

# "Gastroenterology Core Curriculum"

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**Training Directors' Workshop**

**San Antonio, Texas**

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# **BACKGROUND**

- **First published in 1996 in *Gastroenterology***  
Culmination of 4 year-effort by Training Directors  
Committee chaired by Dr. Lawrence Friedman  
Intent – critically examine content of GI curriculum
- **Revision published in *Gastroenterology* in 2003**
- **Third revision initiated in autumn 2004**
- **Goals of third edition**  
Link to ACGME Outcome Project's General Competencies  
Updated curriculum to include not only traditional training in  
GI and Hepatology, but also associated disciplines (e.g.,  
Pathology, Surgery, Radiology)

# **BACKGROUND**

- **Initially AGA assumed role in current revision**

# **2007 CORE CURRICULUM EDITORS**

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# **BACKGROUND**

- **Initially AGA assumed role in current revision**
- **2003 version revised by AGA members**
  - Contents of each chapter addressed by 2-3 faculty members**
  - Several telephone conferences held**
  - “Final” meeting held in Miami in March 2005**
- **Governing Boards of other three societies expressed interest in playing participatory role**
- **Revision process resumed with two reps from each society**

# **2007 CORE CURRICULUM STEERING COMMITTEE ROSTER**

## **AASLD Representatives**

**Don C. Rockey, M.D.**

**Stephen A. Harrison, M.D.**

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## **Staff Liaison**

**Ingrid Thomas (AGA)**

# **BACKGROUND**

- **After another round of revisions, final meeting held in Washington in January 2006**
- **Semi-final draft sent to program directors for comment in February 2006**
- **Last conference call held in April 2006**
- **Sent to four societies for approval prior to publication in *Gastroenterology***

# **2007 GI CORE CURRICULUM**

## **Overview**

- **Curriculum consists of 16 areas encompassing the breadth of knowledge and skills required for the practice of Gastroenterology.**
- **New areas incorporated into 2006 version; e.g.,**
  - New anti-reflux techniques**
  - Moderate (conscious) sedation**
  - CT colography**
  - Certificate of added qualifications (CAQs) in hepatology and other areas**
  - New methods in molecular technology**
- **Numerous challenges faced during preparation of revised edition, including establishment of absolute requirements versus suggestions.**

# **PROGRAM DIRECTOR SUPPORT**

## **ACGME Glossary of Terms**

**“Must”** – Terms used to indicate that something is required, mandatory, or done without fail. These terms indicate absolute requirements.

**“Should”** – A term used to designate requirements that are so important that their absence must be justified. The accreditation of a program or institution is at risk if it is not in compliance with a “should.”

**“Suggested”** – A term used to indicate that something is distinctly urged rather than required; may be *strongly* suggested.

# **2007 GI CORE CURRICULUM**

## **Overview**

- **The core curriculum represents a “living document.”**  
Intended to provide a framework for developing individual plan tailored to meet individual needs based on strengths and qualities of the specific training program.  
Curriculum is intended to evolve as new knowledge and technologies arise.
- **Importance of practice and research based on ethics, humanism, and professionalism is reinforced.**  
Quality and excellence supercedes numerical guidelines and duration of training.  
Commitment to lifelong learning is stated as a priority.  
Dedication to patient as a person  
Thoughtful, cost-conscious approach to technology, which is to be regarded as an extension of the craft and not the primary focus.
- **Active participation in research and other scholarly activities as a means of fostering inquisitive thought processes.**

# **2007 GI CORE CURRICULUM**

## **General Aspects of Training**

- **Prerequisites of training – Trainee must have completed 3-year residency in IM or be in ABIM Research Pathway at ACGME-accredited institution or foreign equivalent**
- **Training must take place in specific medical institutions**
  - Accredited in IM and GI by ACGME**
  - Affiliated with established medical school**
- **Institution must provide evidence of commitment to education**
  - Adequate and modern facilities**
  - Sufficient space and current equipment**
  - Financial resources to support appropriate compensation for trainees and for *sufficient faculty, including Program Director.***

# **2007 GI CORE CURRICULUM**

## **Educational Program**

- Training program must provide an intellectual environment for acquiring knowledge, skills, clinical judgment, attitudes, and values of professionalism.
- **ABIM – 2001 Project Professionalism:**

**“Professionalism in medicine requires the physician to serve the interests of the patient above his or her self-interest. Professionalism aspires to altruism, accountability, excellence, duty, service, honor, integrity, and respect for others. The elements of professionalism encompass a commitment to the highest standards of excellence in the practice of medicine and in the generation of knowledge, a commitment to sustain the interests and welfare of patients, and a commitment to be responsive to the health needs of society.”**

# 2007 GI CORE CURRICULUM

## New Fellows



# **2007 GI CORE CURRICULUM**

## **Educational Program**

- **Program should stress gastroenterologist's role as a consultant.**

**Need to establish communication skills**

**While substantial service to teaching hospital must be provided, service commitments *never* should compromise educational goals.**

- **Programs should cultivate an attitude of skepticism and inquiry.**

**Dedication to CME throughout career**

**Participation in research, presentations, manuscripts**

- **Duration – 3 years with minimum of 18 clinical months; goal should be to attain independence**

# **2007 GI CORE CURRICULUM**

## **Levels of Training**

**Level 1 – basic training for all trainees**

**Level 2 – for trainees seeking enhanced competence**

# **2007 GI CORE CURRICULUM**

## **Level 1 Training**

- **Minimum of 18 months of patient care experience**
- **Longitudinal out-patient experience for 3 years, with minimum of 6 months in same clinic**
- **Programmatic recommendations**

# 2007 GI CORE CURRICULUM

## Programmatic Recommendations

<b>Cellular/molecular physiology</b>	<b>Inflammation/infectious diseases</b>
<b>Hepatic pathology</b>	<b>Acid-peptic disorders</b>
<b>Women's health</b>	<b>Motility/functional disorders</b>
<b>Pediatric GI</b>	<b>Biliary tract diseases</b>
<b>Geriatrics</b>	<b>Pancreatic disorders</b>
<b>Nutrition</b>	<b>Malignancies</b>
<b>Radiology</b>	<b>Hepatology*</b>
<b>Surgery</b>	<b>Endoscopy</b>

\* One faculty member must have a primary interest in liver diseases; 30% of training.

# FELLOWS "ROUNDING"



# **2007 GI CORE CURRICULUM**

## **Programmatic Recommendations**

- **Endoscopy – certification of competency cannot be considered until minimum threshold levels met**
  - EGD – 130 (25 nonvariceal and 20 variceal bleeders)**
  - Esophageal dilation – 20**
  - Colonoscopy – 140 (30 with snare polypectomy/hemostasis)**
  - PEG/PEJ – 15**
  - Capsule endoscopy – 25**
  - ERCP and EUS expertise reserved for those desiring enhanced skills**
- **Research experience – 3-6 month experience**  
**“strongly suggested”**
- **Education – conferences and didactic sessions, including clinical, translational, and basic sciences**

# **2007 GI CORE CURRICULUM**

## **Level 1 Training**

- Minimum of 18 months of patient care experience
- Longitudinal out-patient experience for 3 years
- Programmatic recommendations
- After 18-month clinical core curriculum and 6-months of research/scholarly activity, 12 months of flexible time to meet needs of trainees' interests

Research

Endoscopy

Liver transplantation

Nutrition

Pediatric GI elective

# **2007 GI CORE CURRICULUM**

## **Level 2 Training**

- **Reserved for any gastroenterologist who wishes to specialize; year #4**
  - Advanced endoscopy – ERCP, EUS, etc.**
  - Nutrition**
  - Motility**
  - Hepatology, liver transplantation**
  - Geriatrics**
  - Basic, translational, clinical research; course work**
- **Advanced training may be accomplished during 3-year fellowship in some programs**

# 2007 GI CORE CURRICULUM

## Program Faculty

- A *single* training director *must* be responsible for the program.  
*Must* dedicate an average of 20 hours per week  
*Must* be based at the primary training site

# **PROGRAM DIRECTOR SUPPORT**

## **ACGME Guidelines**

### **II.A.4**

“The sponsoring institution *must* assure that adequate salary support is provided to the program director for the administrative activities of the internal medicine subspecialty program. The program director *must not* be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the program director’s salary, depending on the size of the program (see III.A.4.f).”

# 2007 GI CORE CURRICULUM

## Program Faculty

- Program *must* include a minimum of 4 full-time faculty members, including director  
All *must* be BC or possess equivalent qualifications.  
Ratio *must* be at least 1:1.5 (faculty:fellow).  
At least one *must* be a hepatologist.  
At least one *must* be an advanced endoscopist.
- Each full-time faculty *must* devote at least 10 hours per week (average) devoted to teaching, research, administration, evaluation.  
Need to serve as role models  
Should be engaged in scholarly activities

# 2007 GI CORE CURRICULUM

## Mentors' Responsibility



# **2007 GI CORE CURRICULUM**

## **Program Environment**

- **Internal medicine – trainees must maintain IM skills and work within framework of DOM.**
- **Other disciplines – trainees must learn to work with members of other specialties.**
- **Essential facilities and resources**
- **Patients – both in- and out-patient**
  - Sufficient new and follow-up patients**
  - Both genders, including pregnant women**
  - Geriatric and adolescent patients**
- **Facilities and equipment should be contemporary**
  - Fully equipped and staffed procedure laboratory**
  - Computers with appropriate software**

# **2007 GI CORE CURRICULUM**

## **Program Environment**

- **Support services are essential**
  - Full-service ED
  - Diagnostic and interventional radiology, other medical imaging
  - Department of Surgery
  - Oncology Unit
- **Modern fully-staffed ICUs**
- **Medical library with on-line capabilities**
- **Adequate administrative support**

# **2007 GI CORE CURRICULUM**

## **Conferences, Other Activities**

- **Clinical conferences should be held weekly; fellows should be involved with planning and content.**
- **Interdisciplinary conferences at least monthly**
- **Journal clubs at least monthly**

**Both basic science and clinical**

**Teach skills of critical reading, detection of bias, controls, statistics**

- **Didactic lectures – physiology, pathophysiology, etc.**
- **Visiting scholars to stimulate new ideas**
- **Participation in quality assurance and quality improvement**
- **Participation in research and study design**

# **2007 GI CORE CURRICULUM**

## **Conferences, Other Activities**

- **Teaching – fellows should actively participate in teaching students, residents, junior fellows**
- **Most importantly, trainees should develop an independent scholarly approach by reading and by attending seminars, courses, and annual scientific meetings.**

# 2007 GI CORE CURRICULUM

## Evaluation of Educational Goals

- Formal evaluations are required by ACGME for purpose of credentialing
- Verbal and written feedback required (a *must*) at regular intervals.
- Elements of competence

Patient care – H&P, diagnosis, plan, presentation, etc.

Medical knowledge – physiology, pathophysiology, pharmacology

Practice-based learning and improvement – must analyze and assimilate scientific evidence and draw from own experience

Interpersonal and communication skills – “team player”

Professionalism – ethical behavior, responsiveness, sensitivity

Systems-based practice – trainee must demonstrate an understanding of the larger context and system of health care delivery; must learn cost-effective health care without compromise.

# **2007 GI CORE CURRICULUM**

## **Evaluation of Educational Goals**

- **Trainee competence – direct observation, log books, periodic patient care record reviews, portfolios, Patient and staff surveys, formal examinations**
- **Evaluation of graduates**
  - Scores on Certification and Recertification exams**
  - Licensure and practice status of graduates**
  - Involvement in postgraduate and CME programs**
  - Involvement in teaching and research activities**
  - Publications**
- **Evaluation of training program and faculty**
  - Graduates should be surveyed at intervals about relevance of training**
  - Trainees must anonymously evaluate faculty and program**
  - Program director must meet with trainees to evaluate curriculum**
  - Standardized testing should be used to assess individual trainees' performances and program's success in achieving educational goals.**

# **2007 GI CORE CURRICULUM**

## **Message from the Chief**

