**New Application: Transplant Hepatology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | [ ]  YES [ ]  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(1)] | [ ]  YES [ ]  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.d)] (Limit response to 300 words) |
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| Does the program have a UNOS-approved transplant program? [PR I.D.1.c)] | [ ]  YES [ ]  NO |
| Will fellow experiences occur at facilities where there are interventional radiology facilities available? [PR I.D.1.b)] | [ ]  YES [ ]  NO |
| How many liver transplantations per year does the program perform? [PR I.D.1.e)] | # |

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| Will the program use a multidisciplinary approach to issues in donor selection and evaluation and in recipient criteria? [PR II.D.1.] | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the following? [PR IV.B.1.b).(1).(a).(i) –(ix)

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| Basic principles of palliative care, communication about prognostic uncertainty, and delivery of care that is aligned with patient goals and values | [ ]  YES [ ]  NO |
| Comprehensive management of transplant patients awaiting transplant with complications, including:  |  |
|  refractory ascites | [ ]  YES [ ]  NO |
|  hepatic hydrothorax | [ ]  YES [ ]  NO |
|  hepatorenal syndrome | [ ]  YES [ ]  NO |
|  hepatopulmonary and portal pulmonary syndromes | [ ]  YES [ ]  NO |
|  portal hypertensive bleeding | [ ]  YES [ ]  NO |
| Diagnosis and management of hepatocellular carcinoma and cholangiocarcinoma, including transplantation and non-transplantation, and surgical and non-surgical approaches | [ ]  YES [ ]  NO |
| 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 | [ ]  YES [ ]  NO |
| Evaluation and management of both inpatients and outpatients with acute and chronic end-stage liver disease | [ ]  YES [ ]  NO |
| Management of chronic viral hepatitis in the pre-, peri-, and post-transplantation settings | [ ]  YES [ ]  NO |
| Management of fulminant liver failure | [ ]  YES [ ]  NO |
| Nutritional support of patients with chronic liver disease; | [ ]  YES [ ]  NO |
| Psychosocial evaluation of all transplant candidates, in particular those with a history of substance use disorder | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(2).(a).(i) – (ii)

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | [ ]  YES [ ]  NO |

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| Will fellows demonstrate competence in the use of interventional radiology in the diagnosis and management of portal hypertension, as well as biliary and vascular complications? [PR IV.B.1.b).(2).(b)] | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.15.] | [ ]  YES [ ]  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.16.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate knowledge in the following areas?

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| Anatomy, physiology, pharmacology, pathology, and molecular virology related to the liver and biliary tract [PR V.B.1.c).(1).(a)] | [ ]  YES [ ]  NO |
| Drug hepatotoxicity and the interaction of drugs with the liver [PR V.B.1.c).(1).(b)] | [ ]  YES [ ]  NO |
| Factors of nutrition and malnutrition and their management [PR V.B.1.c).(1).(c)] | [ ]  YES [ ]  NO |
| The impact of various modes of therapy and the appropriate use of laboratory tests and procedures [PR V.B.1.c).(1).(d)] | [ ]  YES [ ]  NO |
| Indications, contraindications, limitations, complications, alternatives, and techniques of native and allograft biopsies and non-invasive methods of fibrosis assessment [PR V.B.1.c).(1).(e)] | [ ]  YES [ ]  NO |
| The natural history of chronic liver disease [PR V.B.1.c).(1).(f)] | [ ]  YES [ ]  NO |
| The organizational and logistic aspects of liver transplantation, including the role of nurse coordinators and other support staff members (including social workers), organ procurement, and UNOS policies, including those regarding organ allocation [PR V.B.1.c).(1).(g)] | [ ]  YES [ ]  NO |
| Principles of donor selection and rejection (e.g., hemodynamic management, donor organ steatosis, and indication for liver biopsy) [PR V.B.1.c).(1).(h)] | [ ]  YES [ ]  NO |
| Principles of living donor selection, including appropriate surgical, psychosocial, and ethical considerations [PR V.B.1.c).(1).(i)] | [ ]  YES [ ]  NO |
| Principles and practice of pediatric liver transplantation [PR V.B.1.c).(1).(j)] | [ ]  YES [ ]  NO |
| Transplant immunology, including blood group matching, histocompatibility, tissue typing, and infectious and malignant complications of immunosuppression [PR V.B.1.c).(1).(k)] | [ ]  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)

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**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)

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**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 structural and 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)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR IV.C.3.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.12.] | [ ]  YES [ ]  NO |

Explain “NO” response. (Limit response to 250 words)

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| Will each fellow participate in the primary evaluation, presentation, and discussion at selection conferences of potential transplant candidates? [PR IV.C.4.] | [ ]  YES [ ]  NO |
| Will each fellow provide follow-up for new liver transplant recipients for a minimum of three months from the time of their transplantation? [PR IV.C.5.] | [ ]  YES [ ]  NO |
| Will each fellow gain familiarity and expertise with the management of common long-term problems, such as cardiovascular disease, acute and chronic kidney injury, screening for malignancies, and diagnosis and treatment of recurrent disease? [PR IV.C.6.] | [ ]  YES [ ]  NO |
| Will each fellow participate in the follow-up of liver transplant recipients who have survived more than one year after transplantation? [PR IV.C.7.] | [ ]  YES [ ]  NO |
| Will each fellow actively participate in transplant recipients’ medical care, including management of acute cellular rejection, recurrent disease, infectious diseases, and biliary tract complications? [PR IV.C.8.] | [ ]  YES [ ]  NO |
| Will each fellow serve as a primary member of the transplantation team and participate in making decisions about immunosuppression? [PR IV.C.8.] | [ ]  YES [ ]  NO |
| Will fellows and faculty share patient co-management responsibilities with transplant surgeons from the pre-operative phase to the outpatient period? [PR IV.C.9.] | [ ]  YES [ ]  NO |
| Will the program ensure close interactions and education with an experienced liver transplant pathologist? [PR IV.C.10.] | [ ]  YES [ ]  NO |
| Will each fellow participate as an observer in one cadaveric donor procurement and three liver transplant surgeries? [PR IV.C.11.] | [ ]  YES [ ]  NO |

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

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Will the program provide fellows with formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures?

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| Review of native and allograft liver biopsies [PR IV.C.17.a)] | [ ]  YES [ ]  NO |
|  How many reviews of native and allograft liver biopsies will fellows interpret? [PR IV.C.17.a)] | # |
| The appropriate use of ultrasound localized transgastric and transjugular liver biopsies [PR IV.C.17.b)] | [ ]  YES [ ]  NO |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.13.a)] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.13.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | [ ]  YES [ ]  NO |

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| Will the 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.13.a).(2)] | [ ]  YES [ ]  NO |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.14.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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

**Faculty Evaluation**

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| 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)

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