



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Gastroenterology
(Internal Medicine)**

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I Introduction

I.A. Definition and Scope of Specialty

The medicine-based specialty of gastroenterology concerns disorders of the gastrointestinal tract, which includes the organs from the mouth to the anus, along the alimentary canal.

I.B. Duration of Education

I.B.1. The education program in gastroenterology must be 36 or 48 months in length.

II Institutions

II.A. Sponsoring Institutions

II.A.1. A gastroenterology fellowship must function as an integral part of an ACGME-I-accredited residency in internal medicine.

II.B. Participating Sites

See International Subspecialty Foundational Requirements, Section I.B.

III Program Personnel and Resources

III.A. Program Director

See International Subspecialty Foundational Requirements, Section II.A.

III.B. Faculty

III.B.1. Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, and this must be documented in each fellow's record, including indications, complications, post-procedural diagnoses, and supervisor(s).

III.C. Other Program Personnel

See International Subspecialty Foundational Requirements, Section II.C.

III.D. Resources

III.D.1. Facilities for the intensive care of critically-ill patients with gastrointestinal disorders must be provided.

- III.D.1.a) These facilities should have a working relationship with diagnostic radiology, general surgery, oncology, pathology, and pediatrics services.
- III.D.2. There must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures.
- III.D.2.a) This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories with esophageal motility instrumentation.
- III.D.2.b) There should be a laboratory for parasitology testing.
- III.D.3. Support services must be available, including anesthesiology, diagnostic radiology, general surgery, interventional radiology, medical imaging and nuclear medicine, oncology, and pathology.

IV Fellow Appointment

IV.A. Eligibility Criteria

- IV.A.1. Prior to appointment in the program, fellows should have completed an ACGME International (ACGME-I)-accredited core specialty program in internal medicine.

IV.B. Number of Fellows

See International Subspecialty Foundational Requirements, Section III.B.

V Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

- V.A.1. Fellows must have formal didactics addressing:
 - V.A.1.a) the scientific method of problem solving and evidence-based decision making;
 - V.A.1.b) indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indication for and use of screening tests and procedures;
 - V.A.1.c) anatomy, physiology, pharmacology, pathology, and molecular biology related to the gastrointestinal system, including the liver, biliary tract, and pancreas;
 - V.A.1.d) esophageal dilation;

- V.A.1.e) interpretation of abnormal liver chemistries;
- V.A.1.f) liver transplantation;
- V.A.1.g) nutrition;
- V.A.1.h) retrieval of foreign bodies from the esophagus and stomach;
- V.A.1.i) prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders;
- V.A.1.j) sedative pharmacology; and,
- V.A.1.k) surgical procedures employed in relation to digestive system disorders and their complications.

V.B. Clinical Experiences

- V.B.1. At least 18 months must be devoted to clinical experience, of which the equivalent of five months should be comprised of hepatology.
- V.B.2. Fellows must participate in training using simulation.
- V.B.3. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures:
 - V.B.3.a) endoscopic retrograde and cholangiopancreatography in all its diagnostic and therapeutic applications;
 - V.B.3.b) enteral and parenteral alimentation;
 - V.B.3.c) imaging of the digestive system, including:
 - V.B.3.c).(1).(a) computed tomography (CT), including CT entero/colography;
 - V.B.3.c).(1).(b) contrast radiography;
 - V.B.3.c).(1).(c) magnetic resonance imaging (MRI);
 - V.B.3.c).(1).(d) nuclear medicine;
 - V.B.3.c).(1).(e) percutaneous cholangiography;
 - V.B.3.c).(1).(f) ultrasound, including endoscopic ultrasound;
 - V.B.3.c).(1).(g) vascular radiography; and,

- V.B.3.c).(1).(h) wireless capsule endoscopy.
- V.B.3.d) esophageal dilation;
- V.B.3.e) retrieval of foreign bodies from the esophagus and stomach;
- V.B.3.f) interpretation of gastrointestinal and hepatic biopsies; and,
- V.B.3.g) motility studies, including esophageal motility/pH studies.
- V.B.4. Fellows must have exposure to and clinical experience in the performance of gastrointestinal motility studies and 24-hour pH monitoring.
- V.B.5. Fellows should have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of gastroenterology.
 - V.B.5.a) This experience should include an appropriate distribution of patients of each gender and a broad age range.
 - V.B.5.b) This experience should average one half-day each week throughout the educational program.
 - V.B.5.c) Each fellow should, on average, be responsible for four to eight patients during each half-day session.
 - V.B.5.c).(1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session.
 - V.B.5.d) The continuing patient care experience should not be interrupted by more than one month, excluding a fellow's vacation.

V.C. Fellows' Scholarly Activities

See International Subspecialty Foundational Requirements, Section IV.C.

V.D. Duty Hour and Work Limitations

- V.D.1. Direct supervision of procedures performed by each fellow must occur until competence has been acquired and documented by the program director.

VI ACGME-I Competencies

VI.A. Patient care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate proficiency in:

- VI.A.1. the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness;
- VI.A.2. prevention, evaluation, and management of:
 - VI.A.2.a) acid peptic disorders of the gastrointestinal tract;
 - VI.A.2.b) acute and chronic gallbladder and biliary tract diseases;
 - VI.A.2.c) acute and chronic liver diseases;
 - VI.A.2.d) acute and chronic pancreatic diseases;
 - VI.A.2.e) care of patients under surgical care for gastrointestinal disorders;
 - VI.A.2.f) diseases of the esophagus;
 - VI.A.2.g) disorders of nutrient assimilation;
 - VI.A.2.h) gastrointestinal and hepatic neoplastic disease;
 - VI.A.2.i) gastrointestinal bleeding;
 - VI.A.2.j) gastrointestinal diseases with an immune basis;
 - VI.A.2.k) gastrointestinal emergencies in the acutely-ill patient;
 - VI.A.2.l) gastrointestinal infections, including retroviral, mycotic, and parasitic diseases;
 - VI.A.2.m) genetic/inherited disorders;
 - VI.A.2.n) geriatric gastroenterology;
 - VI.A.2.o) inflammatory bowel diseases;
 - VI.A.2.p) irritable bowel syndrome;
 - VI.A.2.q) motor disorders of the gastrointestinal tract;
 - VI.A.2.r) vascular disorders of the gastrointestinal tract; and,
 - VI.A.2.s) women's health issues in digestive diseases.
- VI.A.3. performance of the following procedures:
 - VI.A.4.a) biopsy of the mucosa of esophagus, stomach, small bowel, and colon;

- VI.A.4.b) capsule endoscopy;
- VI.A.4.c) colonoscopy with polypectomy;
- VI.A.4.d) conscious sedation;
- VI.A.4.e) esophagogastroduodenoscopy;
- VI.A.4.f) both upper and lower non-variceal hemostasis, including actively bleeding patients;
- VI.A.4.g) other diagnostic and therapeutic procedures utilizing enteral intubation;
- VI.A.4.h) paracentesis;
- VI.A.4.i) percutaneous endoscopic gastrostomy; and,
- VI.A.4.j) variceal hemostasis, including actively bleeding patients.

VI.B. Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate proficiency in knowledge of:

- VI.B.1. the scientific method of problem solving and evidence-based decision making;
- VI.B.2. indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indication for and use of screening tests/procedures;
- VI.B.3. anatomy, physiology, pharmacology, pathology, and molecular biology related to the gastrointestinal system, including the liver, biliary tract, and pancreas;
- VI.B.4. interpretation of abnormal liver chemistries;
- VI.B.5. liver transplantation;
- VI.B.6. nutrition;
- VI.B.7. prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders;
- VI.B.8. sedative pharmacology; and,

VI.B.9. surgical procedures employed in relation to digestive system disorders and their complications.

VI.C. Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

VI.D. Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

VI.E. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

VI.F. Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.