Division of Gastroenterology, Hepatology and Nutrition

Orientation 2013

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Assistant Professor of Medicine
Fellowship Training Program Director
Division of Gastroenterology, Hepatology and Nutrition Fellowship Program

Mission Statement

• Conduct *quality patient care*
• Educate trainees and postgraduate physicians
• Conduct good quality research and
  • Report the same in medical journals
  • and scientific meetings
• Participate in the academic goals in the Department of Medicine.
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Objectives

• Patient care
• Teaching
• Research
• Interaction with colleagues in the department and other schools in the University as well as national and international universities
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*Goal*

Train physicians so that upon completion of the program, they demonstrate sufficient professional ability to practice gastroenterology/hepatology competently and independently (without faculty supervision).
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Fellowship Program

Overview

- 3 years
- Patient care, education, research
- Gastroenterology, hepatology, nutrition
- Endoscopy (General/Advanced)
- 3rd Year – Focused Training (Decided by year 2. Dependent upon interests, skill and performance)
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*Mentors*
### Mentor Assignments

<table>
<thead>
<tr>
<th>Dr. Abell</th>
<th>Dr. Beauerle</th>
</tr>
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<tbody>
<tr>
<td>Dr. Barve</td>
<td>Dr. Omer</td>
</tr>
<tr>
<td>Dr. Cave</td>
<td>Dr. Crittenden</td>
</tr>
<tr>
<td>Dr. Dryden</td>
<td>Dr. Lam</td>
</tr>
<tr>
<td>Dr. Krueger</td>
<td>Dr. Patrick</td>
</tr>
<tr>
<td>Dr. Marsano</td>
<td>Dr. Warren, Rodriguez-Frias</td>
</tr>
<tr>
<td>Dr. Krueger</td>
<td>Dr. Kershner</td>
</tr>
<tr>
<td>Dr. McClain</td>
<td>Dr. Stocker, Smart</td>
</tr>
<tr>
<td>Dr. McClave</td>
<td>Dr. Landes</td>
</tr>
<tr>
<td>Dr. Parajuli</td>
<td>Dr. Wheeler</td>
</tr>
<tr>
<td>Dr. Roberts</td>
<td>Dr. Shah</td>
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</tbody>
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*Meet semi-annually*
Stress

- Reaction to change
  - Blood pressure elevation
  - Appetite changes
  - Sleep pattern changes
  - Thinking pattern changes, abstract thinking decreases
  - Back, neck pain
  - Immune system changes
  - Neuropeptide Y
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Fellowship Program
Defeating Stress

- Eat healthy
- Limit caffeine and alcohol
- Regular exercise
- Take charge - control your response to events
- Rest and recuperate (R&R)
- View change as opportunity
Too Blessed
To Be Stressed
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Sleep Deprivation

- Quantity, quality, and timing
- Average - 8 hours per night
- Sleep deficit is cumulative
- Quality - interrupted sleep - sleep apnea, periodic leg movements, phone calls!
- Sleep disruption - performance suffers
- Inattention - auto accidents, medication errors
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*Countering Sleep Deprivation*

- Know your limits- ask for help
- Minimize shift work
- Naps
- Caffeine
- Drugs- not proven effective
- Cab vouchers
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Tips for successful fellowship

- Communicate effectively
- On time
- Lead from the front
- Teamwork
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Fellowship Program

Another Tip

Instead, follow the chain of command, discuss concerns with your mentor, the chief fellows, program director(s) or division chief.
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*Outpatients*

<table>
<thead>
<tr>
<th>Location</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>Wed PM</td>
</tr>
<tr>
<td>AIM Clinic</td>
<td>Fri PM</td>
</tr>
<tr>
<td>HCOC Clinics</td>
<td>Variable</td>
</tr>
</tbody>
</table>

*Please Be On Time!*
<table>
<thead>
<tr>
<th>Conference Topics</th>
<th>Division Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Therapeutic Endoscopy</td>
<td>Division Meetings</td>
</tr>
<tr>
<td>GI Grand Rounds</td>
<td>Journal Club</td>
</tr>
<tr>
<td>Medicine Grand Rounds</td>
<td>Med/Surg Conferences</td>
</tr>
<tr>
<td>Motility</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Pathology</td>
<td>Core Curriculum</td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
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<tr>
<td>M&amp;M</td>
<td></td>
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</tbody>
</table>
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Conference Schedule

• Gut Club
• DDW Wrap-Up
• Liver Update
• KYSPEN
• KSGE (Ky Society for Gastrointestinal Endoscopy)
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Conferences

• Fellow Participation mandatory
• Evaluations mandatory
• Attendance Taken
  70% Fellows
  50% Faculty
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Night Call

• Mon-Thurs or Fri-Sun Blocks
• 1st year – Limited call first 2 months
• Changes must be given to Sam in writing (email is good)
• Pls Confirm with answering service
• If called, must see patient (not just phone consult)
• Attending must be called after seeing patient
• Hours
  - On call 5:00 PM – 7:00 AM M-F; All day S-S, and holidays
  - Daytime duties: 7:00 – 5:00 PM M-F
• Admissions to Jewish service must be seen upon arrival

***No more than two days in a row on call, anytime! Backup weekend call person usually covers Saturday night***
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Leave

- 20 days (4 weeks-not 28 working days, prefer weekly blocks)
  - Leave form authorized by Chief Fellow and attending
  - Do not finalize plans until authorized
- Program Director’s Discretionary Educational Leave
- Conferences/meetings must be turned in as vacation
- If VA/AIM clinic is canceled, leave must be authorized at least 6 weeks in advance or coverage must be obtained
- Service must be covered
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**Travel**

- 1st year fellows’ ASGE course
- One national meeting in the next two years (DDW, ACG, AASLD)
- Vacation time must be used
- Reimbursement form completed after meeting attendance with the following:
  - Airfare stub (even in prepaid by UL)
  - All receipts
  - Must honor meal allowance (eat whatever you want)
  - Allow 2 months for reimbursement
After Each Rotation, use New Innovations
At least meet semi annually with mentor
Procedures - keep logs up to date
Conference attendance expected 75%
Nurses evaluation
Please evaluate your teachers!
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*Academic Portfolios*

- **Journal Club Articles**
  - Review copy of article and written critique

- **GI Grand Rounds/Presentations**
  - Print out of slides and background
  - materials send electronic copy to SAM

slides/background articles

- **Manuscript/Abstracts submitted**

- **CV (review with your mentor annually)**

- **Work with mentor to prepare entries**
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Fellowship Program
80 Hour Work Week

- Averaged over 4 week rotation
- Home call not included unless called in
- 6 additional hours per week for education
- Includes moonlighting
- Work Hour Audits - new innovations

- Suspension
- No clinical privileges = no training
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**Duty Hours**

- Minimum of 24 hours per week or four days off per month free of patient care responsibility and off call.
- Service coverage 7:00 – 5:00 PM Mon-Fri for all clinical services
- Must complete quarterly time studies promptly and honestly
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**Moonlighting**

- Not required
- Prior written approval - Attending and PD
- Must not interfere with Division’s activities (80 hour work week)
- Limited to no more than 36 hours/week
- Total hours of moonlighting and hours required for the training program cannot total more than 80 hours/week with an extra 6 hours/wk for educational activities
- Cannot work 24 hour shift immediately preceding a regular workday for the training program.; total number of moonlighting hours worked immediately preceding/following a regular work day plus the number of hours expected to work during the regular work day may not exceed 4 hours.
- Must turn in report monthly even if no moonlighting
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ACLS

- Maintain certification throughout training
- Suspension
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Log of Supervised Procedures

- Indications
- Complications
- Name of supervising physician
- Monthly summary with attached log
- Maintain copies of reports
- Important for use in future credentialing
# Division of Gastroenterology, Hepatology and Nutrition Fellowship Program

*Minimum Number of Procedures Before Competency Can Be Assessed*

<table>
<thead>
<tr>
<th>Standard procedure</th>
<th>Number of cases required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>30</td>
</tr>
<tr>
<td>Diagnostic EGD</td>
<td>130</td>
</tr>
<tr>
<td>Total colonoscopy</td>
<td>140</td>
</tr>
<tr>
<td>Snare polypectomy</td>
<td>30*</td>
</tr>
<tr>
<td>Nonvariceal hemostasis (upper and lower; includes 10 active bleeders)</td>
<td>25*</td>
</tr>
<tr>
<td>Variceal hemostasis ~includes 5 active bleeders)</td>
<td>20</td>
</tr>
<tr>
<td>Esophageal dilation with guidewire</td>
<td>20</td>
</tr>
<tr>
<td>PEG</td>
<td>15</td>
</tr>
</tbody>
</table>

* *Included in total number.*
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Long Range Planning Committee

- Current Approach to Accreditation
  - Long list of requirements (400)
  - Only objective outcome is ABIM pass rate
  - Periodic external audit
- New (future) Approach to Accreditation
  - Continuous internal monitoring and improvement of trainee clinical competence
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Fellowship Program
Core Clinical Competencies

- Patient care
- Medical knowledge
- Practice based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
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*Practice-based Learning and Improvement*

- Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
- Use IT
- Access online
- Support their own education-teach others
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Systems-based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- Affect you have on other providers, the health care system and society
- Methods of controlling cost/allocating resources
- Practice cost-effective health care without compromising quality
- Assist patients in dealing with the system
- Know how to assess, coordinate, and improve health care
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Code of Conduct (Evaluation of Professionalism)

- Meet with your Mentors
- Turn in time Audits/Moonlighting reports!
  (Do not work more than 80 h/week)
- Maintain Academic portfolio/CV
- Sign Charts/Keep ACLS current
- Teamwork
- Be respectful of Others
  Answer pages promptly
  Nurses are evaluating
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Research

• Research experience is a required component of Fellowship Training
  – Discovery- original research
  – Dissemination- review articles or book chapters
  – Application- case reports or series presented at regional or national meetings

Begin planning process early- 1st year!
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Fellowship Program
Leadership

Program Director Dr. Parajuli
Assistant Program Director Dr. McClain
Overall Chief fellow Dr. Stocker

Co-Chief fellows
Curriculum/Education Dr. Smart
Scheduling/Personnel Chief Fellow Dr. Warren
Quality Improvement Dr. Kershner
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Administrative Personnel

Ms. Laura Hollifield
  Unit Business Manager
  Fellowship Program Coordinator
  Assistant to Division Chief

Mr. David Samwaru (Sam)
  Assistant to most clinical faculty
  Schedules
  IT resource
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Fellowship Program
Program Director
Other Issues

• Program Content
• Program Description
• Curriculum
• Breakdown of fellow responsibilities
• Uploading teaching conferences to web
• Fellow selection
Program Directors Conference
### Evaluation Methods

<table>
<thead>
<tr>
<th>Competency</th>
<th>In Place</th>
<th>Planned for 2005-2006</th>
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</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>Faculty global assessment</td>
<td>Standardized oral Examination derived from ACG guidelines</td>
</tr>
<tr>
<td></td>
<td>ABIM Certificate Examination</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>Faculty global assessment</td>
<td>Nurse evaluations</td>
</tr>
<tr>
<td>Interpersonal skills and</td>
<td>Faculty global assessment</td>
<td>Nurse evaluations</td>
</tr>
<tr>
<td>communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>Faculty global assessment</td>
<td>Nurse evaluations</td>
</tr>
<tr>
<td></td>
<td>Procedure log</td>
<td></td>
</tr>
<tr>
<td>Practice-based learning and</td>
<td>Faculty global assessment</td>
<td>Log of clinical questions &amp; searches</td>
</tr>
<tr>
<td>improvement</td>
<td>Portfolios of GI Grand Rounds</td>
<td></td>
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<td>Systems-based practice</td>
<td>Faculty global assessment</td>
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Code of Conduct (Evaluation of Professionalism)

- Changes in schedule should be cleared with those involved well in advance.
- Let attending (and Rosanne or Sam) know about last minute changes in call schedule.
- Present evidence of scholarly activity and evaluations etc. prior to semi-annual reviews.
- Your primary responsibility is Patient Care and the Service attending. (Show up on time)