The Gastroenterology Core Curriculum, Third Edition

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES, AMERICAN COLLEGE OF GASTROENTEROLOGY, AMERICAN GASTROENTEROLOGICAL ASSOCIATION (AGA) INSTITUTE, AND AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

The Gastroenterology Core Curriculum was first published in 1996; this is the third edition of the Gastroenterology Core Curriculum for gastroenterology fellowship training. The Core Curriculum constitutes a living document that represents the 4 societies' vision of best practices in gastroenterology training. It provides a framework for developing an individual plan of study and growth that should be tailored to meet the needs of each individual trainee based on the strengths and special qualities of each individual training program. The curriculum will continue to evolve with time as new knowledge, methods of learning, novel techniques and technologies, and challenges arise.

This edition has been divided into an overview of training and 17 chapters encompassing the breadth of knowledge and skills required for the practice of gastroenterology. These areas include not only the traditional curricular content of gastroenterology and hepatology but also associated disciplines such as pathology, radiology, and surgery. New areas that have been incorporated into the third edition of the Gastroenterology Core Curriculum include new antireflux techniques, advanced training (certificate of added qualification) in hepatology, moderate sedation, novel techniques and technologies, and computed tomographic colonography. Additionally, all areas have been linked to the Accreditation Council on Graduate Medical Education (ACGME) Outcome Project's General Competencies.

This edition of the curriculum represents a joint collaborative effort among the national gastroenterology societies: the American Gastroenterological Association (AGA) Institute, the American College of Gastroenterology, the American Association for the Study of Liver Diseases, and the American Society for Gastrointestinal Endoscopy. The training committees of each of the 4 sponsoring societies, as well as several subject matter experts, made specific recommendations for revising the core curriculum. Each society then named 2 representatives who were charged with overall responsibility for developing, communicating, and distributing the curriculum. Additionally, the Gastroenterology Steering Committee received input on the draft curriculum from several training directors and faculty members and extends its sincere gratitude for their support. Those who provided substantive editorial contributions to this edition are featured in Appendix 1 of the full text, along with the names of contributing editors for the previous edition that was published in 2003.

Throughout this document, the paramount importance of practice and research based on the highest principles of ethics, humanism, and professionalism is reinforced. This document links trainee assessment to the ACGME Outcome Project's General Competencies and as such recommends a number of tools that can be used to assess the competence of trainees, including direct observation by qualified faculty, logbooks, periodic patient care record reviews, portfolios, patient surveys, 360° global rating evaluations, and formal examinations. Numerical guidelines provide only a minimum standard for competency and instead should be viewed as a threshold level after which competency-based assessment should be instituted. Regardless of the duration of training, the number of patients seen, or the number of procedures performed, the ultimate goal must always remain excellence in all aspects of patient care, scholarship, and a commitment to lifelong learning.

The Quality Initiative in Medicine

The Quality Initiative in American medicine is an effort to improve outcomes, maximize safety, and simultaneously increase the value of care for health care consumers. Severe cost pressures in the US health care delivery system over the past several decades have forged alliances among corporate payers to maximize the cost-effectiveness of care (eg, the Leapfrog Group, 2000). Reports related to medical errors and patient safety (To Err Is Human, 1999) raised concerns and drew the attention of many public and private entities. The Institute of Medicine's recommendations for an improved health care system (Crossing the Quality Chasm: A New Health System for the 21st Century, 2001) urged the alignment of payment with quality improvement.

The Centers for Medicare & Medicaid Services took up that challenge and continued efforts to contain expenditures for its beneficiaries. Clinical quality data around the variability of care (eg, coronary artery bypass graft rates in different regions of the country) and outcomes (eg, coronary artery disease mortality rates unchanged, despite uneven intensity of care) have also spurred public demand for a more transparent and predictable standard of care. In recent years, the growth of evidence-based medicine has contributed to health care quality and its measurement. Training programs must assure that fellows

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understand the importance of quality measurement in their future practice of gastroenterology and that fellows are familiar with the techniques used to measure quality and with methods used to enhance performance. For more information on quality in gastroenterology, please visit http://www.gastro.org (Clinical Practice section).

What follows is an overview of the Gastroenterology Core Curriculum. To access the full text of the Core Curriculum, visit the AGA Institute Web site at http://www.gastro.org.

Overview of Training in Gastroenterology

Importance

Gastroenterology consultants must possess a range of attributes, including a broad knowledge base, the ability to generate a relevant differential diagnosis based on an accurate history and physical examination, an understanding of the indications and contraindications for diagnostic and therapeutic procedures, skill at performing these procedures, the ability to think critically, and an appreciation of the humanistic and ethical aspects of medicine. Such attributes can emanate only from a clinical training program that provides a firm foundation in pathophysiology as well as abundant exposure to patients under the supervision of experienced, thoughtful educators. This exposure must be long enough for trainees to understand the natural history of disease and the impact of treatment both on the disease and on the patient. Instructors in procedures must impart a thoughtful, cost-conscious approach to the use of technology as an extension of the subspecialist's craft rather than as an end in itself. Facilities must be available for trainees to participate actively in research as a means of fostering the inquisitive thought processes demanded of skilled consultants, to create new knowledge, and to improve patient care. Surrounding all of these activities must be a dedication to the patient as a person; technical expertise in the absence of humanism represents the antithesis of the skilled practitioner, whether generalist or subspecialist.

General Aspects of Training

Prerequisites for training. Trainees in gastroenterology must have completed a 3-year residency in internal medicine, or be in the American Board of Internal Medicine (ABIM) Research Pathway, at an institution accredited by the ACGME or a foreign equivalent. The training requirements referenced herein reflect the ACGME's Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine and the Program Requirements for Fellowship Education in Gastroenterology, effective July 2005 (see http://www.acgme.org).

Training institutions. Gastroenterology training must take place only in medical institutions that are accredited for internal medicine and gastroenterology training by the ACGME and are affiliated with established medical schools. As outlined in the July 2005 ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine and the Program Requirements for Fellowship Education in Gastroenterology, evidence of institutional commitment to education must include financial resources adequate to support appropriate compensation for sufficient faculty and trainees, adequate and modern facilities, sufficient space, and current equipment to accomplish the overall educational program.

Specifically, as directed by the ACGME, Section II.A.4:

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

In addition, training institutions must provide adequate clinical support services on a 24-hour basis, foster peer interaction among specialty and subspecialty trainees, and sponsor meaningful biomedical research.

Educational program. Gastroenterology training programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, attitudes, and values of professionalism that are essential to the practice of gastroenterology. As defined by the ABIM in the 2001 Project Professionalism:

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

The program also must stress the role of gastroenterologists as consultants and the need to establish the skills necessary to communicate effectively with referring physicians. The objectives of training can be achieved only when the program leadership, supporting staff, faculty, and administration are fully committed to the educational program and when appropriate resources and facilities are available. While it is recognized that trainees provide substantial service to their teaching hospital, service commitments should never compromise the achievement of educational goals and objectives.