a three-year program designed to provide fellows with a well-rounded, cutting edge clinical and academic experience to become expe1i clinical and academic gastroenterologists.

Emphasis in the first two years is placed on building fundamental skills and knowledge grounded in pathophysiology and core concepts to the depth expected of a tertiary consultant. Educational experiences are structured to allow for supervised independence, leading to full autonomy at a pace appropriate for the fellow. The process of becoming an independent, expert consultant occurs through a variety of learning environments, from traditional hospital based and outpatient clinic rotations to multidisciplinary electives.

Fellows are·encouraged to explore themes that are of personal interest in a longitudinal fashion throughout the course of training. Critical thinking and participation in research and new discovery is expected. As such, protected time for research is set aside over the course of 3 years. Self-reflective learning and participation in quality improvement initiatives is emphasized in order to prepare fellows to be responsible clinicians and lifelong1earners.

2. Our Values

Compassion, Collaboration, and Communication

Compassion:
Fostering compassion in the workplace improves the learning environment for fellows and results in better patient care.

Collaboration:
Seamless collaboration between faculty, fellows and other team members is a critical component to delivering exceptional medical care.

Communication:
With the goals of patient care and fellow education, candid two-way communication between faculty and fellows is of paramount importance.

3. Elements of the Training Program

Clinical Training - The MetroHealth Medical Center Gastroenterology Fellowship program provides exposure to a diverse patient population encompassing a wide range of problems involving the gastrointestinal tract and liver. Fellows are involved in the care of hospitalized and _ambulatory patients, and learn to care for patients as a consultant gastroenterologist. Under staff supervision, fellows are leaders of the GI service. The expectation is for fellows to learn through focused patient care and by educating colleagues, residents, and medical students. Thefellow

must know pertinent history and physical findings for each patient, formulate a differential diagnosis, and provide recommendations for diagnostic studies and therapeutic interventions. This should occur before discussing the patient with faculty during rounds. Dming rounds, key areas are covered in detail, providing fellows with an opportunity to gain further clinical experience though discussion with faculty.

Endoscopy Training - Fellows learn to perform endoscopic procedures on patients under direct supervision of faculty. Endoscopic training is provided in diagnostic and therapeutic procedures such as EGD, colonoscopy, flexible sigmoidoscopy, enteroscopy, capsule endoscopy, and motility studies. Although trainees are exposed to advanced endoscopy such as EUS and ERCP, competency will not be achieved within the standard three-year fellowship program.

Medical Education - The program provides an intellectual environment for acquiring knowledge, skills, clinical judgment, attitudes, and values of professionalism. The curriculum includes learning through clinical rotations, didactic conferences, printed and electronic resources, and a reading list of key articles in GI and Hepatology. While trainees provide service to the teaching hospital (MetroHealth Medical Center), service commitments should not compromise educational goals and objectives.

Research Training - Fellows will be provided 6 months of research time during the fellowship, which should be used for scholarly research activities.

Competencies based on ACGME Milestones/Sub-Competencies and Entrustable Professional Activities (EPAs)

The fellows are monitored for their success in meeting ACGME milestones developed for internal medicine subspecialties. Fellows are evaluated for meeting the requirements outlined in the curriculum for patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Additionally, a multi-society task force has developed thirteen EPAs each with its own knowledge skills. They focus on thirteen key areas of gastroenterology and hepatology and encompass sub-specialty specific knowledge as well as the other elements of the six ACGME milestones. In addition to elements from the milestones these will serve as the basis of rotation specific evaluation.

Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development from an early subspecialty learner up to and beyond that expected for unsupervised practice.

1. Patient care and Procedural Skills (PC) - Fellows must be able to provide patient care that is appropriate, effective and compassionate, including, but not limited to, history taking and performing a comprehensive and accurate physical examination. Fellows should be able to arrive at an appropriate differential diagnosis, outline a logical plan for.targeted investigations. pertaining to the patient's complaints, formulate a plan for management of the patient, and discuss their clinical assessment and management plan. Fellows should take ownership of the

care for their assigned patients and follow through with results of tests and ensure appropriate follow up. In addition, fellows should demonstrate procedural skills essential for gastroenterology.

- Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PCl)
- Develops and achieves comprehensive management plan for each patient. (PC2)
- Manages patients with progressive responsibility and independence. (PC3)
- Demonstrates skill in performing and interpreting invasive procedures. (PC4a)
- Demonstrates skill in performing and interpreting non-invasive procedures and/or testing. (PC4b)
- Requests and provides consultative care. (PC5)

2. Medical knowledge (MK) -The expectation is that each fellow is self-motivated to learn, and plays an important role in taking on the responsibility for his/her own education. Fellows must demonstrate a core fund of knowledge in gastroenterological and hepatic physiology, pathophysiology, clinical_pharmacology, radiology, and surgery. Fellows must be able to demonstrate an analytic approach and use appropriate investigations, including the practice of evidence-based medicine.

- Possesses Clinical knowledge (MK1)
- Knowledge of diagnostic testing and procedures. (MK2)
- Scholarship. (MK3)

3. Practice-Based Learning and Improvement (PBLI) - Fellows must be able to investigate, evaluate, and improve their patient care practice by analyzing and assimilating scientific evidence and their experience in patient care. They are trained in evidence-based medicine and they should apply knowledge of statistical methods to critically appraise clinical studies as well as use information technology to support their education.

- Monitors practice with a goal for improvement. (PBLil)
- Learns and improves via performance audit. (PBLI2)
- Learns and improves via feedback. (PBLI3)
- Learns and improves at the point of care. (PBLI4)

4. Interpersonal and Communication Skills (ICSl) - Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families, and health care professionals. This includes, but is not limited to, verbal and written communication as a consultant; generation of endoscopic reports that are accurate, timely, and support patient care; as well as transfers of patient care. Communication with others must be courteous, helpful, respectful, and prompt, whether verbal, written, or electronic. Fellows must be able to work effectively as members and leaders of the health care team.

- Communicates effectively with patients and caregivers. (ICSl)
- Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)
- Appropriate utilization and completion of health records. (ICS3)

5. Professionalism (PROF) - Fellows must demonsfrate commitment to all elements of professionalism, including respect, compassion, integrity, and responsiveness toward patients,

families, and other health care professionals. A conscientious attitude should be exhibited in all professional responsibilities, including patient care as well as regulatory, educational, and administrative requirements.

- Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). (PROFl)
- Accepts responsibility and follows through on tasks. (PROF2)
- Responds to each patient's unique characteristics and needs. (PROF3)
- Exhibits integrity and ethical behavior in professional conduct. (PROF4)

6. Systems-Based Practice (SBP) - Fellows must demonstrate an understanding of and responsiveness to the larger context of health care delivery. They should understand how their patient care practice impacts other health care professionals, larger health care systems, and society. Fellows should be able to practice cost-effective care without compromising quality of care for their patients. They should be able to advocate for timely, quality care and know how to partner with other health care providers to provide optimal health care for patients. Fellows should participate in quality improvement initiatives.

- Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBPI)
- Recognizes system error and advocates for system improvement. (SBP2)
- Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)
- Transitions patients effectively within and across health delivery systems. (SBP4)

Rotations linked to Entrustable Professional Activities (EPAs) and ACGME Milestones

Entrustable professional activities (EPA) are defined as professional life activities that define that specialty. It is the core of the profession that a patient or another provider could identify as what constitutes that physician's professional tasks and role. Thirteen EPA have been identified for gastroenterology.

A key competency in medical education is the ability to identify gaps in knowledge, skills, and attitudes and self-direct one's learning to fill those gaps, which is embodied in the "practice-based learning and improvement" core competency. EPAs can help fellows identify the goals and expectations of training, not just from individual programs but also from the specialty and society as a whole. Fellows can use the EPAs to identify the specific knowledge, skills, and attitudes they need to master to achieve entrustment. The EPAs are a useful tool as fellows engage in self-reflection or develop learning plans for each stage of training. In consultation with their core faculty, fellows can help direct their own learning and experiences to focus on areas of deficiency.

Primary EPA for each rotation during training and specific milestones used for evaluating competency are "linked" to each rotation.

Faculty and Fellows are strongly encouraged to review and reference the EPA supplementary materials, rotation specific evaluation forms and subspecialty milestones at the beginning of each rotation to set teaching and educational goals for the month. The EPAs provide clear objectives for faculty to reflect on a fellow's performance to aid in assessment.

The Program Evaluation Committee (PEC) will regularly assess the cufficulum to determine whether EPA and cufficular objectives are adequately covered within the course of the 3-year fellowship. Supplemental reading/learning activities and elective rotations shall be developed to meet new educational objectives as they arise.

EPAs for Gastroenterolog_y

1. Manage common acid peptic-related problems.
2. Manage common functional GI disorders.
3. Manage common GI motility disorders.
4. Manage liver diseases.
5. Manage complications of cirrhosis.
6. Perfor upper and lower endoscopic evaluation of the luminal GI tract for screening, diagnosis, and intervention.
7. Perform endoscopic procedures for the evaluation and management of GI bleeding.
8. Manage biliary disorders.
9. Manage pancreatic diseases.
10. Manage common GI infections in non-immunosuppressed and immunocompromised populations_.
11. Identify and manage patients with non-infectious GI luminal disease.
12. Manage common GI and liver malignancies and associated extraintestinal cancers.
13. Assess nutritional status and develop and implement nutritional therapies in health and disease.

<u>Subcompetencies Tracked by</u> Each EPA

EPA No.	*Sub-competencies tracked by this EPA*
1. Manage common acid peptic-related problems	PC3, *PCS,* MK2, SBPl, SBP3, PROFl, PRO ICS2, ICS3
2. Manage common functional GI disorders	PC3, *PCS,* MKl, MK2, SBPl, SBP3, PBLil, PBLI3, PROFI, PROF3, ICS2, ICS3
3. Manage common GI motility disorders	PC3, *PCS,* MKI, MK2, SBPI, SBP3, PBLII, PBLI3, PROFl, PROF3, ICS2, ICS3
4. Manage liver diseases	PCl, PC2, MKl, MK2, PBLil, PBLI4, PROF PROF3
5. Manage complications of cirrhosis	PC4a, PC4b, *PCS,* MKl, MK2, SBPl, SBP4, ICS1,.ICS2

6. Perform upper and lower endoscopic evaluation of the luminal GI tract for screening, diagnosis, and intervention	PCl, PC4a, PC4b, MKl, MK2, SBP2, PBLII PBLI2, ICS3
7. Perform endoscopic procedures for the evaluation and management of GI bleeding	PCI, PC4a, PC4b, MKl, MK2, PBLil, ICSI ICS3
8. Manage biliary disorders	PCl, PC2, PC4a, PC4b, MKl, MK2, SBPl, SBP3, PBLil, ICSI, ICS2
9. Manage pancreatic diseases	PC3, *PCS,* MKI, MK2, SBPI, ICSI, ICS2
10. Manage common GI infections in non-immunosuppressed and immunocompromised populations	PC3, *PCS,* MKI, MK2, SBP3, PROF4
11. Identify and manage patients with non-infectious GI luminal disease	PCl, PC3, MKl, MK2, SBPI, SBP4, ICSI, ICS2
12. Manage common GI and liver malignancies and associated extraintestinal cancers	PCl, PC3, PC4a, PC4b, *PCS,* MKl, MK2, SBPI, ICSl, ICS2
13. Assess nutritional status and develop and implement nutritional therapies in health and disease	MKI, MK2, SBPI, SBP4, PROF2, PROF3, ICSl, ICS2

Core Rotations

1. <u>Inpatient Gastroenterology</u> Rotation

Overview:
The main purpose of the Inpatient Gastroenterology Rotation is for the fellow to gain the knowledge and technical skills necessary to fulfill the role of an independent gastroenterology consultant in the acute care setting. The primary site for learning is the main campus at MetroHealth Medical Center. The fellow is responsible for maintaining the gastroenterology consult service for inpatients. The consult service team may include rotating internal medicine residents and/or medical students which the fellow is expected to directly supervise and teach. Fellows are expected to participate in every aspect of patient care, including but not limited to initial evaluation of the patient, daily follow up, and endoscopic evaluation. Fellows are encouraged to strive for independence when formulating an assessment and plan and when performing procedures. The faculty shall consist of credentialed, active staff gastroenterologists at MetroHealth Medical Center. Fellows may not consult or perform procedures on patients without faculty supervision throughout their training.

Topics or cases for review may be derived from the care of patients on the consult service. Ancillary topics for discussion are determined after faculty and fellow review of the EPA in order to identify gaps in knowledge for fmther study at the beginning of each rotation. Every effo1t should be made to involve fellows, residents and students on service in the educational process. Discussion of p rtinent radiologic and pathologic findings sho ld be a priority.

Fellows are expected to follow the duty hour regulations outlined by the ACGME. Regular training in fatigue management and maintenance of duty hour logs are required. There is no cap on the number of patients that may be followed on the inpatient consult service.

Learning Objectives: Fellows are strongly encouraged to review the resources provided on EPA and the Competencies/Subcompetencies outlined by the ACGME, as noted above. As a learning tool, a list of objectives and topics for review are provided below.

Rotation Core Entrustable Professional Activities - 1,4,5,6,7,8,9,10,11,12,13

General Knowledge

1) Given the breadth and depth of knowledge covered on the inpatient rotation, a complete list of knowledge and skill objectives is impractical. A list of high yield topics for review are included. Fellows are encouraged to refer to the EPA references regularly throughout the rotation to choose additional topics pertinent to their patients for further study. It is not expected that all aspects of each EPA will be covered during the course of a single rotation.

Endoscopy

1) Identify high risk patients in need of monitored anesthesia care (EPA 6)
2) Diagnose and treat mechanical obstruction/foreign body and food impaction of the esophagus (EPA 6)
3) Diagnose and manage acute variceal and non-variceal upper GI bleeding (EPA 7)
4) Know the indications and proper technique for PEG tube placement (EPA 13)

Colonoscopy

1) Identify high risk patients in need of monitored anesthesia care (EPA 7)
2) Know the indications and proper application of colonoscopy in the setting of acute lower GI bleeding (EPA 7)
3) Know the indications, risks, benefits and alternatives to colonoscopy for the diagnosis and management of acute colitis (EPA 6,10,**11)**
4) Manage acute colonic obstruction and/or colonic volvulus (EPA 7)

Evaluation:

Supervising faculty will be asked to evaluate the fellow's endoscopic and cognitive skills via MyEvaluations. Fellows will be given the oppo1tunity to evaluate the faculty. Informal evaluation and feedback during the inpatient rotation is an expected part of the program culture.

Learning Resources:

The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively manage gastroenterology disorders and apply endoscopy and colonoscopy in clinical practice. Therefore, review of the above topics using textbooks and online resources is highly encouraged. Regular reflection upon cases pe1formed should prompt directed study and literature review. Topic reviews and guidelines published by . the AGA, ACG and ASGE in their journals should serve as primary references for review. Recent clinical trials and pertinent studies in GI journals should be reviewed to address patient management questions.

2. Gastroenterology Continuity Clinic

Overview:
The main purpose of the gastroenterology continuity clinic experience is to enable the fellow to develop the knowledge and skills required to practice as an independent gastroenterology consultant. The emphasis will be on accumulating the clinical experience, skills, and knowledge necessary to manage common outpatient gastroenterology disorders. Fellows are assigned a one-half day a week continuity clinic throughout the course of their training. Fellows will develop longitudinal relationships with their patients in order to observe disease processes over time.

Learning Objectives:
Fellows are strongly encouraged to review the resources provided on Entrustable Professional Acitvities (EPAs) and the Competencies/Sub-competencies outlined by the ACGME.

Rotation Core Entrustable Professional Activities (EPA) - 1,2,3,4,5,8,9,10,11,12,13

General Knowledge:
Fellows should regularly review the pertinent EPA with focus on topics pertinent to outpatient gastroenterology practice. Review of topics with co-fellows and attendings dming clinic is strongly encouraged.

Evaluation:
Faculty will evaluate the fellows using MyEvaluations on a semi-annual basis. Fellows will be given the opportunity to evaluate the faculty. Informal evaluation and feedback is an expected part of the program culture.

Learning Resources:
The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively apply concepts of gastroenterology in outpatient practice. Therefore, review of the above topics using textbooks and online resources is highly encouraged. Regular reflection upon cases seen in clinic should prompt directed study and literature review.

3. Hepatology Continuity Clinic

Overview:
The main pmpose of the Hepatology continuity clinic is to enable the fellow to develop the knowledge and skills required to recognize, diagnose and treat a broad spectrum of routinely seen acute and chronic liver diseases. On average, fellows will spend one half day every other week in general Hepatology clinic. Fellows will develop longitudinal relationships with patients in order to observe the natural history and effects of treatment on liver disease.

Learning Objectives:
Fellows are strongly encouraged to review the Ent:rustable Professional Activities and the Competencies/Sub-competencies outlined by the American College of Graduate Medical Education (ACGME).

Rotation Core Entrustable Professional Activities - 4,5,10,12,13

General Knowledge:
Fellows should regularly review the pertinent EPA with focus on topics pertinent to outpatient Hepatology practice. Review of topics with co-fellows and attendings during clinic is strongly encouraged.

Evaluation:
Faculty will evaluate the fellows using MyEvaluations on a semi-annual basis. Fellows will be given the opportunity to evaluate the faculty. Informal evaluation and feedback is an expected part of the program culture.

Learning Resources:
The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively apply concepts of hepatology in outpatient practice. Therefore, review of the above topics using textbooks and online resources is highly encouraged. Regular reflection upon cases seen in clinic should prompt directed study and literature review.

4. Endosco}ll

First-Year Outpatient Endoscopy Rotation

Overview:
The main purpose of the outpatient endoscopy rotation is to allow the first-year fellows time to learn and develop the basic technical skills and cognitive knowledge required to perform upper endoscopy and colonoscopy. In addition to participating in the endoscopic activities, fellows are expected to perform independent study on topics related to the fundamental practice of endoscopy and colonoscopy.

Learning Objectives: Fellows are strongly encouraged to review the resources provided on Entrustable Professional Acitvities and the Competencies/Sub-competencies outlined by the ACGME.

Rotation Core Entrustable Professional Activities - 1,2,3,4,S,6,7,8,10,11,12

General Knowledge
1) Describe the operation and features of the diagnostic and therapeutic upper endoscopes, colonoscopes and pediatric scopes. (EPA 6)
2) Fellow is able to connect the endoscope to the processor to ensure its safe and proper use. (EPA 6)
3) Describe the risks benefits and alternatives of upper endoscopy and colonoscopy. (EPA6)
4) Describe the proper indications for upper endoscopy and colonoscopy (EPA 6)
5) Describe the mechanism of action and risks of commonly administered sedatives for endoscopic procedures. (EPA 6) . . .
6) Administer reversal agents for sedatives when appropriate (EPA 6)

Upper Endoscopy

1) Accurately assess the patient's ASA class and monitor the patient's level of consciousness throughout the procedure to maintain a safe and effective level of sedation. (EPA 6)
2) Safely and routinely intubate the esophagus (EPA 6)
3) Perf01m a controlled and thorough evaluation of the body and antrum of the stomach (EPA 6)
4) Perform a complete evaluation of the cardia, fundus and incisura of the stomach under retroflexion (EPA 6)
5) Intubate the duodenum routinely (EPA 6)
6) Completely evaluate the duodenum to the 2nd and 3rd portions (EPA 6)
7) Describe the indications for biopsy on upper endoscopy (EPA 6)
8) Complete targeted biopsies on upper endoscopy (EPA 6)
9) Describe endoscopic findings to patients and prescribe proper follow up (EPA 1,2,3,4,5,6,10,11,12)

Colonoscopy

1) Accurately assess the patient's ASA class and monitor the patient's level of consciousness throughout the procedure to maintain a safe and effective level of sedation. (EPA 6)
2) Perform a complete digital rectal exam and safely insert the colonoscope into the rectum (EPA 6)
3) Skillfully remove liquid contents from the colon in order to ensure proper mucosal visualization (EPA 6)
4) Intubate the sigmoid colon routinely (EPA 6)
5) Intubate the descending colon routinely (EPA 6)
6) Intubate the transverse colon routinely (EPA 6)
7) Intubate the ascending colon routinely (EPA 6)
8) Intubate the cecum routinely (EPA 6)
9) Intubate the cecum in a timely fashion (EPA 6)
10) Intubate the terminal ileum when appropriate (EPA 6)
.11) Examine the rectum under retroflexion (EPA 6)
12) Know the indications for colon biopsies (EPA 6)
13) Recognize the endoscopic features of hyperplastic and adenomatous polyps (EPA 6)
14) Perform snare polypectomy safely (EPA 6)
15) Describe the rate of post-polypectomy bleeding and its management (EPA 6,7)
16) Describe colonoscopy findings to patients and prescribe proper follow up (EPA 2,3,6,7,10,11,12)

Evaluation:

Fellows will be provided an annual log of their procedures. Supervising faculty will be asked to evaluate the fellow's endoscopic and cognitive skills via MyEvaluations. Evaluation from the nursing and support staff will also be solicited as part of a 360 evaluation. Fellows will be given the opportunity to evaluate the faculty and program. Informal evaluation and feedback is an expected part of the program culture.

Learning Resources:
The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively apply endoscopy and colonoscopy in clinical practice. Regular reflection upon cases pe1iormed should prompt directed study and literature review. Topic reviews and guidelines published by the AGA, ACG and ASGE in their journals should serve as primary references for review.

Second and Third-Year Outpatient Endoscopy Rotation

Overview:
The main purpose of the outpatient endoscopy rotation is to afford second and third-year fellows time to learn and develop the basic and advanced technical skills and expand the cognitive knowledge required to perform upper endoscopy and colonoscopy independently. In addition to participating in endoscopic activities, fellows are expected to perform independent study on topics related to the fundamental practice of endoscopy and colonoscopy. Late second year fellows and third year fellows will have scheduled advanced endoscopy rotations, allowing them an opportunity to perform cases under attending supervision in the intensive care units and exposure to ERCP and EUS cases. Fellows on the advanced endoscopy rotation are expected to perform all inpatient cases in the ICU and stepdown units. If, for a given day, there are no ICU/stepdown cases, the advanced endoscopy fellow is expected in endoscopy to complete any inpatient cases brought down to endoscopy and/or general GI cases as required based on staffing.

Learning Objectives: Fellows are strongly encouraged to review the resources provided on Entrustable Professional Activities and the Competencies/Sub-competencies outlined by the ACGME.

Rotation Core Entrustable Professional Activities - 1,2,3,5,6,7,8,9,10,11,12

General Knowledge
1) General knowledge requirements outlined in the first-year fellow outpatient endoscopy rotation description
2) Understand the proper billing and coding for routine screening and diagnostic endoscopic procedures. (EPA 6)
3) Know and apply the quality measures to endoscopic practices (EPA 6)

Upper Endoscopy
1) Master skills outlined in the first-year fellow outpatient endoscopy rotation description
2) Safely and effectively dilate the esophagus when indicated (EPA 6)
3) Use dye, narrow band imaging and other advanced imaging tools when appropriate to aid in diagnosis and clinical decision making. (EPA 6)
4) Describe endoscopic findings to patients and prescribe proper follow up (EPA 1,2,3,6,10,11,12)

Colonoscopy
I) Master skills outlined in the first-year fellow outpatient endoscopy rotation description

2) Recognize the endoscopic features of hyperplastic and adenomatous polyps (EPA 6)
3) Perform snare polypectomy safely and effectively, including proper equipment choice and management of the endoscopic team required for independent practice (EPA 6)
4) Describe the rate of post-polypectomy bleeding and its management (EPA 6,7)
5) Perform submucosal lift prior to polypectomy when indicated (EPA 6)
6) Perform submucosal injection for tattoo/marking when indicated (EPA 6)
7) Apply endoclip effectively when indicated for post polypectomy bleeding prophylaxis or treatment (EPA 7)
8) Describe colonoscopy findings to patients and prescribe proper follow up (EPA 2,3,6,10,11,12)

Evaluation:
Fellows will be provided an annual log of their procedures. Supervising faculty will be asked to evaluate the fellow's endoscopic and cognitive skills via MyEvaluations. Evaluation from the nursing and support staff will be solicited as part of a 360 evaluation. Fellows will be given the opportunity to evaluate the faculty and program. Informal evaluation and feedback is an expected part of the program culture.

Learning Resources:
The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively apply endoscopy and colonoscopy in clinical practice. Regular reflection upon cases performed should prompt directed study and literature review. Topic reviews and guidelines published by the AGA, ACG and ASGE in their journals should serve as primary references for review.

5. Elective Rotation

Overview:
The main purpose of elective rotations is to provide the fellows a well-rounded education in Gastroenterology and its subspecialties; thereby, enabling the fellow to develop the knowledge and skills required to recognize, diagnose and treat a broad spectrum of disorders in Gastroenterology/Hepatology. Fellows will have the opportunity to rotate through specialty clinics in Motility, Inflammatory Bowel Disease, and Colorectal Surgery. The fellows will also have an opportunity to complete "away" rotations in Transplant Hepatology at the Cleveland Clinic Foundation. These rotations are generally scheduled in two-week blocks, the Chief-fellow must be informed of possible dates and any rotations should be set up in advance to ensure possible dates.

Learning Objectives:
Fellows are strongly encouraged to review the resources provided on Entrustable Professional Activities and the Competencies/Sub-competencies outlined by the ACGME

Rotation Core Entrustable Professional Activities - 1,2,3,4,5,6,8,9,10,11,12,13

Evaluation:
Faculty will evaluate the fellows using MyEvaluations on a semi-annual basis. Fellows will be given the opportunity to evaluate the faculty. Informal evaluation and feedback is an expected part of the program culture.

Learning Resources:
The main goal of independent study should be to learn and reinforce the basic and core fundamental knowledge required to effectively apply concepts of Motility and Inflammatory Bowel Disease in clinical practice. Regular reflection upon cases performed should prompt directed study and literature review. Topic reviews and guidelines published by the AGA, ACG and ASGE in their journals should serve as primary references for review.

6. Research Rotation

The main objectives of the research experience are to develop critical thinking skills, to cultivate healthy practice-based learning and improvement habits, and to advance medical knowledge within our field. On the research rotations, fellows will attend clinic 1/2 day per week, and may cover endoscopy 1/2 a day per week.

All fellows are required to complete their CREC certification and Conflict of Interest Form within the first 6 months of initiating their fellowship. After the initial 6 months of participation in the program, the fellow will be asked to identify an area of interest and pick a mentor. If the fellow does not have a preference, or the designated mentor is not available/willing to serve, then the Division Director will assist in engineering the appropriate pairing. During the first year, fellows are expected to identify a mentor in advance, develop a research idea, and begin project development before their research rotation. Fellows are expected to meet with their faculty mentor prior to their protected research time to discuss goals and objectives for the rotation. These should be submitted to the Program Director in writing for review prior to the start of each research rotation. Objectives should be measurable and specific to ensure that adequate progress is being made. During the second and third years, fellows are expected to make progress with IRB approval, study execution, data analysis; and writing. Fellows are required to submit their work for presentation at national meetings, and complete a manuscript for publication prior to graduation. Support and guidance should be provided by the faculty mentor.

Research should be an educational opportunity for fellows to explore new ideas or concepts. Once a project is defined with a specific mentor, a timeline should be developed to assess progress. The faculty mentor and the fellow(s) should have regularly scheduled meetings to evaluate any progress or issues as pertaining to the specified project. Any concerns regarding the research process or faculty mentorship should be promptly addressed with the Program Director, Associate Program Director, and/or Division Director.

Fellows should not be engaged in more than two research projects at any given time. Each research project will be discussed at regularly scheduled research conferences. This conference serves as a forum for fellows to obtain feedback from multiple faculty members on their research design and data collection. Upori evaluation by the research committee, specified projects will have fonding allocated for statistical analysis as directed by the Division Director.

7. Quality Improvement

Care Quality Improvement (CQI) remains integral aspect of the Division of Gastroenterology's effort to provide quality care. This forum allows for an open discussion regarding procedure related morbidity and mortality, quality initiative projects, guideline review, and policy directions for the endoscopy suite. Fellows are expected to participate in quality improvement projects throughout their training. At the beginning of the academic year, each fellow will be paired with a faculty mentor to design a quality improvement project. Progress is assessed during regularly scheduled CQI meetings and the fellow is expected to present the final findings of the project and any recommendations.

Patient Care Activities

All patient care activities performed by Gastroenterology fellows occur under the direct supervision of an attending faculty member in the Division of Gastroenterology and Hepatology.

Inpatient Service and Intensive Care Units
All inpatients on all services in MetroHealth Medical Center are directly cared for by the primary service under the supervision of an attending. The Gastroenterology service is 100% consultative and fellows provide initial contact with patients on request of consultation. All cases are to be discussed with the supervising Gastroenterology physician, and all patients are seen by a supervising physician(s) to confirm the important elements of the consultative opinion. The supervising physician must sign off on all consultations.

Outpatient Services
Both consultative and continuity services are provided in one of two scheduled outpatient clinics. One is devoted to primarily liver disease and the other two are devoted to gastroenterology and nutrition issues. Every patient is seen by the supervising attending and all cases are discussed in detail with 1-2 supervising attendings confirming the key elements of case. Two specialty clinics in Motility (Wednesday afternoon) and Inflammatory Bowel Disease (Wednesday afternoon at Parma and Thursday morning at MetroHealth main campus) are provided for fellows during scheduled rotations in Motility and Inflammatory Bowel Disease, respectively. Every patient is discussed in detail and seen by the supervising attending.

Endoscopy Unit
Every endoscopy or non-endoscopic procedure performed by the fellow is supervised. No procedures should be performed without attending supervision. All notes are signed off by the supervising attending.

After Hours:
A 24-hour, 7 day a week consulting service is maintained by a designated attending on-call. All endoscopy procedures after hours are supervised by the on-call attending physician.

Education

1. Inpatient Consultation Teaching:
Consultation rounds are required in the MetroHealth Medical Center Gastroenterology Fellowship Program. The Gastroenterology fellow(s) will actively participate in daily ward rounds, formal/informal cased based lectures, patient management decisions, and education of the MetroHealth house-staff, medical students, and healthcare personnel who rotate from outside institutions. These rounds should be patient based sessions in which current cases of gastrointestinal, hepatic, and pancreaticobiliary diseases are presented as a basis for discussion including the interpretation of clinical data, laboratory tests, imaging studies, and endoscopic and liver biopsies. Moreover, these rounds are used to address the pathophysiology and differential diagnosis of gastrointestinal and liver diseases whereby management decisions are made. The appropriate use of technology including routine laboratory tests, invasive and non-invasive imaging studies, and advanced endoscopic/radiologic procedures pertaining to patients with gastrointestinal and liver diseases will also be stressed. The incorporation of evidence based medicine and patient values in clinical decision making and disease prevention will also be emphasized.

2. Endoscopy
Endoscopy training is required in the MetroHealth Medical Center Gastroenterology Fellowship Program. The Gastroenterology fellow(s) will actively participate in all available procedures in the endoscopy suite. All procedures are done under the supervision of an attending physician. Faculty and fellows should utilize various procedures and their clinical situations to address the pathophysiology and differential diagnosis of gastrointestinal and liver disease whereby management decisions are made. The incorporation of evidence-based medicine and patient values in clinical decision making and disease prevention will also be emphasized.

3. Conferences and Seminars:
The core curriculum conference series will include the basic sciences relevant to the subspecialty of gastroenterology and hepatology. The core curriculum conference series will cover the major clinical topics in the subspecialty. Educations conferences will be conducted daily from noon to 1 PM and must be attended by faculty and fellows. The gastroenterology fellow will be required to participate in planning and conducting conferences (e.g. clinical and core curricula conferences, journal clubs, or resear·ch conferences) during the three-year fellowship program. In addition to educational conferences conducted at MetroHealth, under the supervision of faculty, the fellows will be required to participate in several sub-speciality cased based conferences on a quarterly basis involving topics in Hepatology, Inflammatory Bowel Disease and Advanced Endoscopy.

Transitions of Care and Well Being Policy

While healthcare work is personally rewarding and challenging, it also has the potential for affecting res_ponders in harmful ways. The long hours, bre dth of needs and dema.nds, ambiguous roles, and exposure to extreme human suffering can adversely affect even the most experienced

professional. Too often, responders deny or ignore signs of being stressed. With a little effort, however, steps can be taken to minimize the effects of stress.

The Gastroenterology Fellowship program is supportive of the fellows. Well-being in the context of a culture of respect and accountability for physicians remains paramount. It is the intent of this policy to support the development of a sense of professionalism and encourages our fellows to make decisions based on patient needs and their own well-being without jeopardizing their program's accreditation.

A. Clinical activities are designed to protect appropriate time with patients barring rare situations beyond control.
B. Fellows are not expected to perform non-physician obligations. Appropriate administrative support is provided for activities such as, prior authorization, scheduling patients for follow up, faxing reports, etc. Each fellow has been assigned a practice support specialist to assist in completing non- physician obligations.
C. Program promotes progressive autonomy and flexibility based on fellow performance.

In accordance with ACGME requirements, fellows in the Gastroenterology Fellowship Program at MHMC are supervised in all aspects related to the fellowship and patient care activities, which includes wellbeing. The specifics of the supervision policy are delineated below. It should be noted that fellows, under the guidance of the attending physician, supervise any residents and medical students rotating on their service.

1. The teaching faculty will determine the level of responsibility accorded to each fellow based on their level of training, ability, and experience.
2. Fellows will assume progressively increasing responsibility for patient care and patient management according to their level of education, ability, and experience.
3. Fellows are responsible for verifying the accuracy of H&P, discussing the plan, and teaching the intern, resident, and medical students.
4. Fellows must notify their attendings about:
    a. Critical admissions
    b. Changes in clinical status of patients
    c. End of life decisions
5. Every patient in outpatient or inpatient must be seen by the supervising physician.
6. There are different levels of attending supervision in different situations:

    Direct supervision- The supervising physician is physically present with the fellow and patient.

    Indirect supervision- Direct supervision immediately available. The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

    Indirect supervision with direct supervision available- The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic modalities and is available to provide direct supervision.

Oversight- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

7. Every fellow in every location of service without exception, (i.e., inpatient, ICUs, outpatient, advice call) has a supervising attending physician 24/7. It is the responsibility of the fellow to check the GI attending call schedule available on the MIV and contact the attending when needed. In case of a problem or concern, fellows should contact their supervising physician, and/or Program Director/Associate Program Director. All schedules are kept up to date for reference.
8. Any instance where a supervising faculty is not available should be reported to the Program Director immediately.

D. The following SAFETY process is recommended for fellows seeking attending physician guidance and support:

Seek attending input early. Involving your attending early can often prevent delays in care and provide quicker results. They are also legally responsible for patients and can assist with well-being.

Active clinical decisions. Contact your attending if an active clinical decision is being made, such as surgery or an invasive procedure.

Feel uncertain about clinical decisions. It is normal to feel uncertain about clinical decisions. Contact your attending if you feel unce1tain about a specific decision.

End-of-life care or family/legal discussions. These complex discussions can change the course of care. Families and patients should know the attending is aware of the discussion.

Transitions of care. Transitions are risky for patients. Contact your attending if someone is being discharged or transferred to another service, ICU, or hospital.

You need help with the system/hierarchy. Despite your best efforts, system difficulties and the hierarchy may hinder care for patients. Attendings can help expedite care through direct involvement with consultants, etc.

E. Fellows will be provided the oppmtunity to attend medical, mental health, and dental care appointments including those scheduled during their working hours. Preventative care appointments are to be excluded during consult and endoscopy rotations.
F. The fellows will be educated on identifying symptoms of burn out, depression, suicidal ideation, potential for violence, or substance abuse in themselves and their peers.
G. The process of reporting the symptoms of burn out in a fellow or faculty is to report to the Program Director or Robert Smith, PhD (Employee Assistance Program).
H. Fellows should not fear negative consequences if unable to provide clinical work.

Mentorship

Personal Growth Policy / Mentoring
Fellows are expected to develop into superb gastroenterologists by the completion of fellowship training. In order to achieve this, faculty in the division will mentor fellows throughout their training with regards to their clinical work, didactics, and research. Each aspect will be evaluated separately and feedback, both written and/or oral, will be provided to the fellow as he or she progresses through the program. As fellows become more senior, expectations will increase and fellows will be encouraged to take more of a leadership role in their activities.

Fellows are expected to form career goals early on in their training so that individual training plans can be developed. The program is designed to be flexible in order to help each fellow pursue the career path of their choosing and to be as successful as possible.

Clinical Mentoring
The training program does not designate a clinical mentor for each fellow. Rather, the division takes a "team" approach to ensuring adequate guidance in clinical training. Fellows work with the entire faculty in the Division of Gastroenterology in a variety of clinical settings (outpatient clinics, inpatient consults, and procedures) and are mentored during each rotation. Fellows receive both written and/or oral feedback on their performance in each of these arenas and are expected to utilize this feedback to improve themselves as clinicians. During semi-annual evaluations with the Program Director and/or Associate Program Director, these performances are reviewed and longitudinal assessment of the fellow's progress is dete1mined.

If fellows have a particular clinical area in which they wish to gain additional advice or training, they should discuss this with the Program Director or Division Director to ensure appropriate mentoring is provided.

Learning Environment Policy

The Gastroenterology Fellowship is committed to and takes responsibility for promoting patient safety and fellow well-being in an effort to preserve a world class educational environment. Our duty hour assignments recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients. Therefore, service obligations should not compromise the learning objectives of the program. The Gastroenterology Fellowship is committed to support and promote the physical, psychological, social, and professional well-being of our fellows with a focus on diversity, wellness, practice efficiency, and a personal/professional resilience.

Supervision of Fellows
I. The Gastroenterology Fellowship ensures that there is an attending physician available to each fellow in any time of need and will provide appropriate supervision over any fellow(s) participating in patient care activities. Any issues or concerns related to patient care should be

immediately discussed with the supervising physician. Fellows may also reach out to the Program Director, Assistant Program Director, and/or Division Director.

2. Duty hours will be monitored by the Program Director and Program Coordinator quarterly to ensure an appropriate balance between education, service, and to ensure compliance. Fellows will record their clinical hours in MyEvaluations.

3. The Gastroenterology Fellowship is a three-year training program. A rotation schedule is developed by the Chief Fellow, reviewed by the Program Director, and provided to the fellows annually which includes all core, research, non-core and elective rotations. During the three-year program, fellows will rotate on different services, however the hierarchy for supervision and responsibility is directly from fellow trainee to staff member. Fellows may also serve in a supervisory role of junior fellows and house staff in recognition of their progress toward independence, which is based on the needs of each patient and the skills of the individual fellow.

Duty Hour Policy

ACGME Duty Hour Requirements
Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relating to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Fellows will record their duty hours in MyEvaluations, and will be rep1ied on quarterly basis.

The duty hour policies established by the Gastroenterology Fellowship have been instituted to maximize continuity of care and to comply with ACGME work hour regulations.

1. Maximum Hours of Work per Week
ACGME Requirement: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Fellows are expected to be 'in-house' during regular business hours and as necessary beyond those hours when dictated by patient care responsibilities. Fellows are not permitted to work more than 80 hours per week, averaged over a four-week period during their Gastroenterology Fellowship. Teaching conferences, lecture, journal clubs and other educational activities related to the fellowship program are to be included in duty hours. It is the responsibility of the fellows to notify the Program Director if he or she anticipates exceeding the duty hours' limit.

2. Mandatory Time Free of Duty
ACGME Requirement: Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Fellows' schedules are structured so that they have one day in seven free from all educational and clinical responsibilities, averaged over a four-week period throughout their fellowship. If the schedule does not allow this rest period, it must be brought to the Program Director's attention.

3. Maximum Duty Period Length
ACGME Requirement: Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

We encourage our fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10 PM and 8 AM is strongly suggested. Fellows do not have an assigned call room, but should the need arise they can use call-room located on the 9th floor in the Towers.

Schedules for fellows are structured to ensure their hours do not exceed a maximum of 24 hours of continuous duty in the hospital. Fellows are not assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In the unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances the fellow must appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reason(s) for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.

4. Minimum Time Off between Scheduled Duty Periods
ACGME Requirement: Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80-hour, maximum duty period length and one-day-off-in-seven standards.

Gastroenterology fellows are considered to be in the final years of education.

ACGME Requirement: While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

ACGME Requirement: Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the Program Director.

In unusual circumstances, fellows may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the fellows' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off-duty period.'

Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care; and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. The Program Director will review each submission of additional service and track both individual fellow and program-wide episodes of additional duty.

5. Maximum Frequency of In-House Night Float and On-call Activities
The Gastroenterology Fellowship program does not take in-house call or operate under a night float system.

6. At-home call (or pager call)
ACGME Requirement: Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is notsubject to the every-third-night limitation, but, must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

ACGME Requirement: At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.

ACGME Requirement: Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

Fellows are scheduled for at-home call during their scheduled consult rotation. This arrangement guarantees each fellow will have one day in seven free of duty per week on average. In cases where a fellow has to frequently come into the hospital at night, the Supervising Physician or Program Director and/or Associate Program Director, may redistribute night coverage to mitigate or avoid fatigue.

7. Moonlighting

ACGME Requirement: Moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

Professional activities outside of the fellowship program are not permitted when they interfere with fellowship program responsibilities. Moonlighting will not be granted to fellows on performance warning, on other probationary status or when the Program Director believes that the fellow is not performing adequately in the program.

ACGME Requirement: Time spent by fellows in internal and external Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit.

Moonlighting does count towards the 80-hour weekly limit and fellows are required to record any moonlighting activities within MyEvaluations.com as they occur. Moonlighting activity requires the written approval from the Program Director which will remain on file in MyEvaluations and be reviewed by the Program Director on a semi-annual basis to coincide with each fellow's semiannual review.

Moonlighting is not permitted when the total amount of hours worked in the fellowship program and in the moonlighting job exceeds 80-hours per week.

8. Oversight

A. Duty hour policies are distributed to fellows at the beginning of the academic year.
B. Fellows are required to record their duty hours electronically on MyEvaluations.com.
C. In the event a fellow is authorized to moonlight, those hours must be electronically recorded in MyEvaluations on an as occurred basis.
D. Additionally, duty hours are monitored by the Program Director and are reported to the Graduate Medical Education Council on a quarterly basis.
E. If a fellow is not in compliance with their duty hour requirements they are notified by either the Program Director or the Program Coordinator and are required to provide an explanation of the extenuating circumstances. The Program Director will then implement the back-up support system. The fellows are also encouraged to proactively alert the Program Director to circumstances that may lead to noncompliance and/or result in fellow fatigue.
F. Methods of reporting duty hour requirement concerns include:
   1) Directly to the Program Director and/or Assistant Program Director
   2) Division Director
   3) Program Coordinator
   4) A meeting with the Director or Administrator of Graduate Medical Education

9. Fellow Respon_sibility

Fellow compliance with the duty hour policy of the Fellowship program is mandatory. It is assumed that all fellows are compliant with duty hour requirements established by our program

unless notification of a violation is provided by the fellow. In the case of anticipated or current duty hour violation(s), the Program Director/Assistant Program Director and/or Program Coordinator should be notified directly.

10. Back-Up Support and On-Call Scheduling

The Division of Gastroenterology and Hepatology in accordance with the ACGME requirements will provide a collegial working environment and not require excessive duty hours by its fellows. A physician must have a keen responsibility regarding patient care and fellows must recognize that their obligation to patients is not automatically discharged at a certain hour of the day or on any particular day of the week. Fellows should never go off duty until the proper care and welfare of their patients have been insured.

It is incumbent for fellows to be alert both physically and mentally when caring for their patients. Excessive work hours can interfere with optimal patient care.

Faculty on service with the fellow are expected to be aware of the fellow's duty hours and have been instructed to arrange primary coverage for a fellow if they are spending an excessive amount of time in the hospital (more than 70 hours in a week). There will be adequate support by other members of the teams, so that patient care is not jeopardized during or following assigned periods of duty.

All call is at-home and there is no in-house overnight call required in this program. It is the responsibility of the fellow to notify their supervising physician if they are unable to peiform their job adequately due to excessive service demands or fatigue. Fellows should not fear any negative consequences for reporting an inability to perform their clinical duties due to excessive service demands or fatigue.

If fellows are feeling fatigued due to long hours or a poor night's sleep there are several options for them to obtain backup which include:

- Having their co-fellow hold the call pager so they can get sleep
- The Department of Medicine offers a taxi ride service home

When the backup system is utilized, the Chief Fellow and the Program Director and/or Associate Program Director must be informed.

Moonlighting Policy

In principle, the Division of Gastroenterology and Hepatology discourages moonlighting because of the inherent risk of interfering with educational activities of the fellow. Recognizing the need

for fellows to gain additional clinical experience as well as supplement their income in order to retire their medical school debts, a moderate amount of moonlighting is tolerated.

Per ACGME requirements, moonlighting is forbidden unless written permission is granted by the Program Director. Consequently, any proposed moonlighting has to be approved prior to a fellow engaging in such activity.

Also, per ACGME requirements all moonlighting activities, internal and external, counts toward the 80-hour work week limit. Fellows are required to record any and all moonlighting activities (internal and external) within MyEvaluations as they occur. The recorded moonlighting hours will be reviewed by the Program Director on a semi-annual basis to coincide with each fellow's semi-annual review. Moonlighting will not interfere with assigned duties of the fellow. If interference occurs, the Program Director will call for the withdrawal of the moonlighting privileges. If continued abuse occurs, the fellow may be suspended or dismissed.

Fellows should recognize that when moonlighting away from the medical center campus, their malpractice insurance does NOT apply. It is the responsibility of the fellow to ensure that they are adequately covered during their moonlighting activities.

CLINICAL TRAINEES
IN ACGMEIABMS PROGRAMS
MOONLIGHTING NOTIFICATION FORM

The Accreditation Council for Graduate Medical Education (ACGME) requires that clinical trainees submit prospective written notification to their program director indicating that they will be engaged in moonlighting activities. The program director must acknowledge the moonlighting activity with a signature on the notification form and this form will be maintained in the clinical trainees' program fife.

The program director should assure (to the best of his/her ability) that the moonlighting experience for each clinical trainee does not compromise the following: the educational experience of the clinical trainee's training program; the clinical trainee's prescribed duty hours for that specialty (established by the Residency Review Committee); and, the nature of the moonlighting work is appropriate for the clinical trainee's level of experience.

Program directors *have* the authority to approve or deny moonlighting opportunities for clinical trainees based on their ability to meet training program goals and objectives. Also, program directors may feel the requirements of the training program preclude clinical trainee involvement in outside activities during portions of the training program or during the entire training program. Any moonlighting (internal and external} that occurs must be counted toward the 80 hour weekly limit on duty hours. A detailed policy on-moonlighting is located in the Graduate Physicians Manual.

Clinical trainees in programs that are accredited are required to complete this form and submit to their program director prospectively for approval prior to accepting and engaging in moonlighting activities.

Site of Moonli htin	**Supervisor**	**Frequency (i.e. 1Jwk for 12 hr.** shift)	**General Responsibilities**

* Attach additional sheet if necessary

PROGRAM DIRECTOR

☐ Approved

D Not Approved

Clinicar Trainee Printed Name

Clinical Trainee Signature

Date Signed

Program Director Signature

Date Signed

Time Away Policy

Overview:
Each fellow will be provided with four (4) weeks (160 hours) of paid vacation; one (1) week sick/interview hours (40 hours); and six (6) hospital holidays (48 hours) per year. This equates to a total of 248 hours per year. When taking vacation, leave of absence, conference, or any extended time from the hospital, it is required that the fellow sign out his/her Epic in-basket to another fellow.

Vacation and Leave:
Clinical trainees receive four weeks (160 hours) of vacation per academic year. Vacation time is not cumulative and should be taken in the year earned; it does not carry over into the next academic year. Requests for vacations should be completed prior to the annual rotation schedule being completed. Vacation time should be arranged so there is no overlap among fellows, and appropriate coverage is available. Fellows are not to take vacation during "core" or required rotations. Graduating fellows will be given preference to take vacation in June, during which time the first and second-year fellows should avoid time away.

Request for Leave forms for vacation or FMLA (Family & Medical Leave Act) must be signed off ahead of time. No vacation plans should be scheduled until the forms and coverage have been officially approved (i.e you've received the yellow copy of your RFL).

ALL time away requests must be made through the following steps:

1. The Chief Fellow must be made aware of any vacation requests
1. Complete a Request for Leave (RFL) form
2. Select 'Type of Leave' as Vacation
3. Within the 'Other Info1mation' section on the RFL include who is providing coverage during your proposed time away
4. Submit the RFL form to Program Director for signature approval
5. Submit the completed Request for Leave to Program Coordinator-Barbara Walker

Once all of the above has been obtained, the yellow Request for Leave form will be returned to the fellow for their records. The information will be entered within Kronos so that there is an accurate account of each fellow's time spent away from MetroHealth Medical Center.

Vacation time cannot be forfeited for the purpose of completing their contract early.

Each fellow will receive six hospital holidays to include the New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. If a fellow is required to work an official MetroHealth holiday, the 8.0 hours of vacation time can be used at a later date within the same academic year. Vacation time must be taken during the academic year and cannot be rolled over to the next year.

CME/conference attendance/education time away is included in the total hours available (40 hours). Approval of CME time away is at the discretion of the program director. With consent, a total of five (5) days away for professional activities (meetings, conferences, professional

examinations, etc.) will be permitted. The decision to grant the time away will be based on presentations at educational meetings, education value of the meetings, as well as coverage availability.

1. You will be asked to submit a confirmation of your scheduled interview for documentation in addition to a Request for Leave (RFL) Form
2. These five days do NOT count against vacation time unless a fellow exceeds the allotted five days
3. These days CANNOT act as extra vacation days
4. You will be asked to submit a confirmation of your scheduled interview for documentation in addition to a Request for Leave (RFL) Form
5. All appropriate paperwork must be filed with the Program Coordinator and signed off by the Program Director
6. All clinical care responsibilities (EPIC, phone calls, etc) must be signed out to another Fellow for coverage, while you are away.
7. For hospital business a Special Assignment With Pay (SAWP) form must be completed AT LEAST 45 days in advance (NOTE: You cannot attend a conference for Hospital Business if a SAWP form is not approved, see 'Educational Fund and Travel Reimbursement Procedures)

Consistent with ABIM policy, any extended leave of absence (time away), from training for more than one month per academic year **for any reason,** will require extension of training for the period that exceeds one month of absence. Over the course of the two (2) year program, the fellow is required to complete a minimum of 18 months of clinical activity, as well as the required rotations prior to graduation. In addition, any extended leave of absence resulting in an extended contract, must be reported to the GME office immediately for review and approval.

Sick Leave

Each fellow will be provided with sick leave. If no vacation time is left, the missing time will have to be repeated at the end of the fellowship.

If a brief, unexpected leave occurs (e.g. a fellow gets sick) the fellow is expected to notify the Chief Fellow and the Program Director and/or Associate Program Director know as soon as possible that an absence is/will occur so that appropriate mnngements can be made to provide alternative coverage.

For more prolonged absences (generally more than 4 days) a fellow on an elective rotation or research will provide coverage, depending upon the type of service to be covered. If leave is anticipated, please complete a Request for Leave (RFL) Form at least 6 weeks (45 days) in advance, notify the Chief Fellow, the Program Director, and Program Coordinator of the request and any arranged coverage.

Partial Day Abscence

If you need **1** or 2 hours to go to a dental or physician's appointment then no formal time off procedure and no forms are needed, as long as:

1. Approved by Program Director and/or Associate Program Director and

2. Coverage has been arranged during time away from the hospital

You are not excused from any mandatory meeting or visiting professor rounds to go to dental or physician's appointments. All clinical care responsibilities (EPIC, phone calls, etc) must be signed out to another fellow for coverage, while you are away.

Fellows will be provided with a written statement any time there are changes in the Program or institutional vacation/leave policies.

FMLA (Family & Medical Leave Act)

Each fellow will be provided with family leave in accordance with institutional policies, and all applicable federal and state laws. Up to 12 weeks of leave is permitted for maternity/paternity leave.

Board Eligibility

If a fellow exceeds the above outlined time away (vacation, holiday and hospital business/interview time), they may be in violation of the American Board of Internal Medicine's (ABIM) policies regarding board eligibility. As such a fellow may be required to extend training so that the additional away time can be accounted for and the fellow can achieve 'board eligibility.' ABIM's board eligibility requirements for this specialty are accessible through the following link:

http://www.abim.org/certification/policies/imss/gastro.aspx

Educational Fund and Reimbursement Procedure

Overview
The Division of Gastroenterology provides an Educational Fund for all fellows on an annual basis. The amount of funds available can be used for professional conference attendance (see CME/Conference Attendance Policy), educational purposes such as books and tablets as well as annual membership dues. Unexpended funds from each PGY level WILL NOT be carried over to your next PGY and you WILL NOT receive a check for the balance of funds remaining in your account at any time.

All reimbursements require approval of your Program Director, please check with your Program Coordinator before making a purchase or travel arrangements. Do not assume that any (or all) purchased items will be reimbursed through utilization of these funds.

Read the following guidelines closely as they are intended to aid in the reimbursement process. Original, itemized receipts should be promptly submitted to the Program Coordinator no later than 30 days after a purchase is incmTed.

Book Reimbursement

A. When paying by cash:
. 1. Original receipt is all the documentation needed.

B. When paying by credit/debit card:
1. Original receipt or invoice showing your account number
2. A copy of your credit card or bank statement
3. A copy of a brochure advertising the product and price

C. When paying by personal check:
1. Your ORIGINAL cancelled check is REQUIRED
2. A receipt or some other form of backup

- If your bank does not return cancelled checks, submit a copy of the duplicate check and a copy of your bank statement along with the receipt or some other type of backup

-If you have neither a cancelled check nor a duplicate check, a copy of the bank statement is needed along with the receipt

Direct Payment ofInvoices:
If you are paying professional membership dues, a subscription, or have an invoice that needs to be paid:

1. Submit the original invoice/bills to your Program Coordinator
2. Arrangements will be made by the Department to pay the bill
3. Educational funds will be charged directly

Travel Reimbursement Procedure

Please review this process extensively **before** planning to attend an away conference, elective or travelling. **Please contact your Program Coordinator- Barbara Walker prior to making any arrangements and review the appropriate process.**

A. A 'Special Assignment With Pay' Form must be completed at least 45 days prior to ANY travel or away elective. With the form the following items need to be submitted:
   -Program brochure (with dates, schedule of events, etc.)
   -Proof of registration
   -If presenting, copy of abstract and abstract acceptance

B. On the 'Special Assignment With Pay' Form include:
   -Conference Name and Location
   -Method of travel required (Air or Ground Transportation)
   -Business Purpose (Example Conference- Attendance, Away Elective- Education and Training)
   -Estimate ALL travel costs including ai1fare, hotel accommodations, and meals which will ensure you receive up to your annual entitled benefit
   -Obtain Program Director signature

C. Travel CANNOT be arranged until the Special Assignment With Pay (SAWP) form is approved. Once your 'Special Assignment With Pay' Form has been submitted to your Program Coordinator it will be routed through for approval.

D. Air travel must be arranged through Professional Travel Services. It is hospital policy for ALL employees traveling for business to use Professional Travel Service. If you go through another agency or use an online book mechanism, your travel may NOT be reimbursed.

E. Registration for meetings can be taken directly from your annual fund or you can pay these fees and get reimbursed after submitting the proper receipts.
   A. Self-pay:
      1. Need original endorsed check
      2. Copy of the front & back of check
      3. Also accepted is a receipt of payment or an email confirming your payment has been received
   B. Hospital pay:
      1. Signed SAWP form and supporting documentation is required
      2. Once approved and complete, submit to your Program Coordinator
      3. A check request will be processed for payment and mailed directly

F. Hotels must be arranged for and paid by the fellow. All arrangements should be made in conjunction with the organizations identified 'conference hotels' to ensure a better rate. Retain an itemized hotel receipt and a copy of your credit card statement to submit for reimbursement.

G. If you are driving to your destination, please contact your Program Coordinator regarding reimbursement.

H. MetroHealth will ONLY accept itemized food receipts. Tax and only 15% tip are reimbursable. Alcohol or meals for others are not reimbursable expenses and must be deducted from the total receipt. Tax & tip has to be refigured minus the alcohol or additional meal.

I. Keep all itemized receipts relating to your travel including but not limited to airline/train tickets, check baggage receipts, conference registration, taxi, highway tolls, hotel, food & any miscellaneous items. Originals receipts are required for reimbursement.

J. All receipts and expense forms must be completed, signed and submitted to your Program Coordinator within 30 days of travel in order to be reimbursed.

K. There may be additional funds available at the discretion of our Division Chief for special circumstances. These funds may be allocated on a case-by-case basis based on the merit.

Fellow Evaluation and Promotion

The Division of Gastroenterology utilizes an electronic evaluation system - MyEvaluations for each fellow and promotes those fellows who have met the educational objectives for the academic year. All evaluations are available for fellow review via MyEvaluations.

Fellow evaluations include:

1. A combined monthly faculty evaluation of fellow performance
2. Fellow performance during rotations: Endoscopy, Consults, Gastroenterolgy and Hepatology Continuity clinics, Specialized clinics- Motility & Inflammatory Bowel Disease (completed semi-annual!y)
3. 360 Evaluations are used to assess fellow performance with respect to professionalism, interpersonal, and communication skills. These evaluations are completed anonymously by nursing and support staff.

Annually, the Program Director will meet with the individual fellow to review their evaluations, procedural requirements, conference attendance, and milestones.

At every level of advancement and at the time of completion of training, the fellow must demonstrate:

1. Compliance with all corecompetencies
2. Interpersonal and communication skills are satisfactory or superior, as documented by evaluators in the consultative and ambulatory settings, as well as the endoscopy procedural area. Works well with patients, other fellows, faculty, consultants, ancillary staff and other members of the health care team in a manner that fosters mutual respect, facilitates the effective handling of patient care issues as demonstrated by satisfactory staff and faculty professional behavior must have been successfully completed.

Fellow Evaluation of Faculty/Rotation/and Program

1. **Fellow Evaluation of the Faculty**
   These evaluations are an absolute requirement of the program. They are performed with our web-based evaluation tool MyEvaluations and are anonymous. If for any reason, any fellow believes there is any unprofessional or retaliatory behavior on the pmt of a supervising physician, the fellow should inform the Program Director, and/or Division Director without fear that specific information will be divulged.
2. **Program Evaluation**
   Fellows complete anonymous mandatory surveys about the program. Results of these surveys are collated reviewed with the Program Evaluation Committee, the faculty, and fellows. Based on the responses, the Program Director will make appropriate changes and re-evaluate the impact of these changes with Program Evaluation Committee, the faculty, and fellows. The fellows will also complete a survey directly adrriinistered by the ACGME which will help to determine the credentialing status of the program. If deficiencies

are identified, the ACGME may either issue a formal citation(s) to fix the issue(s) immediately, or place the program on probation.

Grievance Procedure and Due Process

In the event of an adverse annual evaluation, the Gastroenterology Fellow will be offered an opportunity to address a judgment of academic deficiencies or misconduct before a formally constituted Clinical Competence Committee (CCC), ensuring that academic due process is provided. The CCC is composed of program faculty. The CCC will ensure that the Fellow(s) are evaluated fairly and honestly and that each Fellow receives consistent treatment. At all times, the policies and procedures of the CCC will comply with those of the Graduate Medical Education Committee (GMEC).