

UNC GI Fellows Clinic – 2017-2018

1. **Fellows clinic policy** – All fellows will attend clinic once/week except while on luminal or hepatology consults, or while on vacation. All first and second year fellows -- irrespective of fellowship track -- will alternate between a general GI continuity clinic @ Memorial one week and a general GI continuity clinic @ HMOB the next week. During year 3, fellows will continue their general GI continuity clinic @ HMOB alternating with *either* a general GI continuity clinic @ Memorial or a sub-sub-specialty clinic @ Memorial. Fourth year fellows can continue this same arrangement or perform a sub-sub-specialty clinic @ Memorial only. Importantly, patients seen at HMOB should not be scheduled at Memorial (and vice versa) without permission from the GI Clinical Vice Chief.

All tracks (Clinical, Epidemiology and Basic):

YEAR 1: General GI continuity clinic, alternating memorial and Hillsborough

YEAR 2: General GI continuity clinic, alternating memorial and Hillsborough

YEAR 3: General GI continuity clinic in Hillsborough, alternating with choice of specialty* or general clinic at memorial

YEAR 4 (if applicable, basic or epi): Option for full year specialty clinic with a preceptor at memorial (or Hillsborough if applicable to that specialty) in clinical focus area if certain criteria are met*, if fellow chooses to keep a general GI clinic, this is an option and alternating clinics between Hillsborough and Memorial will be continued

***Criteria for specialty clinic which must be met:**

1. Commit to one arena and not change content focus. This is not meant to be remedial time, but instead a content/expertise focus for your future practice.
2. There is adequate clinic space available for this specialty clinic
3. There is appropriate volume of the specialty referrals such that new visits will be filled each week (adequate referral volume)
4. Basic requirements for adequacy of management of general GI conditions have been met, as determined by program directors
5. Fellows must work off an independent template that includes both new and return patient appointments
6. Fellows who work in specialty clinics are responsible for identifying dates when their usual preceptor will not be in clinic (vacation, consults, etc). On these dates s/he will either identify an alternate preceptor for their usual half-day, or move their clinic to a general GI clinic (i.e., NGP and NGE slots) on a Thursday or Friday morning clinic at Memorial to be precepted by the general clinic preceptor.
7. Approval of the program director

Example specialty content areas:

Hepatology

IBD

Esophageal

Anorectal

Functional

Pancreatico-biliary/Advanced

Latino

Clinic Expectations:

- Total # of clinics during the year will be monitored, these clinics are expected to occur weekly except during inpatient luminal and hepatology service months when they are blocked and vacation weeks
- Continuity clinic dates will include Thurs AM (Hillsborough and Memorial) and Friday AM (Hillsborough and Memorial) to accommodate all fellows at these times
- When a 4th year fellow transitions to a full specialty clinic, their Hillsborough template will transition to a new fellow (unless those patients would like to follow them to memorial and the fellow desires this), but they will be expected to continue to see their return general patients at memorial who were originally seen at memorial hospital
- At conclusion of fellowship, panels of patients will be turned over to new 1st year fellows as return patients for continuity of care (at both Hillsborough and Memorial), any specialty patients accrued by fellows during 3rd/ 4th year will be evaluated individually and plans for either transition to fellows' clinic or to an attending in specialty clinic will be made on an individual basis based on complexity
- Nursing logistics: a plan for nursing care will be made for each patient, with general patients given contact information for GI fellow general nursing support and fellow specialty patients given contact information for specialty nursing as appropriate (based on individual specialty needs)
- Away rotations and clinics – 3rd and 4th year fellows are eligible for participation in away rotations during which time their continuity clinic will be cancelled (for example to obtain specialty training at another institution, examples from prior fellows have included nutrition rotations, motility, etc). This can occur during a 1 month time period. If a fellow wants to pursue more than 1 month of an away elective, continuity clinics missed during the additional electives would need to be made up after the rotation and the fellow must obtain approval from the program director. The fellow would also be expected to make up additional responsibilities such as call at the discretion of the PD.

2. **Urgent clinic** – the urgent clinic will continue to be staffed by the ambulatory fellow. However, there will be two changes: (1) this clinic will rotate between Thursdays and Friday mornings depending on when the ambulatory fellow is in her/his own continuity clinic – *Spencer/Steve/Jenn will need to provide scheduling team with the ambulatory fellow schedule;* and (2) the fellow’s template will include 4 urgent slots (see below), but there will NOT be a separate urgent attending template. (Recognizing that this will reduce the total number of urgent slots each week, we will add one urgent slot in place of one NGE slot for each fellow in her/his own continuity clinic @ Memorial).
 - 8:30 – Urgent – switch to Urgent/NGP if unfilled 7 days prior
 - 9:15 – Urgent – switch to Urgent/NGP if unfilled 7 days prior
 - 10:00 – Urgent – switch to Urgent/NGP if unfilled 3 days prior
 - 10:45 – Urgent – switch to Urgent/NGP if unfilled– 1 day prior

3. **Fellow Roster & Assignment:** cohorts A & B will alternate between Memorial & HMOB on Thursdays. Cohorts C & D will alternate between Memorial & HMOB on Fridays. *these are general assignments - if needed to load balance clinics/minimize excessive precepting needs, fellows may occasionally be reassigned to work in a different cohort one week, though overall half of all clinics will be at HMOB and the other half at Memorial **
 1. Muyiwa Awoniyi (research), 7/1/17 COHORT B
 2. Jasmine Barrow (research), 7/1/17 COHORT B
 3. Michael Dougherty (research) – 7/1/17 Latino template; COHORT D
 4. Hannah Kim (clinical), 7-14-17 COHORT D
 5. Andrew Moon (clinical), 7-13-17 COHORT C
 6. Evan Shelby (clinical), 7-13-17 COHORT B
 7. Kim Weaver (clinical), 7-14-17 COHORT A
 8. Diana Arsene (clinical) – 7/1/17 COHORT A
 9. Christina Bauer (clinical) 7/1/17 – COHORT A
 10. Ted James (research – Tues and Thurs coursework) COHORT D
 11. Sarah Lieber (research – Tues & Thurs coursework) COHORT C
 12. Craig Reed (research – Tues & Thurs coursework) –Esophageal (Arora) alternating with general HMOB (COHORT C)
 13. Phil Brondon (clinical) – specialty @ Memorial (Anorectal) alternating with general @ HMOB - (part of cohort B)
 14. Julia Hughes (clinical) – specialty @ Memorial (Anorectal) alternating with general @ HMOB (part of cohort A)
 15. Thomas Runge – Advanced Endo Wed mornings (Baron) alternating with HMOB (part of Cohort C)
 16. Swathi Eluri – CEDAS Monday afternoon – (Shaheen)
 17. Bharati Kochar – IBD Tuesday mornings – (IBD faculty)

4. **Credentialing/start dates**

- Awoniyi, Barrow, and Dougherty are research fellows who are already credentialed and EPIC trained.
- Kim: require full EPIC training (7-5, 7-6, 7-7): clinic to start **Fri 7-14-17**
- Moon: require full EPIC training (7-5, 7-6, 7-7): clinic to start Thurs 7-13-17
- Shelby (UNC resident): modified training in EPIC version 15 (he uses EPIC version 14 at UNC): safe to start clinic on Thurs 7-13-17
- Weaver: modified training in EPIC version 15: safe to start clinic on **Fri 7-14-17**
- Rohini – advanced IBD fellow – will not be at UNC until 8-1-17 and will need modified training in EPIC version 15, and a day of orientation with PC: safe for her to be in clinic the following Tues 8-8-17
- Siddiki – advanced endo fellow – will not be at UNC until 7-5-17 and will require full EPIC training, hopefully to be scheduled on 7-5, 7-6 and 7-7, followed by orientation with PC on 7-10: safe to start clinic on Thurs 7-13-17

5. Fellow Templates

The following general templates will be used throughout fellowship. Once a fellow starts a specialty clinic, templates may be slightly altered based on characteristics of the specialty clinic (for example, IBD or functional GI may have slightly longer visits). The total # of patients scheduled in a clinic will remain at least 6/total even if in specialty clinics.

- General Fellows @ HMOB
 - 7:40 – NGP – if unfilled 3 days before DOS then switch to NGP/NGS
 - 8:40 – NGP – if unfilled 3 days before DOS then switch to NGP/NGS
 - 9:20 – NGP – if unfilled 3 days before DOS then switch to NGP/NGS
 - 10:00 – return – if 2 consecutive unfilled 5 days before date of service then switch to NGE
 - 10:20 – return
 - 10:40 – return
 - 11:00 – return
- General Fellows @ Memorial (excludes Dougherty)
 - 8:00 – Urgent – if unfilled 3 days before DOS then switch to Urgent/NGP
 - 8:40 – NGE
 - 9:20 – NGE
 - 10:00 – return – if 2 consecutive unfilled 5 days before date of service then switch to NGE
 - 10:20 – return
 - 10:40 – return
 - 11:00 – return
 - 11:20 – return
- General Fellow post-luminal/hepatology consult clinic
 - 8:00 – Urgent – if unfilled 3 days before DOS then switch to NGE
 - 8:40 – NGE
 - 9:20 – NGE

- 10:00 – return – if 2 consecutive unfilled 5 days before date of service then switch to NGE
 - 10:20 – return on hold until 5 days before
 - 10:40 – return on hold until 5 days before
 - 11:00 – return on hold until 5 days before
 - 11:20 – return on hold until 5 days before
- Dougherty @ Memorial (his HMOB clinic is the same as listed above)
 - 8:00 – New Latino – if unfilled 5 days before DOPS then switch to New Latino/
New Latino
 - 8:40 – New Latino OR New Latino B
 - 9:20 – New Latino OR New Latino B
 - 10:00 – return - - if 2 consecutive unfilled 5 days before date of service then switch to New Latino OR New Latino B
 - 10:20 – return
 - 10:40 – return
 - 11:00 – return
- Runge Advanced Endo clinic- (his General GI clinic @ HMOB will be the same as what is outlined above).
 - 8:00 – New Advanced Endo – if unfilled 5 days before DOS then switch to NGE/Advanced endo
 - 8:40 – New Advanced Endo – if unfilled 5 days before DOS then switch to NGE/Advanced endo
 - 9:20 – New Advanced Endo – if unfilled 5 days before DOS then switch to NGE/Advanced endo
 - 10:00 – return – if 2 consecutive unfilled returns 5 days before date of service then switch to NGE
 - 10:20 – return on hold until 5 days before
 - 10:40 – return on hold until 5 days before
 - 11:00 – return on hold until 5 days before
- Kochar – IBD Clinic Tues AM @ Memorial – 2 news and 4 returns
- Eluri – CEDAS Clinic Mon PM @ Memorial – 2 news and 4 returns
- Reed: Mon AM CEDAS
 - 8:20-9:00 New Esophageal (if unfilled 3 days before DOS can switch to NES/NGE)
 - 9-9:40 new esophageal (if unfilled 3 days before DOS can switch to NES/NGE)
 - 9:40-10:00 return – (2 consecutive unfilled returns 5 days before DOS can switch to new esophageal or NGE)
 - 10:00-10:20 return
 - 10:20-10:40 return
 - 10:40-11:00 return
 - 11-11:20 return

- Runge Wed AM Pancreaticobiliary
 - 8:20-9:00 New advanced endo (if unfilled 3 days before DOS can switch to NES/NGE)
 - 9-9:40 new advanced endo (if unfilled 3 days before DOS can switch to NES/NGE)
 - 9:40-10:00 return – (2 consecutive unfilled returns 5 days before DOS can switch to new pancreas or NGE)
 - 10:00-10:20 return
 - 10:20-10:40 return
 - 10:40-11:00 return
 - 11-11:20 return

- Brondon/Hughes Wed PM Anorectal - ***must alternate so that Brondon and Hughes are not in anorectal clinic on the same days***
 - 12:20-1:00 New Anorectal (if unfilled 3 days before DOS can switch to NEW ANORECTAL/NGE)
 - 1-1:40 New anorectal (if unfilled 3 days before DOS can switch to NEW ANORECTAL/NGE)
 - 1:40-2:20 New anorectal (if unfilled 3 days before DOS can switch to NEW ANORECTAL/NGE)
 - 2:20-2:40 return (2 consecutive unfilled returns 5 days before DOS can switch to new pancreas or NGE)
 - 2:40-3:00 return
 - 3:00-3:20 return
 - 3:20-4:00 return

- Siddiki – same template that Josh French is currently using

6. Redistribution of patients seen by departing fellows

- Dan Kroch – will join as an attending with a template at HMOB. His return patients from HMOB should stay with him. His return patients at Memorial should transfer to HMOB. If this causes a problem then OK to reschedule as a new appointment with the next available fellow @ Memorial.

- Tanvir Haque
 - a. General caseload (A – M) → Muiyiwa Awoniyi (transitions from medical staff to GME)
 - b. General caseload (N – Z) → Jasmine Barrow (transitions from medical staff to GME)
 - c. Liver: transplant evals/HCCs/NAFLD patients → Sid Barritt

- d. Liver: general hepatology patients/non-transplant cirrhotics → Sarah Lieber
 - e. Per email of 3-7-17, Tanvir has made EPIC lists of his patient panels for Jonathan Younger with indication that his patients will be going to either Drs. Barritt, Lieber, Barnes or the incoming first-year fellow (see above).
- Neil Shah
 - a. General caseload (A – M) → Hannah Kim (new clinical fellow)
 - b. General caseload (N – Z) → Andrew Moon (new clinical fellow)
 - c. Liver panel: see separate list he previously provided
 - d. NB: There are quite a few patients that were assigned to Neil from Patricia Jones, but he has not seen these patients at all during his time here. He does not have a list of these patients, but these patients should be redistributed to the general fellows as they are all general hepatology patients. (In such a case, traditionally schedulers are asked to schedule the patient into the first available fellow slot.)
 - Asher Wolf
 - a. General caseload (A – M) → Evan Shelby (new clinical fellow)
 - b. General caseload (N – Z) → Kim Weaver (new clinical fellow)
 - Bharati Kochar – will no longer have HMOB clinic. Excluding any patients she personally identifies and contacts to follow with her at Memorial, her HMOB patients should be transferred to Michael Dougherty. (She will follow all of her existing Memorial patients.)
 - Swathi Eluri – will no longer have HMOB clinic. Excluding any patients she personally identifies and contacts to follow with her at Memorial, her HMOB patients should be transferred to Michael Dougherty. (She will follow all of her existing Memorial patients.)
 - Joshua French - Patient panel to Hassan Siddiki

General GI Clinic Assignments:

Thurs AM

- COHORT A:
 - Bauer
 - Hughes (HMOB weeks only – her Memorial clinic will be with Wed PM anorectal with Scarlett clinic – alternating with Brandon)
 - Arsene
 - Weaver
- COHORT B:

- Brondon (HMOB weeks only – his Memorial clinic will be Wed PM anorectal with Scarlett – alternating with Hughes)
- Awoniyi
- Barrow
- Shelby

Fri AM

- COHORT C:
 - Lieber
 - Reed (HMOB weeks only – his Memorial clinic will be on Wed AM esophageal with Dellon)
 - Moon
 - Runge (HMOB weeks only – his Memorial clinic will be Wed AM Pancreatobiliary Baron clinic)

- COHORT D:
 - James
 - Kim
 - Dougherty