Editorial Board Announces New Position
AJG SOCIAL MEDIA EDITOR

Social media has permanently transformed how gastroenterologists communicate, learn, and stay abreast of the latest science in our field.

We are excited to announce this new position for a highly skilled, creative, and forward-thinking gastroenterologist or hepatologist to help grow the digital footprint of AJG.

Deadline
July 10, 2020

Submit Your Application!

View the full job description and application requirements: gl.org/ajgsocial

www.ajmgastro.com

AJG Special Issue!
WOMEN’S HEALTH in GASTROENTEROLOGY and HEPATOLOGY

The American Journal of Gastroenterology requests your high-quality, clinically relevant research about the burden of digestive disease in women. We will collect the very best original studies and clinical reviews into a special issue highlighting this vital area of our field.

Submit Your Manuscript!

DEADLINE:
AUGUST 1, 2020

Apply Now: [www.gi.org/eavp](http://www.gi.org/eavp)

**Deadline: Friday, July 17, 2020**

The ACG Edgar Achkar Visiting Professorship Program provides an opportunity for a national expert to visit your institution, spend time with your fellows, educate colleagues, and visit with young faculty as mentors.

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**APPLY NOW!**

**ACG Institute**

**YOUNG PHYSICIAN LEADERSHIP SCHOLARS PROGRAM**

Get Training in Leadership and Advocacy

Learn more: [www.gi.org/yplsp](http://www.gi.org/yplsp)

**NEW! Deadline:** Friday, July 31, 2020

For Eligible: 3rd & 4th Year Fellows & Physicians <5 years out of fellowship
ACG Virtual Grand Rounds
Join us for upcoming Virtual Grand Rounds!

Week 16: Managing Complications of Cirrhosis
Mitchell L. Shiffman, MD, FACG
July 9, 2020 at Noon EDT

Week 17: High-Resolution Manometry: Thinking Beyond the Chicago Classification
John E. Pandolfino, MD, MSCI, FACG
July 16, 2020 at Noon EDT

Week 18: What’s New With Those "Other" Colitides?
Anne G. Tuskey, MD, FACG
July 23, 2020 at Noon EDT

Visit gi.org/ACGVGR to Register

RACISM IN MEDICINE: SHIFTING CULTURE AND PRACTICE
Webinar: Monday, July 13th at 8 pm EDT  Register: gi.org/ACGVGR

Dr. Williams  Dr. Balzora  Dr. Gray
Ms. Abbott  Dr. Conwell  Dr. Oliva-Hemker  Dr. Pochapin
Now Featuring an ALL Access Pass!

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.
How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.

ACG will submit MOC points on the first of each month. Please allow 3-5 business days for your MOC credit to appear on your ABIM account.

MOC QUESTION
If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.
According to ACCME guidance, because there are no current preventive or specific treatments for coronavirus infection, there are no relevant conflicts of interest for any speakers or moderators.

Fellowship Education in the COVID Era

How Do We Move Forward?

Presenters
• Douglas G. Adler, MD, FACG
• Jan-Michael Axel Klapproth, MD
• Laura E. Raffals, MD, MS, FACG
• Renee L. Williams, MD, MHPE, FACG

Panelists
• Nabil F. Fayad, MD, FACG
• Yolanda Rivas, MD

Moderators
• Jean-Paul Achkar, MD, FACG
• Immanuel K. H. Ho, MD, FACG
ASSURING ENDOSONIC SAFETY AND COMPETENCE AMONG GI FELLOWS IN THE TIME OF COVID-19

Douglas G. Adler, MD, FACG
Professor of Medicine
University of Utah School of Medicine

COVID IMPACTS EVERYTHING!

• COVID-19 affected all of humanity worldwide
  • Medically, socially, financially
• Medicine has clearly been deeply impacted by the pandemic
• All of our patient interactions have been transformed
  • Telemedicine
  • PPE
  • Precautions
  • Testing for COVID before procedures of any kind
COVID EFFECTS ON ENDOSCOPY FOR GI TRAINEES SO FAR...

3-Year GI Fellows
- Significant loss of procedure volume
  - EGD
  - Colonoscopy
  - GI Bleeding
  - Feeding tubes
- 36 month timeline for GI fellowship provides a buffer
  - Can absorb a rough patch
  - Different fellows/programs affected differently

Pawlak et al GIE 2020

Advanced Endoscopy Fellows
- Significant loss of procedure volume
  - ERCP
  - EUS
  - POEM/ESD
  - Suturing
- 12 month timeline for advanced endoscopy DOES NOT provide a buffer for loss of volume

WHERE ARE WE NOW?

Two different pandemics – EU vs US

Seven-day rolling average of new coronavirus cases, 1 March to 24 June

Gzero.com
CORONAVIRUS WILL BE WITH US FOR AT LEAST THE IMMEDIATE FUTURE

Probably longer!
GOALS FOR ENDOSCOPY EDUCATION IN THE TIME OF COVID

- Provide access for patients that need urgent and emergent endoscopy
- Provide access for patients that need less critical services in a timely manner
- Provide endoscopy services safely:
  - Safe for patients
  - Safe for GI fellows
  - Safe for GI attending physicians
  - Safe for GI Nurses, Techs, etc.
- We should strive to continue to train GI fellows in all forms of endoscopy despite the ongoing pandemic
- Use online and virtual endoscopy educational resources to their maximal extent
- Minimize GI Fellow endoscopy training disruptions and interruptions
  - You may just view it as losing a few cases, but to fellows these losses are very important

THE PATH FORWARD:
RECOGNIZE THE RISK, BUT PROCEED UNDER CONDITIONS OF MAXIMAL PRECAUTION
METICULOUS SCREENING

• Absent true emergencies, screening prior to endoscopy is paramount
• Appropriate triage
  • Physician review of relevant records to assess priority
  • Direct query for any COVID related symptoms
    • Can be done by nurse, MA, etc.
      • Prompt evaluation of any suspicious symptoms with CXR, chest CT, blood tests, etc.
  • COVID testing, usually by swab, with DOCUMENTED RESULTS prior to arrival in the GI lab
• Recheck of temperature upon arrival in GI lab even if testing is NEGATIVE

Han et al GIE 2020

BEST PRACTICES FOR FELLOWS

• Only allow GI Fellows to perform endoscopy if adequate PPE available
• Recognize the PPE can be re-used to maximize available resources and minimize waste
  • Re-using PPE represents a significant change from prior practice at most centers
  • At my center, PPE strictly and centrally controlled
  • Daily allocation of PPE given to all staff
    • Regular mask
    • Gowns
    • Gloves
    • Face Shields
    • N95 masks are distributed to key personnel based on specific cases/needs
EDUCATE FELLOWS ABOUT NEW WORKFLOW

- Fellows must undergo training in the new workflow to increase safety
- Work with other MDs, Nurse Managers, Nurses, and Techs to understand new protocols
- A “dry run” is often VERY helpful
- A protocol is only as good as weakest link
- No more running out to the waiting room to get consent!

Hennessey et al GIE 2020

EDUCATE FELLOWS ABOUT NEW WORKFLOW

- **Best Practices include (but are not limited too)**
  - Enhanced cleaning of rooms before and after procedures
  - Masks on patients at all times except during upper endoscopy procedures
  - Universal social distancing whenever possible
  - Meticulous hand hygiene
  - Avoid touching of the face in general, and the mouth and nose specifically
  - Enhanced plastic shielding between endoscopists and patients

Hennessey et al GIE 2020
SELF MONITOR FOR COVID SYMPTOMS

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

FELLOWS SHOULD SELF-MONITOR FOR COVID SYMPTOMS

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- Cough
- Shortness of breath or difficulty breathing
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- Diarrhea

Encourage fellows to self monitor and not to fear reporting symptoms to avoid missing out on endoscopy procedures.
RECOGNIZE THAT SOME FELLOWS MAY BE AT INCREASED RISK OF COVID INFECTION

- Pulmonary issues
  - Asthma
  - Reactive airway disease
  - Severe or chronic allergic symptoms

- Immunocompromise
  - Inflammatory bowel disease
  - Rheumatologic disorders

- Pregnancy

RECOGNIZE FELLOWS MAY NOT ALWAYS VOICE THEIR CONCERNS

- Anxiety about COVID has been reported in over half of GI fellows

- Anxiety about:
  - Contracting COVID
  - Prolongation of training
  - Loss of training opportunities
  - Inadequate or insufficient PPE resources and/or education re: proper PPE use

- Create an open environment where Fellows can voice concerns without fear of reprisal

- Fellows should have the right to opt-out of any procedure they are not comfortable performing or participating in

Pawlak CIE 2020
CONCLUSION

• Endoscopic training can and should continue in the time of COVID
• Safety is our primary concern
• Goal should be to reach all benchmarks for endoscopic training during the COVID pandemic
• Recognize that emotional, and not just physical, factors are in play.
Outline

• Effect of CoViD-19 on gastroenterological education
• Safety measures
• Gastroenterology program response to pandemic
• ABMS/ACGME
  • CoViD-19 directive2 (2020)
  • Requirements for fellows continuity clinic (2020)
• Current and future challenges
• Telehealth
  • Position ACGME
  • Classification and application
• Solutions
  • Organization and learning (trainee and trainer)
• Summary and conclusion

June 27, 2020

https://coronavirus.jhu.edu/data
CoViD-19: unpredictable

- Premature relaxation of interventions
  - Wuhan Province: relaxation March 2020-resurgence expected mid summer
- Case fatality rate range 0.98%-5.08%
- Variations in health-care capacity
- Initial high infectiousness with mild symptoms
- Highly variable model simulations
  - Spring/summer with lower peaks, autumn/winter with acute outbreaks
  - Long-term circulation with other betacoronaviruses
  - Initial smaller outbreak-larger recurrent outbreak in winter
  - Permanent immunity
  - Low level of cross immunity

_Lancet 2020;335:1321-2, 2020; Science 2020;368:860-8_

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_Lancet 335, 1321-2, 2020; Science 368, 860-8, 2020_
Safety measures

- Majority of fellows stay at home – minority on inpatient clinical services
- 2nd/3rd year fellows redistributed to jeopardy pool
- Personal protective equipment
- Screening of staff, patients, visitors: temperature, CoViD-19 testing
- Measures to prevent transmission: hand washing, sanitizer, quarantine, social distancing
- Attendings cover urgent first year outpatient clinics


Program response to CoViD-19

- 46/51 (90%) of programs under "stay-at-home" (median of 4 wks)
- Fellow Outpatient clinic participation in Telehealth
  - 2/51 (4%) of programs prior to CoViD-19
  - 39/51 (76%) of programs after CoViD-19
- 26/51 (52%) programs stopped outpatient endoscopy for fellows
- 47/51 (94%) programs implemented a virtual curriculum
- 22/51 (43%) programs stopped outpatient clinic for fellows

Circulation 2020, 6
ABMS/ACGME: diminished clinical volume

- ABMS/ACGME: “...understand and affirm that the judgement made by PDs and CCC to assess trainees constitutes a vital responsibility that affects residents, fellows, and most importantly, the care of the public.”

*Joint principles: Physician training during CoVid-19 pandemic statement, 2020*

- ACGME: “The ACGME visit/case minima were not designed to be a surrogate for the competence of an individual program graduate, and are not utilized in that manner by the Review Committees. It is up to the program director, with consideration of the recommendations of the program's Clinical Competency Committee, to assess the competence of an individual resident/fellow as one part of the determination of whether that individual is prepared to enter unsupervised practice of medicine…”

*ACGME response to the coronavirus (CoViD-19) pandemic, 2020*

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ACGME continuity clinic requirements

**July 1, 2020**

- IV.C.5.a) ...must have continuity ambulatory clinic experience that exposes them to the breadth and depth
- IV.C.5.b) ... should average one half-day each week.
- IV.C.5.d) ... be responsible for four to eight patients during each half-day session.
- IV.C.5.e) ... should not be interrupted by more than one month, excluding a fellow's vacation.

[https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/144_Gastroenterology_2020](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/144_Gastroenterology_2020)
Current and future challenges

- Residents and fellows provide CoViD-19 care in all type of settings
- Second increase with potentially mutated strains
- Continuous initial wave of infection
- Nationwide protests and unrests
- Fake news

..all of which result in significantly reduced clinic and endoscopy schedules

Telehealth?!

Thomas J. Nasca, MD, MACP, ACGME
President, CEO; March 18, 2020

• “… originally scheduled to go into effect July 1, 2020. Instead, effective immediately, the ACGME will permit residents/fellows to participate in the use of telemedicine …”

• “The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.”

• “In no situation will a program be penalized retroactively for appropriate engagement of residents and fellows with appropriate supervision in the use of telemedicine during this crisis.”
Classification of telehealth

• E-consults
  • Physician-to-physician communication

• Remote patient monitoring
  • Data collection and reporting (devices)

• Patient-initiated messaging
  • Physicians, staff

• Telephone visit
  • Patient-physician communication

• Video visit
  • Synchronous communication with provider

...but:
1. Digital divide
2. Lack of physical examination

Application of telehealth

• Gastrointestinal systems
  • Liver: improved management of hepatitis C
    Hepatol Commun 2019;25;(3)5, 716-21
  • Pancreas: determination of hereditary cancer susceptibility
  • Biliary system: advanced endoscopy provider networking

• Endoscopy provide diagnostic quality for remote populations
  Gastrointest Endosc 2004;59:38-43

• Gastrointestinal diseases
  • Colon cancer: equal satisfaction as in-person consultation
  • Esophageal cancer
    Sci Rep 14;8)1, 13797
  • Inflammatory bowel disease: reduced utilization, no change in quality
    BMJ February 2019, 24,1
  • Neuroendocrine neoplasms: remote monitoring of chemotherapy for cancer patients
    Telemed J E Health 2021;8(4):264-70
Solutions: organization

- Define/update your goals and objectives
  - ACGME
- PD and APD’s available 24/7 during crisis
- Maintain outpatient appointments
  - Continuity of care
  - Triage
  - Schedule
- Translator availability
- Clinic slots on weekend
- Trainees daily/weekly huddle and/or individual attention
  - Keep minutes and distribute

Solutions: telehealth in clinic

- Programs: Bluejeans, Doximetry, Zoom …
- Integrated platforms: Switchboard
- Embrace technology
  - Otoscope, stethoscope, kiosk, mobile units, 12-lead EKG, pulse oximetry, ultrasound, etc.
  - Teach basic telehealth skills to everybody
  - Regular technology updates for faculty and trainees
Summary

- Threat of ongoing/recurrent CoVid-19 pandemic
- Documentation, documentation, documentation
- Embrace technology
- Utilize resources
- Scheduled meetings with all fellows and individually
- Share your thoughts and ideas

Conclusion

- Start planning
Conclusion

• Start planning

…..NOW!

Thank you very much!
Fellowship recruitment in the COVID-19 Era
Laura Raffals, MD, MS, FACG

LEARNING OBJECTIVES

- Challenges of virtual recruitment
- Opportunities with virtual recruitment
- Strategies for a successful recruitment season in the COVID-19 era
Virtual Interviews

**Pros (opportunities)**
- Capacity to interview more candidates
- More convenient
- Decreased cost to candidates and sites
- Decreased faculty burden
- Less duplication of PD efforts
- Increased flexibility

**Cons (challenges)**
- Hard to expose candidates to faculty/fellows
- Challenges showcasing culture of program
- Will candidates rank a program they've never seen?
- Lack of experience evaluating candidates virtually
- Hard to be “on” virtually for extended periods
- Programs may see increase in number of applications (pro vs con?)
- ERAS cycle delayed to August 12, match day unchanged
The importance of the interview

• Assessment of non-cognitive skills (EQ)
  • Communication
  • Professionalism
  • Ability to manage stressful situations
  • Honesty
• Applicants assess program culture
  • Esprit de corps
  • Fellow morale

Interviews do not predict problem residents

• In un-blinded format, our unconscious bias may not allow us to see applicants objectively!
  • “Halo” effect
• The interview process does NOT predict resident performance or the problem resident!
  • Negative comments in Dean’s letter most predictive factor

Costs of interviews

• Interview costs to applicants range from $2,500-$10,000
• Interview costs to programs $9,989 per PGY-1
• Cost may be a barrier to candidates without financial resources!

Tips and Strategies

Preparation

- Explore GME and institutional media support; pick platform (Zoom, Skype, etc.)
- Familiarize yourself with ERAS including scheduling features
- Set interview template
  - 1 on 1 interviews; panel interviews (2-3 on 1, >4 on 1)
  - Focus on half-day blocks
  - Assign each interviewer a personal meeting ID, and send links to interviewees
    - Set up “waiting room” feature
  - Can you schedule around your conference times and invite applicants to watch a conference in real time?
Lessons learned from Advanced Endoscopy interviews

- Do test calls with each interviewer prior to interview day
- Ensure background is clean and professional. Consider a standard virtual background
- Interviewers need a quiet space, consider headset
- Make sure computer is at eye-level
- Make sure education coordinator is available to perform air traffic control on interview day

https://youtu.be/Mh4f9AYRCZY?t=9

Showcasing your program

- Consider videos to share on interview day
  - PD overview of program (can reduce need to give overview multiple times)
  - A day in the life of your fellows
  - Tour of your institution and city
  - Video collage of fellows and faculty (be careful to avoid breaking patient confidentiality)
Fellow gatherings

• Informal group meeting with fellows
  • Zoom/Google Hangout
  • Can utilize breakout room feature
  • Provide food through Uber Eats, Door Dash, etc.

Summary

• Sometimes disruptions end up leading to great opportunities
• Evaluate why the interview is important to you and start there!
• Prepare! Create videos to highlight your program and fellows
• Use your institution’s resources
  • Videos
  • Media support
• Have fun!
Thank you!
raffals.laura@mayo.edu

Lessons Learned: Preparing for a Second Surge

Renee Williams, MD, MHPE, FACG
Associate Professor of Medicine
Program Director, Gastroenterology Fellowship
NYU Langone Health
Outline

- ACGME and ABIM guidance
- Practical tips
- Deployment
- Virtual learning
COVID-19 ACGME Fellow Education and Training

• The ACGME expects that residents and fellows both be aware of and able to appropriately respond to this viral disease.

• They must understand the expected type of patient care contact and the patient care they might need to provide
  • In the context of their respective specialty/subspecialty educational programs.

• Sponsoring Institutions and their hospital, medical center, and ambulatory care sites to provide fellows, and faculty and other staff members with adequate resources, facilities, and training to properly recognize and care for these patients.

https://acgme.org/COVID-19/

ACGME Expectations

➢ Any resident and fellow providing care to patients potentially infected with COVID-19 will be fully trained in treatment and infection control protocols and procedures adopted by their local health care setting.

➢ Any resident or fellow who provides care to patients will do so under the appropriate supervision for the clinical circumstance and the level of training of the resident/fellow.

➢ Faculty members are expected to have been trained in the treatment and infection control protocols and procedures adopted by their local health care settings.

https://acgme.org/COVID-19/
ACGME Program Requirements

- Programs should continue to provide education to residents/fellows, when feasible
  - Utilizing remote conferencing technology, web-based resources, and other innovative tools.
- The PD must maintain a record of the time a fellow spends working as an attending physician in a core specialty.
- Reassignments can occur to other rotations or forms of clinical work with the approval of the program director and the DIO.

https://acgme.org/COVID-19/

ACGME Requirements Graduation

- A fellow may not complete all of the planned experiences in the curriculum
- The decision to graduate a fellow is made by the PD, with input from the CCC
- The determination of whether or not a resident/fellow can graduate as previously scheduled can be made even if the curriculum as originally planned is not completed

https://acgme.org/COVID-19/
ABIM Board Eligibility and COVID-19

• In particular, ABIM’s recently clarified Leave of Absence and Vacation and Deficits in Required Training Time policies are in full effect and applicable to absences that might occur due to COVID-19.

• Should an otherwise healthy trainee need to be quarantined due to exposure to the virus
  • Coordinate an individualized learning/study plan for that time.
  • This is a legitimate learning activity, and this time should not be counted against either Leave or Deficits in Required Training Time.

Three Stages of GME during COVID-19 Pandemic

Stage 1 – “business as usual”

Stage 2 – increased but manageable clinical demand

Stage 3 – crossing a threshold beyond which the increase in volume and/or severity of illness creates an extraordinary circumstance where routine care education and delivery must be reconfigured to focus only on patient care

Stage 3: Pandemic Emergency Status

- Most or all fellows need to shift to patient care; majority of educational activities are suspended
- Requirements in effect
  - Duty hours
  - Resources and training
  - Supervision
  - Fellows allowed to function in core specialty
    - 20% of annual education time
- Other specialty specific requirements waived


Practical Tips
Minimizing Exposure

• Fellow involvement in endoscopic procedures
  • WHEN hours
  • When do they return after the surge
    • Should they be limited to COVID negative patients
    • Assess level of comfort with endoscopy
• Consult services
• Ambulatory services

Practical Tips

• Assess clinical need at each site
• Decrease consult services to minimum necessary
• Cognitive consults
• Convert to telehealth
  • Fellows should get EMR home access
• Continue educational programming if possible
  • Convert to virtual conferences
Practical Tips

• Review fellows schedule
• Anticipate which fellow may be high risk for deployment
• Have a fellow representative in divisional meetings
  • Divisional leadership group
• Communicate!
  • Communicate!
  • Communicate!

Practical Tips for Deployment

• Involve fellows in the decision making process
  • Assess their level of comfort with deployment
    • ICU
    • Hospitalist
    • Nights
• Be proactive in deployment
• Anticipate your own deployment
• Plan ahead
  • Have a schedule that lists which fellows are available for deployment
    • 6 weeks in advance
    • Keep a running list
Virtual Education
Mental Health Support

- Check in with your fellows
  - Assess if they need a referral
- Moral injury may be more acute and long lasting in young physicians during their formative years in training
- Mental health support
  - “we must take responsibility for the well-being of clinician first responders”
- Adjusting to the “new normal”


Our GI Fellowship Restructured

- Fellowship (4 Sites)
- One Fellow per Site
- Educational Program
- Televisits & Cognitive Consults
- Endoscopy
- Virtual Conferences
Thank you

Renee.Williams@nyulangone.org
LEARN WHY THE FUTURE OF GI IS

#BeyondJustTelehealth

Register for Upcoming Webinar for Insight, Tips and Next Steps

giondemand.com

Visit ACG’s COVID-19 Resource Page

www.gi.org/COVID19