

Gastroenterology Fellow Rotation

**Virginia Mason Franciscan Health –
University of Washington
Fellowship Training Program**

Center for Digestive Health



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Introduction

Built on the foundation of Virginia Mason’s internationally renowned Digestive Disease Institute, which was established to bring our accomplished group of digestive disease specialists and investigators together in a highly collaborative environment, the Center for Digestive Health’s active, state-of-the-art therapeutic endoscopy service at Virginia Mason Medical Center performs in excess of 1,500 endoscopic retrograde cholangiopancreatography (ERCP) and approximately 1,200 endoscopic ultrasound (EUS) procedures every year. Our mission is to optimize patient care through innovations in research, education, and a multidisciplinary approach to treatment of digestive and liver diseases.

The Program Director of the UW GI Fellowship Program works closely with Virginia Mason Franciscan Health’s UW GI Fellowship Director to ensure a valuable educational experience. Gastroenterology fellows will work with medical interns, residents, hospitalist, ARNPs, PAs and medical students as consultants and educators. A GI attending consultant supervises the fellow and is directly responsible for the administration of patient care.

Gastroenterology Faculty at Virginia Mason Franciscan Health

Leadership:

- **Andrew Ross, MD** *Medical Director, Center for Digestive Health*
- **Richard Kozarek, MD** *Faculty Emeritus & Founding Director, Digestive Disease Institute*
- **Blaire Burman MD** *Section Head Gastroenterology*
- **Nanda Venu, MD** *UW GI Fellowship Program Director*
- **Julie Katz, RN** *Senior Director, Research and Academics*
- **Sarah Ackermann, Director, Center for Digestive Health**
- **Terri Davis Smith** *Academic Specialist, Center for Digestive Health*

Pierre Blais, MD	Teresa Vasicek, PA-C
Blaire Burman, MD	Nanda Venu, MD
Fred Drennan, MD	Chris West, ARNP
Erin Forsythe, ARNP	Qing Zhang, MD
Shayan Irani, MD	Timothy Zisman, MD
Geoff Jiranek, MD	
Jessica Kabala, ARNP	
Rajesh Krishnamoorthi, MD	
Michael Larsen, MD	
Joanna Law, MD	
Otto Lin, MD	
James Lord, MD, PhD	
Gautam Mankaney, MD	
Diana McFarlane, PA-C	
Lisa Motland, PA-C	
Ella Sanman, ARNP	
Asma Siddique, MD	
Sarah Sprouse, MD	
Omar Suwarno, PA-C	

Fellowship Program Goals

Virginia Mason Franciscan Health aims to provide a unique and challenging experience for UW GI fellows in their second or third years of training:

1. Expose experienced UW GI fellows to a population of highly complex patients in the context of a busy inpatient consultative service, outpatient clinics and outpatient endoscopy services with a high volume of advanced endoscopic procedures.
2. Train fellows in a team approach to medicine and a multidisciplinary approach to diagnostics, therapy and a broad variety of disease states, including pancreatic disease, GI oncology, inflammatory bowel disease and hepatology. Fellows are expected to serve as valued and important contributors to the team.
3. Offer opportunities to observe or take part in advanced diagnostic and therapeutic endoscopy procedures, including EUS, ERCP, deep enteroscopy, enteral stent placement, capsule endoscopy and endoscopic mucosal resection. Exposure to esophageal pH testing and esophageal motility and anorectal motility is also available. Fellows must be able to describe indications/ appropriateness, expected outcomes and possible complications of endoscopic procedures.
4. Present experiences in the ambulatory management of patients with various GI disorders, giving increasing responsibility for patient care and procedures while adequately supervising the fellow.
5. Ensure the opportunity for fellows to achieve the level of patient care, cognitive knowledge, psychomotor skills, interpersonal and communication skills, professional attitudes, and practical experiences required to be a gastroenterologist.
6. Give ample opportunities to perform meaningful, supervised research experience and scholarly activities.

Competency-Based Goals and Objectives

UW GI fellows at Virginia Mason Franciscan Health will:

Patient Care**History Taking****Direct Observation, Rotation Evaluation**

- Demonstrate the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources independently.
- Successfully address sensitive topics.
- Provide feedback to junior team members on their history taking skills.

Physical Exam**Direct Observation, Rotation Evaluation**

- Independently carry out an accurate physical examination with both normal and abnormal physical findings for GI problems including but not limited to:
 - Abdominal pain
 - Hepatobiliary disease
 - Anorectal disorders

Clinical Reasoning

Direct Observation, simulation, Rotation Evaluation

- Synthesize simple and complex clinical cases and initiate diagnostic and therapeutic plans.
- Reliably recognize critical illness and independently initiate emergent and ongoing management strategies.
- Initiate diagnostic testing for:
 - Abdominal pain
 - Anemia
 - Anorectal disorders
 - Constipation
 - Diarrhea
 - GI bleeding
 - Hepatobiliary disease, jaundice, and abnormal liver tests
 - Inflammatory Bowel Disease
 - Nausea and vomiting
 - Pancreatitis
 - Pancreatic tumors
 - Swallowing disorders and GERD

Consultation

Direct Observation, Rotation Evaluation

- Develop strategy for managing patient referrals and follow-up.
- Provide consultation with an evidence-based medicine literature review.
- Provide consultation for patients with complex clinical problems requiring detailed risk assessment.

Procedural knowledge

Direct Observation, Rotation Evaluation

- Independently and appropriately order, interpret and plan procedures for patients with GI disease.
- Understand and explain to patients, indications, risks and benefits for:
 - Colonoscopy
 - Capsule endoscopy
 - Double balloon enteroscopy (DBE)
 - EGD
 - EUS
 - ERCP
 - Liver biopsy
 - Esophageal pH and pressure testing
 - Photodynamic therapy (PDT)
 - Abdominal imaging (plane films, CT, MRI, US, capsule endoscopy)
- Interpret results of:
 - GI imaging tests
 - Endoscopic studies including biopsy pathology
 - Liver function tests
 - Serologic tests
 - Esophageal and anorectal manometry
- Document procedures appropriately.

Medical Knowledge

Core Content Knowledge

Direct Observation, Rotation Evaluation

- Demonstrate understanding and apply medical literature knowledge to common medical conditions.
- Demonstrate sufficient knowledge to evaluate disease in patients with complex or rare medical conditions and multiple coexistent conditions.
- Demonstrate expertise in content knowledge, analytical thinking, differential diagnosis and management planning for GI problems encountered in clinical settings, including:

Biliary Tract Disease

Biliary cysts
 Cholangitis
 Cholecystitis
 Choledocholithiasis
 Cholelithiasis
 Sclerosing cholangitis

Colonic/Anorectal Disease

Acute appendicitis
 Antibiotic colitis
 Attenuated familial adenomatous polyposis
 Colon polyposis syndrome
 Colorectal cancer
 Crohn’s colitis
 C. difficile colitis
 Diverticular disease
 Familial adenomatous polyposis
 Fecal incontinence
 Hemorrhoids and fissures
 Hereditary nonpolyposis colorectal cancer
 Irritable bowel syndrome
 Ischemic colitis
 Microscopic colitis
 Radiation colitis
 Screening for colorectal cancer
 Ulcerative colitis

Liver Disease

Acetaminophen and fulminant hepatic failure
 Alcoholic hepatitis
 Ascites
 Autoimmune hepatitis
 Cholestasis
 Cirrhosis and portal hypertension
 Drug-induced liver disease
 Fatty liver and nonalcoholic steatohepatitis
 Fulminant liver failure
 Gilbert’s syndrome
 Hemochromatosis
 Hepatic encephalopathy
 Hepatic masses
 Hepatic-vein thrombosis (Budd-Chiari syndrome)
 Hepatitis A, B & C
 Hepatocellular carcinoma
 Hepatopulmonary syndrome
 Hepatorenal syndrome
 Liver abscess
 Liver disease in pregnancy
 Other viral hepatitis
 Primary biliary cirrhosis
 Spontaneous bacterial peritonitis
 Variceal bleeding
 Viral hepatitis

Esophageal Disease

Achalasia
Barrett's esophagus
Eosinophilic esophagitis
Esophageal carcinoma
Esophageal diverticula
Esophageal motility disorders
Esophageal strictures or webs
Gastroesophageal reflux
Gastroesophageal varices
Infectious esophagitis
Mallory-Weiss syndrome
Medication-induced esophageal disorder
Wilson's disease

GI Complications of HIV Infection

GI Hemorrhage
Undiagnosed upper gastrointestinal hemorrhage
Undiagnosed lower gastrointestinal hemorrhage

Pancreatic Disease

Acute pancreatitis
Autoimmune pancreatitis
Chronic pancreatitis
Endocrine tumors of the pancreas
Glucagon- secreting tumor
Infections of the pancreas, pancreatic abscess
IPMN
Pancreatic carcinoma
Pancreatic cysts
VIP-secreting tumor
Zollinger-Ellison syndrome (gastrinoma)

Small Intestinal Disease

Bacterial overgrowth
Celiac disease
Crohn's disease and ulcerative colitis
Gastroenteritis
Mesenteric ischemia
Short bowel syndrome
Whipple's disease

Stomach and Duodenum

Gastritis and gastropathy
Gastroparesis
Helicobacter pylori
MALT
Non-ulcer dyspepsia
Peptic ulcer disease
Stomach cancer

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Interpersonal and Communication Skills

Rotation Evaluation, Direct Observation

- Effectively establish rapport with patients and families and initiate communication with them on a regular basis.
- Provide timely and thorough electronic documentation of patient care.
- Appropriately communicate with other health care professionals and consultants.
- Effectively carry out difficult discussions, including on sensitive topics.
- Manage the most challenging patients and families.
- Coordinate team communication to optimize patient care.
- Function as an effective team leader on consult services.

Professionalism

Rotation Evaluation, Direct Observation

- Identify and resolve ethical issues using available resources.
- Provide reflective, excellent patient care, navigating the intersection between medical science and the patient with professionalism, knowledge and empathy.
- Complete assigned tasks, including documentation, reliably and in a timely manner.
- Demonstrate integrity, respect for others, honesty and compassion.
- Serve as a role model and demonstrate professionalism.
- Set a tone of respect and collegiality for individuals and the team.

Practice Based Learning and Improvement

Rotation Evaluation, Direct Observation

- Facilitate learning of students and peers.
- Appropriately integrate EBM with expert opinions and professional judgment.
- Utilize and suggest data-driven modifications to protocols.
- Systematically compare personal practice patterns to larger populations and seek to improve disparities in own patient care.

Systems Based Practice

Direct Observation, Rotation Evaluation, 360 Degree Evaluations

- Effectively communicate with nurses and other professionals to optimize patient care.
- Write effective notes in a timely manner.
- Appropriately transition patients to the next level of care.
- Use strategies to obtain information from other practitioners about patients' current health.
- Reflect on health care provided.
- Demonstrate awareness of cost-effective practices.
- Develop advocacy strategies for patients with access to health care issues.
- Consistently advocate for patients, including by making appropriate referrals and ensuring that progress notes accurately reflect care.
- Develop systems designed to optimize follow-up.
- Practice cost effective care of patients and selective test ordering.
- Participate in continuous quality improvement events.

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Schedule Overview

Sample Weekly Schedule - Inpatient Service

	M	T	W	Th	F
730-830am			Conference	Conference	UW Academic Day
8am-12pm	Inpatient service	Inpatient service	Inpatient service	Inpatient service	UW Academic Day
Noon					VM Teaching rounds
1-5pm	Inpatient service	Gastric Lab	Inpatient service	UW continuity clinic	
5-6pm		GI Tumor Board	Thoracic Tumor Board		
6pm-8am			Night-call		

Sample Weekly Schedule - Outpatient Clinics

	M	T	W	Th	F
730-830am			Conference	Conference	UW Academic Day
8am-12pm	Clinic - Siddique	Clinic - Lord	Clinic - Blais	Clinic - Law	UW Academic Day
Noon					VM Teaching rounds
1-5pm	Clinic -	Gastric Lab	Clinic	UW continuity clinic	Clinic - Venu
5-6pm		GI Tumor Board	Thoracic Tumor Board		
6pm-8am			Night-call		

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Sample Weekly Schedule - Outpatient Endoscopy

	M	T	W	Th	F
730-830am			Conference	Conference	UW Academic Day
8am-12pm	ERCP -	EUS - Ross	General GI - Jiranek	ERCP - Krishnamoorthi	UW Academic Day
Noon					VM Teaching rounds
1-5pm	EUS -	Gastric lab	General GI	UW continuity clinic	ERCP - Irani
5-6pm		GI Tumor Board	Thoracic Tumor Board		
6pm-8am			Night-call		

Month 1 – Inpatient Service

The fellow will:

1. See inpatients with both gastrointestinal and hepatic diseases under the guidance of Virginia Mason Franciscan Health attending providers.
2. Work with other rotating residents (medicine and surgery) and the on-call physician assistant to provide initial evaluation for all gastroenterology and hepatology consultations. The complexity of consultations will be “graded” and stratified among the team; higher complexity patients, in particular patients with pancreaticobiliary issues, will be directed towards the GI fellow.
3. See patients on the day of the consult and respond immediately to all emergency requests throughout a 24-hour period. It is the fellow’s responsibility to contact their attending MD to arrange appropriate time for attending rounds, which are carried out on a daily basis. All GI fellows should work closely with the on-call attending physicians.
4. After seeing patients, write detailed notes and review the H&P, laboratory tests and diagnostic studies with the GI attending physician. The attending physicians will discuss the differential diagnosis, a diagnostic work-up, and a management strategy.
5. Place a consult note in the chart within 24 hours. An assessment and plan must be included.
6. Follow patients after the initial consultation until input from the GI service is no longer required. Formal sign-off is necessary if input is no longer deemed useful.
7. Follow all patients requiring endoscopy to the endoscopy unit, ensuring continuity of care. Take part in or observe the procedure at the discretion of the GI attending physician.
8. Coordinate inpatient endoscopies with the endoscopy unit charge nurse (ext. 36440) in conjunction with the PAs. Notify charge nurse in endoscopy about add-ons by 8 AM.
9. Ensure quality of pre- and post-procedure processes. Pre-procedure: orders (NPO status, preps) and consents are complete; verify that the prep, coagulation profiles, etc. are adequate prior to patient being

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called down to endoscopy unit; introduce self to the patient; and specifically ask consent for involvement in the patients' case. Post-procedure: enter a brief procedure report into Cerner immediately post-procedure on inpatients.

10. Perform ICU procedures on the consult service.
11. Maintain a log of each patient's initials, date, unit number, indications, procedure, results, complications, name of the attending.
12. Seek experiences in outpatient clinics, endoscopy and gastric lab during downtime.

Month 2 – Outpatient Clinics

The fellow will:

1. Rotate through the clinics of 6–8 different faculty members during the week. Fellowship director sends fellow monthly schedule the week prior to the start of month. Clinics will include but may not be limited to:
 - Pancreaticobiliary Disease—Drs. Ross, Irani, Larsen, Krishnamoorthi, Law
 - Hepatology - Drs. Siddique, Burman
 - IBD—Drs. Zisman, Lord, Venu
 - GI Motility – Drs. Zhang, Blais
2. Dictate all clinic notes on the SAME day of the clinic visit, complete with history, physical exam, assessment and plans.
3. Assist the on-call PA with inpatient consult service as needed.
4. Perform gastric lab responsibilities as noted below.

Month 3 – Outpatient Procedures

The fellow will:

1. Be assigned a schedule of outpatient endoscopic procedures aimed at exposing the fellow to a high volume of advanced endoscopic and general GI procedures in a tertiary care setting. The schedule will be determined by Dr. Venu on the basis of:
 - Fellows' interests
 - Avoiding conflict with the schedule of the advanced therapeutic fellow
 - Faculty perception of fellows' abilities on the basis of experience in months 1 and 2
2. Be involved in procedures if and only if:
 - Fellow articulates clearly the patient history and the indication for endoscopy
 - Fellow has introduced him/herself to the patient and obtained consent for participation
 - Faculty agrees to fellow participation in procedure, including advanced procedures such as EUS, ERCP, EMR, BarrX, DBE, etc., on the basis of the complexity of the procedure and perceived abilities of the fellow.
3. Dictate an endoscopy report at the end of the procedure or enter a note into the electronic medical record (Provation)

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4. Assist the on-call PA with inpatient consult service as needed. Clinic and consult coverage takes priority over endoscopy responsibilities in most cases.
5. Maintain a log of each patient's initials, date, unit number, indications, procedure, results, complications, name of the attending.
6. Gastric lab responsibilities.

Gastric Lab

UW fellows will learn reading, interpretation and reporting of high resolution manometry, 24 Hour pH/impedance manometry and anorectal manometry. For this training they will be required to work with Dr. Blais and Dr. Zhang half a day per week for 1-2 months.

UW fellows will be required to read ~2 capsules per week, which for their rotation will total about 20–25. Fellows will be expected to read the capsules independently of the assigned attending, and then provide a pdf report file which can be used to go over any findings with the attending.

See Guide to the Gastric Lab for details.

UW GI Fellow Continuity Clinic

The fellow will:

1. Attend a UW GI Continuity clinic on a weekly basis, which may be at another site, regardless of being based at Virginia Mason Franciscan Health, as required by the ACGME/RRC to achieve a longitudinal outpatient gastroenterology clinic experience (Continuity Clinic) wherein the fellow is the GI or liver disease specialist for these patients during the three years of training.
2. Ensure that responsibilities at Virginia Mason Franciscan Health are covered by PAs or attending physicians during the fellow's attendance at the Continuity Clinic.
3. Ensure that responsibilities to patients followed by fellows in continuity clinic are met while at Virginia Mason Franciscan Health, regardless of the location of the site of the fellow's primary continuity clinic.

Virginia Mason Franciscan Health Educational Conferences & Teaching

Barring urgent patient care issues, attendance is mandatory at a wide array of educational conferences appropriate for GI fellows. Fellows are also expected to take an active role in teaching medical students, physician assistants and residents, and will be asked to lead selected journal clubs and to give at least one prepared talk on a subject chosen by the fellow and the Fellowship Director.

Schedule of Conferences

Name	Conference Director	Occurrence	Location
AHPBA Grand Rounds	Helton	1st Wednesday, every month, 2:00pm	Rad/Onc Conference Room
Bariatric Care Conference	Hunter	Last Monday, every month, 7:00am;	Rad/Onc Conference Room Bainbridge Island (CR WIN VIDEO) Federal Way Auditorium-- (CR SO AUDITORIUM)
GI Journal Club	Krishnamoorthi	1st Tuesdays , every month, 7:30am	Buck 5 Radiology Conference Room
GI / Pathology	Dorer	Regularly 4th Tuesday, every month, 7:30am	Pathology Conference Room
GI / Radiology	Coy	3rd Tuesday, every month, 7:30am	Correa B
GI / M&M	Ross	1st Tuesday, every month, 7:30am	Correa B
GI Conference	B. Lin (Pancreas-Biliary); B. Lin, Song (Luminal GI)	Every Tuesday, 5:00pm	Rad/Onc Conference Room
Hepatology Didactics	Burman and Helton	Every other Wednesday, 1:00 to 2:00pm	Hill Library
Liver Conference	Burman and Helton	Every Tuesday, 4:15pm	Rad/Onc Conference Room
Thoracic Cancer Conference	Low	Every Wednesday, 4:00pm	Rad/Onc Conference Room
Hepatology/Pathology Conference	Dorer	Every Wednesday, 1:00pm	Pathology Conference Room
Multidisciplinary Team Conference for IBD	TBD	First Thursday, 5pm Followed by City-Wide IBD Journal Club	Buck 327 Conference Room

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Research

Unrivalled patient volumes, advanced therapeutics, and high patient complexity make Virginia Mason Franciscan Health an ideal location for clinical research. In addition, NIH-funded translational research in digestive disease is ongoing in partnership with the Benaroya Research Institute.

The aim of the fellow's research activity is the discovery of new knowledge in the field and subsequent, collaborative development of a co-authored manuscript submitted for peer-reviewed publication.

Fellows must communicate their interest in participating in ongoing research with the fellowship director and complete required Ethics & Good Clinical Practice training prior to the start of the rotation. Fellows may be granted up to ½ day per week to perform academic work as determined by the Director of Education and Fellowship Director. The timing of the ½ day will be determined by Dr. Venu and Virginia Mason Franciscan Health Faculty.

All research data must be stored on a secured, shared drive. No PHI may be placed on a flash drive or moved from the secured, shared drive in any manner.

If the fellow is unable to complete a manuscript prior to completion of appointment as a Virginia Mason Franciscan Health Fellow, authorship may change. Access to Virginia Mason Franciscan Health's electronic medical record, including for the purpose of research, concludes when the fellowship appointment ends.

Faculty	Research Interests
Ross, Krishnamoorthi, Irani, Law	Therapeutic endoscopy, pancreatic disease
Lin	Quality measures in endoscopy, sedation
Siddique, Burman	Hepatology
Lord, Zisman	Immunology, IBD

On-Call Duties

The fellow will:

1. Take one night-call/week and one weekend call during a one-month rotation.
2. On night call, answer all calls from patients, nursing staff, and in-house MDs, including the ER. Calls from outside MDs will be fielded directly by the attending.
3. Provide emergency consultations and GI procedures, including upper GI endoscopy, flexible sigmoidoscopy, and endoscopic treatment of upper GI hemorrhage. The attending physician on-call is always present.
4. On weekends, round on entire consult service. Write notes in conjunction with the attending and PAC.

Policies

Supervision. Each fellow is supervised throughout the training period in the care of patients by an attending physician. All consultations and outpatient clinic visits will be staffed by an attending physician. Documentation will be reviewed and signed by the attending. All procedures will be under direct supervision and prior approval of an attending physician. A staff gastroenterologist will be present during all procedures, both those done electively and those done on an emergency basis. The fellows assume progressive responsibility for patient care during their training, but there is always supervision.

Vacations. All vacation requests must be approved by the UW Program Director and Center for Digestive Health Director of Education. The trainees must have the written approval at least six months in advance. Vacation policies of the UW GI Fellowship program are applicable while the fellow rotates at Virginia Mason Franciscan Health. No coverage is necessary when a fellow takes holiday during a Virginia Mason Franciscan Health rotation, but fellows may not take more than five consecutive vacation days (excluding weekends) at any one time, except under special circumstances approved by the Program Director and the Center for Digestive Health Director of Education. Patients with active issues must be signed out to other team members.

Personal & Sick Days. Personal days are granted at the sole discretion of the Program Director and the Director of Education, and may be used for religious holiday observance, family emergencies, fellowship interviews, etc. Personal days must be scheduled at least one month in advance. If there is an emergency/illness and the fellow is unable to attend work, he or she must notify Dr. Venu.

Work-Hour Policies. The Virginia Mason Franciscan Health GI section adheres to the work hour policies of the ACGME and the AAMC. Fellows are prohibited from working more than 80 hours in any one week and are required to have at least 10 hours off between shifts. Fellows are not expected to stay in the hospital overnight during call. However, if patient care requires them to do so, they will be granted the following day off. Moonlighting will be tolerated only if it does not threaten the 80- hour workweek restriction. Fellows must submit their total weekly work hours to the Program Director.

Logistics

All fellows are assigned office space in the GI clinic with an associated mailstop. Computer access to Cerner, the internet, and a communal laser printer and fax machine is provided, as well as a Virginia Mason Franciscan Health email address, telephone, and pager. A GI library with a variety of gastrointestinal and medicine journals is available on Buck 3, in addition to the Virginia Mason Franciscan Health Library on the second Floor in the Health Resources Building.

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Evaluation/Feedback

Fellows are monitored for success in meeting requirements outlined in ACGME Competency Goals, including patient care, medical knowledge of clinical gastroenterology, procedure skills, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Evaluations will be based on levels ranging from clinical deficiency, advanced beginner, competent, independent and aspirational levels, and performed according to UW GI Fellowship Program and ACGME guidelines. They will be based on an amalgam of comments from faculty and staff members who have interacted with the fellow during the rotation. The Director will meet with fellow a) prior to the rotation to discuss expectations, b) midway through the rotation to discuss progress and areas of potential improvement, and c) at the end of the rotation to give feedback and discuss perceived issues.

Evaluation of Faculty/Rotation

Regular meetings with Dr. Venu during the course of each rotation provide the fellow with monthly opportunity to review experiences with the training faculty and staff. Additionally, rotation evaluations for Virginia Mason Franciscan Health will be provided to GI fellows in a timely manner after each rotation is complete. All fellows have an opportunity to evaluate the faculty at Virginia Mason Franciscan Health and the rotation as per UW GI guidelines. Fellows will also complete a confidential, **anonymous** written evaluation of each faculty member.