UNIVERSITY OF MINNESOTA

2013-2014 FELLOWSHIP
Policy & Procedure Addendum

Department of Medicine
Gastroenterology Fellowship Program

Revised 6/30/13
i. INTRODUCTION AND WELCOME TO NEW FELLOWS

On behalf of the faculty, staff, and fellows, welcome to the Gastroenterology Specialty Training Program at the University of Minnesota. We hope that the time you spend with us will be both educational and enjoyable.

This Fellowship Manual refers to policies and procedures specific to the Gastroenterology Fellowship Training Program. Please refer to the Institution Manual (GME) and the Program Manual (Internal Medicine Residency) for the Department of Medicine for further policies and procedures on the following: Student Services, Benefits, Disciplinary and Grievance Procedures, General Policies and Procedures, and Administration. Policies apply to all educational experiences within the program and are subject to periodic review and change by the faculty, program director, and department chair.

The Institution Policy Manual can be found on the GME website at: http://www.med.umn.edu/gme/residents/instpolicyman/home.html.

The Program Manual can be found on the Internal Medicine Residency website at: http://www.med.umn.edu/gme/programresources/programmanuals/home.html

Fellows are responsible for knowing and adhering to the policies and guidelines contained in these manuals.

OVERVIEW

The University of Minnesota Gastroenterology Fellowship Training Program is an ACGME-accredited, three-year program.

The program director is John Lake, M.D. The three-year gastroenterology program currently consists of five training sites (UMMC-F, VA Medical Center, HCMC, Regions Hospital, and Abbott-Northwestern Hospital), 26 faculty members, and a current complement of twelve trainees. We offer excellent training in all aspects of gastroenterology including standard GI procedures, biliary endoscopy, inflammatory bowel disease care, viral hepatitis, liver transplantation, and esophageal motility.

The gastroenterology training program has been highly successful and extremely competitive, with more than 300 applicants for our trainee positions each year. The quality of applicants is excellent, with candidates applying from outstanding teaching centers throughout the United States. Our fellows have expressed a high level of satisfaction with the training program. The graduates are in strong demand, because they are recognized as possessing superb clinical and endoscopic skills upon completion of our program. All trainees undertake research projects during their second year of training, and every trainee who has graduated from the program in the past 10 years has published or presented a paper, abstract, or made an oral presentation at one of our national meetings. The trainees who complete our program and take ABIM boards have passed with excellent scores. About one half of our graduates become academic faculty members here or at other institutions. We recognize the current extraordinary shortage of gastroenterologists locally and nationally, and are proud of our program and its important mission to provide outstanding graduates to meet current demands both in practice and in academia.

The University of Minnesota has a proud tradition of training in the specialty of Gastroenterology for over 30 years. Faculty members have included two former presidents of the American Society for Gastrointestinal Endoscopy, past president of the American Association of Transplant Physicians, three
former Schindler Award winners (for excellence in the advancement of endoscopy - more than any other university program), as well as a medical dean and GI division chiefs at outside universities. The University of Minnesota Gastroenterology Training Program consistently produces trainees with outstanding clinical and procedural skills, as well as excellent credentials for careers in academic medicine. At least 17 trainees currently hold full-time academic appointments, and nine others have been full-time faculty members. The program prides itself on its ability to meet individual trainees' needs and career goals.

ELEMENTS OF TRAINING

Clinical
GI fellows receive a minimum of 18 months of clinical training and six months of research training during the three-year program. For most GI fellows, the program consists of two clinical years (first and third) and one research year (second year). However, the program is able to adapt to individual fellow's needs for additional clinical or research training beyond the minimum requirements.

Clinical training consists of three-month rotations at each of the five teaching hospitals. Fellows coordinate the GI/hepatology consult service (in conjunction with an attending staff gastroenterologist, rotating internal medicine residents and medical students) and perform endoscopic procedures. Fellow consults, follow ups and participation in endoscopic procedure clinics are fully supervised by staff gastroenterologists. Night call responsibility averages every fourth night and every two to four weekends. Call is taken at home. Fellows are fully supervised by staff gastroenterologists during on-call time.

Continuity Clinic
A Continuity Clinic (half a day, once a week) is assigned to each fellow at one of the five teaching hospitals for their entire three years in the program. Fellows continue to participate in this supervised clinic during their research training.

Research
Research training begins during the first year with selection of a faculty mentor and development of a focused research project. Research opportunities range from basic science "bench" projects to clinical projects or "outcomes" studies. Mentors are usually GI faculty members, but University faculty outside of the GI section are also available for specific projects. During the 6-12 month research period, fellows continue to take night call, including emergency endoscopies.

Teaching Conferences
Teaching conferences include a weekly two-hour citywide GI conference, consisting of fellow case presentations and discussions, didactic lectures, GI histopathology and radiology, basic science and research presentations, journal club, and guest lecturers. Each teaching hospital also has its own conference schedules, including internal medicine grand rounds, core curriculum lectures, and M&M conferences (which include GI topics), as well as GI section pathology and surgical conferences, journal review, etc.
**PROGRAM DURATION**
The program is for three years (meeting ABIM requirements), with three fellows beginning the program each year.

**Endoscopic Procedures**
More than 15,000 endoscopic procedures are performed at the five hospitals, including > 1,000 ERCP cases. GI fellows participate in these procedures at all sites.

**Patient Diversity**
The five hospitals serve complimentary and diverse patient populations, which includes acute and chronic illness, tertiary referral patients, and ethnic diversity within a blend of GI, hepatology, and pancreaticobiliary cases.

**COMPENSATION & BENEFITS: GASTROENTEROLOGY**

**Stipend 2013/2014**
- PGY4 $55,223
- PGY5 $57,348
- PGY6 $59,361
- PGY7 $61,259

**Benefits**
- Four weeks paid vacation per year
- Discounted access to state-of-the-art U of M recreational facilities, including Olympic-sized swimming pool, basketball court, and weight facilities
- Free internet access
- Pre-tax health care reimbursement
- Pre-tax dependent care reimbursement

**Insurance**
- Health insurance for fellows (family insurance available at additional cost)
- $25,000 life insurance policy
- Disability insurance
- Dental Insurance for fellows
- Malpractice insurance at each hospital

**TRAINING FACILITIES**
The training rotations are completed at University of Minnesota Medical Center-Fairview, Minneapolis VA Medical Center, Hennepin County Medical Center, Regions Hospital, and Abbott Northwestern Hospital. There are 23 full-time gastroenterologists among the five teaching hospitals.

Each teaching hospital has a fully staffed gastroenterology procedure clinic, with facilities for diagnostic and therapeutic upper GI endoscopy, colonoscopy, sigmoidoscopy, and endoscopic retrograde cholangiopancreatography. Liver biopsy, paracentesis, and motility studies are done at all facilities. The VA and Hennepin facilities offer endoscopic ultrasonography, and EUS with fine needle aspiration is performed at Hennepin. All facilities have medical and surgical intensive care units and full surgical, pathology, and radiology services, including CT, MRI, and MR-CP. A liver transplantation program (average of 35 cases per year) is present at University of Minnesota Medical Center-Fairview. Pediatric GI services and interactions are available at all hospitals except VAMC. The pediatric GI training program at University of Minnesota Medical Center-Fairview participates in GI teaching conferences.
ii. DEPARTMENT MISSION STATEMENT/PHILOSOPHY

The mission of the University of Minnesota Department of Medicine and Gastroenterology Division is to enhance the health of the people of Minnesota, the nation, and the world, through innovation and research, education, and patient care. (Also See Internal Medicine Program Manual)

iii. PROGRAM MISSION STATEMENT

It is the mission of our program to provide both excellent training in the practice and science of gastroenterology by immersion in patient care, with emphasis upon critical reasoning, scholarship, and professional responsibility, and to promote personal and professional satisfaction. Our goal is to provide excellence in clinical and procedural training, and to facilitate diverse opportunities for trainees to develop academic and/or clinical careers.

The University of Minnesota Gastroenterology Training Program endorses and adheres to the "Gastroenterology Core Curriculum," as drafted by the Gastroenterology Leadership Council. This curriculum is available in division offices at all participating hospitals and serves as the basis for our training program. The specific objectives in this summary are derived from the curriculum.
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SECTION I. STUDENT SERVICES

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: Academic Health Center (AHC) Portal Access; Child Care; Computer Discount/University Bookstore; Credit Union; Disability Accommodations; Legal Services; Library Services; Medical School Campus Maps; Nursing Mothers Resources; Resident Assistance Program; University Card (UCard); University Events Box Office; University Recreation Sports Center(s).

Universal University Pagers
Each fellow will be assigned a pager to be carried throughout their training. Pagers are available from the GI Office. Pagers have an 80 mile radius. Batteries for pagers are available at all the medicine offices or switchboards at each of the hospital sites. Fellows should turn in their pagers to GI division offices if their pager needs repair, and a temporary pager will be assigned. Graduating Fellows: please be sure to return your pager to the GI Office.

E-Mail and Internet Access
GI Fellows are assigned a University of Minnesota e-mail account at the beginning of their training. A directory of the addresses is located in the Housestaff Manual. E-mail addresses can also be found by searching the University of Minnesota web site at http://search.umn.edu. Important messages are sent to GI fellows via this e-mail address and fellows are responsible for reading email on a regular basis.

All Residents and Fellows have internet access through the University of Minnesota. Your login and password are tied in with your email account with the University of Minnesota. To login, go to the University of Minnesota, Twin Cities website: http://onestop.umn.edu/ - Click on “myU Portal” – located in the top, right corner of this page; Enter your x500 (Internet ID) and password
If you are logging in for the first time, and don’t have your password information yet, this page will give you the phone number to call for this information OR you can click on the “Student Internet Account Initiation” button, which is also located on this page. The “my Portal” site is the location for general information and many resources at your fingertips.

You also have access to your Human Resources information through the Employee Self-service web site: www.hrss.umn.edu. This site houses your bi-weekly pay statements and other benefit information. For this reason, it is very important that you logout of the internet when you are done viewing this site, as personal payroll information is listed here.

E-mail training is available to incoming GI fellows to ensure proficiency with their e-mail account. This account is used for all evaluations, so it is vital that all fellows are familiar with how to use it. Fellows are expected to have a computer, internet access and cell phone for clinical and academic duties.

Computer training is offered at University of Minnesota Medical Center-Fairview. The Biomedical Library staff present an overview of the services and resources offered through the use of computers, and also demonstrate search strategies for medical practice and research. Using on-line demonstrations of the library's on-line web forms to request services (e.g., photocopying) and databases to search for health related information (e.g. Medline and electronic journals), fellows can learn how to connect to these resources from within the library, from their clinics, or from home. Information is updated monthly to give fellows access to the most current health topics. The Biomedical Library will also assist residents in any other computer-related issues they might have.
## Computer/Clinical Application

<table>
<thead>
<tr>
<th>Application Name</th>
<th>What it does</th>
<th>Location(s) in use</th>
</tr>
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<tbody>
<tr>
<td>Secure Gateway</td>
<td>Provides access to Fairview clinical applications from computers on the University network.</td>
<td>UMMC</td>
</tr>
<tr>
<td>EPIC - AllScripts (EMR/Touchworks)</td>
<td>UMP outpatient electronic medical record</td>
<td>UMP clinics</td>
</tr>
<tr>
<td>FV Intranet</td>
<td>Provides links to MD resources for training, Allscripts, library resources, etc</td>
<td>Any pc that can connect to FV network</td>
</tr>
<tr>
<td>EPIC - FCIS</td>
<td>Inpatient electronic medical record: enter orders and review results and dictated documents</td>
<td>All metro Fairview hospitals</td>
</tr>
<tr>
<td>PACS – Image Cast</td>
<td>View radiology images</td>
<td>All metro Fairview hospitals</td>
</tr>
<tr>
<td>Dictaphone</td>
<td>Dictate reports, H&amp;P’s, discharge summaries, etc</td>
<td>UMMC</td>
</tr>
<tr>
<td>OTTR</td>
<td>Organ Transplant Tracking Record – Electronic database replacing the “shadow charts” in the Transplant Office – for all solid organs</td>
<td>UMMC, All metro Fairview hospitals</td>
</tr>
<tr>
<td>(RMS) Residency Management Suite</td>
<td>New medicare reporting that tracks the duty hours and activity of each resident/fellow.</td>
<td>Any pc that can connect to the internet</td>
</tr>
<tr>
<td>Provation</td>
<td>Chart procedure notes</td>
<td>Endoscopy – UMMC &amp; Riverside</td>
</tr>
<tr>
<td>Emtek / C2K</td>
<td>Nursing documentation of meds and daily cares, review lab results</td>
<td>UMMC-UC: 4A, 4B, 4C, 4D, 5C, 5D, 6C, 6D, BMT clinic, UMMC-RC: NICU</td>
</tr>
<tr>
<td>CVIS</td>
<td>Report and billing for procedures</td>
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<td>Powerscribe</td>
<td>Radiologists use to dictate/edit/sign reports</td>
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Administrator staff in GI Office will give you your username/password for some of the applications used. You may not use all or have access to all applications. If there is an application you do not have information for, please let the admin staff know to get you access.

If you have are having problems logging into these systems, please call the Information Center at 612-672-6805 (for EPIC, Imagecast) or the UMP Physicians Help Desk at 612-884-0884 (for Allscripts). Please note that the **AllScripts passwords deactivate after six months**. You will need to call the UMP Help Desk to reactivate your account.

**Fellows Computer:** Endoscopy – UMMC 1-110 or V374 (by GI Office)
RESIDENCY MANAGEMENT SUITE (RMS) (See also Institution Policy Manual)
New Innovation Inc.’s Residency Management Suite is a tool that allows you to unify data into a centralized data warehouse and to complete tasks, historically performed using multiple, incompatible methods, through one common interface. An individual Program, Practice, or Fellowship can use the Residency Management Suite to assist with tasks such as scheduling, procedure logging, evaluations, monitoring conference attendance, duty hours and general personnel tracking.

Medicare Reporting now requires that programs track the duty-hours and activity of each resident/fellow using RMS. This tracking is directly connected to Medicare reimbursement and federal regulation. In the past, Medicare has utilized the schedule sent to them by divisions, using the fellow’s activities on the first day of the month as a template. We are now required to report on specific activities; such as rotation block schedules, continuity clinics, conferences, attending schedules, and vacations. Besides the reporting, fellows will be responsible to login and approve the duty hours that are assigned to them and report any new conferences attend, attending schedules at each site, and vacations taken on a daily basis.

Login Instructions  (UMN-IMED-Gastroenterology)
Division coordinator will give you your user name and initial password.

1. Navigate to http://www.new-innov.com/Login/Login.aspx - use Internet Explorer.
2. Click on “Client Login.”
3. Type “MMCME” (must be in CAPS) in the text box, and click on “submit.”
4. Type in your user name and password, and click on “login.”
   a. Hint: Add this Login page to your list of favorite Internet pages for future ease of access.
5. Change your password by click on “Change Password” on the top menu bar.

Choose “Log My Duty Hours” from the “My Favorites” box on the Welcome page.

Website – Department & Division
Department of Medicine – www.dom.umn.edu
Gastroenterology Division – www.med.umn.edu/gi/

Websites – Miscellaneous
https://www.myu.umn.edu
myU Portal for Graduate Medical Education (GME) is a central communication tool for residents and fellows. It provide a wide range of information and single site, direct access to the some of the following: details about your immunization status at Boynton Health Service, HIPAA training/status, and many more University services including financial aid, email, library resources such as OVID and Medline, Up-To-Date, bookstores, Recreational Sports Center, etc.

https://my.ahc.umn.edu
My AHC is your Academic Health Center portal, offering a variety of news, tools, discussion boards, opportunities to publish and share your own content, the chance to connect with others who share your interests, and the ability to access a variety of University applications and resources.

http://hrss.umn.edu
This is the Self-Service site on which you can access many links regarding your University pay statement, change of address form and other things…
http://www1.umn.edu/twincities/index.php
This is the University of Minnesota homepage, where you can view campus calendar highlights for the week, links to the four other University locations, links to the different libraries on campus, link to onestop (information and services for students, faculty, and staff), and different links within the campus.

http://search.umn.edu/
Use this website to search for people, things or department within the University of Minnesota.

Campus Mail
The GI fellows will have a mailbox at each hospital site during their rotation. At UMMC-F, fellows’ mailbox are in the GI Office, V366 and in the staff room in Endoscopy.

Mailing Addresses
Division of Gastroenterology/Hepatology/Nutrition
University of Minnesota
406 Harvard St. SE, V366
MMC 36
Minneapolis, MN  55455

Gastroenterology Section 111-D
VA Medical Center
One Veterans Drive
Minneapolis, MN  55417

Department of Medicine (GI)
Regions Hospital
Health Partners Specialty Clinic
435 Phalen Blvd.
St. Paul, MN  55130

Department of Medicine, GI 865B
Hennepin County Medical Center
701 Park Avenue
Minneapolis, MN  55415

Department of Medicine (GI)
Abbott-Northwestern Hospital
800 East 28th Street
Minneapolis, MN  55407

HIPAA Training
All incoming fellows are required to participate in HIPAA Clearance / Computer Lab during their initial mandatory orientation. The four mandatory modules include: Intro Video; Safeguarding PHI on Computers; Privacy and Confidentiality in Research and; Privacy and Confidentiality in Clinical Settings.
**OSHA Training**
All new fellows to the GI training program should complete this training at their earliest convenience. Annual refresher training, which fellow will take next year, will be conducted on an annual basis, hopefully as a group effort, at City-wide Conference (we are currently coordinating refresher training for the 2nd and 3rd year fellows at an upcoming conference).

Fellow will want to go to: [http://www.dehs.umn.edu/](http://www.dehs.umn.edu/). Then link to “**New Employee Safety Training**” and complete all three modules: *Introduction to Research Safety: Chemical Safety: and Chemical Waste Management.* Then also complete “**Preventing Employee Exposure to Bloodborne and Other Pathogens.**” After completing the training, print out & sign confirmation and turn these forms into Sheryl Broad.

**Faculty Advisors**
If they wish, fellows may choose a faculty advisor during their first year, from whom they can seek counsel throughout their training. The role of the advisor is to:
- Serve as a mentor and support person throughout the program
- Keep the fellow informed regarding faculty and medical center issues
- Provide advice regarding rotation schedules
- Actively follow the academic progress of the fellow, including review of the mid-year and year-end evaluations, and the results of the in-training examination
- Provide advice regarding career choices
- Facilitate problem solving
- Most importantly, advisors can serve as a research mentor during the 6-12 month research segment of training

Fellows and the GI training director must meet a minimum of twice per academic year, and should also communicate regularly either by phone or via e-mail. Feedback will be provided by the facility service chief at the midpoint of each three-month clinical rotation. Meetings with the research mentor/advisor will be more frequent. If you wish to have a minority professional advisor for the metropolitan community, contact the program director, or Mary Tate in the Medical School Office of Minority Affairs (625-1494).

**BCLS/ACLS Training**
BCLS/ACLS training is available, and certification should be maintained (see Program Manual).

**Career Search Resources**
In order to assist fellows with their post-fellowship career search, the Gastroenterology Division and the program director maintain a file of employment opportunities at the Minneapolis VA Medical Center and at the University of Minnesota.
SECTION II. BENEFITS

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: Insurance: Dental Insurance; Health Insurance; Life Insurance; Voluntary Life Insurance; Long-Term Disability; Short-Term Disability; Insurance Coverage Changes; Immunization Services; Exercise Room at UMMC-FV; Bereavement Leave; Family Medical Leave Act (FMLA); Holidays; Medical Leave; Military Leave; Parental Leave; Personal Leave; Professional Leave; Vacation/Sick Leave; Witness/Jury Duty; Effect of Leave for Satisfying Completion of Program; Loan Deferment; Loan Program: Emergency Loan Program through Minnesota Medical Foundation; Minnesota Medical Association Membership; Professional Liability Insurance; Stipends; Veterans Certification for Education Benefits; Workers’ Compensation Benefits.

Stipend Levels (See also Institution Policy & Program Manuals)
Listed below are the 2013/2014 base stipends for the Department of Medicine:

- PGY4 $55,223
- PGY5 $57,348
- PGY6 $59,361
- PGY7 $61,259

Vacation and Sick Policy
In accordance with ABIM policy, fellows will be given one month (28 days) leave per academic year to be used for vacation, sick, parental or family leave (including pregnancy-related disabilities and paternal leave). There is a standard Vacation Request Form that must be completed and signed by the Fellow, as well as the Rotation Site Director, for approval. This form must be completed and turned in at least six (6) weeks prior to any possible outpatient clinic cancellations.

Vacation/sick time includes 20 weekdays and eight weekend days. One full week is defined as Sunday through the following Saturday. Exceptions to this one full week policy must be approved by the Program Director and Rotation Site Director, and clinical coverage needs to be arranged. It is preferred that vacations are limited to one week at a time, and that only one vacation week be taken during any given rotation.

Graduating fellows are generally not permitted to take vacation in their last two weeks of training. If you plan to take vacation in the last two weeks, please speak with the Program Director and Rotation Site Director accordingly.

Training must be extended to compensate for any absences, which exceed one month per year of training (3 months total for entire fellowship). See Institution Policy Manual for information pertaining to Family Medical Leave Policy / Childbirth or Adoption.

Reporting and Tracking
Fellows must call the GI office at 612-625-8999 to communicate vacation time, even when rotating outside UMMC-F. It is the fellow’s responsibility to inform GI Office at U of MN and all clinics affected. Timely completion of the Vacation Request Form is necessary as well.

When using vacation time, first contact the U of MN GI office and report the days that you will be gone. This is done for three reasons. First, if vacation affects a clinic, we will cancel clinic in advance.
Second, we need to know fellow availability for daily patient care. Third, Fellows’ vacation time is entered into a database that is reviewed on a regular basis by the Department of Medicine and directly linked to Medicare reimbursement. We need to be sure our records are up-to-date.

To cancel clinic, follow the appropriate procedures for canceling clinic at each site and communicating with the site secretary. For UMMC-F, complete the “Faculty Leave/Clinic Cancellation Form” (see Appendix A) and fax to GI Office at 612-625-5620. For VA clinic call/email or fax request to Val Wesley at the VAMC.

There also is a “Fellow Vacation Leave Request” form (see Appendix B) that fellows will fill out each month and have signed by the supervisor at your current rotation. These forms will be sent to the GI office at the end of each month to keep in file. Fellows can give the forms to the administrative support at the affiliated hospitals to fax to the U of M or the fellow can fax it to 612-625-5620. This is a mandatory requirement of both ABIM and Graduate Medical Education (GME).

Sick Time: Fellows must notify the divisional administrative staff at their rotation site. If extended sick leave is anticipated, the U of M GI office must also be notified (625-8999).

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**Professional and Academic Leave of Absence/ Travel Reimbursement Policy**

**Funding Allocation**

1. Each fellow may be reimbursed up to $2000 per academic year for education expenses
   a. This includes travel expenses to scientific or research meeting/conference.
   b. This includes support of research, scholarship, and clinical activities during their training period.
2. Fellow who are presenting research (i.e. poster/paper) at more than one conference in an academic year can receive additional funds (not to exceed $500). Fellow will need to submit the “Supplemental Fund” form to the Program Director for approval prior to making any reservations or reimbursement will not be honored.
3. Funds can be used incrementally over the current academic year. Funds do not carry over to the next academic year.

**Allowable Expenses**

*Note: This list is not all-inclusive; additional expenses may be allowed, with prior approval.*

- **Eligible Scientific or Research Meeting/Conference**
  - ACG
  - AGA
  - APA
  - AASLD
  - ASGE
  - IBD
  - DDW
  - ILTS

- **Research/Scholarship**
  - conference-related expenses
  - poster preparation
  - consultant costs (e.g., statistics)
  - conference-related expenses

- **Clinical**
  - society dues
Procedure for Accessing Fellow Expense Support Allocation

1. Fellow will fill out and email expense support request form to Bao Moua (mouax029@umn.edu). (Fund balance can be obtained from Bao.)
2. Bao will email request form to Dr. James Abraham for review and approval.
3. Bao will notify fellow of outcome of request.
4. If request approved, fellow will discuss purchase with or submit receipts to Bao for processing.
5. Bao will record expense(s) for each fellow and will update the balance.

Parental Leave: Maternity/Paternity Leave
Fellows are provided with 6 weeks of paid maternity leave and 2 weeks of paid paternity leave. Fellows should notify their Program Director and Administrator as far in advance as possible of the request for personal or maternity/paternity leave.

When requesting a Leave of Absence, please consider the following:
- The ABIM allows one year of training to be interrupted by only four weeks, including vacation, sick leave, educational leave and Maternity/Paternity Leave.
- Any time off exceeding four weeks will extend your training.
- You will need to complete 36 months of training by 8/31 of the year you intend to sit for the ABIM certification exam.

If you take maternity leave (6 weeks paid) or paternity leave (2 weeks paid), consider the following:
- This leave time in addition to any vacation time could extend your training.
- **Maternity Leave** (6 weeks paid):
  - **4 weeks** – If no vacation time was used in the year, you do not need to be make up these 4 weeks of maternity leave. And it is paid time.
  - **2 weeks** – This time will need to be made up, but it is paid time

**Anything past this will not be paid and all time over four weeks will need to be made up.

Salary Source During Maternity Leave
- The first 14 days of maternity leave, 100% of salary is paid by the U of MN
- Weeks 3-6, 30% is paid from the U of MN, 70% is from the short-term disability carrier

The fellow should exercise consideration in informing the program director as early as possible to allow scheduling of curriculum plans to accommodate the leave. It is the responsibility of the fellow and the program director to ensure that Board eligibility requirements are met within the original fellowship period or that alternative arrangements are made.
SECTION III. INSTITUTION RESPONSIBILITIES

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: ACGME Resident Survey Requirements; ACGME Site Visit Preparation Services; Master Affiliation Agreements or Institution Affiliation Agreements; Program Letters of Agreement; Confirmation of Receipt of Program Policy Manuals; Designated Institution Official Designee Policy; Duty Hour Monitoring at the Institution Level Policy and Procedure; Experimentation and Innovation Policy; Funding; GME Competency Teaching Resources and Core Curriculum; Graduate Medical Education Committee (GMEC) Responsibilities; Graduate Medical Education Committee Resident Leadership Council Responsibilities; Institution and Program Requirements; Internal Review Process; International Medical Graduates Policy; New Program Process; Orientation; Visa Sponsorship Policy.

SECTION IV. DISCIPLINARY AND GRIEVANCE PROCEDURES

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: Discipline/Dismissal/Nonrenewal; Conflict Resolution Process for Student Academic Complaints; University Senate on Sexual Harassment Policy; Sexual Harassment and Discrimination Reporting; Sexual Assault Victim's Rights Policy; Dispute Resolution Policy.

The Executive Committee of the Gastroenterology Division consists of section chiefs at each hospital, the division chief (Dr. Martin Freeman) the Training Director (Dr. John Lake), advanced fourth-year Training Director (Dr. Martin Freeman), one senior GI Fellow, Administrative Director (Beth Olson), and affiliated faculty. The committee meets monthly and will address all disciplinary and grievance issues in a format consistent with University of Minnesota policy, as outlined in the Institution Policy and Internal Medicine Program manuals.
SECTION V. GENERAL/PROGRAMMATIC POLICIES AND PROCEDURES

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: Academic Health Center (AHC) Student Background Study Policy; Background Study Policy and Procedure; Academic Incivility: Resources for Dealing with Harassment; Applicant Privacy Policy; Appointment Letter Policy and Procedure; Blood Borne Pathogen Exposure Policy; Certificate of Completion Policy; Classification and Appointment Policy; Compact for Teaching and Learning; Disability Policy; Disaster and Local Extreme Emergent Situation Planning Policy and Procedure; Documentation Management Requirements Policy; Dress Code Policy; Duty Hours/On-Call Schedules; Duty Hours Policy; Duty Hours/Prioritization of On-Call Room Assignments; ECFMG/J1 Visa Holders: Documentation Required for FMLA; Effective Date for Stipends and Benefits Policy; Eligibility and Selection Policy; Essential Capacities for Matriculation, Promotion and Graduation for U of M GME Programs; Evaluation Policy; Health Insurance Portability and Accountability Act; Immunizations and Vaccinations; Immunizations: Hepatitis B Declination Form; Impaired Resident/Fellow Policy and Procedure; Licensure Policy: Life Support Certification Policy; Moonlighting Policy; National Provider Identification (NPI) Policy and Procedure; National Residency Matching Program (NRMP) Fees Policy; Nepotism Policy; Observer Policy; Post Call Cab Voucher Policy (UMMC-F; HCMC); Registered Same Sex Domestic Partner Policy; Release of Contact Information for Solicitation Purposes Policy; Residency and Fellowship Agreement Policy and Procedure; Residency Management Suite (RMS): Information Maintenance for Participating Hospitals; Residency Management Suite (RMS): Updating and Approving Assignments and Hours in the Duty Hours Module of RMS; Restrictive Covenants; Social Networking Policy; Standing and Promotion Policy; Stipend Level Policy; Stipend Funding from External Organizations Policy; Supervision Policy; Trainee File and Document Retention Policy; Training Program and/or Institution Closure or Reduction Policy; Transitional Year Policy; USMLE Step 3 Policy; Vendor and Conflict of Interest Policy; Verification of Training and Summary for Credentialing Policy; Without Salary Appointment Policy.

Supervision Policy

Please refer to Institution Policy Manual for Medical School Policy on Supervision Policy. Please see individual rotation descriptions for specific responsibilities. Some general guidelines for lines of responsibility are outlined below:

Fellows are expected to:

- Supervise the medical student and residents in obtaining history and physical, developing a differential diagnosis and assessment, and preparing a management plan on inpatient and outpatient consults.
- Fellows are responsible for providing short didactic as well as bedside teaching to the medical students and residents.
- Fellows must communicate with primary medicine team, other specialists, nurses, and allied staff in the hospital for patient care.
- Fellows are responsible for running a service smoothly and efficiently
- The ultimate responsibility of the team lies with the supervising faculty member.
Supervising faculty are expected to:

- The faculty member must round on all inpatients and outpatients seen by the fellows, medical students and resident
- Observe the fellow perform history taking, physical exam, discuss the assessment and management plan with the fellow
- Review and co-sign all dictated and written notes by the fellows, medical students and resident.
- Supervising faculty are responsible for didactic and bedside teaching for fellows and must prioritize fellow education over patient care.
- Supervising faculty must be present in the hospital at all times when on-service and available by pager and phone.
- Supervise fellows throughout any procedure, from obtaining consent to performing the procedure.
- Faculty supervision is continually available and, in fact, required for billing purposes.

**University of Minnesota Progressive Responsibility Policy/Supervision**

<table>
<thead>
<tr>
<th>Function/activity</th>
<th>Level of responsibility/independence by proficiency level*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beginning</td>
</tr>
<tr>
<td>Clinical data collection*</td>
<td>Independent, with staff supplementation</td>
</tr>
<tr>
<td>Formulation of clinical assessments/plans*</td>
<td>Jointly, with staff</td>
</tr>
<tr>
<td>Communication of recommendations to primary teams/referring MDs*</td>
<td>After discussion with staff</td>
</tr>
<tr>
<td>Procedure performance**</td>
<td>With staff assistance and supervision</td>
</tr>
<tr>
<td>Case conference preparation (advancement based upon demonstrated skills)</td>
<td>Jointly with staff</td>
</tr>
<tr>
<td>Supervision of students/residents (advancement based upon demonstrated skills)</td>
<td>Jointly with staff</td>
</tr>
<tr>
<td>Research (typically the primary focus of Year 3)</td>
<td>Directed background reading, tutored skill development (late Year 1, initial month, Year 2)</td>
</tr>
</tbody>
</table>

* As assessed by supervising faculty based on observation of fellow's performance; clinical proficiency levels correspond approximately with the first, second, and third years of clinical experience, but individual fellows move through the levels at different rates depending on their rate of developing the relevant competencies

** Independence and competency in procedure performance is assessed by the training program director after a year review of procedure performance and numbers. Credentialing is based upon numbers performed (as per ASGE guidelines) and skill as assessed by faculty mentoring.
**Fellowship Program Curriculum**

The Division of Gastroenterology has designed a curriculum, which is intended to serve as a guide for what the GI trainee should know upon completion of clinical training in gastroenterology. Therefore, provision for formal training in the following content areas are made:

**Structure and function of the gut, liver, and pancreas**

- Relevant cellular anatomy, physiology, and metabolism; basic aspects of molecular biology; transcription, translation; receptors and signaling; cell membrane excitation, ion channels, and electrical properties; mechanisms of secretion; endocrine control of the gut; neural control; peptides; immunology

**Esophagus**

- Dysphagia: Clinical features, investigations
- Gastroesophageal reflux disease (GERD): Clinical features, investigations, hiatal hernia, Barrett's esophagus, benign (peptic) strictures, medical and surgical management
- Esophageal carcinoma: Causes, clinical features, investigations, management, complications, prognosis
- Esophageal motility disorders (achalasia, diffuse esophageal spasm, diverticulae, Schatzki's ring): Clinical features, investigations, management complications
- Other conditions: Infectious esophagitis, esophagus in systemic sclerosis, the esophagus in AIDS, chest pain of unknown etiology

**Stomach and duodenum**

- Dyspepsia: Causes, clinical features, investigations, therapy, persistent dyspepsia despite therapy, dyspepsia and NSAIDs
- Nausea and vomiting: Causes, investigations, management
- Gastritis: Classification, role of H. pylori, clinical features, investigations, management
- Gastric and duodenal ulcer: Causes, clinical features, investigations, management, indications for surgery, complications, gastrinoma (Zollinger-Ellison syndrome)
- Gastric carcinoma: Causes, clinical features, investigations, management, prognosis, other gastric tumors (lymphoma, polyps, leiomyoma)
- Sequelae of gastric surgery: Diarrhea, gastric stasis, dumping, bile reflux, recurrent dyspepsia
- Other conditions: Duodenitis, pernicious anemia, gastroparesis, Menetrier's, AIDS gastropathy

**Small intestine**

- Diarrhea: Causes, clinical characteristics, investigations, management, travelers' diarrhea
- Malabsorption: Causes, clinical features, investigations, gluten-sensitive enteropathy, tropical sprue, giardiasis, bacterial overgrowth syndrome, short-bowel syndrome, disaccharidase deficiency, AIDS enteropathy, management
- Diverticula: Duodenal/jejunal diverticula, Meckel's diverticulum
- Tumors: Polyps, lymphoma, carcinoma, carcinoid
- Motility disorders

**Inflammatory bowel disease (IBD)**

- Crohn's disease: Pathogenesis, clinical features, investigations, differential diagnosis, medical and surgical management, complications, nutritional aspects, Crohn's disease in pregnancy, prognosis
- Ulcerative colitis: Clinical features, investigations, differential diagnosis, management, indications for surgery, complications, new surgical alternatives, prognosis, risk for colon cancer
Colitis: General aspects, microscopic colitis, C. difficile and other infectious colitides, ischemic colitis, collagenous colitis, diversion colitis

Large intestine
Constipation: Causes, investigation, management, megacolon, defecation disorders
Colonic polyps: Classification, clinical features, management, familial polyposis syndromes
Colorectal cancer: Causes, clinical features, investigations, management, screening, prognosis, hereditary nonpolyposis colon cancer syndrome
Diverticular disease: Asymptomatic diverticulosis, symptomatic diverticulosis, complicated diverticulosis, indications for surgery, prognosis
Anorectal conditions: Hemorrhoids, fissures, fistulae, pruritus ani, proctology fugax

Functional gastrointestinal disorders
Clinical features: Classification, symptom patterns, typical features, chronic abdominal pain syndrome, markers of organic disease, investigations
Management: Approach, explanation, diet, pharmacologic therapy, psychological/behavioral treatments, prognosis

Gastrointestinal infections
Acute gastroenteritis: Causes, clinical features, investigations, management of specific infections, food poisoning
Other gastrointestinal infections: Post-infective enteropathy, tuberculosis, enteric fever, amoebiasis, schistosomiasis
Parasitic infections: Classification, clinical features, diagnosis, management
Gastrointestinal infections of the immunocompromised host: HIV enteropathy, herpes simplex virus, cytomegalovirus, cryptosporidium sp., isospora belli, candida sp.

Pancreas
Acute pancreatitis: Pathogenesis, clinical features, prognosis, investigations, pseudocysts, recurrence, medical and surgical management
Chronic pancreatitis: Causes, clinical features, investigations, pain control, exocrine insufficiency, endocrine insufficiency, indications for surgery, prognosis
Pancreatic cancer: Causes, clinical features, investigations, management, ampullary tumors, prognosis, symptom control, supportive care
Neuroendocrine tumors: Gastrinoma, insulinoma, glucagonoma, VIPoma

Liver
Jaundice: Causes, clinical features, investigations, postoperative jaundice, jaundice with normal liver enzymes, cholestasis, indications for ERCP
Hepatic decompensation: Causes, clinical features, investigations, management, spontaneous bacterial peritonitis, malignant ascites, chylous ascites, hepatorenal syndrome
Portal hypertension: Causes, clinical features, investigations, management, portal or splenic vein thrombosis, Budd-Chiari syndrome, veno-occlusive disease, bleeding esophageal/gastric varices, pharmacologic therapy, TIPS, surgery
Viral hepatitis (acute and chronic): Causes, clinical features, investigations, management, immunization
Progressive liver disease: Asymptomatic abnormal liver tests, differential diagnosis, chronic hepatitis, primary biliary cirrhosis, hemochromatosis, Wilson's disease, hepatic granulomas, alpha-l-antitrypsin, autoimmune hepatitis
Cirrhosis: Causes, clinical features, investigations, management, alcohol and the LIVER, complications, prognosis, liver transplantation
Liver disease in pregnancy
Tumors: Hepatoma, metastases, benign tumors
Abscesses: Pyogenic, amoebic, hydatid cysts
Liver transplantation

Gallbladder and biliary tree
Gallstones: Prevalence, symptoms, investigations, indications for surgery, nonsurgical options, post-cholecystectomy syndrome
Cholangitis: Bacterial cholangitis, primary sclerosing cholangitis, management
Cholangiocarcinoma: Clinical features, diagnosis, management

Nutrition
Nutritional assessment: General malnutrition, at-risk patients, specific deficiencies, indications for nutritional support, dietary history, calorie counts, weight, nutritional requirements, immune function, visceral proteins, nitrogen balance, feeding routes
Enteral feeding: Indications, choice of feedings, techniques, gastrostomy and jejunostomy, complications
Parenteral feeding: Indications, choice of feedings, techniques, monitoring, complications
Therapeutic diets: Weight reduction, high fiber, gluten-free, lactose-free, elemental, low residue, low protein, low salt, exclusion diets

Gastrointestinal emergencies
Swallowed foreign body: Coins, pins, bones, body-packing
Complete esophageal obstruction: Clinical features, investigations, management
Esophageal rupture: Diagnosis, investigation, management
Upper gastrointestinal bleeding: Causes, clinical approach, management, indications for surgery, bleeding esophageal varices, Mallory-Weiss syndrome, acute gastric erosions, gastric ulcer, duodenal ulcer, aortoduodenal fistula
Acute abdominal pain: Clinical approach, investigations, management, acute appendicitis, biliary colic, acute cholecystitis, cholangitis, diverticulitis, acute intestinal ischemia, perforated viscus, metabolic causes of acute abdomen, extraintestinal causes, acute toxic dilation of the colon
Lower gastrointestinal bleeding: Clinical approach, causes, investigations, management, arteriovenous malformations, bleeding diverticula
Intestinal obstruction: Clinical features, investigations, management, ileus, volvulus, intussusception, pseudo-obstruction
Fulminant hepatic failure: Clinical features, causes, investigations, management, indications for liver transplantations, prognosis
The role of surgery in the above conditions
PROGRAM GOALS
1. To provide excellent training and experience in the clinical, procedural, and research skills of gastroenterology and hepatology
2. To enable trainees to become credentialed and certified in gastroenterology and hepatology, and to undertake academic and/or clinical careers in the specialty
3. To continue to train specialists who will meet manpower needs of academic and clinical gastroenterology/hepatology in Minnesota and the United States

PROGRAM OBJECTIVES
Our program provides three years of graded training using five integrated teaching hospitals.

Year and Site-Specific goals and objectives:

Year 1 (for nearly all fellows, this is a clinical year):

1. To provide graded, progressive, and supervised clinical/cognitive experience evaluating and treating patients with diseases of the gastrointestinal tract, liver, and nutrition
2. To provide graded, progressive, and supervised training in the basic endoscopic procedures (upper GI endoscopy and biopsy, colonoscopy and polypectomy, dilatation, endoscopic hemostasis, and liver biopsy)
3. To evaluate progress on a quarterly basis and to advance responsibilities based upon performance

Goals and objectives for individual training sites:

1. Regions Hospital (RH, 3 months): First year specialty residents provide inpatient GI consultations and longitudinal follow-up, supervised by faculty members. They supervise and teach general internal medicine residents and students rotating on the GI service. Under supervision, they perform basic endoscopic procedures for inpatient consults and selected outpatients. Night and weekend call (taken at home) enables residents to participate in emergency procedures such as esophageal foreign body removal. Responsibilities and independence in managing inpatients and performing endoscopy is advanced based upon the resident's experience, proficiency, and performance as evaluated by supervising faculty members (using GI E-Value criteria).

2. Hennepin County Medical Center (HCMC, 3 months): As stated for RH above.

3. Minneapolis VA Medical Center (VAMC, 3 months): As stated for RH above. Specialty residents also perform additional outpatient basic endoscopic procedures.

4. University of Minnesota Medical Center-Fairview (UMMC-F, 3 months): As stated for RH above. Additionally, specialty residents participate in the liver transplantation program, seeing transplant patients and a patient population enriched with liver diseases.

5. Abbott-Northwestern Hospital (AB-NW, 3 months): As stated for RH above. Additionally, specialty residents participate in longitudinal outpatient clinics, which focus on patients with IBD and patients with chronic viral hepatitis. They also participate in an active GI motility lab, performing motility studies and reviewing teaching cases.
Evaluation: See ‘evaluations’ section. Evaluations will be formative and summative, include mini-CEX, global assessment and multi-rater 360 evaluations performed throughout the rotation, mid-rotation and at the end of the rotation.

Year 2 (consisting of 6-9 months of research experience, with the remainder being more advanced clinical and procedural practice):

Research:
1. To train specialty residents in the fundamentals and practice of the experimental method and scientific studies in broad areas of medicine
2. To offer a wide variety of research opportunities, to meet the need of individual specialty residents for their future careers

Goals and objectives of individual research training sites:

1. UMMC-F: Research opportunities include a variety of basic science labs, with a focus on molecular biology and clinical outcomes projects. Course work towards a degree in outcomes research (MS) is available.
2. VAMC: Research opportunities include several basic science labs, having a focus on physiologic studies and molecular mechanisms, hepatitis C clinical studies, and outcomes research.
3. HCMC: Research opportunities include studies of therapeutic endoscopy and outcomes studies of advanced procedures, such as EUS.

Clinical:
1. To offer opportunities for additional clinical care and procedures, as in Year 1
2. To introduce advanced endoscopic procedures, including diagnostic and therapeutic ERCP and EUS

All training sites offer similar basic opportunities:
1. RH also offers ERCP training
2. HCMC offers ERCP and EUS training
3. VAMC offers ERCP and EUS training
4. UMMC-F offers liver transplant/hepatology training
5. ABNW offers additional clinical IBD and motility training

Evaluation: Continuous monitoring and evaluation of research progress is provided in written narrative by the research mentor; A scholarly product from the research effort (publication, abstract, formal presentation, etc) is expected and will be reviewed by the GI Executive Committee and the faculty. Clinical work during this year is evaluated by the E*Value system, or by advanced procedure mentors who supervise these procedures.

Year 3 (consisting of additional clinical and procedural work for most specialty residents, but allows up to six additional months of research experience to meet the individual resident's needs):

1. To provide additional cognitive clinical experience in gastroenterology practice, primarily using inpatient consult services
2. To provide additional procedural experience with both basic and advanced endoscopic procedures
Goals and objectives for individual training sites:

1. Similar to the format of Year 1
2. HCMC, RH, and VAMC offer extensive ERCP training for specialty residents interested in this
3. HCMC offers EUS experience for interested residents

Evaluation: Using E-Value, as per Year 1. Research and advanced procedure work in the third year is evaluated as per Year 2.

**Gastroenterology Fellow Lecture Series**

The following is a series of formal lectures given in three-year cycles.

**Structure and Function**

- GI anatomy and embryology
- GI physiology
- Molecular mechanisms, cellular level

**Esophagus**

- Dysphagia
- GERD
- Motility
- Barrett’s

**Stomach and Duodenum**

- PUD
- Dyspepsia
- Mucosal diseases
- UGI cancer
- UGI surgery

**Small Intestine**

- Malabsorption/sprue
- Diarrhea (approach)
- Motility

**Inflammatory Bowel Disease**

- Crohn’s disease
- Ulcerative colitis
- Outpatient management of IBD

**Colon**

- Constipation (approach)
- Mucosal diseases of the colon
- LGI cancer
- LGI surgery

**Functional Disorders**

- Functional disorders of the GI tract
Infections
  GI infections
  GI immunology

Pancreas
  Acute pancreatitis
  Chronic pancreatitis
  Pancreatic neoplasms

Liver
  Drug-induced liver injury
  Jaundice, LFTs (approach)
  Viral hepatitis
  Hepatocellular injury
  Cholestasis
  Liver failure
  Portal hypertension
  Liver transplant
  Hemochromatosis

Biliary
  Gallbladder disease
  Bile duct disorders
  Hepatobiliary cancer
  Pancreaticobiliary and liver surgery

Nutrition
  Nutritional assessment
  Enteral nutrition
  Parenteral nutrition
  Obesity/weight loss

Emergencies
  Acute abdomen
  GI emergencies
  Intestinal obstruction

Other
  H. pylori
  Endoscopy simulators

Fellows that miss a lecture have several opportunities to review the material: The lecture series repeats every two years, hand-outs are distributed for various lectures, and if the fellow is unable to attend, placed in their mailboxes or emailed to them. Also, lecture are being archived as power point viewer on the secure GI intranet website, which fellows can review by logging in using their x500 ID.
Procedures
During the subspecialty rotation in gastroenterology, the trainee will learn the indications, contraindications, limitations, and value of the following diagnostic and therapeutic procedures:

1. Radiologic procedures: Upper GI series, small bowel series, barium enema, abdominal ultrasound, percutaneous cholangiogram, vascular radiology procedures, nuclear medicine procedures
2. Physiologic studies: Gastrointestinal motility studies, gastric and pancreatic secretory tests, absorption tests, pH monitoring
3. Histopathologic biopsy: GI mucosal biopsy, liver biopsy
4. Endoscopic procedures: Upper endoscopy, colonoscopy, specialized dilation procedures, percutaneous gastrostomy, ERCP, sclerotherapy, endoscopic ultrasound

During clinical rotations at the four teaching hospitals, the gastroenterology trainee gains competence in a wide range of diagnostic and therapeutic endoscopic procedures. Depending upon individual trainee orientation (clinical, research, or hepatology), fellows are able to perform as many as 500 procedures per clinical year of training. They are readily able to meet recommended numerical standards for upper GI endoscopy, colonoscopy/polypectomy, dilatation, endoscopic hemostasis, percutaneous gastroscopy, and liver biopsy. Endoscopic ultrasonography capability is being developed at several of the teaching hospitals. However, since diagnostic/therapeutic ERCP is considered to be third tier training in the University of Minnesota program, numerical standards for these procedures may not be met for all trainees within the three-year program.

All procedures are directly supervised by experienced faculty endoscopists, in a graded manner, based upon the trainee's experience and formally evaluated expertise. The training program director periodically meets with each trainee to review progress and to evaluate level of activity. Performance of all procedures is documented in the trainee's record, giving indication, outcome, complications, diagnosis, and supervisor.

Procedure Documentation Policy
The American Board of Internal Medicine requires that each fellow complete certain procedures during their training. The fellow should maintain a procedure log, either a copy of each procedure or access and enumeration from computer report archives.

If there is no resident on the consult service or the resident is unable to perform a consult, the fellow is expected to write consult notes. Consults take precedence over procedures, but fellows should attempt to participate in procedures on consult patients.

With staff supervision, the fellow evaluates the procedure indication and the suitability of the patient for its performance. The indication is documented in writing. The patient evaluation should include relevant history and physical findings, as well as a determination of patient health status, such as ASA score.

The critical elements of procedure performance are directly supervised, assisted, or undertaken by GI staff supervisors. The concept of "graded levels of competency" recognizes that the definition of "critical elements" will differ during the development of an individual fellow's experience and abilities. Each fellow's individual level of competence at a given time is determined by staff supervisors and is communicated to the training director.
**Evaluation Policy/E*Value**
GI Fellows are required to use E*value to evaluate each three-month rotation, the rotation experience, and faculty. E*value may be accessed via [http://www.e-value.net](http://www.e-value.net), using a password (your first initial followed by the first five letters of your last name) and a code provided to you.

**Evaluations**
- Multi-rater
- Multiple time points
- 360 degree
- Formative and summative

Fellows as evaluators:
- 3 monthly evaluation of the rotation, attending and site in E*Value
- Exit Survey for graduating fellows
- Annual written confidential evaluation of Program by fellows
- Annual written confidential evaluation of teaching faculty by fellows

Fellows being evaluated:
- Mid rotation evaluation
- End of rotation performance in E*Value
- 6 monthly meeting with PD
- Summative evaluation for graduating fellows
- Continuity clinic formative evaluations throughout the year using the minin-CEX
- Continuity clinic summative evaluations every 6 months provided by supervising clinic faculty
- Peer evaluation 3-4 times a year after journal club
- Faculty evaluation of citywide case presentation and M&M, 7-8 times a year
- Multi-rater evaluation by clinic patients and family evaluate fellow once a month
- Multi-rater evaluation by nurses, nurse manger, admin staff evaluates fellows every 3 months
- Medical students and rotating residents will evaluate fellows
- Periodic evaluation by faculty at executive committee meeting PRN

Evaluations:
- Part of fellow’s permanent file
- Accessible for review by the fellow at anytime

**POLICY ON EVALUATIONS AND FEEDBACK**

**Clinical Rotations**
It is important for fellows to meet with faculty at the start of each rotation to discuss rotation goals. Rotation faculty members are responsible for providing verbal feedback to fellows at the midpoint of each clinical rotation. At the end of each rotation, faculty evaluate fellows' clinical and procedural skills, as well as the ACGME six competencies, using E*value. Fellows also must formally evaluate attending physicians, other residents and students, and the site rotations after each rotation.

**Research Rotations**
The fellow's research mentor is expected to provide frequent evaluation and advice during the research period, as well as preparing a written summary of progress for the training director every six months.

**Training Program Director Feedback**
The training program director will meet with each fellow every six months in order to review and assess progress. Procedure performance is reviewed on a yearly basis.
**Conferences**

**Mandatory:**
- Wednesday GI Fellow Conference (Journal Club & Pathology)
- Citywide – VAMC
- UMMS – Core Curriculum Seminar

**Optional:**
- Grand Rounds
- M & M
- Medicine Research Conference

The Division of Gastroenterology sponsors a weekly two-hour combined program "city-wide conference," which is aimed at subspecialists in coverage of both common and complex gastrointestinal and liver diseases. During the first hour of this conference, GI trainees are assigned to present cases and review in-depth the pertinent literature for a sophisticated audience of both faculty and community gastroenterologists. Each clinical fellow makes one case presentation every two to three weeks. The second hour of this GI conference is devoted to more formal teaching of GI pathology, GI radiology, endoscopic topics, GI research, basic science, and research topics. Conference participants include teaching faculty, GI fellows, and visiting lecturers.

Additionally, there is a GI fellow conference on Wednesday mornings, from 7:30-8:30 a.m. at Regions Hospital. On the second and fourth Wednesdays the conference is a combined GI-pathology conference presented by staff pathologists and gastroenterologists. On alternative Wednesdays, the conference is a GI fellow journal club. Fellows are required to attend the Thursday afternoon and Wednesday morning GI conferences. Attendance will be kept and 70% attendance is required.

Additional conferences at each individual teaching hospital include weekly or biweekly medical-surgical-radiology-and/or pathology conferences. These conferences are aimed at the gastroenterology trainee and provide a milieu for advanced working knowledge of the important ancillary disciplines of GI surgery, pathology, and radiology by direct interaction with their staff. Journal clubs, which critique recent GI medicine literature, are also held on a regular basis at most hospitals. Their format allows GI trainees to keep abreast of recent GI literature, as well as to observe and participate in critical evaluations of basic and clinical research. Trainees also attend periodic scientific and clinical lectures scheduled within the University of Minnesota GME office, and are encouraged to attend one national GI meeting every year.

Both the departments of medicine and the gastroenterology divisions at each teaching hospital organize regular conferences. Weekly grand rounds, research conferences, and other didactic clinical conferences are designed to cover extensive educational content over the course of three years. Lecturers for these conferences are recruited from the full-time and visiting clinical faculty of the teaching hospitals. Topics are presented in substantial detail appropriate for an internal medicine specialist, with emphasis in disease pathophysiology, diagnosis, and therapy.

Fellows also are encouraged to attend general internal medicine conferences, which include morning report, grand rounds, CPC/morbidity and mortality conference, journal club, and core conferences. Each hospital distributes a site-specific conference schedule weekly. **The general conference schedule for each site is listed here.**
University of Minnesota Medical Center-Fairview
Morning Report: 10:30 am Mondays, Wednesdays, and Fridays for residents, Tuesdays for interns
Grand Rounds: Thursdays at 12 noon
CPC/Morbidity and Mortality: Fridays at noon
Core Conference Series: Tuesdays at noon and Thursdays at 10:30 am
Research Conference: Mondays at noon
Professors Rounds (Firms A/B/C only): Thursdays at 11:00 am

Regions Hospital
Morning Report: 10:30-11:30 am Mondays, Tuesdays, Thursdays, and Fridays
Grand Rounds/CPC: Wednesdays at noon
Core Conference Series: Mondays, Tuesdays, and Thursdays at noon
Clinical Conference: Fridays at noon

VA Medical Center
Morning Report: 10:30-11:00 am Mondays, Tuesdays, and Thursdays
Grand Rounds: Fridays at noon
Morbidity and Mortality: Wednesdays at noon
Core Conference Series: Mondays and Tuesdays at noon
Research Conference/Journal Club: Thursdays at noon

Hennepin County Medical Center
Primary Care Series: Tuesdays and Thursdays from 7:45-8:30 am
Core Conference: Tuesdays and Fridays at noon
Tumor Conference: Thursdays at noon
Grand Rounds: Thursdays at noon
Critical Care Core: Fridays at 2:00 pm
Critical Care Medicine Conference: Fridays at 2:45 pm

Abbott-Northwestern Hospital
Grand Rounds: Wednesdays at 7:30 am
Attending Rounds: Tuesdays at 7:30 am

Conference Attendance Policy
GI fellows are expected to attend at least 70% of scheduled conferences. Attendance is taken.

Core Curriculum Seminar
The Core Curriculum was a series of seminars that covered content important to residents’ and fellows’ practice of medicine and are designed to enhance your education.
See website http://www.med.umn.edu/gme/diretors/corecurriculum.html for supplement education of core competencies.
Research & Scholarly Activity

Fellows are encouraged to consider academic/research career opportunities, although clinical practice may ultimately be a fellow's choice.

During the first six months of training, fellows will be required to choose and develop a track for research training focus. Potential tracks include hepatology/liver transplant, academic therapeutic endoscopy, basic science research, clinical research, etc. Advanced degree programs are possible. Faculty research focus presentation at the Thursday citywide conference is provided to enable fellows to select their research path. A list of research opportunities/mentors within the GI division is provided to first-year fellows in July, at the beginning of their training. Fellows are expected to discuss their interests with potential mentors. Fellows will identify an appropriate mentor who will help him/her develop a program and monitor its progress. The particular track chosen will determine the nature and duration of the research experience (traditionally, the second training year). Fellows, assisted by their research mentor, are expected to obtain approval for the research from the Program Director, and present an initial plan for their project in March or April of their first year, and a summary of their research in June of their research year. At least six months of research are required. Longer periods, greater than or equal to 12 months, may be appropriate for many track decisions. While on research rotations fellows are required to submit a progress report every three months.

The Research Committee reviews track proposals. They evaluate and approve individual track choices and content. Some tracks may require prior demonstration of requisite skills or prior training. Classroom training may be advised for some tracks.

1. Research expectations for year two

You will be provided with 6 to 9 months of clinical research during year two. This is a valuable opportunity to conduct, complete, and participate in research related to any aspect of GI and liver diseases. Evidence of scholarly activity is an ACGME requirement for promotion and graduation from fellowship. Examples of scholarly activity include:

- Publication of case reports, case series, review papers or original research;
- Acceptance of abstracts for oral or poster presentation at national meetings

In order to make this effort more constructive, proper and timely planning is required. In addition, as a team you are required to complete one quality improvement project (details will be discussed by program leadership).

Additions starting this year to Requirements for fellows for Research Months:

1. Identify a research mentor and develop a research question and plan
2. Submission to Program (Drs. Lake, Salfiti, & Shaukat) for approval of project
3. Early IRB submissions
4. 3 monthly progress reports to be submitted to Program
5. Quality Improvement Project
EXAMPLE: For someone in their first year, who has July to March for research a proposed timetable is as follows:

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<th>Activity</th>
<th>Jan</th>
<th>Mar</th>
<th>May</th>
<th>July</th>
<th>Sept</th>
<th>Dec</th>
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<th>June</th>
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<tbody>
<tr>
<td>Identify Rsch mentor, topic, site</td>
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<td>Develop Rsch plan</td>
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<td>Write study protocol, submit to PD for approval</td>
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<tr>
<td>Present Rsch plan at citywide</td>
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<td>Submit for IRB approval at all relevant sites</td>
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<td>Progress report q3 mo</td>
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<td>Submit abstract for National mtg (DDW/ ACG/ AASLD)</td>
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<td>DDW</td>
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<td>ACG, AASLD</td>
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<tr>
<td>Submit abstract to Dept. of Medicine Rsch day</td>
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<td>Present findings at citywide</td>
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In addition to their research project(s), fellows will also be required to complete one **quality improvement project (QIP)**. This can be done as a team, with one or more 2nd years also on research. The QIP is to be done at hospital site where you are primarily assigned for your research months, under the supervision of the Site Director for that site. Fellows will be asked to submit a progress report on the QI quarterly, and at the completion of the QI project present the final results at a citywide presentation and/or submit a summary report. Examples include: chart review of clinic panel patients with Hepatitis C to see how many are compliant with vaccination requirement; chart review of IBD patients to see how many are undergoing appropriate therapies, etc.

The purpose of the QI is to enhance our practice and delivery of care and monitor outcomes. It is an ACGME requirement.

2. GI Fellowship Committees

During fellowship you are invited and encouraged to serve on one of the two academic committees described below.

**Core curriculum and Citywide Committee (The 3C committee):**

(2 fellows; 2 faculty members)

- Compile and update list of topics that constitute core curriculum per ACGME, AGA and GME guidelines.
- Create annual schedule for 1st hour fellow case presentations
- Create a template of citywide topics and speakers
- Identifying and contacting appropriate speakers for the citywide
- Add M&M case reviews every 6-12 mo.
- Requesting and gathering feedback from fellows and faculty for case presentations and citywide
GI Fellow Education and Journal Club Committee (Gife club):
(2 fellows, 2 faculty members)

- Create annual schedule for fellow assignments to journal club
- Facilitate JC article selection, discussion during presentation, with emphasis on methodology as much as the content
- Circulating information about journal club outside of the program such as MNGI, GUT, CCFA, pancreatico-biliary club, etc.
- Online curriculum for fellows and residents/students rotation through GI
- Coordinate 1st year fellow orientation
- Request and gather feedback from fellows and faculty

Other Education Events:
- Annual hands on GI Endoscopy workshop – provides opportunity to practice hands on GI endoscopic therapeutic techniques, held in August.
- GI Training Exam – every 1-2 years the division has been paying and arranging for second and third year fellows to take the AGA administered GTE. This is an excellent opportunity to identify strengths and weakness in core GI knowledge for the fellows and the program. Starting 2011, the in-service exam will be mandatory for all fellows annually. Results will be used to identify systemic trends and areas to strengthen through clinical exposure didactics and conference presentations, and to assess the progress of individual fellow with respect to their level of training. Specific recommendations will be made for each fellow, allowing them to focus on certain areas, and develop well-rounded medical knowledge.
**TRAINEE LEARNING OUTCOMES**
*Upon completion of the 3 year GI/Hepatology Training Program, it is expected that the trainee will:*

1. Be competent to obtain and report thorough GI/hepatology-focused histories, in the context of the patient’s general medical history

2. Be competent to complete and report GI/hepatology-focused physical exams, in the context of the patient’s general physical findings

3. Be competent to complete and effectively communicate GI/hepatology consultations, providing diagnostic information and recommendations responsive to the questions and needs of the requesting physician and the medical needs of the patient

4. Recommend and undertake appropriate diagnostic studies, treatment, and provision of follow-up and longitudinal care in response to the questions and needs of the requesting physician and the best interests of the patient

5. Maintain timely and accurate medical records and reports

6. Demonstrate sound clinical and cognitive skills in providing patient care

7. Competently, safely, and efficiently perform those endoscopy and biopsy procedures which are basic to gastroenterology and hepatology, including upper GI endoscopy with biopsy, colonoscopy with biopsy and polypectomy, flexible and rigid sigmoidoscopy with biopsy, lumenal dilatation (of esophageal and other enteral strictures), enteric hemostasis, enteric foreign body removal, liver biopsy, paracentesis, and conscious sedation. Trainees completing the program are expected to be credentialed to independently perform these procedures. In addition, trainees will have familiarity and experience with diagnostic and therapeutic ERCP and EUS. According to their needs and experience, trainees may be credentialed to independently perform these procedures.

8. Effectively educate and communicate with medical colleagues and patients

9. Practice in a professional manner; demonstrate respect for patients and patient privacy, as well as for professional peers

10. Have completed a scholarly project and developed skills, which enable the trainee to review and evaluate the medical literature

11. Have developed skills and desire to continue life-long medical education, evidence-based medicine and reflective practice, to maintain excellence in cognitive and procedural medical practice

12. Understand the contexts and systems in which health care is provided, and use this knowledge to optimize health care

ROTATION DESCRIPTIONS

University of Minnesota – GI Consult Rotation Information

Year and Site-specific Goals and Objectives – See pgs. 21 – 22

During your University of Minnesota-Fairview rotation the GI fellows are exposed to great diversity of patient care. This includes complex patients with GI and liver problems admitted to the teaching services at University Hospital, general GI consultations at the Riverside campus, and endoscopy on outpatients and inpatients. The guidelines are the basic reference to the structure of this rotation.

THE TWO MAJOR PRIORITIES FOR THE FELLOW ARE:

1. Facilitate optimal patient care.
2. Obtain maximal educational experience.

On the first day of your rotation, please come to the GI conference room in VFW, where you will meet with Drs. Alex Khoruts and Charmaine Stewart. The purpose of this meeting is to receive direction and answer any questions you may have regarding clinical priorities.

I. Patient care. The fellow’s primary service responsibility is the inpatient consult service. When there are two fellows on the GI rotation, they will typically divide the service between general luminal GI and pancreatic/biliary patients. The two fellows can switch between these two GI subsections every two weeks or another schedule they agree to. The fellow is typically the point contact person on the service for consults. He or she is also one of the major links for continuity of care on the inpatient service during the rotation. Therefore, the fellow is expected to take charge and be responsible for smooth running of the consult service. Supervision of residents and medical students falls into this responsibility. Specifically, the fellow is expected to:

a) Make sure the consults are seen in a timely manner. Follow-up notes need to be entered into the EMR in the morning. The fellow may delegate seeing the consults to resident/student; he or she is the quarterback. The GI fellow rotating on the hepatology section should see all liver consults.

b) The GI fellow must attend the continuity clinic and mandatory conferences. The inpatient service is the GI fellow primary service responsibility, and is also the major source of their endoscopy experience. The outpatient endoscopy experience is not a priority, but fellows are welcome to participate if the inpatient service doesn’t require their attention.

c) The GI fellow on the pancreatic/biliary section of the rotation will see all patients with questions pertaining to this organ system, but not patients admitted for post-ERCP or EUS procedure observation or pain management. The latter are the responsibility of the 4th year fellow and pancreaticobiliary staff, and the firm E medicine service. The staffing of these patients should be done with Dr. Freeman. On the weekends if Dr. Freeman is not available, is out of town, the on-call ERCP physician and contact information can be identified at www.amion.com - user name HENN, and look under GI/ERCP on call.

d) Communicate with the referring physicians. Make sure the referring physician feel respected and appreciated. Please note that the level of involvement is somewhat different for the teaching services at the University and the Riverside campus. You will usually need to write orders on Riverside. Also, note that a consult “for a procedure” at Riverside usually means a full consult. A good rule of thumb is the following: if you expect a follow-up note, there should be an initial consult. Non-transplant and non-ICU care liver problems can be seen by the general GI consult service and staffed with the GI consult attending, unless specified otherwise. The liver fellow
should be responsible for all the transplant patients, and is also expected to consult on general liver problems.

e) **All new consults need to be dictated.**

f) E-mail sign outs before the weekend and before the week. Ideally, you should sign out all patients on the service, and indicate which you’d like to be seen and have follow-up notes.

g) Discuss all new consults on the weekend with the attending. Typically, you will be expected to formally see most of these. You are expected to see the follow-up patients and leave notes on them.

1. **What is an Urgent Consult?** A patient that would benefit from a thorough evaluation before recommendations can be given, and would benefit from a prompt opinion. An uncomplicated, hemodynamically stable patient with melenic stools can probably just be put on the endoscopy schedule and evaluated in endoscopy. In contrast, a patient with acute pancreatitis, or suspected biliary pain would fall into urgent category.

II. **Education:** It is expected that the fellow will attend the mandated conference at the VA (Thursday afternoon) and Regions (Wednesday morning). In addition, the fellows rotating at the University are required to attend weekly Thursday morning multidisciplinary conferences. These are held in the GI conference room in VFW, between 7-8 AM every 1st (IBD), 2nd (Liver), 3rd (Radiology/Surgery), and 4th (Liver) Thursday of the month. In addition, a pathology conference is held every 4th Wednesday in C456 Mayo at noon. Tumor Conference is held Monday afternoons, 5-6 PM, in the Surgery Conference Room on the 11th floor PWB building. More detail are usually found at the divisional website: [http://www.med.umn.edu/gi/weeklyconferences/home.html](http://www.med.umn.edu/gi/weeklyconferences/home.html) You will be expected to help out with these conferences. Some of the best learning takes place while teaching. It is expected that the GI fellows will assume partial responsibility for guiding the medical education of the residents and medical students rotating on the service.

III. **Communication Skills:** Within the inpatient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. **Professionalism:** The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. **Practice-Based Learning:** The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. **Systems-Based Practice:** The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. **Progressive Responsibility (Year specific goals and objectives)**

All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper
GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures, such as stent placement and ERCP.

**Continuity Clinic**
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
University of Minnesota – Hepatology Rotation Information

Year and Site-specific Goals and Objectives – See pgs. 21 – 22

Rotation Description: The hepatology rotation is a three-month block rotation, in which the fellows are exposed exclusively to liver patients. The site of the rotation is the University of Minnesota Medical Center- Fairview.

On the first day of your rotation, please come to VFW 3rd floor, where you will meet with Drs. Charmaine Stewart and Julie Thompson. The purpose of this meeting is to receive direction and answer any questions you may have regarding clinical priorities.

I. Patient care. During this rotation, the fellows are exposed to patients with a wide variety of liver diseases, including, acute alcoholic liver disease, viral hepatitis, autoimmune liver disease, metabolic liver disease, cirrhosis and the complications, thereof.

They will also:
1) Learn treatment and management of treatment side effects of hepatitis C.
2) Learn treatment and management of treatment side effects of hepatitis B.
3) Learn treatment and management of treatment side effects of autoimmune liver disease and metabolic liver disease.
4) Learn how to evaluate liver patients for transplant.
5) Learn how to manage medications for immune suppression.
6) Perfect skills in liver biopsy (20 liver biopsies is the minimum requirement for GI fellows).

Out-patient liver transplant, hepatology clinic, and endoscopy:
1) Three morning half days in the transplant clinic with Dr. Jack Lake. These days are Mondays, Tuesdays and Fridays.
2) Tuesday at 3 pm is the Transplant Conference.
3) One morning half day in the transplant clinic with Dr. Mohamed Hassan. (Wednesdays)
4) One morning half day (Thursday) in the Unit J endoscopy clinic with Dr. Jack Lake.

In-patient transplant hepatology consults service: The hepatology fellow is the contact person on the service for transplant patient consults. Please clarify with your GI consult attending whether he or she can staff your consults or whether you need to staff them directly with a hepatology attending only. In addition, the liver fellow is generally expected to see all liver consults, and those may be communicated by the general GI fellow. Consults for patients with acute liver failure are considered emergencies and should be seen at the time the consult is requested. The delay in evaluating any consult should be discussed with the attending on service.

The senior hepatology fellow and the GE fellow rotating on hepatology are responsible for the follow-up of the consults, even if daily notes are not written. The fellow should be aware of the patients and be up-to-date regarding all diagnostic studies and treatments. Communication with the nurse practitioner, the team and the GI/hepatology attending should be maintained on a daily basis.

He or she sees:
1) Pre-transplant patients that require evaluation for liver transplant, including fulminant liver failure and de-compensated cirrhosis.
2) Pre-transplant patients admitted to the medical teams on the transplant waiting list.
3) Post-transplant patients admitted to the medical teams.
4) (Generally expected to see) all general liver consults (e.g., elevated liver enzymes, hepatitis C, alcoholic hepatitis).
5) Acute liver failure patients.

II. Education
The liver fellow is expected to attend all the mandatory conferences at the University and other affiliated medical facilities.

Attendance at the following conferences is mandatory:

a. Multidisciplinary hepatobiliary/pancreas oncology conference on Monday at 5pm is mandatory. Relevant cases (hepatic masses; hepatocellular carcinoma; cholangiocarcinoma) should be submitted to Tina Russell [russe041@umn.edu] the Wednesday of the week before the conference, by the GI fellow rotating on hepatology. If the fellow is unable to attend, i.e. due to conflict with clinic, then the list of cases should include a brief history, consisting of a few sentences.

b. Liver biopsy conference occurs on 2 days of the month: 2nd Wednesday it will be held at 12 noon in the Benson Conference room in Pathology, Mayo Building Room C456; the other liver biopsy conference will be the 4th Thursday of the month at 7am in the GI conference room, VFW building room V372. The case list will be presented to the pathologist by the senior hepatology fellow on the Friday of the previous week and will consist of most of the liver biopsies performed during the month or that were sent in for consultation for patients seen in clinic. Other cases will be chosen from Dr. Jessurun’s teaching files. The purposes of this conference are to teach the basics of liver pathology interpretation and to review in a meaningful manner the clinicopathological relationships among cases.

Please note: Some of the hepatologists may not be able to attend the noon conference on Wednesdays due to clinical duties, but the fellows are expected to attend.

c. On the 2nd Thursday of the month: A combination of Journal Club and hepatology related case discussion will be held. It is expected that the senior hepatology fellow and the GI fellow rotating on hepatology will prepare the article and the cases. Please, arrange for a pathologist and/or radiologist to be present. Please, also provide the title of the article to be discussed to Ms. Bao Moua (625-8999 mouax029@umn.edu) on the Friday of the previous week so it is distributed by email to the attendees of the conference. If the input of a particular hepatologist is needed, then this person should be contacted so that their attendance is assured.

Conference Schedule
A. Attend mandatory conferences at the University and the VA. Currently the University conferences take place three times/month on Thursday mornings 7 – 8 AM in Mayo 3-100.
B. The IBD conference organized by Dr. Chris Shepela is held every first Thursday of the month.
C. Multidisciplinary GI conference is organized by Dr. Alex Khoruts. It covers a broad range of topics centered on patient cases, especially as they interface with other GI-related specialties. These include GI and liver pathology, radiology, and surgery. The fellows should try to identify interesting cases for presentations, and notify Alex Khoruts with specific cases (e-mail: khoru001@umn.edu, or the dedicated box in the GI office). The fellows will be expected to participate in case presentation and review of the relevant literature.
D. GI Pathology Review for the GI Fellows is held every last Tuesday of the month at 8-9 AM in the Bell Auditorium, 1st floor Mayo building. You are expected to come unless you have conflict with your clinic (not endoscopy at the U).
E. The fellow should assume partial responsibility for guiding the education of the residents and medical students on the service.

III. Communication Skills: Within the in-patient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. Professionalism: The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service. Professional dress is expected, e.g. a white coat over scrubs, if scrubs are worn.

V. Practice-Based Learning: The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. Systems-Based Practice: The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. Progressive Responsibility (Year specific goals and objectives)
All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures, such as stent placement and ERCP.

Continuity Clinic
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
These guidelines are intended to make your rotation at the VA Medical Center run smoothly and hopefully make it an enjoyable educational experience for you. Your priorities as a fellow should be to facilitate optimal patient care and obtain maximal educational experience.

I. Patient Care
   The VA generally has more than one clinical fellow during each three-month rotation, but not always. While residents and interns can be the first point of contact for the inpatient consult service, the fellows are the main link for continuity of care and are responsible for the smooth running of the service.

   1. Urgent consults take priority over outpatient procedures. Rounds with the staff attending are generally at 11:00, and all morning consults should be seen before then. The fellow(s) may delegate seeing consults to the resident/intern/student, making sure the patients are seen in a timely manner. If in doubt about the urgency of a consult, talk to the staff attending on service.

   2. Fellows manage the patient consult list on the board in the Fellows’ office, and should be aware of relevant data on each one.

   3. The consult team has to make sure that inpatient procedures are put on the endoscopy schedule, using either the “green book” in the GI Office, or by having the clinic clerks schedule the procedures.

   4. When you’re on weekend call, and, if an emergency procedure is indicated, you are responsible for seeing the patient before the staff on call comes in.

   5. Coordinate pancreatic-biliary cases with Dr. Peter Meier or Dr. Yan Bakman,

   6. Once ERCP or EUS cases are confirmed with the appropriate staff, the charge nurse for the day should be notified. That information can be found on the nurses board on the wall out by the exam rooms. The charge nurse should also be told if there are cases to be done in the intensive care units.

II. Education
   1. You must attend mandatory conferences, including fellows’ conferences at UMN on Wednesday mornings, and GI Citywide Conference on Thursdays at UMN.

   2. Other conferences to attend at the VA include M&M, Grand Rounds, and Research/Journal Club conferences also are available at this hospital.

   3. Educational talks are available from GI staff physicians on various topics. Ask the attending on service if you’re interested in any special topic, and that physician can tell you who in the section has expertise in that area.

   4. Fellows should assume some responsibility for teaching the residents, interns, and medical students on the service.
III. Communication Skills: Within the In-patient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. Professionalism: The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. Practice-Based Learning: The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. Systems-Based Practice: The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. Progressive Responsibility (Year specific goals and objectives)
   All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures, such as stent placement and ERCP.

MISCELLANEOUS
There are times when there are no residents or interns to help see consults. If there is more than one fellow on service, one can do procedures and one can see inpatient consults.

It’s important that you arrive to be on duty between 7:30-8:00 a.m., except on Wednesdays when you’re at UMN, or have longitudinal clinic at another hospital in the morning. Procedure clinics officially begin at 7:45.

Continuity Clinic
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
Patient care, education and the development of both cognitive and procedural skills are priorities for the Gastroenterology Division at Hennepin County Medical Center. These guidelines are therefore provided to our fellows in order to insure that their rotations with us are appropriately structured and straightforward.

The four major objectives for fellows are:
1. Facilitate optimal patient care.
2. Obtain an outstanding educational experience, in both a cognitive and procedural setting.
3. Experience continuity of care in an inpatient setting.
4. Supervise and teach residents and medical students, while coordinating medical care as a consulting physician.

I. Patient care: Typically, 1 or 2 senior internal medicine residents and a medical student assist the fellow on the Gastroenterology Consult Service. Therefore, the fellow typically assumes an advisory role. The fellow’s specific role is to ensure that the service runs smoothly and that there is continuity of care, especially when the service has a new attending staff. Although the residents and medical student on the service usually undertake the actual consultation, the fellow is asked to ensure that these are seen in a timely manner, and that the appropriate patient-related data is obtained and presented accurately, with the resultant recommendations effectively communicated to the requesting physicians. The fellow also assists in scheduling the appropriate consult related procedures and ensuring follow up services, where necessary.

Specifically, the fellow is expected to:

a. Make sure that consults received overnight and in the morning are seen the same day, and are presented to the attending consult staff physician. Consultations are generally done by internal medicine residents or medical students, but should be done by the fellow if the service is particularly busy or the residents are unavailable. Prioritizing consults for degree of urgency is an important component of this process. In the event that the consult service is “overwhelmed”, the attending Gastroenterologist can be expected to participate in seeing consults.

b. Manage the list of all new consults and follow-up patients and be familiar with relevant data pertaining to each one. The fellow should go over the list with rotating residents and students and be aware of current issues and developments in each active case.

c. Make sure that inpatient procedures are appropriately scheduled.

d. Confirm that formal consult patients are physically examined, particularly during “on-call” nights and weekends. Consultation by phone may be appropriate contact for some issues during on-call nights.

II. Medical Knowledge: To advance her/his knowledge, GI fellows will:

a. Attend mandatory conferences of the U of MN GI Training Program. Currently these conferences include the Thursday afternoon “City-Wide GI Conference” at the VA (3:30 – 5:30 PM) and the Wednesday morning Journal Club – alternating with Pathology Conference at 435 Phelan Blvd or Regions Hospital (7:30 – 8:30 AM). The assigned consult staff Gastroenterologist is aware that your obligation to attend required conferences takes precedence over all clinical activities, and the consult staff will be responsible for clinical needs that might conflict with the fellow’s attendance. Additional educational conferences include RH Grand Rounds, RH noon conferences and UMMC conferences (Thursday mornings 7 – 8 AM in Mayo A110, including the IBD conference organized by Chris Shepela, and multidisciplinary GI
conference organized by Alex Khoruts). These conferences are optional, but attendance as possible is encouraged.

b. The GI fellow should assume partial responsibility for guiding the education of the residents and medical students on the service. This should include at least 1 formal and several informal presentations during the internal medicine resident’s rotation.

c. GI fellows are also required to attend their “Continuity Clinics” one-half day per week. These clinics may be based at other teaching sites, so that the fellow is responsible for signing out cases to other consult service members prior to leaving for their clinic. Again, the consult staff physician is responsible for supervising the service while the fellow is absent.

d. Fellows are expected to read about specific topics in gastroenterology and hepatology, particularly as they pertain to patients seen on the Gastroenterology Consult Service, and to obtain and suggest related current articles from the medical literature.

III. Communication Skills: Within the In-patient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. Professionalism: The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. Practice-Based Learning: The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will develop life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. Systems-Based Practice: The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. Progressive Responsibility (Year specific goals and objectives)
Rotations at Regions Hospital are clinical in nature. Most first year fellows will have a 3-month rotation, and some third year fellows will rotate. All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members.

First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures such as stent placement and ERCP

Continuity Clinic
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
Regions Hospital – GI Consult Rotation Information

Year and Site-specific Goals and Objectives – See pg. 21 – 22

It is hoped that these guidelines will help to make this rotation optimally structured and straightforward. The underlying principle and focus of Gastroenterology training at Regions Hospital is to provide experience with cognitive and procedural continuity in a GI consultative practice.

The four major priorities for the fellow are:
1. Facilitate optimal patient care.
2. Obtain maximal educational experience, both clinical and procedural.
3. Experience continuity of care in an in-patient setting.
4. Supervise residents and students, while coordinating medical care as a consulting physician.

I. Patient care: The fellow is typically the point contact person on the service for consults. The GI fellow is also the major link for continuity of care on the inpatient service during the rotation. Therefore, the fellow is expected to take charge and be responsible for smooth running of the consult service. Supervision of residents and medical students falls into this responsibility. Specifically, the fellow is expected to:

a. Make sure that consults received overnight and in the morning are seen the same day, and are presented to the supervising consult staff physician. Consultations may be done by the fellow or assigned to rotating residents/students. Prioritizing consults for degree of urgency is an important component of this process. In the event that the consult service is “overwhelmed”, the attending Gastroenterologist can be expected to participate in seeing consults.

b. Manage the list of all new consults and follow-up patients and be familiar with relevant data pertaining to each one. The fellow should go over the list with rotating residents and students and be aware of current issues and developments in each active case.

c. Make sure that inpatient procedures are on the endoscopy schedule.

d. Participate in endoscopic procedures on all in-patients and co-ordinate patient procedures and care plan with the pancreato-biliary service, when appropriate.

e. Physically examine patients for official consults during “on-call” nights and weekends. Consultation by phone may be appropriate contact for some issues during on-call nights.

II. Medical Knowledge: To advance her/his knowledge, GI fellows will:

a. Attend mandatory conferences of the U of MN GI Training Program. Currently these conferences include the Thursday afternoon “City-Wide GI Conference” at the VA (3:30 – 5:30 PM) and the Wednesday morning Journal Club – alternating with Pathology Conference at 435 Phelan Blvd or Regions Hospital (7:30 – 8:30 AM). The assigned consult staff Gastroenterologist is aware that your obligation to attend required conferences takes precedence over all clinical activities, and the consult staff will be responsible for clinical needs that might conflict with the fellow’s attendance. Additional educational conferences include RH Grand Rounds, RH noon conferences and UMMC conferences (Thursday mornings 7 – 8 AM in Mayo A110, including the IBD conference organized by Chris Shepela, and multidisciplinary GI conference organized by Alex Khoruts). These conferences are optional, but attendance as possible is encouraged.

b. The GI fellow should expect to perform all endoscopic procedures on patients from the in-patient consult service – in-so-far as this is possible. Out-patient procedures may also be made available to fellows as the situation permits.

c. The GI fellow should assume partial responsibility for guiding the education of the residents and medical students on the service.
d. GI fellows are also required to attend their “Continuity Clinics” one-half day per week. These clinics may be based at other teaching sites, so that the fellow is responsible for signing out cases to other consult service members prior to leaving for their clinic. Again, the consult staff physician is responsible for supervising the service while the fellow is absent.

III. **Communication Skills:** Within the In-patient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. **Professionalism:** The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. **Practice-Based Learning:** The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. **Systems-Based Practice:** The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. **Progressive Responsibility (Year specific goals and objectives)**
Rotations at Regions Hospital are clinical in nature. Most first year fellows will have a 3-month rotation, and some third year fellows will rotate. All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures such as stent placement and ERCP

**Continuity Clinic**
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
The primary requirements of the fellows are
1. Obtain educational experience from the consults in the hospital and in the clinic.
2. Help in patient care by participating in the care of the assigned patients.
3. Limited endoscopy experience may be available on selected patients during the hospital block.

The 3 month rotation will be divided into 2 week blocks. Covering the hospital consult service for 2 weeks will alternate with 2 weeks in clinic. The schedule for the entire rotation will be made available to the fellow 2 weeks before the rotation begins.

During the entire rotation the fellow is expected to attend their assigned continuity clinics and conferences.

A detailed schedule will be sent to the fellow at least 2 weeks prior to the start of the rotation.

I. Patient Care

Clinic
Each clinic will typically have 15-20 patients, a mixture of new and follow-up patients. During the clinics the fellow will see both new patients and follow up patients he/she is assigned. The fellow is responsible for evaluating the patients and suggesting a diagnostic and management plan. The patient is then seen with staff.

Clinic Locations:
Minnesota Gastroenterology, West Metro Clinic
15700 37th Avenue North, Plymouth MN 55446

Minnesota Gastroenterology, Bloomington Clinic
5705 West Old Shakopee Road, Bloomington, MN 55437

Minnesota Gastroenterology, Specialty Clinic
2200 University Avenue West, #120, St Paul, MN, 55114

Hospital
During the hospital blocks the fellow will spend the time doing consults and follow up assigned patients. The hospital day starts at 8:00-8:30 am with a review of the current inpatients and new consults are assigned.

In the hospital the fellow is responsible for new consults assigned to them by the attending staff or nurse practitioner/physician assistant (NP/PA). Typically, the fellow will do 2-5 consults in a day, depending on the volume and schedule (continuity clinic etc). If a consult is received and is not able to be seen that day, this should be discussed with the GI staff. After completing consult(s), the fellow should page the staff to discuss. The fellow is not responsible for the day-to-day keeping of the list, running of the inpatient service, supervising resident etc.

There are 2 GI staff in the hospital: the consult service is divided into 2. Each staff does their own inpatient procedures. The staff team changes each week. There are 2 NP/PAs there every day: Polly Nesset and Heather Anderson. If either are not available an alternate will be assigned. Polly and Heather see follow-ups and occasional new consults. They are supervised by the staff. There is usually a 3rd year resident on the service, also supervised by the staff. The resident may see occasional consults.
Procedures: The fellow will do some procedures. This is at the discretion of the 2 staff and will vary depending on the consult volume. The fellow should ask both staff if there are particular patients or procedures he/she is interested in performing.

On the 1st, 3rd (and 5th) Tuesday of the month there is a multi disciplinary mid day GI cancer conference at mid day in the 6th floor VPCI classroom. Every Monday morning at 7:00 am there is a multi disciplinary liver tumor conference in the 6th floor VPCI conference room.

All staff and NP/PA can contacted by text page at www.anwpaging.com.

II. Education
   a) Attend mandatory conferences at the University, the VA and Regions.
   b) Attend GI tumor conference at Abbott Northwestern Hospital.
   c) Attend multi disciplinary liver tumor conference.
   d) Attend lunchtime discussion on clinic days reviewing clinic cases.
   e) Attend assigned continuity clinics

III. Communication Skills: Within the In-patient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. Professionalism: The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. Practice-Based Learning: The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. Systems-Based Practice: The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. Progressive Responsibility (Year specific goals and objectives)
   All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures, such as stent placement and ERCP.

**Continuity Clinic**
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.
CONTINUITY CLINIC DESCRIPTION
Continuity Clinic represents a half-day clinic experience, alternating between the VA Medical Center and one other hospital site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center-Fairview), on an every other week basis, during their entire 36 months of training. Continuity clinics provide GI fellow the opportunity to follow out-patients with GI problems over an extended period of time, to observe the history of chronic disease processes (such as liver disease and IBD) and to work up GI symptoms and disease processes on an out-patient basis.

- Fellows are trained to initiate evaluation and management of patients with GI and liver diseases in a supervised setting.
- Fellows are able to follow the course of disease and treatment of GI and liver diseases over an extended period of time, under faculty supervision.
- Fellows are typically assigned to see 1-3 new clinic patients, and 3-6 follow-up patients each week.

Schedules will be provided to all fellows before July 1st each year.

Continuity Clinic Schedules
UMMC-F
   Tuesday AM
   Wednesday AM
VAMC
   Monday PM
Regions
   Tuesday PM
   Thursday AM
HCMC
   Monday AM & PM
   Wednesday AM
   Friday AM

Clinic Format:
GI Specialty residents are fully supervised by a specific faculty member who has ultimate responsibility for the clinic. Specialty residents typically interview and examine the patient independently, formulate an assessment and plan, and communicate their findings and plans to the faculty member. The faculty member than sees the patient with the resident and confirms or modifies the assessment and plan. Specialty residents are responsible for writing or dictating a note on the interaction. The resident’s note is reviewed and approved by the faculty member, who typically prepares a concise summary note as well. All notes written by resident require a co-signature from the supervising faculty member before the notes can be released in the electronic medical record. Patients are seen in follow-up with the same faculty person.

Progressive responsibility:
Initially, the patient panel is low for first year GI specialty residents, and the level of supervision is high. The supervising faculty may be present during the entire encounter of the patient visit. As the resident is able to demonstrate progressive expertise, additional patients can be added to the panel and level of supervision can be reduced. Increased responsibility is not directly based upon time in training, but rather on the individual resident’s demonstrated skills in the six competencies. Thus, a specific faculty person is evaluating a single specialty resident over time, based upon:
- **Clinical Skill** and ability to obtain an accurate, focused history and undertake an accurate, focused physical exam.
- **Communicate** a concise statement of the problem and therapeutic plan, based upon the above.
- Demonstrate improving GI/Hepatology specific (as well as general Internal Medicine) medical knowledge with respect to diagnosis and treatment options.
- Demonstrate **professionalism** with respect to patient interactions, as well as interactions with peers (consulting physicians, referral physicians, GI staff and colleagues such as nurses and ancillary staff).
- Demonstrate abilities reflecting systems-based practice, in terms of expeditiously and effectively ordering tests (lab, radiology, pathology, surgical, etc) within the setting of patient needs, and by looking up the literature on the latest or current management guideline for the specific patient problem.
- Demonstrate practice-based learning (in terms of increasing medical knowledge, but also in terms of discussing “lessons learned” through discussions about patients’ course with the faculty supervisor.

**Evaluation:**

Faculty supervisors provide formative verbal feedback for every case, and written feedback using the mini-CEX for selected cases. Faculty supervisors also provide summative feedback by undertaking a written evaluation of specialty resident performance in the continuity clinic every 6 months. This evaluation is shared with the specialty resident and submitted to the GI Training Director for inclusion in the resident’s file.

Based upon progress made during these evaluation periods, individual the resident’s responsibilities will be advanced. Ultimately, however, a level of faculty supervision is continually available and, in fact, required for billing purposes.

**University of Minnesota Mandatory GME Core Curriculum**

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<thead>
<tr>
<th>Month</th>
<th>Topic</th>
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<tbody>
<tr>
<td>October</td>
<td>Critical Review of Literature</td>
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<td></td>
<td>Ethics</td>
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<tr>
<td></td>
<td>Taking Care of Yourself</td>
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<td></td>
<td>Prevention</td>
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<td>January</td>
<td>Statistics</td>
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<td></td>
<td>Medical / Legal Issues</td>
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<td>Physical as Communicator and Physician as Teacher-Dr.</td>
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<tr>
<td>March</td>
<td>Research design</td>
</tr>
<tr>
<td></td>
<td>Health Care Delivery Systems / SYMPAL Project</td>
</tr>
<tr>
<td></td>
<td>Cost Containment /QA/QI/</td>
</tr>
</tbody>
</table>

**Suggested Reading List**

All books are in the VA Medical Center GI Section library, and most are in individual hospital medical libraries.

- Nutrition 2002 Update (Insel, Turner, Ross)
Community Service
Numerous opportunities are available to participate in community service, and fellows are encouraged to participate, although they are optional. GI-oriented examples include the Crohn's and Colitis Foundation of America (CCFA), celiac sprue support groups, and other patient education activities. Community service should not interfere with fellow responsibilities. The program director should be kept informed.

Duty Hours/Days Off
When averaged over any four-week rotation or assignment, fellows must not spend more than 80 hours per week in patient care duties. Duty hours generally are 8:00 a.m. to 4:30 or 5:00 p.m. weekdays. Night call (generally 4:30-5:00 p.m. through 8:00 a.m. or weekends) is taken at home via pager. Fellows must not be assigned on-call duty more often than every third night, on average. Call has typically averaged once every fourth night, and no more than every other weekend. A 10-hour period of rest is provided between all daily duty hours. If duty time exceeds 80 hours in any one-week period, the fellow is expected to leave the hospital.

In compliance with ACGME guidelines, fellows must take one day off per week, on average, on all rotations. This policy applies to all fellows. This means that fellows will not have any responsibility to be available on that day. Off duty days are almost always weekend days. This day off should not occur on a scheduled continuity clinic day. It is the responsibility of the individual fellow, in cooperation with his/her attending staff, to determine the most appropriate day off.

Monitoring of Resident Well-being/Adequate Rest (See Program Manual)
The GI division chief and training program director are available to discuss GI fellow well-being issues and to direct assistance.

Chart Documentation and Order Writing
The GI consult team typically consists of an attending staff, fellow, one or two residents, and at times, medical students. At UMMC-F, attending staff includes a Nurse Practitioner. The resident, fellow, or student is responsible for writing a focused GI consult note. The consult note should address relevant history (including GI surgery, medications, symptoms, etc) and a physical exam. A concise differential diagnosis should be generated and diagnostic/therapeutic recommendations should be made. References should be provided, as appropriate. Consult follow-up is necessary until GI issues are resolved. The consult team should take consults between 8:00 am and 4:30 pm. Consults received before or after these times should be held over until the next day or referred to the on-call fellow or staff, as indicated by level of urgency.
Fellows supervise resident and student consultations insofar as the consult load permits, supervise follow-up, and coordinate rounds. A consult log should be maintained. If there is no resident on the consult service or the resident is unable to perform a consult, the fellow is expected to write the consult note. Consults take precedence over procedures, but fellows should attempt to participate in procedures on consult patients.

In compliance with ACGME requirements, fellows may be asked to write orders on certain patients. Orders written on general medicine ward patients must be countersigned by the inpatient housestaff. All orders should be dated and timed to provide better patient care and to protect the fellow.

**On-Call Schedules**
Hospital site rotation schedules are distributed at the beginning of the academic year. On call schedules are made up at each hospital site for each rotation. Adjustments are allowed by agreement between the fellow and the site section chief.

**UMMC-F & VAMC**
A second year fellow will compile the evening and weekend schedule together on a quarterly basis. For the weekend schedule, there is separate fellow who will cover the UMMC and VAMC. UMMC admin secretary will have the call schedule ready at the end of each month for the next month. This schedule is also up on Amion @ www.amion.com. The password is **UGI-Adult**.

**HCMC, Regions, ABNW**
Each affiliated site has their own call schedule for the day, evening, and weekend call, except Abbott Northwestern. You will be taking call at the site you are rotating for the three month duration of your rotation. The site secretary will have that call schedule ready for you.

**On-Call Rooms** (See Program Manual)
Hennepin County Medical Center and Abbott-Northwestern Hospital have on-call rooms available. Since all GI call is taken from home, it is not expected that GI fellows on call will want or need to use hospital site on-call rooms.

**Moonlighting Policy**
In addition to the Moonlighting Policy set forth in the Institution Policy of this manual, fellows must adhere to the following guidelines specific to the internal medicine residency program.

Moonlighting may NOT conflict with duties assigned in the training program. This includes (but is not limited to) leaving the hospital early in order to go to a moonlighting location, moonlighting while on call from home, or using vacation or sick days or other days off in order to moonlight.

Hours spent moonlighting must not exceed mandated guidelines of the ACGME for consecutive hours on call or otherwise engaged in patient care during residency/fellowship. Similarly, hours spent moonlighting and hours with fellowship duties must not cumulatively exceed these guidelines. The ACGME weekly limit on duty hours, including moonlighting, is 80 hours.

Residents holding J1 visas under sponsorship of the ECFMG may NOT moonlight.

**The training program director must be informed in writing of moonlighting activities,** or changes in such activities, on a yearly basis. Negative reports are required. **Moonlighting request forms can be obtained through the program director or site administrators.** *(see sample form in Appendix C)*
**Promotion of Residents/Fellows**

All residents/fellows enter into annual contracts with the University of Minnesota, regardless of the expected duration of their training program. Most training positions are ongoing "categorical" positions, while some programs may use a small percentage of preliminary or temporary slots. Residents/fellows in categorical positions will be promoted from each level of training after satisfying all requirements for that training level, and offered subsequent annual contracts through program completion unless:

1. They are dismissed or their contracts are not renewed based on academic performance that is below satisfactory
2. They are dismissed or their contracts are not renewed based on nonacademic behavioral violations
3. They are ineligible for a continued appointment at the time renewal decisions are made based on failure to satisfy licensure, visa, immunization, registration, or other eligibility requirements for training
4. The residency/fellowship program is reduced in size or closed

It is unlikely that existing residents/fellows will be displaced by program closure or reductions; however, if this occurs, the medical school will make every effort to assist the residents/fellows in locating another training program from which to continue their education.

In instances where a resident's agreement is not going to be renewed, the program must provide their resident(s) with a written notice of intent not to renew a resident(s) agreement no later than four months prior to the end of the resident's current agreement.

However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the program must provide the resident with as much written notice of the intent to not renew, as the circumstances will reasonably allow, prior to the end of the agreement.

Residents are allowed to implement the medical school's and/or university's grievance procedures if they have received a written notice of intent not to renew their agreement.

**Training / Graduation Requirements**

The ACGME mandates the following:

1. The program must provide a minimum of four institutionally-based faculty members, including the program director, with at least one key clinical faculty member with demonstrated expertise and primary focus in hepatology.
2. Modern facilities to accomplish the overall educational program must be available and functioning at the primary training site. Specifically, there must be procedure laboratories completely equipped to provide modern capability in gastrointestinal procedure. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories, plus esophageal motility instrumentation, and facilities for parasitology testing should be provided. Supporting services must include pathology, diagnostic radiology, interventional radiology, medical imaging and nuclear imaging, general surgery, and oncology.
3. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided, including a working relationship with surgery, oncology, pediatrics, radiology, and pathology services.

4. The training program must provide opportunities to develop clinical competence in the field of gastroenterology, including hepatology, clinical nutrition, and gastrointestinal oncology.

5. At least 18 months of the clinical experience should be in general gastroenterology, including hepatology. Hepatology should comprise approximately 30% of this experience. At least six months must consist of dedicated research activity (basic research, clinical research, or education-related research). The additional 18 months of training must be dedicated to elective fields of clinical, research, or education training oriented to enhance competency.

6. Fellows must have formal instruction, clinical experience, or opportunities to acquire expertise in the evaluation, management, and procedures involved in GI disorders.

7. The University of Minnesota GI program also requires fellows to have basic GI procedure experience that meets minimal ASGE standards for competency in colonoscopy/polypectomy (100/20); upper GI endoscopy (100); dilatation (20); hemostasis (20); PEG (10). Fellows typically have much higher procedure numbers, as well as experience in advanced procedures (ERCP, EUS, etc).

POLICY FOR RECRUITMENT, APPOINTMENT, ELIGIBILITY, SELECTION AND PROMOTION OF FELLOWS

1. Candidates must have completed their categorical residency in internal medicine or med-pediatrics, in an accredited U.S. residency program, and they must be ABIM board eligible.

2. Candidates must complete and submit the University of Minnesota GI fellowship application form or the universal fellowship application, which includes three letters of reference and documentation of relevant medical school and residency information (including personal statement). Applications must be submitted by December 1 two years prior to the year that the resident wishes to begin their GI training (typically the resident's PGY2 year);

3. Residents' application materials will undergo initial review by the University of Minnesota GI Training Program Director, the GI division chief, and the GI Executive Committee. This review will take into consideration the applicant's undergraduate and medical school qualifications, work experience, publications, letters of reference, and written personal statement.

4. Based upon initial review, a group of residents will be invited for interviews with University of Minnesota gastroenterology faculty members. Interviews typically have taken place in late January to mid-April of the match year.

5. GI specialty residents are ranked by a vote of GI faculty members after interviews have occurred. Factors that enter into the decision include the applicant's educational qualifications, honors and accomplishments, scholarly activities and potential, personal qualities as communicated in letters of reference and through the interview process, and the degree of fit between the applicant's personal goals and the ability of the University of Minnesota training program to meet the applicant's needs. Final specialty resident selection is accomplished by means of the ERAS residency match program.
SECTION V. GENERAL AND ADMINISTRATIVE INFORMATION

Please refer to Institution Policy Manual at http://www.med.umn.edu/gme/residents/instpolicyman/home.html for Medical School Policies on the following: GME Administration Contact List, GME Administration by Job Duty; GME Organization Chart.

Work Environment & Site Specific General Information – parking, office locations, labcoats, nametags, pagers etc.

University of Minnesota Medical Center – Fairivew (UMMC-F)

Parked: Parking for fellows on UMMC rotation is available at a variety of sites and coordinated by Bao Moua, who will contact you prior to your rotation to finalize arrangements.

All fellows who will be participating in evening call at UMMC should obtain an off-hours parking card. Go to the Parking Office in Mayo B340 between 7:30 AM and 4:00 PM. Complete a parking application and submit a $25.00 deposit (which will be refunded upon return of the card). Parking will be available in the Patient/Visitor ramp on Delaware.

Fellows participating in Continuity Clinic, while on rotation at another site, will park in the Washington Avenue ramp (next to the Radisson) or Oak St. ramp. Bring your parking ticket to the GI Office to pick up a parking coupon and you will not incur a charge.

Parking questions should be directed to Bao Moua at 612-626-0419.

GI Office Locale: VFW Cancer Research Center, V366

Where fellows report on 1st day:
Report to the U of MN GI Office, room V366.

Lab coats, name tags, pagers:
Office staff will provide a lab coat, pager, and nametag.

Location of Clinics:

<table>
<thead>
<tr>
<th>Transplant Clinic 2A</th>
<th>Clinic 1E (Surgery Clinic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>516 Delaware St. SE</td>
<td>516 Delaware St. SE</td>
</tr>
<tr>
<td>MMC 88</td>
<td>MMC 88</td>
</tr>
<tr>
<td>Minneapolis, MN 55455</td>
<td>Minneapolis, MN 55455</td>
</tr>
</tbody>
</table>

Fellow office location, phone number, computer, and mail:
Fellows’ office is located in the University Hospital, UMMC 1-110, with several computers available. There is also a computer available in V374 for fellow to use if needed. Fellows rotating here will have a mailbox by all of the faculty/staff mailboxes. Please check your box.
**Regions Hospital (RGHP)**

**Parking:** On the first day, park in the North Patient/Visitor Ramp attached to the north side of the hospital. The entrance to the ramp is on Jackson and 14th Street near the University and Jackson intersection. For detailed automated directions, call 651-254-2377. Bring your parking ticket with you for validation. The parking office is located on the 2nd floor of the main building near the main Tower elevators.

**Where fellows report on 1st day:**
Report directly to Bess Farrell in 2North, on the 2nd floor, North Building. Bess will take you to the Parking office where you can get your parking stamp validated and your photo ID badge. You will also need to sign in with the Graduate Medical Education Office, located on the first floor of the North Building in Room 123.

**GI Office Locale:**
The Digestive Care Center (GI office) is located on the third floor, main building. The entrance is near the Out-Patient care unit, near the Cardiovascular/IR suites.

**Lab coats, name tags, pagers:**
Bess Farrell can locate an Internal Medicine lab coat in Materials Management, if a coat is available. The GI department has one pager that is used for all Fellows. This pager can be obtained from either the supervising physician or from Bess.

**Fellow office location, phone number, computer, and mail:**
The Fellows’ office is currently located in the Digestive Care Center, 3rd Floor. All mail is received by the GI Office in 2North, and sent to the Digestive Care Center to the appropriate Fellow.

**Administrative support:**
All Fellows can contact Bess Farrell, at 651-254-5529, 2North, North Building, second floor.

**EPIC System:**
You may want to take the online EPIC training course, which will familiarize you with the EPIC system. The link is [www.regionshospital.com](http://www.regionshospital.com). Click the "For Healthcare Providers" link on the left side of the screen. Click the "Epic Web Based Training" link on the bottom left side of the screen. Click the "Epic Clinical Documentation Foundations" link to launch the course. Click the link to begin and you will be taken to the menu of individual lessons. Select and read "About this Course." The course is divided into 7 short lessons, each taking only 10-15 minutes to complete.

**Veterans Administration Medical Center (VAMC)**

**Parking:** The parking lots are marked according to who can park where. As soon as Fellows get their security badge on their first or second day, the bar codes on the badge give them access to the doctors’ parking lot.

**GI Office location:** Third floor, Room 3V-142

**Where Fellows report on first day:** Fellows should report to the administrative assistant in the GI Office, Room 3V-142 by 8:00 AM.
Lab coats, name tags, pagers: Administrative assistant will provide these things on the first day.

Location of clinical areas: Clinical area is adjacent to the office area.

Fellow office location: Administrative assistant will show the Fellows to their office on their first day. Fellows share a room with the residents. Five computers are available in the room, plus there is access to others in the section. Fellows’ mail will be left in their mailboxes in Room 3V-143, which is near the GI Office. Roger Gebhard also leaves things for you in those boxes, so it’s best to check them at least once a week when you’re here for clinic or citywide conference.

Administrative support: The administrative assistant is in the GI office.

Additional information will be given by the VA GI Office when the Fellows arrive.

Hennepin County Medical Center (HMC)

Parking: You may park in the parking ramp attached to the Parkside Professional Building, located at corner of South 8th Street and Chicago Avenue. Please bring your parking ticket with you on your first day and the Parking Office will give you a sticker for your first day. You will need $25.00 for a parking card deposit, which will be returned to you when you turn in your card at the end of your rotation.

GI Service Office:
The GI Service Office is located the Multispecialty Center (900 South 8th St.). The GI office is in the green building, 5th floor, G5.328. There is an Information Desk on the main floor that can direct you if you have questions.

Where Fellows report on 1st day:
Report to GI Service Office: Green building, 5th floor, G5.328.

Lab coats, name tags, pagers, etc:
You will receive $50.00/month in meal money. Please contact the GI Administrative Assistant for more information.

Administrative Support:
Please contact Sherli Wafer at 612-873-8582 or email at sherli.water@hcmed.org.

Abbott Northwestern Hospital (ABNW)

Parking: (800 E. 28th Street) Park in the Public Parking Ramp off East 28th Street.
Enter hospital grounds from 28th Street (one way going east). The parking ramp is on your right. Public Parking Entrance is second from left.

A parking card is passed from fellow to fellow, no duplicate cards will be issued. If card is lost there is a $15 replacement fee. See Anne Klinkhammer for parking voucher on your last day of rotation.
GI Office Location:
15700 37th Ave. North
Plymouth, MN 55414
612-871-1145

Where to report on first day:
Report to the Doctors’ Lounge, main floor, Abbott Northwestern Hospital. Page Dr. Coleman Smith (612-589-8148). If he is not available, call the operator and ask to have the GI physician on call paged.

Mailbox/ Computer Info
Mailboxes are located near the Doctors’ Entrance/Exit at Abbott Northwestern. A computer is available in the doctors’ lounge.
Administrative Offices

Fellows may direct general questions and site-specific concerns to the administrative staff at each one of the hospital sites.

**University of Minnesota Medical Center**

Director, GI/Hepatology/Nutrition Division
Martin Freeman, M.D.

Staff Physicians
John (Jack) Lake, M.D.
Clifford Steer, M.D.
Alex Khoruts, M.D.
Mohamed Hassan, M.D.
Julie Thompson, M.D.
Rajeev Attam, M.D.
Mustafa Arain, M.D.
James Abraham, M.D.
Jose Vega Peralta, M.D.
Shawn Mallery, M.D.

GI Nurse Practitioners
Elizabeth Bachorik, NP
Anna Maria Mellgren, NP

Hepatology Advanced Practice Providers
Carolyn Schmitt, PA
Laurie Larson, NP

Program Coordinator / Executive Office & Administrative Specialist
Bao Moua

**VA Medical Center**

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Aasma Shaukat, M.D.

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Peter B. Meier, M.D.
Christine Pocha, M.D.
Paola Ricci, M.D.
Robert Gill, M.D.
James Kromhout, M.D.
Yan Bakman, M.D.

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Regions Hospital
Chief, Gastroenterology Division
Irshad Jafri, M.D.

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Roger Gebhard, M.D.
Chris Shepela, M.D.
Karin Hagen, M.D.
Rebecca Li, M.D.
Daniel Virnig, M.D.
Nadeem Chaudhary, M.D.
Pam Dambowy, M.D.

Section Secretary
Bess Farrell

Hennepin County Medical Center
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Hernando Gonzalez, M.D.

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Aaron Brosam, M.D.
Brett Inglis, M.D.
Maria Moscandrew, M.D.
Craig Peine, M.D.
Mustafa Tiewala, M.D.

Section Secretary
Sherli Wafer

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Coleman Smith, M.D.
Rob McCabe, M.D.
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  Bao Moua, Program Coordinator 612-625-8999  
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<thead>
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<th>Department</th>
<th>Location</th>
<th>Program Code</th>
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<td>MMC 480</td>
<td>Fax: 5-6919</td>
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<td>Hematology/Medical Oncology Fllwshp</td>
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<td>Nephrology Fellowship</td>
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