

**THE CROHN'S & COLITIS FOUNDATION
VISITING IBD FELLOW ROTATION PROGRAM
PROGRAM DESCRIPTION AND OBJECTIVES**

INTRODUCTION

Trainees in accredited fellowship programs and in good standing will be assigned as *observers* to rotations at host institutions with a faculty consisting of several recognized leaders in the area of IBD. The Crohn's & Colitis Foundation Visiting IBD Fellow Program provides the opportunity for participants to gain specialized exposure and training in IBD, as well as to share evidence-based and expert opinion-based approaches to the diagnosis, treatment, and management of IBD. By working closely with clinical mentors in both office and hospital settings, fellows will gain practical experience and learn the latest advances in the complexity of diagnostic and therapeutic options for IBD, including the close follow-up of patients before, during, and after surgery.

As with all fellow training, adequate faculty supervision of all patient-related activities is required. The "observer" status of visiting fellows requires that fellows may NOT have any responsibility for direct patient care. (See Appendix 1: Requirements of Observers)

Of the goals listed below for this rotation, participating fellows will keep a log (see Appendix 2: Log of Activities) of their activities and also in order to guide the fellow in obtaining successful education.

ONE- MONTH VISITING IBD FELLOW CORE CURRICULUM:

Clinical Training

Fellows will:

- Observe the diagnosis and management of the medical aspects of IBD, focusing on Crohn's disease and ulcerative colitis.
- Observe faculty members perform history and physical examinations on patients
- Participate in hospital rounds.
- Recognize clinical and laboratory features of intestinal inflammation and distinguish them from signs of secretory and osmotic diarrhea and from symptoms of irritable bowel syndrome.
- Differentiate chronic idiopathic IBD from other specific entities, such as acute, self-limited ileitis and colitis, drug- or radiation-induced colitis, and diverticulitis by history and interpretation of radiological, endoscopic, histological, and microbiological studies.
- Understand indications for and interpretation of diagnostic tests including (but not limited to) colonoscopy, barium enema, upper gastrointestinal and small bowel series, enteroclysis, and computed tomographic scan; and understand the risk versus benefit to patients, as well as cost factors of these procedures.

- Differentiate pediatric manifestations and severity of IBD from adult IBD.
- Learn to recognize the different sub-types of Crohn's disease.
- Appreciate the intestinal (e.g., hemorrhage, obstruction), extraintestinal (e.g., ocular, dermatologic, musculoskeletal, hepatobiliary), anorectal, and nutritional complications of ulcerative colitis and Crohn's disease.
- Understand the influence of IBD on pregnancy and of pregnancy on IBD and be capable of addressing issues pertaining to family history and genetic counseling.
- Understand the long-term cancer risks in ulcerative colitis and Crohn's disease and the implementation of appropriate primary and secondary prevention programs.
- Maintain sensitivity to psychosocial influences on, as well as the consequences of, IBD on the individual and on family dynamics.
- Understand the indications, benefits, contraindications, side effect profiles, and pharmacology of nonspecific therapies used in relevant clinical situations, including (but not limited to):
 - antibiotics
 - anticholinergic agents
 - antidiarrheals
 - bile salt sequestrants
 - biologic therapies, including anti-TNF
 - immunosuppressants and immunomodulators
 - oral and topical aminosalicylates
 - parenteral, enteral, and rectal corticosteroids
- Understand the indications, benefits, contraindications, complications of appropriate surgical interventions used in the treatment of IBD (e.g. fistulectomy, ileoanal anastomosis, stricturoplasty, etc).
- Develop a therapeutic plan for the treatment of IBD incorporating:
 - the extent and severity of specific disease patterns
 - implications for enteral and parental alimentation
- Review the key articles provided and apply their contents to the rotation
- Become familiar with the Center's research initiatives and learn essential components of IBD-related study design and methodology (CDAI, IBDQ, UC-DAI, etc).

Diagnostic Radiology & Pathology

- Fellows will improve their competence in diagnostic radiology and pathology as they relate to IBD by observing ongoing work with IBD clinical mentors as well as by participating in informal, and when possible, formal teaching sessions with GI radiologists and pathologists.

Formal Didactics

During the one month rotation, the fellow will participate in all available didactic conferences and document their participation. Examples of possible conferences include:

- Clinical Conferences
- Seminars
- Journal clubs
- One-on-one instruction with the IBD faculty

EVALUATION OF FELLOW

The key IBD faculty member at each site will complete an end-of-the-rotation evaluation of the fellow. This will be a standard ACGME competency-based evaluation form which will be returned to the fellow's Program Director, as well as to the CCFA national office. (See *Appendix 3: Evaluation Form*).

Elements of Competence to Be Evaluated

During the one-month rotation, fellows should demonstrate the following:

1. An understanding and commitment to all elements of professionalism.
2. A thorough understanding of the importance of an accurate history and careful physical examination of the patient with IBD.
3. The ability to arrive at an appropriate differential diagnosis in the patient with known IBD experiencing active symptoms, as well as in the patient with suspected IBD.
4. The capability to outline a logical plan for specific and targeted investigations pertaining to the patient's complaints, and to formulate a plan for the management and follow-up treatment of the patient.
5. The ability to present effectively the results of a consultation orally and in writing, and to defend the clinical assessment, differential diagnosis, and diagnostic and management plan.

Adapted from: Training the Gastroenterologist of the Future: The gastroenterology core curriculum. Gastroenterology 1996; 110:1266-1300.

INSTITUTIONAL STRENGTHS

Each host institution selected for the Crohn's & Colitis Foundation Visiting Fellow IBD Program has its own strengths in regard to what it can offer in terms of IBD training. However it is implemented, the core curriculum serves as the minimum standard of what must be accomplished during the one-month rotation. *For questions or further information, please contact:*

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