

**EDUCATIONAL OBJECTIVES FOR FELLOWS**  
**Elective Rotation**

The subspecialty track permits an individual fellow to pursue a specific focus in gastroenterology to develop a well-delineated expertise. These tracks may include, but are not limited to, The tracks available are: GI Oncology, Transplant Medicine, Endoscopic Ultrasound, Outcomes Research/Epidemiology, GI Motility, Nutrition, Inflammatory Bowel Disease, and Basic Research. Fellows may propose an individualized sub-specialty track to be approved by the Program Director.

For each subspecialty track, generally lasting six months during the third year of fellowship, fellows will choose a mentor and structure the programmatic details on an individual basis. Obviously, there will be significant variability depending to the specific subspecialty track chosen.

However, there are common themes and requirements for each track:

1. Concentrated clinical exposure to the area of interest
2. Research projects, defined with mentor, in the area of expertise
3. A written monograph (at least 10 pages) on a specific area within the field

In general, these efforts will provide specific expertise and education in the core competencies including:

- ≈ **Evidence-based medicine**, through specific literature reviews, independent study and application of well-defined questions arising from within the area of sub-specialization
- ≈ **Professionalism**, specifically, through developing intellectual independence, appreciation of the demands and requirements of scholarly activity and learning the critical components of the mechanisms/methodology/ethics of clinical research.
- ≈ **System-based practice**. The fellow will be able to place in context of the larger whole, how the technology, disease processes, and basic mechanisms of disease relevant to the subspecialty track fit into the overall practice of gastroenterology and impact on health care as a whole. Examples of such would be defining the role a specific technology (e.g. EUS) in the cost-effective diagnostic workup of pancreatic cancer or malignancy, or alternatively, the impact of therapeutic alternatives on the overall course and cost of treatments for IBD.