

# Gastroenterology Fellowship Selection, Evaluation, Promotion and Dismissal Policy

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*Department of Medicine - Division of Gastroenterology*

*University of Washington School of Medicine*

## **1. Policy on Selection**

The Fellowship Program's open positions are posted on the Division's website at [www.uwgi.org](http://www.uwgi.org). In addition, information regarding contacting the program and the number of positions available are made available through notification services provided by the national Gastroenterology Societies (the American Gastroenterology Association, the American College of Gastroenterology, and the American Society of Gastrointestinal Endoscopy). The Division website provides background information about the two pathways of fellowship training: the Clinician/Teacher and the Physician/Scientist Pathways. Information regarding the procedure and timeline for sending in application materials, the selection process, the deadlines for submission of materials are provided on the GI Division website. The Fellowship Program participates in the ERAS system of common application, and also participates in the NRMP Gastroenterology Fellowship Match. The application form is available on-line. The application materials consist of the applicant's common ERAS application, a Personal Statement, medical school transcript, three letters of recommendation (including one from the applicant's Internal Medicine Residency Program Director), and official copies of USMLE scores. All applications are reviewed by the Program Director with the assistance of the Associate Program Director, and ranked based on criteria such as clinical skills, scholarly productivity, and likelihood of succeeding in the Fellowship Program. Applicants who are considered competitive for the program are invited for interviews on selected dates. Specific Fridays are set aside as Applicant Interview Days. A full day of events are scheduled so that applicants can learn about the many facets of the program. Five to seven applicants are invited for each Applicant Interview Day. The applicants attend the Frontiers in Gastroenterology and Hepatology Conference, and then meet with the Program Director who provides an hour-long overview of the program and answers questions. The applicants then meet with all the members of the Fellowship Selection Committee individually. The Fellowship Selection Committee consists of the Program Director, the Associate Program Director, the Division Head, and three other faculty members representing the core teaching hospitals. Following the interviews, the members of the committee meet to discuss and rank each applicant. In the meantime, the applicants have lunch with a group of current fellows. This provides the opportunity for the applicants to learn about the program from the fellows' perspective. In the afternoon, the Program Director leads a tour of the core teaching sites in the program.

After all interviews have been completed, the Physician/Scientist candidates are ranked by the Fellowship Selection Committee and the top ranking applicants are offered positions. Clinician/Teacher Pathway fellows are selected through the NRMP Match. After a final review by the Fellowship Selection Committee following completion of all interviews, the rank order list is entered into the NRMP Match

system. Candidates are notified on Match Day via the NRMP. The Division also follows up with each matched candidate, for both pathways, and sends an official offer of the fellowship position.

## **2. Policy on Evaluation**

A comprehensive program for evaluating fellows exists in the Fellowship Program, and is comprised of the following components:

A. Continuous Evaluation by GI Faculty During Clinical Rotations: Trainees are evaluated continuously by the attending staff. The fellowship program uses a multifaceted assessment process to determine a fellow's progressive involvement and independence in providing patient care. Fellows are observed directly by the attending staff throughout clinical training. Formal assessments are generally obtained from supervising physicians, peers, residents, medical students, patients, nursing staff and other professional staff on a regular basis. Fellows are evaluated on the 6 core competencies – patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice, as well as their overall ability to manage the care of a patient. Endoscopic skills are systematically evaluated by attending physicians on all gastroenterology rotations.

B. The Associate Program Director as Fellows' Counselor: The Associate Program Director has posted office hours when she is available to meet with fellows to discuss any matters of concern in a confidential manner. The Associate Program Director also serves as a Career Advisor to the fellows.

C. Clinical Competency Committee: This Committee is comprised of the Program Director, the Associate Program Director, and three faculty members. The Associate Program Director chairs this committee. This committee meets twice a year to systematically review all evaluations of fellows as collected in MedHub, and review all communications received from attending staff and other staff involved in trainee education and clinical care. The members of this committee also use structured evaluation tools to assess competency in common endoscopic procedures. This committee then makes recommendations to the Program Director regarding the progress of each fellow in the program, and whether each fellow is meeting milestones toward the acquisition of the six ACGME core competencies as well as endoscopic competencies targeted to their level of training. The Clinical Competency Committee can also review the performance of any fellow whose performance has elicited concern or is considered below expectations at any time. In these situations, a plan of action can be devised at the discretion of the committee that may involve individual counseling sessions for the fellow, closer monitoring and oversight of the fellow, the assignment of a faculty advisor, and other measures. The Chair of the Clinical Competency Committee reserves the right to discuss individual fellow performance during regularly scheduled Faculty Meetings when serious issues regarding fellow performance arise.

D. Biannual Meetings with the Program Director: The Program Director meets individually with the fellows twice a year in the Fall and in the Spring for a comprehensive review of progress in the program. Prior to this meeting, all MedHub evaluations and the recommendations from the Clinical Competency Committee are reviewed. A structured questionnaire is completed by the fellow prior to the meeting, and this document is reviewed with the Program Director. This questionnaire includes a summary of the procedure log, a detailed list of questions addressing the six core ACGME competencies, a review of all scholarly activities, performance on in-service training exams, a review of presentations, progress in QI projects, and questions regarding career development. Direct feedback is provided to the fellow regarding progress in the program, attainment of milestones, and progress in achieving competency in

the required areas, including endoscopic skills. The Program Director sends a letter to the fellow summarizing this meeting; this letter serves as the official notification regarding the fellow's progress in the program.

E. Summative Evaluation at the Completion of Fellowship: At the completion of the Fellowship Program, the Program Director meets with the graduating fellow for a comprehensive, structured review of the fellow's progress through the program, and to give a summative evaluation. The Program Director, the Associate Program Director, and the members of the Clinical Competency Committee contribute to a consensus summary of performance and the attainment of proficiency based on milestones developed by the ACGME RRC in Gastroenterology. This Summative Evaluation serves to verify that the fellow has achieved competency in all six core ACGME competencies, and has achieved competency in all endoscopic procedures required. This summative evaluation serves to verify that the graduating fellow has achieved proficiency in the cognitive and procedural skills necessary to practice gastroenterology independently and to be Board Eligible in Gastroenterology as defined by the American Board of Internal Medicine. This summative evaluation also documents the attainment of Entrustable Professional Activities in Gastroenterology as defined by the RRC in Gastroenterology of the ACGME.

F. Summative Evaluation at the Completion of Fellowship: At the completion of the Fellowship Program, the Program Director meets with the graduating fellow for a comprehensive, structured review of the fellow's progress through the program, and to give a summative evaluation. The Program Director, the Associate Program Director, and the members of the Clinical Competency Committee contribute to a consensus summary of performance and competence. This Summative Evaluation serves to verify that the fellow has achieved competency in all six core ACGME competencies, and has achieved competency in all endoscopic procedures required. Annually, the Program Director and the Faculty working in conjunction with the members of the Clinical Competency Committee determine if the trainee possess sufficient training and the qualifications necessary to progress to the next level of training or to be graduated from the program.

### **3. Grievance Procedures and Due Process**

Remediation Procedures: If, at any time, a fellow's performance is judged to be below expectations, the Program Director and/or the Associate Program Director meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program following specific protocols that include placing the fellow as a Focus of Concern as outlined in the guidelines set up by the GME office of the University of Washington. All such actions take place with the concurrence of the GME office. If a trainee's clinical activities are restricted (e.g., they require a supervisors' presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending and hospital staff.

### **4. Policy on Promotion**

Promotion to the next level of training will follow the procedures outlined above in the Evaluation section. Briefly, fellows will be allowed to proceed into the next level of training after all evaluation procedures are completed, including evaluation by faculty members and other staff as documented in the 360 degree evaluations collected in the MedHub system, review of competencies by the Clinical Competency Committee, and the results of the biannual meeting with the Program Director. Defined

criteria for promotion include successful progress in achieving mastery in each of the six core competencies of the ACGME.

#### **5. Policy on Dismissal**

Fellows may be dismissed from the program for failure to meet program standards. Detailed policies for termination for cause are contained in the Fellowship Position Appointment and are standardized for all accredited programs sponsored by the University of Washington School of Medicine. The University of Washington requires notification of advancement or non-renewal by January 15th of the academic year. The Division Head, Program Director, and Associate Program Director will make this decision after consultation with the Clinical Competency Committee members and Faculty. Non-renewals are handled in accordance with the policies outlined in the Fellowship Positions Appointment.