

ACGME Program Requirements for Graduate Medical Education in Pediatric Gastroenterology

Effective: July 1, 2009

Introduction

Int.A. Scope of Training

Pediatric gastroenterology programs must provide the fellow in gastroenterology with the background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, and to conduct scholarly activity in this specialized field. The fellow must be guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

VIII. Program Personnel and Resources

VIII.A. Faculty

VIII.A.1. Pediatric Gastroenterology Specialists

There must be at least three pediatric gastroenterologists on the teaching staff.

VIII.A.2. Other Teaching and Consultant Faculty

In addition to the full range of pediatric subspecialists, the following physician faculty from other disciplines must be available:
Allergy/Immunology, Child and Adolescent Psychiatry and/or Psychology, Medical Genetics, Pediatric Surgery and Nuclear Medicine.

VIII.B. Resources

VIII.B.1. The following must be available to the program:

VIII.B.1.a) Space in an ambulatory setting for optimal evaluation and care of outpatients;

VIII.B.1.b) An inpatient area staffed by pediatric residents and faculty with a full array of pediatric and related services;

VIII.B.1.c) Full support services, including Physical/Occupational Therapy, Social Services, Nutrition, and Feeding Therapy;

VIII.B.1.d) Pediatric intensive care unit;

VIII.B.1.e) Neonatal intensive care unit;

VIII.B.1.f) An on-site or an established commercial laboratory that can either perform or assess measures of intestinal absorptive and pancreatic function; nutritional parameters; and specialized serological, parasitological, immunological, metabolic, and toxicological studies applicable to gastrointestinal, hepatobiliary and nutritional disorders;

VIII.B.1.g) Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments, staff skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult.

VIII.B.2. Patient population

The patient population available to the program must have sufficiently varied and complex diseases and be of a volume sufficient to ensure that the fellows have the opportunity to become clinically competent in the management of common as well as uncommon gastrointestinal, hepatobiliary, and pancreatic diseases and nutritional disorders in patients ranging from the newborn period through young adulthood.

IX. Educational Program

IX.A. Patient Care

IX.A.1. The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families.

IX.A.2. To develop the fellows' competence in clinical diagnosis, medical management of patients, and the correlation of pathophysiology with clinical disorders, the program must emphasize developmental gastrointestinal physiology in infants, children, adolescents, and young adults.

IX.A.3. There must be training in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal and hepatobiliary diseases and nutritional disorders.

IX.A.4. Fellows must demonstrate competence in utilizing a variety of diagnostic tests and therapeutic procedures, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and pancreatic function.

IX.A.5. The program must stress the role of the subspecialist as a consultant and promote skills necessary to communicate effectively with the referring physician.

IX.A.6. In recognition of the importance of outpatient medicine to the practice of pediatric gastroenterology and nutrition, all fellows must spend at least

one half day per week for the entire period of training in an ambulatory care clinic in which both new and established patients are seen. A subset of these patients must be part of a longitudinal continuity experience in which the fellows follow patients that they have cared for as an inpatient and/or over time in the outpatient setting.

- IX.A.7. Fellows must have ongoing responsibility for the continuing care of patients with chronic gastrointestinal problems and must have opportunities to provide consultation on a wide variety of patients to become familiar with the gastrointestinal manifestations of a broad spectrum of pediatric illnesses.
- IX.A.8. Fellows' clinical experience must involve the management of patients with gastrointestinal and nutritional diseases and disorders, including but not limited to those listed below:
 - IX.A.8.a) Growth failure and malnutrition including an understanding of nutritional assessment and parenteral and enteral nutrition support
 - IX.A.8.b) Malabsorption/maldigestion (celiac disease, cystic fibrosis, pancreatic insufficiency, etc)
 - IX.A.8.c) Gastrointestinal allergy
 - IX.A.8.d) Peptic ulcer disease
 - IX.A.8.e) Hepatobiliary disease (biliary atresia, diseases of the gallbladder, fatty liver, intrahepatic cholestasis, autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic liver diseases)
 - IX.A.8.f) Digestive tract anomalies
 - IX.A.8.g) Inflammatory bowel disease
 - IX.A.8.h) Functional bowel disorders
 - IX.A.8.i) Pancreatitis (acute and chronic)
 - IX.A.8.j) Gastrointestinal infections
 - IX.A.8.k) Gastrointestinal problems in the immune-compromised host, including graft versus-host (GVH) disease
 - IX.A.8.l) Motility disorders
 - IX.A.8.m) Gastrointestinal bleeding
 - IX.A.8.n) Gastrointestinal complications of eating disorders
- IX.A.9. Fellows must demonstrate knowledge of the methods of initial evaluation and criteria for referral and follow-up care of the patient requiring liver

transplantation and those with intestinal failure/requiring small bowel transplantation.

- IX.A.10. Procedures
- IX.A.10.a) Fellows must understand the principles, indications, contraindications, risks, and interpretation of results of procedures and must engage in formal instruction as well as clinical experience in order to demonstrate competence in the performance of the following procedures:
- IX.A.10.a).(1) Diagnostic colonoscopy (including biopsy) and therapeutic colonoscopy with snare polypectomy
- IX.A.10.a).(2) Diagnostic upper gastrointestinal endoscopy (including biopsy)
- IX.A.10.b) A skilled preceptor must be available to teach and supervise the fellows in the performance of these procedures, which must be documented in each fellow's record, giving indications, outcomes, diagnoses, and supervisor(s). Assessment of procedural competence should not be based solely on a minimum number of procedures performed, but on a formal evaluation process. These evaluations should include objective performance criteria.
- IX.A.11. Fellows must understand the principles, indications, contraindications, risks, and interpretation of results of the following procedures:
- IX.A.11.a) gastrointestinal manometry
- IX.A.11.b) rectal suction biopsy
- IX.A.11.c) paracentesis
- IX.A.11.d) esophageal impedance/pH testing
- IX.A.11.e) pancreatic function testing
- IX.A.11.f) breath hydrogen analysis
- IX.A.11.g) endoscopic placement of feeding tubes (including percutaneous endoscopic gastrostomy placement)
- IX.A.11.h) videocapsule endoscopy
- IX.A.11.i) endoscopic retrograde cholangiopancreatography (ERCP)
- IX.A.11.j) gastrointestinal foreign bodies
- IX.A.11.k) hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding

