**New Application: Transplant Hepatology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

Describe the reporting relationship between the transplant hepatology program director and the gastroenterology program director. [PR I.B.1.b)] (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, work area) for patient care and the educational components of the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

Complete the following table. Use site numbers as they appear in the Accreditation Data System (ADS) for the participating sites used by the program.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **Medical Records** |
| Will fellows have access to an electronic health record? [PR I.D.1.c)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Number of liver transplants performed each year [PR IV.C.8.a)] | # | # | # | # | # |
| Number of liver biopsies performed each year [PR IV.C.13.a)] | # | # | # | # | # |
| Number of allograft liver biopsies performed each year [PR IV.C.13.a)] | # | # | # | # | # |
| UNOS-approved transplant program? [PR I.D.1.b).(6)] | [ ]  YES [ ]  NO |  |  |  |  |
| **Will fellows have access to interventional radiology facilities to:** |
| Perform balloon angioplasty? [PR I.D.1.b).(5) | [ ]  YES [ ]  NO |  |  |  |  |
| Perform Transjugular Intrahepatic Portal Systemic Shunt? [PR I.D.1.b).(5) | [ ]  YES [ ]  NO |  |  |  |  |
| **Are there accredited programs in the following?** |
| Internal medicine [PR I.B.1.a)] | [ ]  YES [ ]  NO |  |  |  |  |
| Gastroenterology [PR I.B.1.a)] | [ ]  YES [ ]  NO |  |  |  |  |

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**Personnel**

**Other Program Personnel**

|  |  |
| --- | --- |
| Will the program use a multidisciplinary approach to issues in donor selection and evaluation and in recipient criteria? [PR II.D.3.] | [ ]  YES [ ]  NO |

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will the program provide experience for fellows to demonstrate competence in the following?

1. Comprehensive management of critically-ill patients awaiting transplant with complications, including: [PR IV.B.1.b).(1).(b).(i)
2. refractory ascites [ ]  YES [ ]  NO
3. hepatic hydrothorax [ ]  YES [ ]  NO
4. hepatorenal syndrome [ ]  YES [ ]  NO
5. hepatopulmonary and portal pulmonary syndromes [ ]  YES [ ]  NO
6. refractory portal hypertensive bleeding [ ]  YES [ ]  NO
7. Diagnosis and management of hepatocellular carcinoma and cholangiocarcinoma, including transplantation, non-transplantation, and surgical and non-surgical approaches? [PR IV.B.1.b).(1).(b).(ii)]
 [ ]  YES [ ]  NO
8. Ethical considerations relating to liver transplant donors, including questions related to living donors, non-heart beating donors, criteria for brain death, and appropriate selection of recipients? [PR IV.B.1.b).(1).(b).(iii)]
 [ ]  YES [ ]  NO
9. Prevention, evaluation, and management of acute and chronic end stage liver? [PR IV.B.1.b).(1).(b).(iv) and IV.B.1.b).(1).(b).(viii)] [ ]  YES [ ]  NO
10. Management of chronic viral hepatitis in the pre-, peri- and post-transplantation settings? [PR IV.B.1.b).(1).(b).(v)] [ ]  YES [ ]  NO
11. Management of fulminant liver failure? [PR IV.B.1.b).(1).(b).(vi)] [ ]  YES [ ]  NO
12. Nutritional support of patients with liver disease? [PR IV.B.1.b).(1).(b).(vii)] [ ]  YES [ ]  NO
13. Psychosocial evaluation of transplant candidates, in particular those with history of substance abuse? [PR IV.B.1.b).(1).(b).(ix)] [ ]  YES [ ]  NO
14. Use of interventional radiology in diagnosis and management of portal hypertension, as well as biliary and vascular complications? [PR IV.B.1.b).(2).(a).(ii)] [ ]  YES [ ]  NO

**Medical Knowledge**

Will the program provide experience for fellows to demonstrate knowledge of the following?

1. Anatomy, physiology, pharmacology, pathology, and molecular virology related to the liver and biliary tract [PR IV.B.1.c).(3).(a)] [ ]  YES [ ]  NO
2. Drug hepatotoxicity and the interaction of drugs with the liver [PR IV.B.1.c).(3).(b)] [ ]  YES [ ]  NO
3. The impact of various modes of therapy and the appropriate use of laboratory tests and procedures [PR IV.B.1.c).(3).(c)] [ ]  YES [ ]  NO
4. Natural history of chronic liver disease [PR IV.B.1.c).(3.).(d)] [ ]  YES [ ]  NO
5. Factors involved in nutrition and malnutrition and their management [PR IV.B.1.c).(3).(e)] [ ]  YES [ ]  NO
6. Organizational and logistic aspects of liver transplantation, including the role of nurse coordinators and other support staff, organ procurement, and UNOS policies [PR IV.B.1.c).(3).(f)] [ ]  YES [ ]  NO
7. Principles and application of artificial liver support [PR IV.B.1.c).(3).(g)] [ ]  YES [ ]  NO
8. Principles of donor selection and rejection (e.g., hemodynamic management, donor organ steatosis, indication for liver biopsy) [PR IV.B.1.c).(3).(h)] [ ]  YES [ ]  NO
9. Principles of living donor selection, including surgical, psychosocial and ethical considerations [PR IV.B.1.c).(3).(i)] [ ]  YES [ ]  NO
10. Principles and practice of pediatric liver transplantation [PR IV.B.1.c).(3).(j)] [ ]  YES [ ]  NO
11. Transplant immunology, including blood group matching, histocompatibility, tissue typing, and malignant complications of immunosuppression [PR IV.B.1.c).(3).(k)] [ ]  YES [ ]  NO
12. Indications, contraindications, and complications of liver allograft biopsies [PR IV.B.1.c).(3).(l)] [ ]  YES [ ]  NO

**Practice-based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Will each fellow participate in the primary evaluation, presentation, and discussion of at least 10 potential transplant candidates? [PR IV.C.7.a)] [ ]  YES [ ]  NO
2. Will each fellow provide follow-up for at least 20 new liver transplant recipients for a minimum of three months from the time of transplantation? [PR IV.C.8.a)] [ ]  YES [ ]  NO
3. Will each fellow participate in the follow-up of 20 or more liver transplant recipients one year post-transplant? [PR IV.C.10.a)] [ ]  YES [ ]  NO
4. Will each fellow provide a minimum of six-month follow-up for each of these liver transplant patients? [PR IV.C.10.b)] [ ]  YES [ ]  NO
5. Will each fellow actively participate in transplant recipients’ medical care, including the management of acute cellular rejection, recurrent disease, infectious diseases, and biliary tract complications? [PR IV.C.11.] [ ]  YES [ ]  NO
6. Will each fellow serve as the primary member of the transplantation team? [PR IV.C.11.]

 [ ]  YES [ ]  NO

1. Will each fellow participate in making decisions about immunosuppression? [PR IV.C.11.]

 [ ]  YES [ ]  NO

1. Will fellows and faculty share patient co-management responsibilities with transplant surgeons from the pre-operative phase to the outpatient period? [PR IV.C.11.a)] [ ]  YES [ ]  NO
2. Will the program ensure close interactions and education with an experienced liver transplant pathologist? [PR IV.C.11.b)] [ ]  YES [ ]  NO
3. Will each fellow participate as an observer in one cadaveric donor procurement and three liver transplant surgeries? [PR IV.C.12.] [ ]  YES [ ]  NO
4. Will fellows have formal didactic instruction in the pathogenesis, manifestations, and complications of end-stage liver disease and hepatic transplantation, including the behavioral adjustments of patients to their problems? [PR IV.C.14.] [ ]  YES [ ]  NO

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**Conferences**

Will fellows routinely participate in the following? [PR IV.C.5.]

1. Core curriculum conference series [ ]  YES [ ]  NO
2. Clinical case conferences [ ]  YES [ ]  NO
3. Journal club [ ]  YES [ ]  NO
4. Research conferences [ ]  YES [ ]  NO
5. Morbidity and mortality conferences [ ]  YES [ ]  NO
6. Quality improvement conferences [ ]  YES [ ]  NO

Will faculty members participate in required conferences? [PR IV.C.5.c)] [ ]  YES [ ]  NO

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

Describe how the program will ensure the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.5.a)] (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.6.]

 [ ]  YES [ ]  NO

**Follow-up/Outpatient Experiences**

1. Provide the information requested for the fellows’ follow-up/outpatient experience and patient distribution. Add rows as necessary. [PR IV.C.10.]

| **Name of Experience** | **Site #** | **Duration** | **Sessions Per Week** | **Average # of Patients Seen Per Session** | **On-site concurrent faculty supervision present?** | **% Female Patients** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |
| Name of Experience. | Site # | Duration | # | Average # of Patients Seen Per Session |[ ]  % Female Patients |

**EDUCATIONAL PROGRAM NARRATIVE**

Describe the program’s core curriculum conference series. [PR IV.C.5.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

To demonstrate a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50 percent of its required minimum number of core faculty members annually engage in a variety of scholarly activity. **List one example** of scholarly activity for the program’s core faculty members during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty Member | Type of Activity | Citation/Description of Product |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Fellow Scholarly Activity [PR IV.D.3.]**

What percent of the fellows’ education is devoted to research and scholarly activities (either concurrent with clinical experience, or in blocks)? [PR IV.D.3.b)] [ # ] %

**Evaluation**

**Fellow Evaluation**

Describe the program director’s methods for evaluation of fellows, teaching attendings, and other faculty members, as well as recording methods, access rules, and follow-up actions taken to remediate problems. (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will fellow procedure logs be reviewed in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR IV.C.15.] | [ ]  YES [ ]  NO |

Describe the method for assessment of fellows’ procedural competence. [PR V.A.1.a).(2)]

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow’s ability to meet professional responsibilities? [PR V.A.1.c).(1)] | [ ]  YES [ ]  NO |

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the evaluations of faculty members be written and confidential? [PR V.B.1.b)] | [ ]  YES [ ]  NO |
| Will the results of these evaluations be communicated to faculty members on a regular basis, at least annually? [PR V.B.2.] | [ ]  YES [ ]  NO |

Explain any NO responses. (Limit response to 300 words)

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty members and residents will be educated about fatigue and its negative effects. [PR VI.D.] |
| Click here to enter text. |

2. Describe how fellows gain experience in the longitudinal care of patients seen in consultation. [PR IV.C.10.b)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |