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## Participating in the Webinar



Training Committee Chair  
Mohammad Bilal, MD, FACP







  



Moderators:  
Nikki Duong, MD and Alana B. Persaud, MD

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.  
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

  
  
  
  
  
  
  
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## ACG Virtual Grand Rounds

### Join us for upcoming Virtual Grand Rounds!







**Week 35 – Thursday August 28, 2025**  
 Short Bowel Syndrome/Intestinal Failure: Recognition, Complications, and Basic Management  
 Faculty: John K. DiBaise, MD, FACP  
 Moderator: Dejan Micic, MD, FACP  
**At Noon and 8pm Eastern**

**Week 36 – Thursday September 4, 2025**  
 Patients Needs and Satisfaction in the IBD Transition to Adult Care  
 Faculty: Ms. Sneha Dave and Ms. Rosa Kelekian  
 Moderator: Sunanda V. Kane, MD, MSPH, MACG  
**At Noon and 8pm Eastern**

**Week 37 – Thursday September 11, 2025**  
 Update in UC and the New ACG Guidelines  
 Faculty: David T. Rubin, MD, FACP  
 Moderator: Shannon Chang, MD, FACP  
**At Noon and 8pm Eastern**

**Visit [gi.org/ACGVGR](https://gi.org/ACGVGR) to Register**

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## Leveraging the Mentor-Mentee Relationship: Successes in Fellowship to Practice



Lisa B. Malter,  
MD, FACP



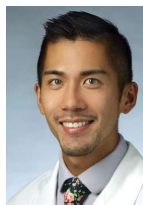
Aileen Bui,  
MD



Lauren D. Feld,  
MD



Samir A. Shah,  
MD, FACP



Nikki Duong,  
MD



Alana B. Persaud,  
MD



Mohammad Bilal,  
MD, FACP

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# NYU Grossman School of Medicine

## How to Get the Most Out of Your Mentorship Relationships

Lisa Malter, MD, FACP

Professor of Medicine

Division of Gastroenterology

NYU Langone Health/Bellevue Hospital Center



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## Why Are We Here?: The Benefits of Mentorship

- Professional roles are complex and dynamic
- Mentorship serves to help stabilize, ground and grow the mentee professionally
- Faculty with mentors have:
  - Increased productivity
  - Greater satisfaction with work and career
  - More likely to stay in their job
  - Better sense of ability to advance/obtain promotion
- Evidence for real benefit to the mentor too!

Manuel SP et al. 2020. Medical Teacher. 43(4) 384-397.  
Sambunjak D et al. 2010. J Gen Intern Med. 25(1):72-78.

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# 10 Tips to Optimize Your Mentor Mentee Relationship



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## 1. Use a self assessment tool prior to meeting

- Know yourself:
  - Skills
  - Knowledge gaps
  - Goals
  - Barriers
- Numerous available tools upon request for self assessment
- Know the mentors:
  - strengths
  - domains



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## 2. Set goals and share them before meeting



Specific	Measurable	Attainable	Relevant	Time-Bound
Make sure your goals are focused and identify a tangible outcome. Without the specifics, your goal runs the risk of being too vague to achieve. Being more specific helps you identify what you want to achieve. You should also identify what resources you are going to leverage to achieve success.	You should have some clear definition of success. This will help you to evaluate achievement and also progress. This component often answers how much or how many and highlights how you'll know you achieved your goal.	Your goal should be challenging, but still reasonable to achieve. Reflecting on this component can reveal any potential barriers that you may need to overcome to realize success. Outline the steps you're planning to take to achieve your goal.	This is about getting real with yourself and ensuring what you're trying to achieve is worthwhile to you. Determining if this is aligned to your values and if it is a priority focus for you. This helps you answer the why.	Every goal needs a target date, something that motivates you to really apply the focus and discipline necessary to achieve it. This answers when. It's important to set a realistic time frame to achieve your goal to ensure you don't get discouraged.



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## 3. Consider drafting a “job description” for the mentor



Use self assessment data



Use your goals



Include why you want this relationship and how it will benefit your goals



Be forthcoming about any concerns you might have about working with the mentor (i.e. time commitments, too many other mentees etc.)



Include a desire for mutual respect between mentee and mentor



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## 4. Spend time connecting at first meeting

- Learn about the mentor
  - Their pathway
  - What has led to their success/current work
  - What they would change
  - How they see themselves able to help you best
- Be prepared to share about yourself-pertaining to domains of interest
- Mutual learning leads to successful mentorship; think about what you bring to the table
- Showcase your passion for your work
- Enjoy the connection!

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## 5. Managing up/taking initiative; i.e.. make the job easy for the mentor

- Set the agenda
- Plan the meetings
- Ask questions
- Listen actively
- Express gratitude



Lee et al. 2015. The Graduate School Press of Syracuse University.  
Persons BP et al. 2018. J Grad Med Educ. 10(1): 106-106.

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## 6. Mentor should establish baseline expectations for working relationship with mentee



Mentee should be prompt and respectful of mentor's time



Time commitment and schedule/frequency for meetings should be established upfront



Mentee should create the agenda



Mentee sends the calendar invite/zoom links/reserves the room etc.



After meetings mentee sends a list of action items



Mentee should provide updates prior to next meeting



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## 7. Problem solve when you encounter a barrier



PROPOSE POTENTIAL SOLUTIONS TO HELP THE MENTOR HELP YOU NAVIGATE THE CHALLENGE BEST



YOUR MENTOR WILL HELP YOU WORK THROUGH SOLUTIONS AND LIKELY WILL HAVE OTHER IDEAS OR EXPERIENCE TO SHARE



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## 8. Stay engaged

- Show interest by following up
- Inquire with mentor how often they can meet
  - Often quarterly
- Confirm preferred method of communication
- Keep it professional



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## 9. Be realistic



Mentor can't solve all of  
your problems



Take personal  
responsibility



Align expectations



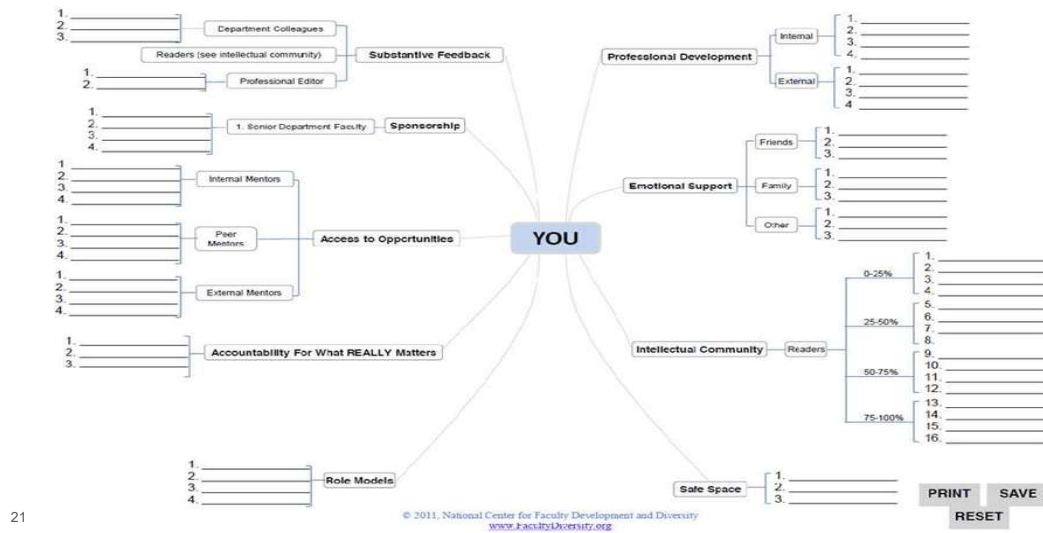
Communicate openly  
and revisit expectations



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## 10. Know that you will have many needs and many mentors over time!

### Mentoring Map



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# Thank You



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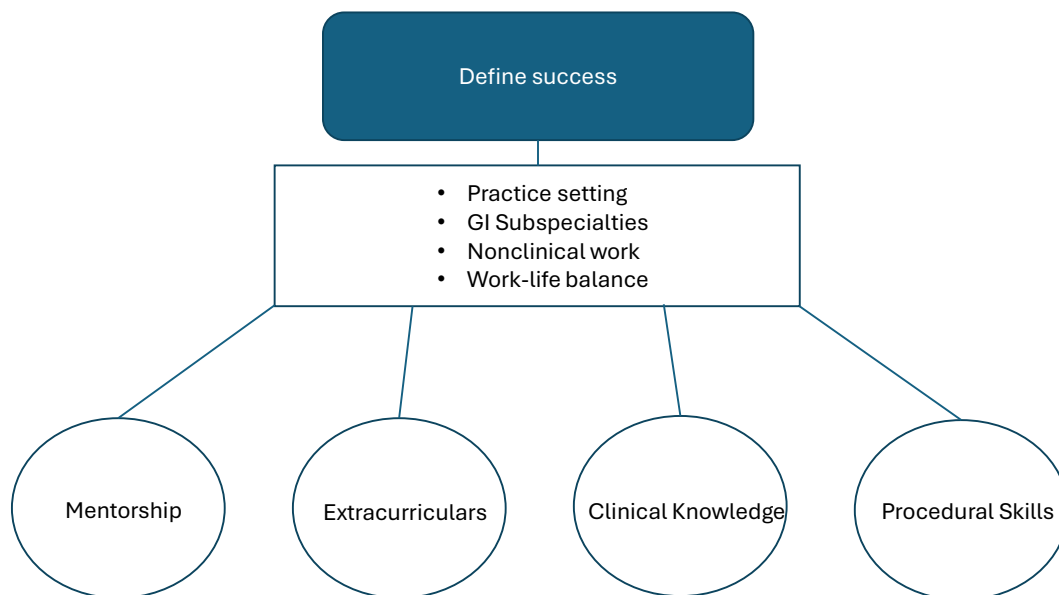
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# How to navigate a successful path during GI fellowship

Aileen Bui, MD  
August 26, 2025



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## What does success mean?

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## What does success mean?



Success

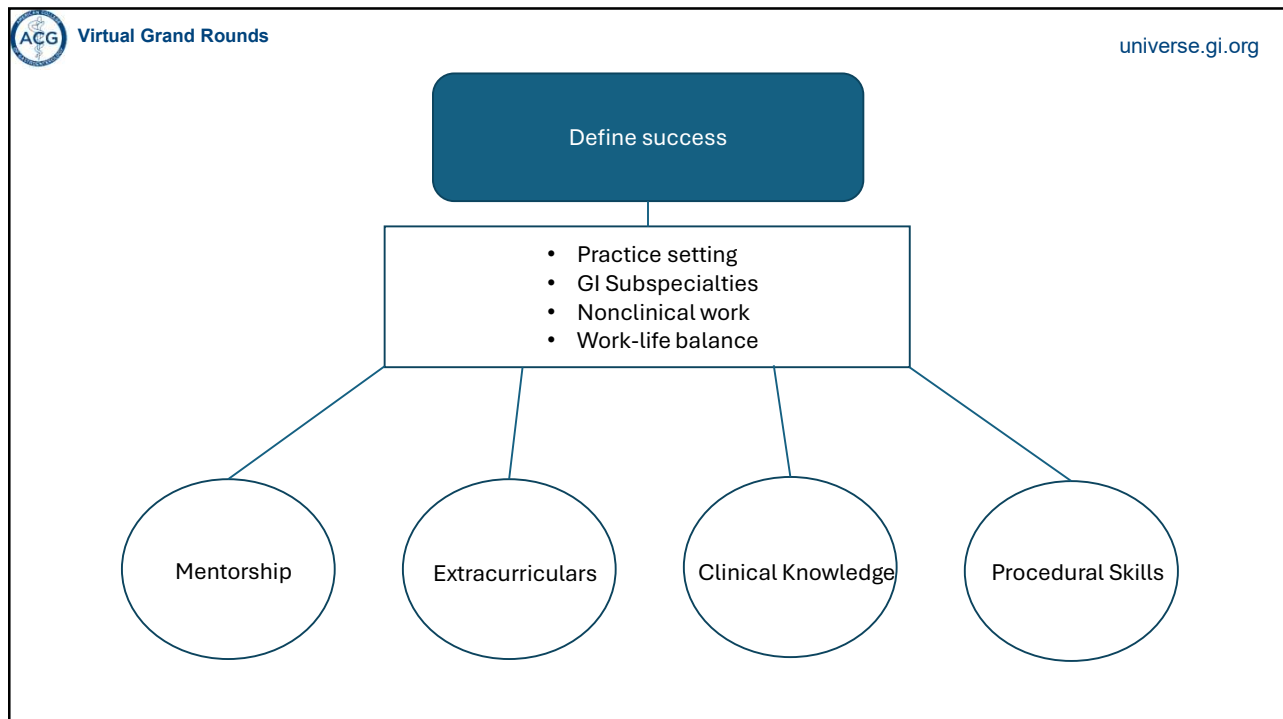


Failure

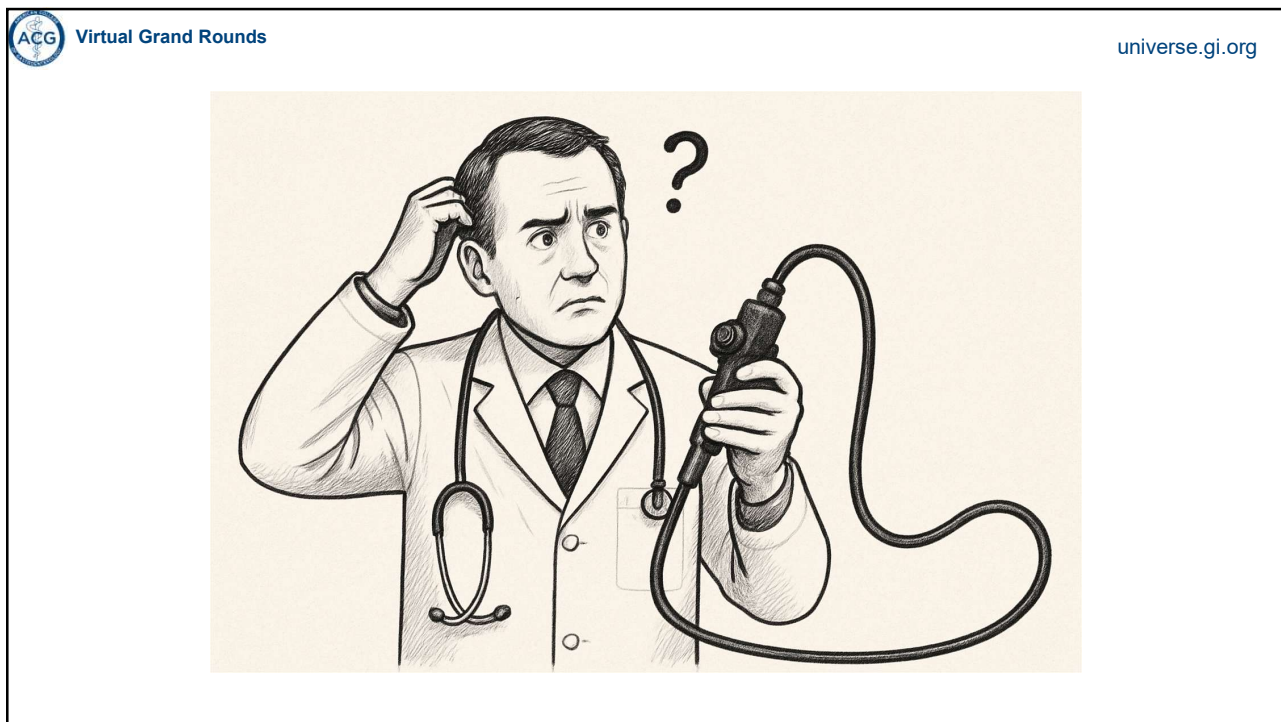
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## Who said this? 🤔

“During residency, I developed a particular interest in hepatology.”

“...it was an experience that blossomed my interest in hepatology.”


“For my long-term career goals, I hope to work as a hepatologist at an academic institution...”

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## Aileen Bui

Aspiring hepatologist




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## Aileen Bui

Aspiring hepatologist



➔

Interventional endoscopist




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## Mentorship is important



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## Mentorship is important



- Good mentors will help you be successful
- Can have mentor for different things
  - Clinical/research
  - Professional development/career
  - Life mentor
- Inside/outside your institution
- Faculty/peers

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## Extracurriculars – Be involved in societies








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## Clinical Knowledge

- MedTwitter.... Kinda
- Guidelines
- Courses, society, industry sponsored, institutions (Cedars, Colorado, Utah)
- Online resources: Endocollab, EndoscopyNow, VideoGIE, VuMedi
- Learn from your colleagues outside of GI (IR, surgery, pathology)

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## Take advantage of your industry partners!

- Courses
- Hands on sessions
- Education



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## Procedural Skills

- Balance quality and quantity
- Be intentional with your endoscopy



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## Be a good doctor and a good person

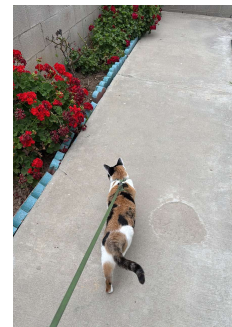
- Treat everyone with respect, even if they cannot advance your career
- Build good relationships – this includes with your peers, mentors, nurses, consultants, endoscopy staff, industry reps, fellow learners
- Love your work and your place of work



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## Find joy outside of work



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## Conclusion

- Start with defining what success means to you
- Mentorship is important
- Get involved in societies
- Take advantage of industry partners for education
- Be intentional with endoscopy practice, and balance quality vs. quantity
- **NON-NEGOTIABLE:** Be a good doctor and person
- Find joy outside of work

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## Thank you!




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# Family Planning During Fellowship

Lauren Feld, MD  
Assistant Professor, Division of Gastroenterology  
University of Massachusetts Chan School of Medicine  
Email: [lauren.feld@umassmed.edu](mailto:lauren.feld@umassmed.edu)  
Website: [www.umassmed.edu/feldlab](http://www.umassmed.edu/feldlab)



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## Outline

- Defining parental leave
- Current state of parental leave
- Structural solutions for parental leave

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## Outline

- Defining parental leave
- Current state of parental leave
- Structural solutions for parental leave

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<ul style="list-style-type: none"> <li>• What is Parental Leave?</li> </ul> <p>U.S. Department of Labor:          “Leave for an employee to take care of a newborn child, recently adopted child, foster child, or a child otherwise needing parental care”</p>	<ul style="list-style-type: none"> <li>• What is Parental Leave NOT?</li> </ul> <ul style="list-style-type: none"> <li>• Vacation</li> <li>• Fitting 12 months of work into 9 months</li> </ul>
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## Benefits of leave

Infant health  
benefits



Maternal  
health  
benefits



Inclusive  
leave



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## Harms of Lack of Leave: Women altered their training & career plans

Less likely to choose gastroenterology

More likely to alter career path

More likely to change +/- extend training

Webb et al, Academic Medicine, 2019; Feld et al, Hep Comm, 2023; Arlow et al, AJG, 2002; Willett et al, Academic Medicine, 2010; Ali et al, AJG, 2023; Advani, DDS, 2022

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## Paid Family and Medical Leave, by State

**Table 2.** State/District Paid Family Leave Laws in the United States

State	Parental	Family caregiving	Personal medical	Maximum weekly benefit
California	8 weeks	8 weeks	52 weeks	\$1357
Connecticut	12 weeks	12 weeks	12 weeks	\$780
Colorado	12 weeks	12 weeks	12 weeks	\$1100
Delaware	12 weeks	Up to 6 weeks in 24 months		\$900
District of Columbia <sup>a</sup>	12 weeks	12 weeks	12 weeks	\$1099
Maryland	12 weeks	12 weeks	12 weeks	\$1000
Massachusetts	12 weeks	12 weeks	20 weeks	\$1084.31
New Hampshire	6–12 weeks	6–12 weeks	6–12 weeks	\$1696
New Jersey	12 weeks	12 weeks	26 weeks	\$993
New York	12 weeks	12 weeks	26 weeks	\$1068.36
Oregon	12 weeks	12 weeks	12 weeks	\$1446
Rhode Island	6 weeks	6 weeks	30 weeks	\$978
Virginia	Per insurer	Per insurer	Per insurer	Per insurer
Washington	12 weeks	12 weeks	12 weeks	\$1327

Feld LD et al, Gastroenterology, 2023

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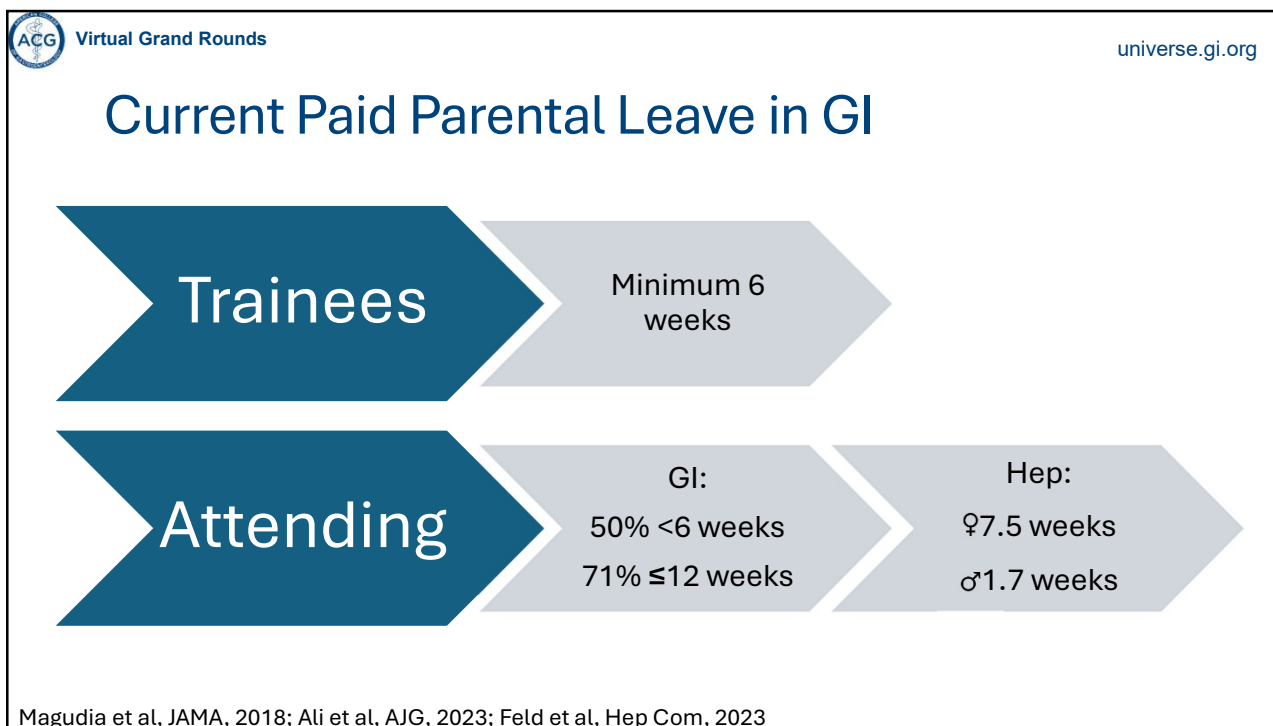
## Outline

Defining parental leave

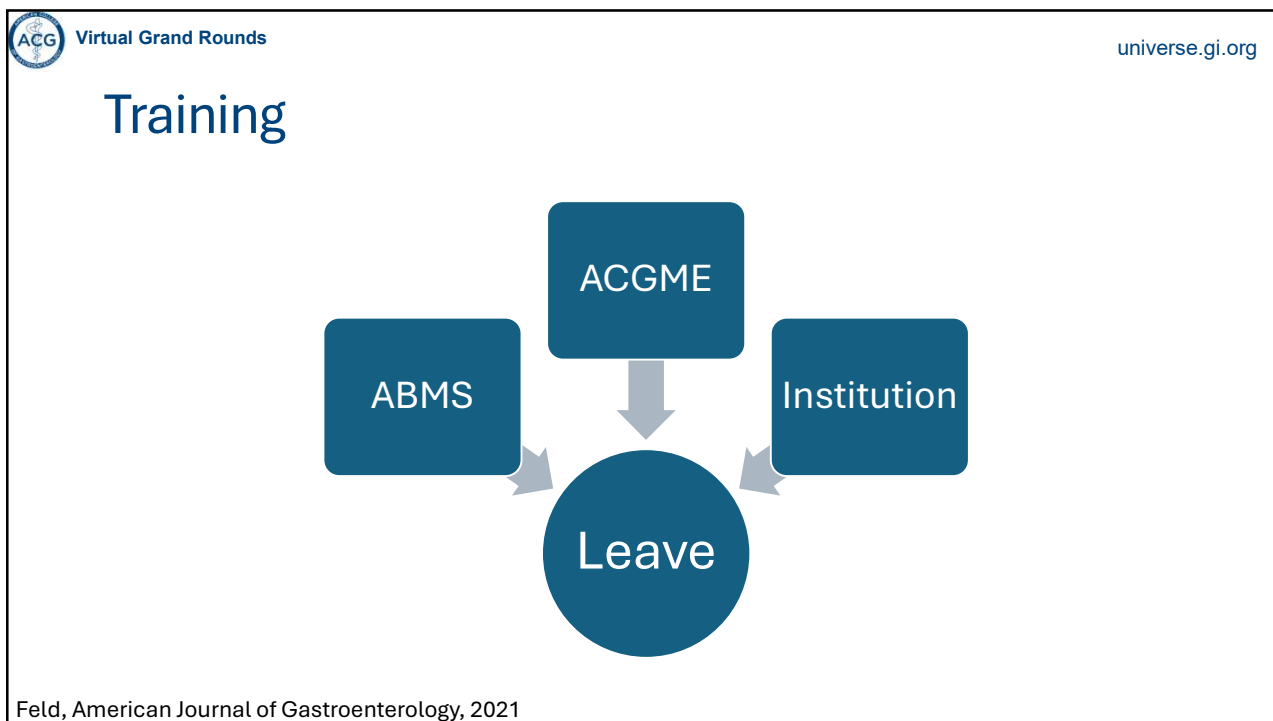
Current state of parental leave

Structural solutions for parental leave

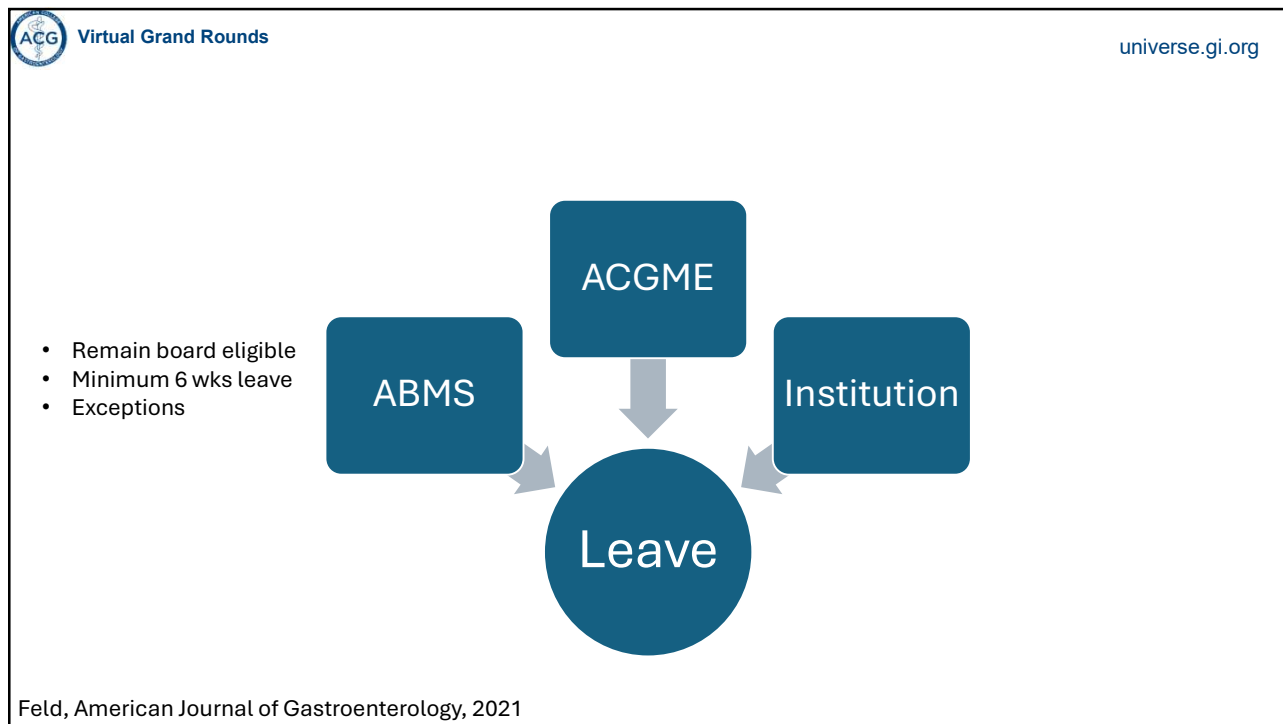
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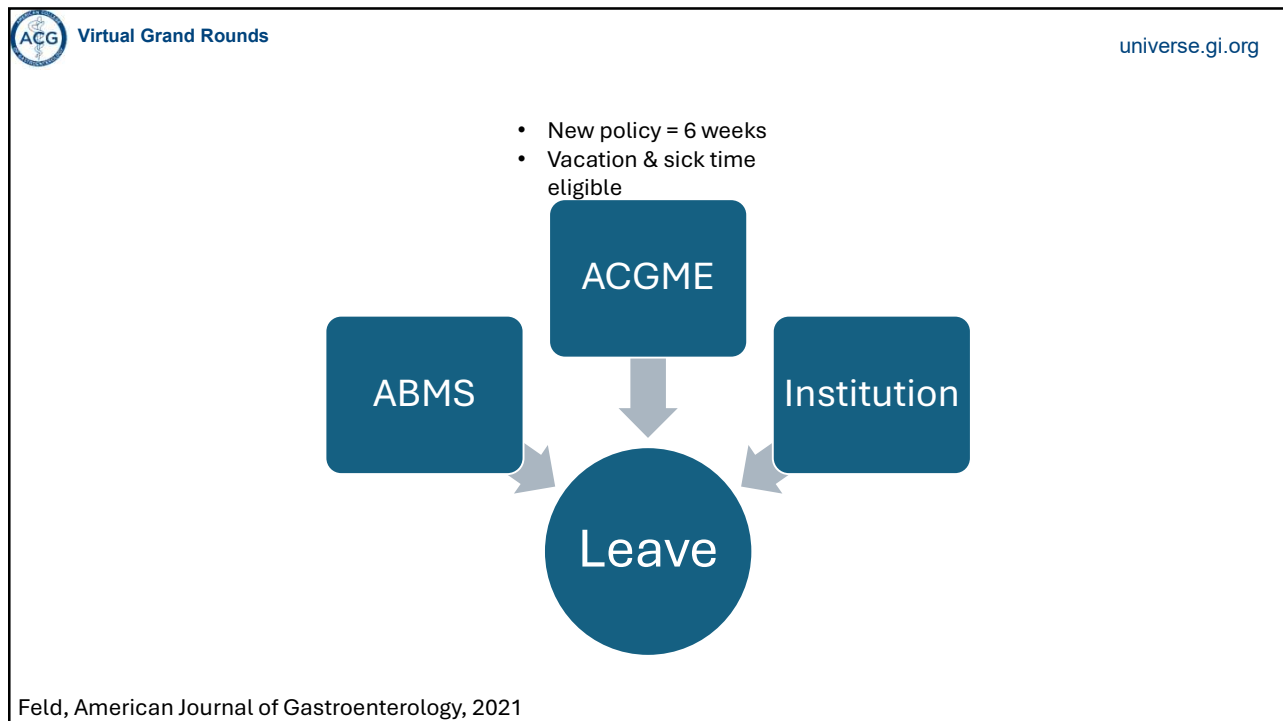
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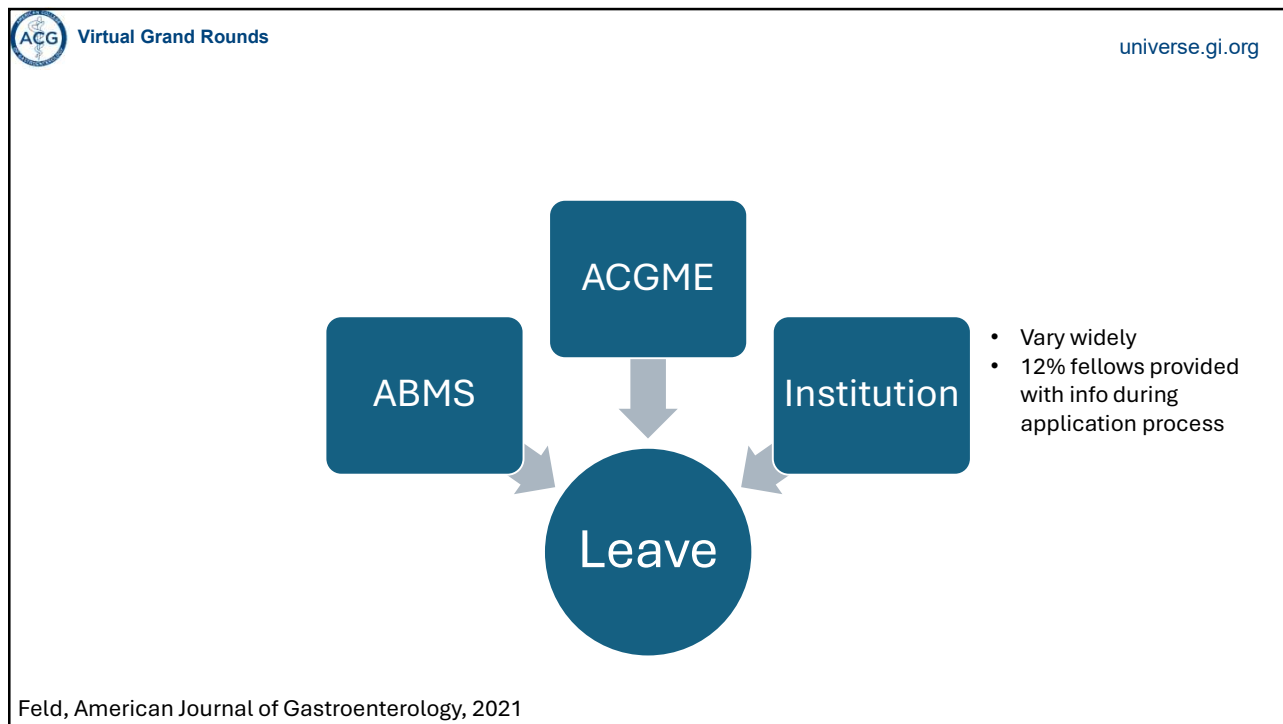
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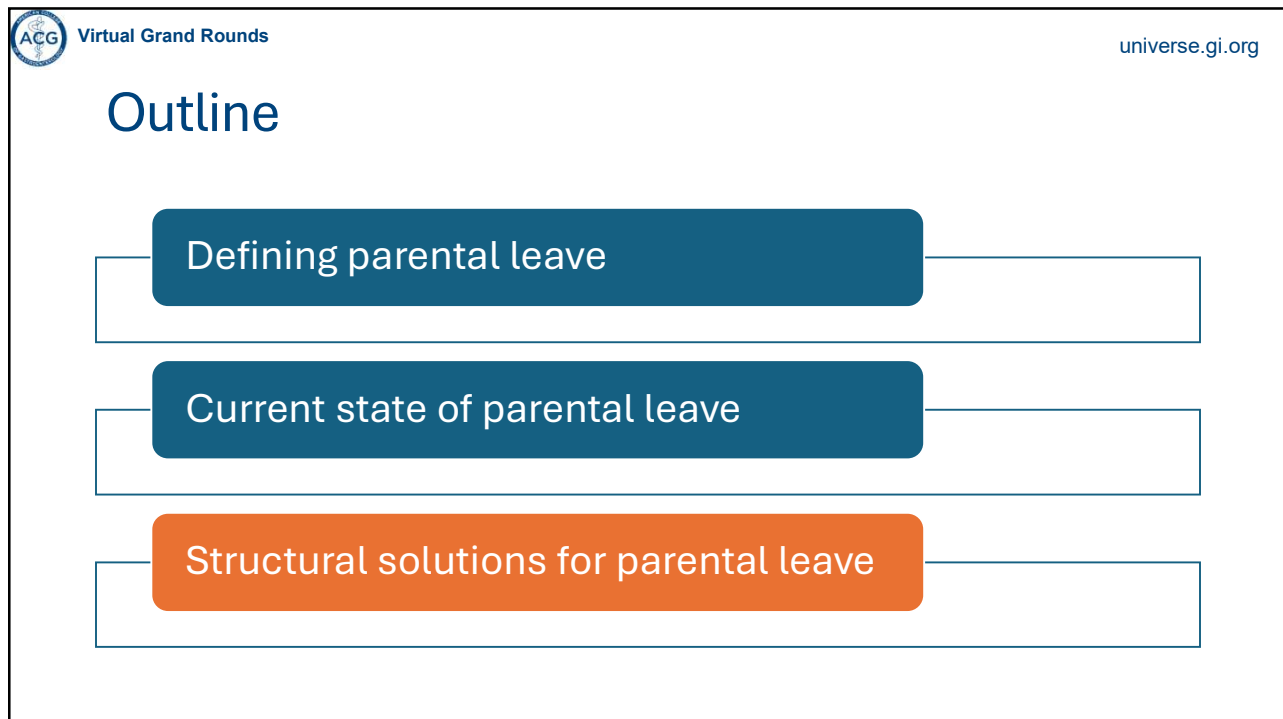
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## Work Environments

- Access to leave (parental, sick, caregiving)
- Work accommodations
- Pumping accommodations
- Equity for diverse families



Feld et al, TLM Abstract, 2021

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## Challenges & Recommendations


### CHALLENGES

- Rigid timeline of training
- Reliance on evaluations  
→ potential for bias
- Small pool of colleagues  
distributing call

### SOLUTIONS

- Competency-based medical education
- Anti-bias strategies
- Universal, minimum leave
- Staffing models to accommodate leave

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**Parental Leave and Return-to-Work Policies: A Practical Model for Implementation in Gastroenterology.**  
 Feld LD, Oxentenko AS, Sears D, Charabaty A, Rabinowitz LG, Silver JK.  
 Gastroenterology. 2023 Oct;165(4):813-818. doi: 10.1053/j.gastro.2023.08.014.

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<b>Pregnancy accommodations</b>
Reduced overnight call burden during third trimester of pregnancy
Anti-bias protection
Endoscopy ergonomic accommodations
Bereavement leave for pregnancy loss
Reimbursement for fertility treatments and adoption
Protected time for all pregnancy- and fertility-related appointments and tests
<b>Parental leave policy</b>
Transparent and publicly available
Accessible to all physicians for birth, adoption or fostering
Consistent across genders with attention to equity for the LGBTQ+ community
Adequate duration: recommendation for 12 weeks minimum
Transparent policy on compensation and leave
Adjusted RVU targets to account for leave
Opt-out leave policies to encourage leave is taken and minimize bias
Avoidance of "pay back" policies or increased workload before leave
Adequate coverage solutions for colleagues, including team-based care models and locums
<b>Coverage models</b>
Team-based care approach utilizing advanced practice providers (APPs)
Locums tenens physicians to bridge care needs
Additional compensation for colleagues taking extra clinical load

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**Virtual Grand Rounds**

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<b>Family friendly return-to-work</b>
Modified overnight call post-partum
Transition plan for return to work that does not include making up call from leave
Time blocked into clinical schedule for lactation
Accessible lactation rooms
Allowing part-time and flexible work schedule upon return
Transparent compensation implications of modified return to work schedule
Autonomy over schedule
On-site quality childcare
Coverage solutions for sick childcare
Leadership should recognize and mitigate bias, discrimination, or penalties against those who take leave or request reduced work hours
Equitable promotion policies that do not penalize for parental leave or reduce work hours

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## Guided Trainee-Program Conversations

- Where can I access the most current parental leave policy?
- Who is the program and/or institutional contact best suited to assist me in navigating my leave?
- How will my parental leave impact my training duration (i.e., will I need to extend my training?)
- How will my parental leave impact my Board eligibility?
- How will my benefits be affected during parental leave?
- Is there an option for a flexible parental leave start date?
- How should I coordinate clinical coverage during my leave? How does the program assist?
- What are the options for modifying clinical workhours and call responsibilities in late pregnancy?
- What are the program's expectations regarding "payback" of call and/or shift coverage provided by others during my leave?
- How should I plan to accommodate time for prenatal (and future child) medical visits?
- What are my most flexible options for return to work? (research, part-time, work-from-home, etc.)
- What are the options for modifying clinical workhours and call responsibilities on return to work?
- What is the program policy protecting resident time for milk expression? How is this communicated to clinical services?
- Where can I find the most current list of private, appropriately equipped lactation spaces?
- Where can I find the most current list of affordable institutional or community childcare options?
- Have other residents offered to share their experience navigating

Drs. Best, Treadway, Eurich, Feld (unpublished work)

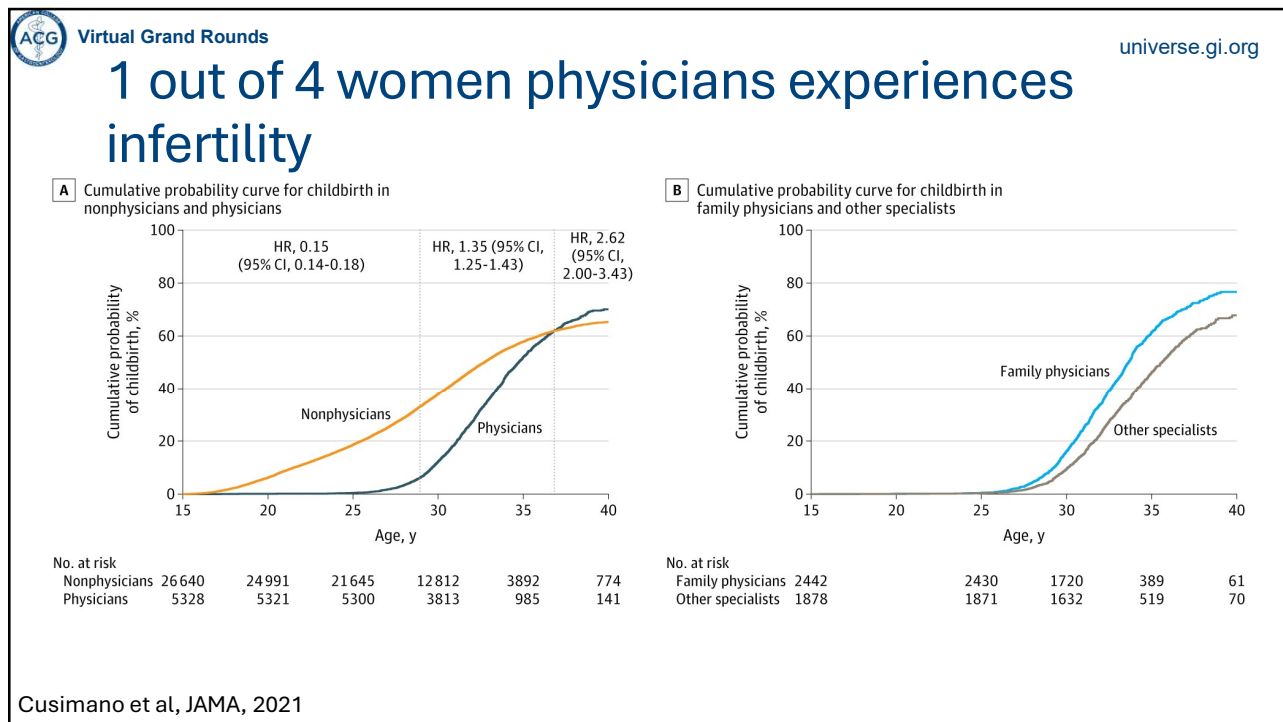
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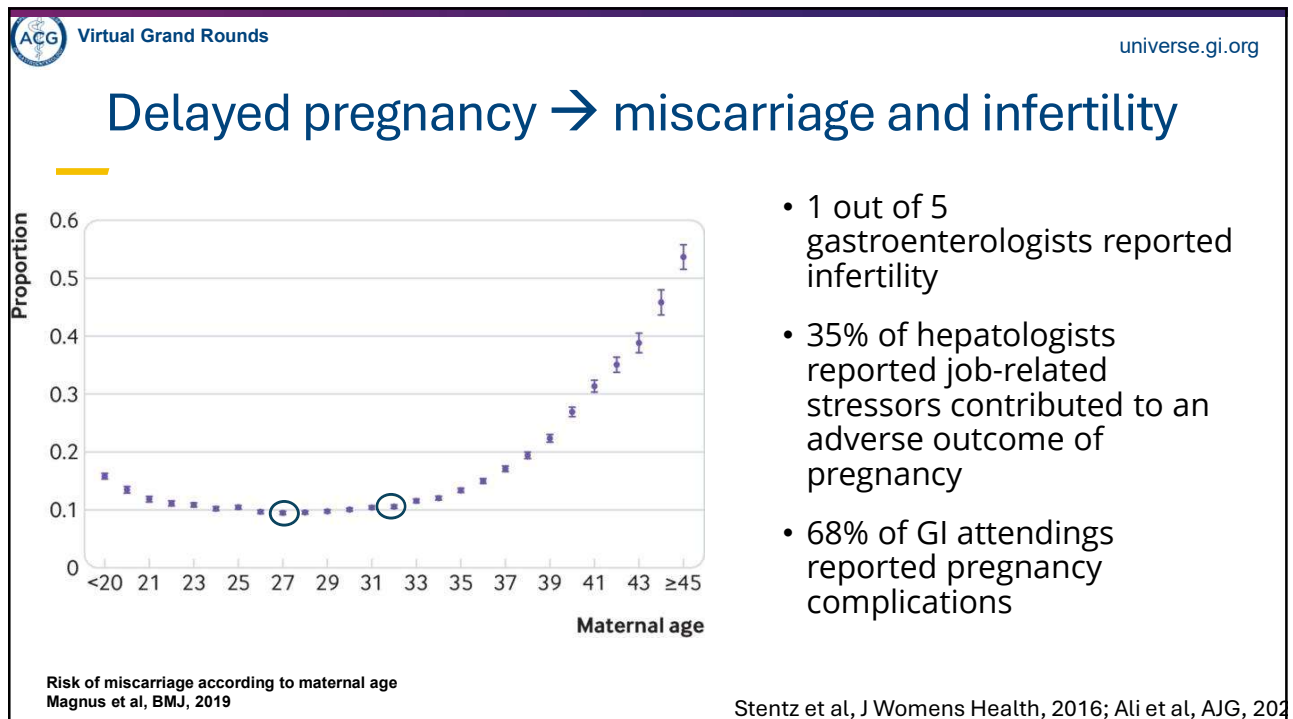
## Q: When is the right time to have a child?

- A: When you are ready to be a parent!

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# Practice Models for Graduating Gastroenterology Fellows




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## Learning Objectives

- Academic, Private practice (independent, single specialty, multispecialty, solo, small, large, private equity), Hybrid, Hospital-employed, Industry/Pharma, other?
- Importance of choosing the right practice model: Shakespear's advice!  
*"to thy own self, be true"*
- Key factors: compensation, advancement, work-life balance, job satisfaction, teaching/research, self-determination

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## Academic Practice

- Employed by universities or teaching hospitals
- Roles: clinical care, teaching, research
- Compensation: typically lower base, potential for research/teaching stipends, consulting/patents (rare)
- Advancement: academic promotion (Instructor → Assistant → Associate → Full Professor). Salary, Benefits, Tenure, etc.
- Work-life balance: variable, often includes nights/weekends, call, research deadlines, fellow coverage (frequency of call varied)
- Self-determination: structured environment, less autonomy in scheduling/practice style. Dependent on Chief who ultimately reports to Chief of Medicine in most situations

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## Private Practice

- Independent or group practice (size varies)
- Private equity owned or backed (various models)
- Compensation: often higher, productivity-based, potential for partnership buy-in
- Advancement: partnership track, leadership roles within the group
- Work-life balance: can be demanding, but more control over schedule
- Self-determination: high autonomy in clinical and business decisions
- Administrative responsibilities: billing, staffing, compliance
- Usually employed situation for 2 years and then partnership (varies)

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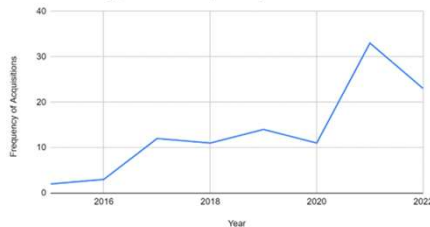


## Private Practice- PE Trends

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- 2025: 1 in 8 are PE backed
- PE firms/deals/governance varies
- Long term effects still not clear: quality, cost, access, etc.
- Less control with PE even in private practice

Gastroenterology Practices Acquired by Year



**Supplementary Figure 1.** The number of deals per year is increasing over time.

# of Deals by Group per Year



**Supplementary Figure 5.** Most of the early deals were by a few PE groups; however, over time there has been many other groups entering the space.

JAMA Health Forum Published Online: June 20, 2025

2025;6;(6):e251491. doi:10.1001/jamahealthforum.2025.1491

Marino D, et al. Clinical Gastroenterology and Hepatology 2024;22:1770–1773

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## Hybrid Models-Lines are blurring!

- Combination of academic and private practice elements
- Examples: hospital-employed with academic affiliation, large single or multispecialty groups, GI hospitalist (private or academic bent)
- Compensation: competitive, may include salary plus productivity bonuses
- Advancement: leadership roles, potential for academic titles
- Work-life balance: variable, often more predictable than pure academic
- Self-determination: moderate, some autonomy with institutional support
- Best of Both Worlds (my take)...somedays worst of both

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## Industry, Pharmaceuticals

- Roles: medical affairs, clinical trials, consulting, device/pharma companies
- Compensation: often higher base salary, bonuses, stock options
- Advancement: corporate ladder, management opportunities
- Work-life balance: generally more predictable, no call
- Self-determination: less clinical autonomy, more corporate structure
- Other considerations: less direct patient care, travel may be required

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## Compensation Comparison\*

- Academic: \$250-450K (varies by region, rank, research funding)
- Private Practice: \$400-600K+ (depends on productivity, partnership)
- Hospital employed: \$500-700K (initial but then seems to decrease, productivity)
- Hybrid: \$350-600K+ (mix of salary and incentives)
- Industry: \$300-500K+ (base plus bonuses/stock)
- Consider: Geographic flexibility, Benefits (401K, tuition for children, insurance (life/disability/malpractice), CME/travel/meetings, special loans-mortgage, loan forgiveness, etc.
- Research/innovation opportunities, Teaching/mentorship roles

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## Advancement Opportunities

- Academic: research grants, leadership, national recognition
- Private: partnership, practice ownership, local leadership
- Hybrid: system leadership, academic titles
- Industry: management, executive roles, cross-functional teams
- Societal involvement (ACG, ASGE, AGA, AASLD, NASPGHAN, WGO, CrohnsandColitisFoundation, etc.)

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## Work-Life Balance & Self-Determination

- Academic: variable, often less control, is call easier or harder? Multiple different models, schedules. Protected time if have funding...subject to boss/institution
- Private: more control, but business demands
- Hybrid: balance of structure and autonomy
- Industry: predictable hours, less clinical stress

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## Decision-Making Tips

- Assess personal and professional priorities
- Consider long-term goals and lifestyle
- Seek mentorship and real-world exposure
- Evaluate compensation and benefits packages
- Understand local/regional market trends

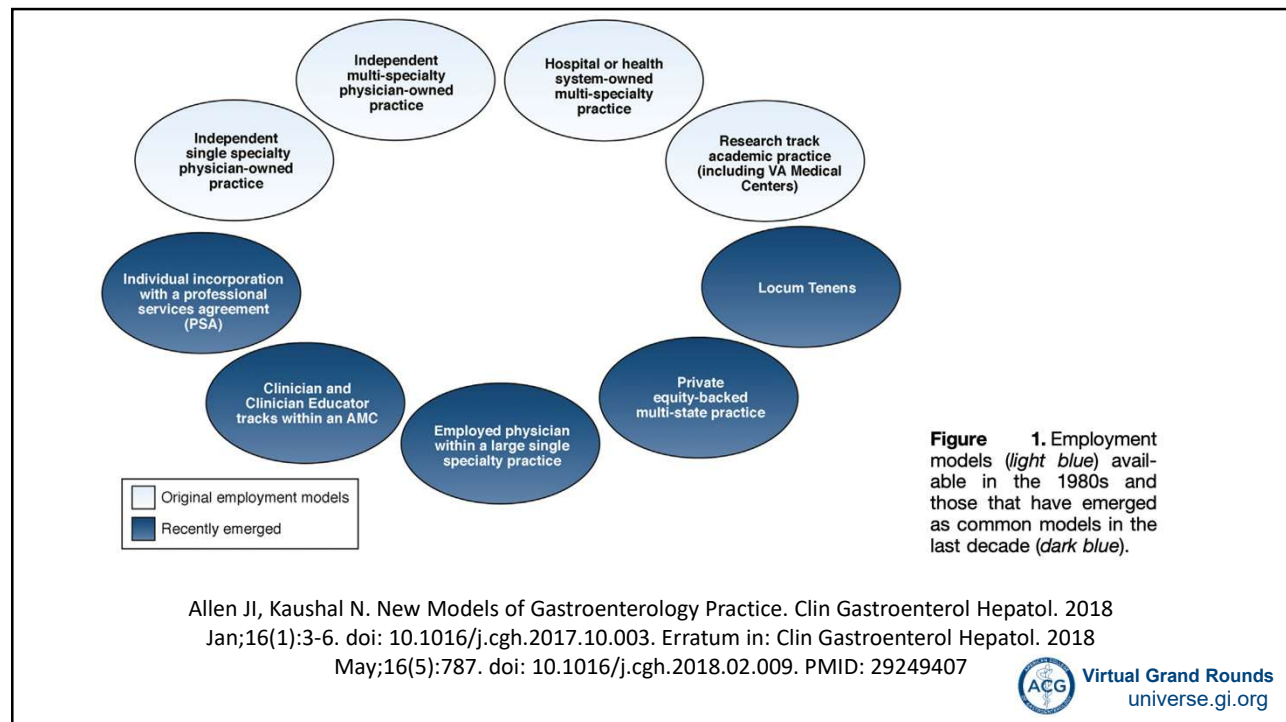
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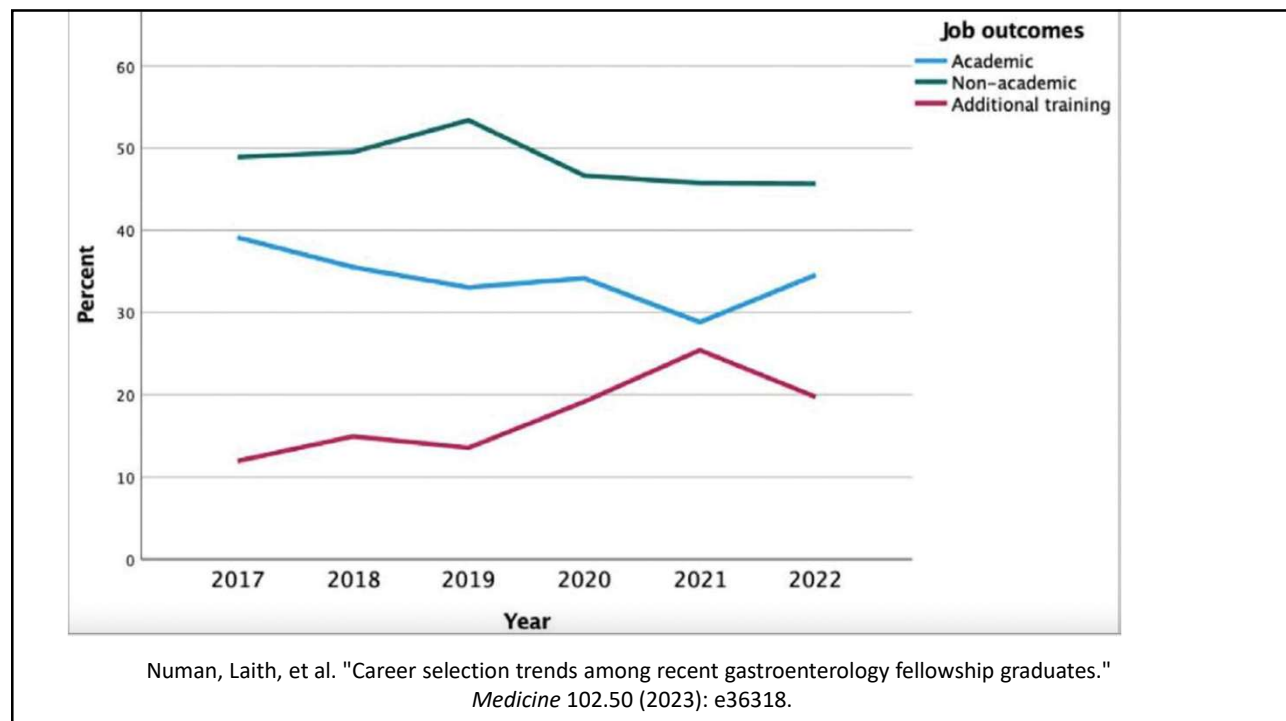
## Summary

- Multiple rewarding career paths in gastroenterology
- Each model offers unique benefits and challenges
- Can design your own if none of the current models fit (can change too!)
- Align choice with personal values and career aspirations
- It's not work if you love what you do... (\$\$ or lifestyle alone won't give you satisfaction)

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## Bonus Slides



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## Shakespeare's Advice

- To thy own self, be TRUE
- What do you REALLY want and How Bad do you want it ? Be brutally honest with yourself
  - Academics/Private/Hybrid/Industry/Pharma/Other
  - Location / family / spouse's job
  - Compensation
  - Lifestyle
- People have long memories and relationships are important even if the job doesn't work out
- Things change, don't burn bridges
- Where do think you stand? 1 applicant vs.100 applicants



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## Hybrid Model (aka you can have it all!)

- Freedom: financial, and otherwise (call, vacation, pace, etc.)
- Important clinical research happens in practice: (6MP-Dan Present/group were in private practice, Sequence Study- Casey Chapman)
- Phase III, IV clinical trials. Benefits to you patients, practice, community, health system
- Value to your hospital/medical center/medical school/community
- Teaching (students, residents, fellows). Location critical !
- Easier to do research to include trainees: win/win
- Mentoring, collaborating, learning, staying engaged
- Downsides? No protected time! Can sometimes be worst of both
- Support from your group and family critical (no matter which path)



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## Goals

- Think about your goals for your career
  - Break into short term, medium term and long term
  - Reassess annually or every few years to see if on track
  - Goals often change and life often changes
- Hold on to your mentors
  - They can give you valuable perspective
  - Seek out appropriate new mentors and actively ask advice/guidance
- Career goals ok, but don't ignore life goals and balance
  - Particularly critical for high achieving individuals to have that balance



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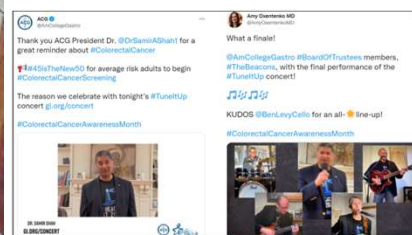
## Balance

- Burnout rampant in medicine
- Marathon, not a sprint
- Career should be put in perspective with respect to family, friends, hobbies, passions, interests
- Take care of yourself
  - Time away to unplug, destress
  - Time with family and friends
  - Exercise and fitness
  - Spirituality / gratefulness / happiness / music



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## Questions




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