

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pediatric Gastroenterology
Program Handbook
2022-2023**

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The Department of Pediatrics at the University of Tennessee Health Science Center (UTHSC) offers a three-year ACGME accredited Pediatric Gastroenterology Fellowship program in Memphis, Tennessee.

Pediatric Gastroenterology Fellowship is a 36-month program that is accredited, in compliance with current ACGME policies, and provides the knowledge and skills required for an academic career, which includes clinical service, teaching and research. The fellow in pediatric gastroenterology must gain the extensive background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, and to conduct scholarly activity in this specialized field.

The fellows are guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

Program Aims:

Our mission is to train pediatric gastroenterology fellows in the diseases and treatment of pediatric patients with gastrointestinal, liver, and nutritional disorders. We also will train the fellows to be skilled in the performance of the endoscopic and other procedures required to provide the diagnostic and therapeutic investigations needed by the subspecialty. The trainees will acquire the research and teaching skills needed to be successful in an academic setting.

Aims:

Our fellowship program is committed to providing trainees with the unique clinical experiences and educational opportunities that will prepare them to pursue a career in gastroenterology. During their training, our fellows develop a solid foundation in clinical gastroenterology and hepatology. Our fellows develop close relationships with our diverse, dedicated faculty. Opportunities for research are available from your first year and there are dedicated resources to both train and support a variety of research interests.

The primary aim of the pediatric gastroenterology fellowship is to equip our fellows to be experts in the care of children with gastroenterology, hepatology, and nutritional diseases. They will be crucial consultants for both diagnosis and treatment with excellent skills in the diagnostic procedures of the specialty. They will also possess the skills to excel in academics and research endeavors whether basic science or clinically focused.

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf>

II. Department Chair, Program Director and Associate Program Directors

Jon McCullers, M.D.

Chair Department of Pediatrics

Phone: (901) 287-6399

Email: jmccul10@uthsc.edu

Mark R. Corkins, M.D.

Division Chief and Fellowship Program Director

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office #232

Phone: (901) 287-6390

Email: mcorkins@uthsc.edu

Anushree Algotar, M.D.

Associate Program Director

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office #236

Phone: (901) 287-7337

Email: aalgotar@uthsc.edu

III. Office Contact

Justin Scoggins

Program Coordinator

University of Tennessee Health Science Center (UTHSC)

50 North Dunlap Street

6th Floor, Research Tower

Memphis, TN 38103

Phone: (901) 287-5265

Fax (901) 287-5062

Email: jscoggi1@uthsc.edu

IV. Core Faculty (alpha order)

Anushree Algotar, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office # 236

Phone: (901) 287-7337

Email: aalgotar@uthsc.edu

Dennis Black, M.D.

Office Location: 401 Le Bonheur Research Center, 4th Floor, 50 North Dunlap Street, Memphis, TN 38103

Phone: (901) 287-5355

Email: dblack@uthsc.edu

Price Edwards, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office # 238

Phone: (901) 287-7489

Email: pedward8@uthsc.edu

John Eshun, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office #233

Phone: (901) 287-5234

Email: jeshun@uthsc.edu

Linda Lazar, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office # 234

Phone: (901) 287-5197

Email: llazar@uthsc.edu

Lybil B. Mendoza-Alvarez, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office # 235.

Phone: (901) 287-6390

Email: lmendoz2@uthsc.edu

John Whitworth, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) - 2nd Floor, North East Hallway, Office # 237

Phone: (901) 287-4017

Email: jwhitmd@uthsc.edu

Dong Xi, M.D.

Office Location: Le Bonheur Faculty Office Building (FOB) – 2nd Floor, North East Hallway, Office #252

Phone: (901) 287-7489

Email: dx1@uthsc.edu

V. 2022-2023 Fellow Contact Information

Office Location: Le Bonheur Faculty Office Building (FOB) – 2nd Floor, North East Hallway, Office #254

PGY4

Fatema Ali

Phone: 917-488-8782

Email: fali8@uthsc.edu

PGY5

Kyle McKeown, MD

Phone: 702-813-7858

Email: kmckeow2@uthsc.edu

PGY6

Maggie Vickers, MD

Phone: 256-283-4764

Email: mvicker6@uthsc.edu

**University of Tennessee
Pediatric Gastroenterology
Block Diagram**

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1			
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	HEPATOLOG / TRANSPLANTY	RADIOLOGY / PATHOLOGY	NUTRITION	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	0%	0%	80%	80%	20%

Year-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2					
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	SURGERY	PROCEDURES	ADULT ENDOSCOPY	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	80%	80%	80%	80%	20%

Year 3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1									
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	80%	80%	80%	80%	80%	80%	80%	80%	20%

*RESEARCH CAN OCCUR AT SITE 1 OR SITE 2

Section 2. Site Information

1. Le Bonheur Children's Hospital

Anushree Algotar, M.D. – Site Director

50 North Dunlap

Memphis, TN 38103

Phone: (901)287-5355

Email: aalgotar@uthsc.edu

2. Methodist Healthcare - Memphis Hospitals

John Eshun, M.D. – Site Director

1265 Union Avenue

Memphis, TN 38104

Phone: (901) 287-5234

Email: jeshun@uthsc.edu

Section 3. Educational Activities

I. Didactic Lectures

Didactic Lectures	
Day/Time	2 nd & 4 th Wednesday Afternoons
Location	2 nd Floor Faculty Office Building (FOB) Conference Room
Description	Typically, one to two lectures presented depending on rotation schedules.
Attendance %	All Fellows are expected to attend all didactic lectures, educational activities, etc., so long as rotation/duty hour violations/etc. are not interfering.

Faculty Lead Lectures	
Day/Time	1 st & 3 rd Friday Afternoons
Location	2 nd Floor Faculty Office Building (FOB) Conference Room
Description	Typically, one to two lectures presented depending on rotation schedules.
Attendance %	All Fellows are expected to attend all didactic lectures, educational activities, etc., so long as rotation/duty hour violations/etc. are not interfering.

Educational Activities – hospital wide grand rounds	
Day/Time	Every Wednesday Morning
Location	Le Bonheur Virtual Grand Rounds (currently held over Zoom)
Description	Speakers include current faculty, fellows and visiting faculty.
Attendance %	All Fellows are required to attend so long as rotation/duty hour/ etc. are not interfering.

Conference Schedule

Conference	Frequency	Role of the Fellow
Journal club	Monthly (1 st Monday @ 8am)	Presents one article
Pathology conference	Monthly (2 nd Monday @ 8am)	Discussion participant
Research conference	Monthly (3 rd Monday @ 8am)	Presents his/her progress
Book Club	Monthly (4 th Monday @ 8am)	Presents chapter as part of rotation
Pediatric Grand Rounds	Weekly	Required Attendance - CME
CFRI Research Conference	Monthly	Attends and presents
CFRI Journal Club	Monthly	Attends and presents
K-Club	Monthly	Attends
Resident Ethics Conference	Monthly	Attends
Schwartz Rounds	Monthly	Attends
Ped Surgery Joint Case Conference	Quarterly	Attends and presents
Radiology	Quarterly	Attends and presents

Program Meetings

- Annual Program Evaluation: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>
- Clinical Competence Committee /Quality Improvement Committee –CCC/QIC: <https://www.uthsc.edu/GME/policies/resident-evaluation.pdf>
- In addition, fellows receive a **Semi-Annual Review** typically in the fall and an **End-of-year Evaluation** spring of each academic year.

II. Required Reading

It is suggested that all fellows read and review topics that are in the North American Society for Pediatric Gastroenterology, Hepatology & Nutrition (NASPGHAN) educational set.

<https://naspghan.org/professional-resources/continuing-education-resources/>

III. Research and Scholarly Activity

Fellows' Scholarly Activities

The fellows will be required to select a scholarly activity as a part of the fellowship. After several months of fellowship, the fellow will have a research rotation to expose them to various research opportunities. At the end of the month, it is expected that they will have selected a project and mentor and prepared an outline of the project.

The pediatric department has a curriculum for fellows through the Children's Foundation Research Institute that presents various research skills. It is expected that before completion of the fellowship that they will have generated enough data to prepare an abstract and submit it for presentation at a national meeting. Fellows are required to complete scholarly activity projects based on ACGME guidelines. These projects help prepare each fellow gain critical knowledge in the area and establish their developing capability to evaluate medical research/literature.

Fellow Research Activities

Beginning in their first year and extending throughout their training: Faculty will supervise the fellow's research experience closely. It will be monitored by the fellow's research mentor and supervised by the Scholarship Oversight Committee (SOC). After several months in training, to gain some insight the fellow will rotate onto a research month. This month allows them to meet with potential mentors and discuss research ideas. The expectation is that by the end of the month they will have settled on a mentor and a project. (First SOC meeting is normally near the 6-month mark, and then they continue every 6 months depending on how in-depth the research projects are).

They will be expected to then search and read the available background literature. Then they will prepare an outline of the project describing the research question and methods to perform the study necessary to answer the chosen question. This protocol is accomplished with the guidance of their selected mentor.

This will be presented to the SOC. It is expected that the Committee may request further refinement or suggest alternative approaches. The protocol will be revised until the SOC is satisfied with the content.

As a second-year fellow the trainee is to initiate the research and begin data collection. The fellow should have weekly meetings with their selected mentor and receive guidance on the research progress. The progress will be presented as a brief update at the monthly division research conference.

The third-year fellow should be able to function in a more independent fashion. Enough data should have been collected to prepare an abstract with the goal being presentation at a national meeting. Before completion of the fellowship, the trainee should have prepared a manuscript of the findings and submitted to an appropriate peer-reviewed journal. The SOC will also be meeting with the fellow twice yearly to ensure the trainee is making adequate progress. Feedback and recommendations for the fellow will be produced as a result of these meetings. The fellow will participate in 12.75 months of dedicated research time over the 3-year fellowship.

Section 4. Examinations

I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in Fellow personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Fellowship, all Fellows are expected to have taken and passed Step 1, 2 and 3 or COMLEX Level 1, 2 and 3. For more information on UTHSC USMLE requirements, please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

II. In-Service Training Exam

The Pediatric Gastroenterology Fellowship partakes in the yearly Pediatric Gastroenterology In-Training Examination with the American Board of Pediatrics. All fellows are required to take the exam during each year of training. Results of the exam are received by the Program Director and are used to develop a progression plan. Dates, locations of exams and full details can be found at the American Board of Pediatric website.

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

III. Board Examination

During their fellowship, the fellows will be expected to take and pass the general pediatrics certifying exam. This is a required step to be eligible to take the pediatric gastroenterology certifying exam upon graduation which is an expectation of most faculty positions.

Section 5. Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies>

Academic Appeal Process	Observership
Academic Performance Improvement Policy	Offsite Rotation Approval- In Tennessee
Accommodation for Disabilities	Offsite Rotation Approval-Out of State
ACLS	Offsite Rotation Approval-International
HeartCode ACLS & BLS Instructions	Outside Match Appointments
Affirmative Action	Pre-Employment Drug Testing
Agreement of Appointment	Program Closure/Reduction
Aid for Impaired Fellows	Program and Faculty Evaluation
Background Checks	Program Goals and Objectives
Certificate	Fellow Evaluation Policy
Clinical and Educational Work Hours	Fellow Non-Compete
Logging and Monitoring Procedures	Fellow Reappointment and Promotion
Code of Conduct	Fellow Selection Guidelines
Disaster	Fellow Supervision
Disciplinary and Adverse Actions	Fellow Transfers
Drug and Alcohol Use	Fellow Wellbeing
Drug Free Campus and Workplace	Salary
Fatigue Management	Sexual Harassment
Fit for Practice	Social Media
Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing	Stipend Level
Reasonable Suspicion Drug/Alcohol Testing Checklist	Student Mistreatment
Fit Testing	Support Services
Grievances	UT Travel
Handoffs and Transition of Care	Vendor Relationships
Hospital Procedures for Handling Fellow Disciplinary Issues	Baptist
Infection Control	Methodist/Le Bonheur
Infection Control Tuberculosis	Methodist/Le Bonheur FAQ
Insurance Benefits	Regional One Medical Center
Internal Rotation Agreement for ACGME Programs	VA
Leave and Time Off	Visas
Licensure Exemption and Prescribing Information	Visiting Fellow Approval
Malpractice Coverage	Workers' Compensation Claims Process: Supervisor
Medical Licensing Examination Requirements USMLE	<ul style="list-style-type: none"> ○ Supervisor may call in First Notice of Loss (FNOL) within 3 days when Fellow is receiving medical treatment. ○ Contact the CorVel nurse triage line: 1-866-245-8588 option #2 ○ A departmental fine of \$1,000 will be charged each time a claim report is not completed by a supervisor. ○ Complete the Incident Report Form and return to the campus Workers Compensation representative at 910 Madison Ste. 764.
Moonlighting	
New Innovations Protocols	

Program-Specific Policies and Procedures:

I. Wellbeing

The Pediatric Gastroenterology fellowship program has a Faculty Wellness Champion that is accessible to trainees if needed. The Faculty Wellness Champion is a part of a wellness group that meets monthly along with the General Pediatric Residents to address concerns. The university GME has constructed a wellness website with access to resources such as Self-assessment tools, a university counselor, local resource centers around the city, student assistance programs, university health services, and even campus recreation. Pediatric Gastroenterology fellows must be unimpaired and fit for duty to engage in patient care. If the fellow is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the fellow for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the fellow with facilities for rest/sleep and access to safe transportation home. When the fellow is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new fellows are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

II. Leave

The UTHSC Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow leave. Fellows are responsible for completing the required Leave request sheet, having the Program Director to sign, and then sending the completed form to the Program Coordinator with 30 days advanced notice. Once approved, the fellow is responsible for tracking this within New Innovations when they log their duty hours. The only restriction regarding leave request is when Fellows are on their in-patient rotations. When planning leave, the following policies should also be considered:

- You must complete at least 3 weeks of a required rotation in order to receive credit for that rotation.
- The ABP requires completion of 33 out of 36 months of fellowship training to be eligible for the PHM boards. This takes into account vacations, sick and other leave. However, Program directors may waive of up to six weeks of elective training over the full duration of training (in excess of the allowable one month per year of training) for parental, medical, or caregiver leave.

Educational Leave

- The Pediatric Gastroenterology fellowship program provides educational leave up to seven (7) days per academic year for regional and national conferences and follows the UTHSC GME policy.
- Educational leave to attend approved conferences will be granted on a case-by-case basis. Prior authorization should be obtained before making travel plans or paying registration.

Sick Leave

Sick Leave follows UTHSC GME Policy and is as follows:

- Fellows are allotted three (3) weeks of paid Sick Leave per twelve (12) month period for absences due to personal or family (spouse, child, or parent) illness or injury.
- In the UT GME System, annual paid Sick Leave consists of a maximum of fifteen (15) regular “working days” (Monday through Friday), plus up to six (6) “weekend days” (Saturday and Sunday).
- A physician's statement regarding illness or injury and “fitness for duty” may be required for absences of more than three consecutive days or an excessive number of days throughout the year.
- Sick Leave is non-cumulative from year to year. fellows cannot be paid for unused Sick Leave.
- Under certain circumstances, additional Sick Leave without pay may be granted with the written approval from the Program Director, who will send a copy of this approval to the Office of Graduate Medical Education (GME). The fellow may be required to make up any time missed (paid or unpaid) in accordance with Residency or Fellowship Program and board eligibility requirements.

III. Parental and Bereavement

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Medical, Parental Leave (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident’s Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident’s first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

- A. **Parental Leave.** Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident’s six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the

total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave should be used immediately following the birth or adoption of the child unless both parents are residents. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

- B. **Resident Medical.** Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.
- C. **Caregiver Leave.** Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

Bereavement Leave

Residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

NOTE: Preliminary Medicine and the categorical program count as one program and a categorical program and extra year chiefs in Internal Medicine or Pediatrics count as one program.

The Program Director and Fellow should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify HR when it appears a Resident/Fellow may qualify for FML leave. HR will coordinate with GME and the Program Coordinator or Director to approve or disapprove a Resident's/Fellow's request for FML leave. Resident/Fellow rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

IV. Moonlighting Procedure

The UTHSC Pediatric Gastroenterology Fellowship Program does not participate in any moonlighting opportunities for Fellows.

UT/GME Policy #320- Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

V. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy

Fellows may raise and resolve issues without fear of intimidation or retaliation. The Program Director, DIO and the chair of the Graduate Medical Education Committee (GMEC) maintain an open-door policy. Additional mechanisms for communicating and resolving issues include: Grievances regarding academic or other disciplinary actions are processed according to the Graduate Medical Education Academic Appeal Policy. Grievances related to the work environment or issues concerning the program or faculty can be addressed by discussing problems with a coordinator, chief resident, program director, departmental chair, individual program education committees, or resident member of the GMEC, or GME Administration. GMEC resident representatives hosts a Housestaff Association Open Forum once a year. The resident-led forum provides an opportunity for all housestaff to discuss issues or topics of mutual concerns. Fellows may submit anonymous comment or concerns through the Resident Comment Form on the GME website. Anonymous evaluations completed by residents include faculty, rotations, and program.

VI. Discrimination, Harassment, and Abuse Policy

We encourage a safe working environment free from discrimination, harassment, and any abusive behaviors. If it is needed to address any of these areas, the Pediatric Gastroenterology Program follows the UTHSC institutional policy on discrimination, harassment, and abuse.

Staff, faculty, students, medical residents, post docs, applicants for employment or patients may raise complaints of discrimination, harassment, and violations of policy with the Office of Equity and Diversity (OED). Individuals who feel they are being treated unfairly because of a protected status or in retaliation for engaging in a protected activity, or individuals who believe they are subjected to behavior that rises to the level of violating UT policy are encouraged to contact OED to arrange a confidential appointment with an appropriate staff member to discuss their concerns.

Complaints (other than those involving sexual assault) received directly by OED will be reported by the Assistant Vice Chancellor (or the Assistant Vice Chancellor's designee) to the appropriate administrator(s)

who will attempt to resolve the matter working in conjunction with OED. Confidentiality will be maintained to the extent possible.

At the time of the initial consultation, the OED staff member will determine if the complaint falls within the scope of responsibility of the Office of Equity and Diversity. If it does not, the complainant will be referred to the appropriate office.

Complaints must be put in writing and filed within 300 calendar days of the alleged discriminatory action. In certain circumstances, at the discretion of OED, complaints filed outside of this time limit or that are not put in writing may be investigated.

Informal and Formal complaints are official University complaints of discrimination and/or harassment; however, there are some key distinctions between the two types of complaint processes.

More information is available at [File a Complaint | Office of Equity and Diversity | UTHSC](#)

VII. Fellow Eligibility and Selection Policy

- Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency.
- Fellowship programs must receive verification of each entering fellow's level of competency in general pediatrics, upon matriculation, using ACGME milestones from the core pediatric residency program. These typically document in the letter of recommendation from the residency program.
- Satisfactory completion of the United States Medical Licensing Examination (USMLE), Step 1, 2, and 3 exams.
- Review and approval of the applicant's educational qualifications including, their CV, Personal Statement, Scores, and Letters of Recommendation.

Applicant must complete application on ERAS

A completed application file will include:

- Completed application form.
- Current curriculum vitae.
- Personal statement (The personal statement should include previous research and clinical experience, reason for interest and an indication of your career goals.)
- Three letters of reference. One letter should be from the Director of your Residency.
- USMLE Score Reports, Official Medical School Transcript, and a recent photograph.

Resources

- Space in an ambulatory setting for optimal evaluation and care of outpatients.
- An inpatient area staffed by pediatric residents and faculty.
- Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments, staff skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult.
- Full support services, including Physical/Occupational Therapy, Social Services, Nutrition, and Feeding Therapy.

- Pediatric and neonatal intensive care unit.
- An on-site or an established commercial laboratory.

We are continually seeking qualified fellows for our fellowship program by interviewing and attempt to recruit diverse, qualified candidates each year. We are a small program as such average roughly 30 total applicants a year. These are screened by board scores and academic output (publications, posters, presentations, etc.) without knowledge of any demographic parameters. All candidates that are acceptable by screening are invited to interview. The faculty undergo mandatory training prior to the interview process concerning implicit bias. The eventual candidate ranking for the fellowship match is done by the entire faculty based on the entirety of the application packet.

VIII. Fellow Supervision Policy

Fellows and faculty members should inform each patient of their respective roles in that patient's care when providing direct patient care of their respective roles in each patient's care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the fellow can be adequately supervised by the appropriate availability of the supervising faculty member, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The program must define when physical presence of a supervising physician is required.

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Rotation-Specific Supervision

Fellows are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7 or to have designated a proxy in the case of a need for absence from immediate call availability. Any procedures to be performed are to be performed in the presence of a faculty member. As fellows progress through their training,

supervision will gradually be reduced while still maintaining the stages previously discussed. Again, all procedures must be supervised.

Supervision of Hand-Offs

Fellows will discuss all patients in a scheduled face-to-face handoff meeting with the individuals taking over. The process includes updating the formal shared rounding list kept on a secure share-drive. The sign-out will include anticipated problems or concerns, laboratory tests and imaging studies that require follow-up and plans for procedures on the following day. The on-call attending faculty will discuss any concerns with the on-call fellow and prepare a communication plan for the on-call night. At times, there may be a need for an indirect (via phone or electronic means) hand-off of supervision. These also follow the same processes.

Gaps in Supervision

Fellows are to review the schedule for the day and ensure if there is a change in supervision for any reason. If they are unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately. Guidance will then be provided based on each situation. Ideally, clinic specific policies are always followed in these situations to ensure that patient care is always provided in the proper manner.

IX. Process by which faculty receive fellow feedback

Fellows are given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation is confidential and in writing. The program director provides such feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from Fellow evaluation of rotations. This information is then passed onto the department chair, who provides an annual performance evaluation of each faculty member.

X. Method by which faculty performance is evaluated by Department Chair

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from Fellow evaluation of rotations. This information is then passed onto the department chair, who provides an annual performance evaluation of each faculty member.

XI. Method for reporting improper behavior in a confidential manner

Pediatric Gastroenterology Fellows may raise and resolve issues without fear of intimidation or retaliation. The Pediatric Gastroenterology program also follows all GME policies regarding this. The details may be found on the GME website.

In addition, if you witness harassment or believe you have been harassed, contact the individuals/offices below:

- a. If you have been harassed or are a witness to the sexual harassment of students, residents, post docs, faculty, staff or patients/clients notify your Program Director, Faculty, or the Office of Equity and Diversity.
- b. If you receive a report of harassment from a medical student or witness the harassment of a medical student, notify the Office of Equity and Diversity. Office of Equity and Diversity Michael Alston, EdD Assistant Vice Chancellor for Student Rights and Conduct & OED Director 920 Madison Ave., Suite 825 Memphis, TN 38163 (901) 448-2112 oed@uthsc.edu, or complete an [OED incident form](#) on-line.
- c. You can report any comments or concerns **anonymously** via our program website: X

XII. Assessment Instruments and Methods

Faculty Evaluation of Program and Fellows

Faculty have the opportunity to annually evaluate the program confidentially and in writing. The results will be included in the annual program evaluation.

Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. The CCC will review all Fellow/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding Fellow progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Fellow/fellow evaluation documentation and files that are reviewed by a program's QIC/CCC are protected from discovery, subpoena or admission in a judicial or administrative proceeding.

Procedure

1. A Clinical Competency Committee must be appointed by the program director.
 - a. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.
 - b. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's Fellows.
2. The Clinical Competency Committee must:
 - c. Review all Fellow evaluations at least semi-annually.
 - d. Determine each Fellow's progress on achievement of the specialty-specific Milestones.
 - e. Meet prior to the Fellows' semi-annual evaluations and advise the Program Director regarding each Fellow's progress.

The CCC members for the Pediatric Gastroenterology Fellowship program consist of the following:

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of Pediatric Gastroenterology Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress.	
NOTE: Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
	Anushree Algotar, MD – APD & CCC Chair
	Mark R. Corkins, MD - Program Director
	John Whitworth, MD - Faculty Member
	Justin Scoggins – Program Coordinator

Each meeting consists of a complete review and discussion of each fellows' milestones and performance throughout the program. This meeting is held every 6 months where the program director reviews the outcome of the CCC meeting with each fellow. All feedback is provided to fellows in documented form in a formal letter that is signed by the program director and the fellow or they can generate a rebuttal letter in response to any concerns they have within their review

Fellow Evaluation

The program utilizes the following methods for Fellow evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. All Fellows are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Formative Evaluation

1. Faculty must directly observe, evaluate, and frequently provide feedback on Fellow performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.
2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation, e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
4. Completed electronic evaluations are reviewed by the Fellow. Any evaluations that are marginal or unsatisfactory should be discussed with the Fellow in a timely manner and signed by the evaluator and Fellow.

5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the Fellow's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive Fellow performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the Fellow at least semi-annually. The program director or faculty designee will meet with and review each Fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and Fellow are required to sign the written summary that will then be placed in the Fellow's confidential file. The Fellow will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the Fellow should be advised, and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
 - Competency-based deficiencies
 - The improvements that must be made
 - The length of time the Fellow has to correct the deficiencies
 - The consequences of not following the improvement plan
 - Improvement plans must be in writing and signed by both the program director and Fellow
9. If unacceptable or marginal performance continues and the Fellow is not meeting program expectations, another review should take place in time to provide a written notice of intent to the Fellow at least 30 days prior to the end of the Fellow's current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the Fellowship program must give the Fellow as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's QIC/CCC. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.
2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the Fellow's permanent record maintained in the GME office and will be accessible for review by the Fellow. The end-of-program final evaluation must:
 - Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows are able to engage in autonomous practice upon completion of the program.
 - Verify that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
 - Consider recommendations from the CCC.

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; revies the program’s self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.	
Mark R. Corkins, MD - Program Director	Anushree Algotar, MD – APD & CCC Chair
John Whitworth, MD - Faculty Member	Chief Fellow
Justin Scoggins – Program Coordinator	

Annual Program Evaluation

Each ACGME-accredited Fellowship program must establish a Program Evaluation Committee (PEC) to participate in the development of the program’s curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

Procedure:

1. The Program Director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process.
2. The PEC will be composed of at least 2 members of the Fellowship program’s faculty, at one of who is a core faculty member, and include at least one Fellow (unless there are no Fellows enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
3. The PEC’s responsibilities include:
 - a. Acting as an advisor to the program director, through program oversight.
 - b. Review of the program’s self-determined goals and progress toward meeting them.
 - c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
 - d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.
4. The PEC should consider the following elements in its assessment of the program:
 - a. Curriculum
 - b. Outcomes from prior Annual Program Evaluations
 - c. ACGME letters of notification, including citations, areas for improvement, and comments
 - d. Quality and safety of patient care
 - e. Aggregate Fellow and faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Fellow and Faculty Surveys; and written evaluations of the program.
 - f. Aggregate Fellow: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.
 - g. Aggregate faculty: evaluation and professional development

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and Fellows.

The PEC members for the Pediatric Gastroenterology Fellowship program consist of the third-year fellow and three faculty members. This evaluation is normally held in June of each academic year.

Section 6. Fellow Benefits

I. Salary

Fellows in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

2022-2023 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits	Monthly
PGY 1	\$ 56,592.00	\$57,252.00	\$ 4,771.00
PGY 2	\$ 58,704.00	\$ 59,364.00	\$ 4,947.00
PGY 3	\$ 60,600.00	\$ 61,260.00	\$5,105.00
PGY 4	\$ 63,120.00	\$ 63,780.00	\$ 5,315.00
PGY 5	\$ 65,700.00	\$ 66,360.00	\$ 5,530.00
PGY 6	\$ 67,980.00	\$ 68,640.00	\$ 5,720.00
PGY 7	\$ 70,464.00	\$ 71,124.00	\$ 5,927.00

For information on the UT Salary and Insurance please visit the GME website:
<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

II. Health Insurance

For information on UTHSC Fellow insurance benefits, please visit the GME website:
<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

III. Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/claimscommission.pdf>

IV. Stipends

Each fellow in Pediatric Gastroenterology will be supplied with an educational stipend of \$1,000.00 each year. The stipend can cover books, conferences, and items related to the curriculum. Fellows must follow UTHSC policy & procedures when requesting reimbursement from their stipend.

White Coats: Fellows in Pediatric Gastroenterology will receive 3 white lab coats yearly. This information is sent through the GME office prior to the start of each academic year. New Fellows need to call **Landau - (901) 523-9655**; to be fitted for their coats, existing fellows, can just call and ask for their new coats for the year, unless they need a different size, which can be ordered without being refitted. When they are ready, Landau is doing curbside pickup for the coats at 1004 Madison Ave, Memphis, TN 38104.

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

V. Travel

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times—with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Fellow Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

International Travel (Educational purposes only)

International Travel Registration: <https://uthsc.edu/international/travel/itrp.php>

- Complete the online [Travel Information Registration](#) to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.
- As the last step in this process, purchase [ISIC/ITIC travel insurance card](#):
 - Residents/Fellows must purchase the International Student Identity Card (ISIC).
 - Faculty/Staff must purchase the International Teacher Identity Card (ITIC).

This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card.

Purchase your card online or call 1-800-781-4040.

All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered “international travel” and requires compliance with this registration program.

NOTE: Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

UTHSC officially discourages international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

Section 7. Curriculum

I. ACGME Competencies

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

- **Patient Care:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** 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.
- **Practice-Based Learning and Improvement:** Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

II. Milestones

The Milestones are designed only for use in evaluation of Fellow physicians in the context of their participation in ACGME accredited Fellowship or fellowship programs. The Milestones provide a framework for the assessment of the development of the Fellow physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at:

<https://www.acgme.org/globalassets/pdfs/milestones/pediatricssubspecialtymilestones.pdf>

III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations https://www.new-innov.com/Curriculum/Curriculum_Host.aspx?Control=CurriculumGrid

IV. Supervision and Graduated Level of Responsibility

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Procedures

- Fellows must understand the principles, symptoms, risks, and explanation of the results of procedures.
- Diagnostic colonoscopy (including biopsy) and therapeutic colonoscopy with snare polypectomy and diagnostic of the upper gastrointestinal endoscopy (including biopsy).
- Assessment of procedural competence should not be based solely on a minimum number of procedures performed, but on a formal evaluation process.
- Fellows must understand the principles, indications, risks, and interpretation of results of the following procedures:
 - a) Gastrointestinal manometry and gastrointestinal foreign bodies
 - b) Rectal suction biopsy and percutaneous liver biopsy
 - c) Paracentesis and pancreatic function testing
 - d) Esophageal impedance/pH testing
 - e) Breathe hydrogen analysis
 - f) Endoscopic placement of feeding tubes and Endoscopic Retrograde Cholangiopancreatography (ERCP)
 - g) Video capsule endoscopy
 - h) Hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding

Outcomes of Procedures include:

- Knowledge through direct patient care as well as through a variety of other learning activities.

- Learning activities, which may not involve direct contact with the patient, in which fellows engage to gain a solid understanding of these procedures and tests, should be well documented.
- Fellows should be familiar with the basic principles, indications, contraindications and risks of advanced endoscopic procedures, endoscopic ultrasonography, endoscopic laser therapy, endoscopic stent placement, and endoscopic esophageal fundoplication.
- Fellow must demonstrate an understanding of the indications, contraindications, risks, and benefits of diagnostic and therapeutic procedures, as well as skills in their performance.

Resident Supervision by Program information (supervision chart below) can be found at: <https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

Procedure	Target	Level of Supervision	PGY 4	PGY 5	PGY 6
Bravo pH capsule deployment	10	Direct Supervision immediately available	X	X	X
Colonoscopy with Biopsy			X	X	X
Colonoscopy with snare polypectomy			X	X	X
EGD Diagnostic			X	X	X
EGD with dilation (guidewire and through the scope)			X	X	X
EGD with foreign body removal	10	Direct Supervision immediately available	X	X	X
EGD with pancreatic stimulation			X	X	X
Endoscopic Deployment WCE			X	X	X
Endoscopic Placement of Transpyloric Feeding tubes or catheters, including motility catheters			X	X	X
Enteroscopy using Colonoscope			X	X	X
Flexible Sigmoidoscopy			X	X	X
Hemoclipping / Endoclipping			X	X	X
Injection of Ulcer			X	X	X
Percutaneous Endoscopic Gastrostomy			X	X	X
Perianal Botox			X	X	X
Polypectomy			X	X	X
Rectal Biopsy			X	X	X
Rectal Dilation			X	X	X
Sclerotherapy			X	X	X
Upper Endoscopy (EGD) Diagnostic			X	X	X
Therapeutic endoscopy EGD with control of bleeding variceal or nonvariceal-various methods and/or colonoscopy with control of bleeding-varies methods.			X	X	X
All procedures are performed under direct supervision of a faculty member.					

Section 8. Resource Links

Site	Link
New Innovations	https://www.new-innov.com/Login/
UTHSC GME	http://www.uthsc.edu/GME/
UTHSC GME Policies	http://www.uthsc.edu/GME/policies.php
UTHSC Library	http://library.uthsc.edu/
GME Wellness Resources	https://uthsc.edu/graduate-medical-education/wellness/index.php
ACGME Fellows Resources	https://www.acgme.org/Fellows-and-fellows/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements	https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/332_PediatricGastroenterology_2020.pdf?ver=2020-06-29-163354-377&ver=2020-06-29-163354-377

Section 9. Appendix

- I. GME Information and Dates
- II. Leave request Form
- III. Handbook Agreement

GME Information and Dates

Graduate Medical Education
920 Madison Avenue, Suite 447
Memphis, TN 38163

Natascha Thompson, MD
Associate Dean
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Fellow Orientation Schedule

New Fellow Orientation for 2022 will be held on the following dates:

Date	Time	Title
June 24, 2022	8:00 am - 12:00 pm	Methodist University Hospital (MUH)
June 24, 2022	1:00 pm - 5:00 pm	Baptist
June 27, 2022	8:00 am - 12:00 pm	Regional One Health (ROH)
June 27, 2022	1:00 pm - 5:00 pm	Memphis Veteran's Hospital (VA)
July 01, 2022	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

Other Important Dates:

July 29 - Deadline for incoming Fellows to provide documentation of ACLS or PALS

September-SVMIC

Department of Pediatric Gastroenterology

UTHSC

Leave Request Form

Name : _____

Date: _____

Leave to begin (Date/Time) _____

Leave to end (Date/Time) _____

Leave Category:

Number of days and/or Hours

- Annual leave/Vacation/Personal days _____
- Sick leave (personal/other) _____
- Professional Leave _____
- Other _____

Professional Leave:

Meeting: _____

Location: _____

Dates: _____

Approvals/Signatures:

Signature of fellow: _____

Program Co-Ordinator Approval: Yes/No

Signature: _____

Date: _____

Program Director Approval: Yes/No

Signature: _____

Date: _____

AGREEMENT for HANDBOOK OF PEDIATRIC GASTROENTEROLOGY

- I. I have received the 2022-2023 Handbook for the UTHSC Pediatric Gastroenterology Fellowship Program.

- II. I have been informed of the following requirements for house staff:
 - 1. Requirements for each rotation and conference attendance
 - 2. Formal teaching responsibilities
 - 3. Reporting of duty hours and case logging
 - 4. Safety policies and procedures
 - 5. On call procedures
 - 6. Vacation requests

- III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to the Program Coordinator no later than June 15, 2022.**