

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: GASTROENTEROLOGY CONSULT

| Site | Faculty Supervisor | Administrator | Phone |
|--------|----------------------|---------------|----------------|
| UCIMC | Gregory Albers, M.D. | | (714) 456-6745 |
| LBVAMC | Robert Lee, M.D. | | (562) 826-5752 |

II. The educational rationale and goals for this rotation

To provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, attitudes and values of professionalism that are essential to the practice of gastroenterology.

III. The principal teaching methods for this rotation

The clinical training experience for residents is comprised of three major components: In-patient training, outpatient training and endoscopic procedure training.

- a. In-patient training: Three half-days per week are designated for in-patient teaching experience, including evaluation and follow-up of in-patients and self-learning related to the various disease processes. In addition, a formal in-patient teaching clinical rounds are held three days per week with a designated staff gastroenterologist to review all clinical cases managed by the resident. The objectives of the teaching rounds are to develop clinical skills in in-patient management of gastrointestinal and liver diseases.
- b. Out-patient training: Out-patient training consists of two half-day sessions; and out-patient hepatology clinic and a gastroenterology continuation care clinic. Each clinical case is evaluated by the resident and is presented to a supervising staff gastroenterologist and discussed in detail.
- c. Endoscopic procedure training: The objective of procedure training is to provide the resident with critical, supervised instruction in flexible sigmoidoscopy to assure quality care for patients with digestive diseases. In the course of the rotation, the resident will also gain an understanding of the appropriate indications, preparation and interpretation of results for esophagogastroduodenoscopy, colonoscopy and endoscopic retrograde cholangiopancreatography (ERCP).

IV. Responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

- Medical Student: Evaluation of patients assigned to him(her); completing a consult form, gathering of radiological and other ancillary data; presentation of the case to the staff gastroenterologist; participation in the teaching sessions.
- Medical Resident: Evaluation of patients assigned to him(her); completing a consult form; gathering of radiological and other ancillary data; presentation of the case to the staff gastroenterologist; participation in the teaching sessions; and supervision of the Medical Students.

Medical Residents: PGY 1 Residents

Patient Care Responsibilities:

Residents are responsible for following of a select number of patients on the consult service and in clinic. Patient selection is directed by the fellow or attending. All patient care activities of the consult resident are under direct supervision of the fellow.

Procedures:

The resident can perform procedures appropriate for their level of training on the consult service. All procedures will be performed under the direct supervision of the resident or fellow.

Education:

The residents are expected to contribute on rounds. They are expected to present their patients on rounds, and contribute to the discussion of diagnosis, management, pathophysiology, and any related basic science issues. They will present patients at conference. They are expected to review pertinent medical literature. Guidance from the fellows and senior residents will be provided.

Patient Care:

The PGY1 residents will perform full consultation H&P on all new consults under their care. They will be responsible for collecting all database information, reviewing prior records, following laboratory information, and writing recommendations under direct supervision of the fellow.

Objectives for PGY1 Residents

The PGY1 residency

1. Will be competent in the abdominal exam
2. Will be competent in the basic relevant history
3. Will be competent to identify gastrointestinal and hepatic emergencies: intussusception, bowel infarction, alcoholic hepatitis.
4. Will be competent in the initial management of gastrointestinal bleeding

Senior Residents (PGY2 & 3)

Senior residents will be responsible for all activities noted for PGY1 residents. In addition, these residents will be responsible for coordinating teaching efforts for interns and medical students. The senior residents will place emphasis on Medical Knowledge Management in the context of consultation. The senior residents will participate in divisional conferences and present appropriate cases with literature review and critical appraisal. The senior residents will be available to teach medical students physical diagnosis.

The senior resident will be certified in basic procedures including thoracentesis, paracentesis, arterial blood gas procedures, and lumbar puncture, and will be responsible for teaching this procedure to the PGY1 residents.

The Senior Resident

1. Will be competent in the abdominal exam
2. Will be competent in the basic relevant history
3. Will be competent to identify gastrointestinal and hepatic emergencies: intussusception, bowel infarction, ruptured bowel, appendicitis and other causes of the acute abdomen, alcoholic hepatitis.
4. Will be competent in the initial management of gastrointestinal bleeding.

5. Will be competent in the non-procedural management of gastrointestinal and hepatic emergencies
 6. Will be competent in the identification and early management of GERD, pancreatitis, Inflammatory Bowel Disease, Irritable Bowel Disease, Acute and Chronic Diarrhea, Peptic Ulcer Disease, Acute and Chronic Liver Disease, Evaluation of Jaundice, Acute Biliary Track Obstruction and Infection, Alcoholic Liver Disease and Alcoholic Hepatitis
 7. Will be competent to prescribe screening for colon cancer and for hepatocellular cancer in appropriate individuals
- Fellow: Evaluation of patients assigned to him(her); completing a consult form; gathering of radiological and other ancillary data; presentation of the case to the staff gastroenterologist; participation in the teaching sessions; preparing cases for endoscopic procedures and performing procedures under direct supervision of a staff gastroenterologist; supervision of the Medical Students and residents.
 - Attending: Supervision of Medical Students, residents and fellows; reviewing the cases with fellows and advising them on the management; assigning reading material to fellows, residents and medical students; leading teaching and patient care rounds.

Competency-based Objectives for the GI Consultation Service

Patient Care

1. Acquires accurate and relevant histories from patients (PC 1)
2. Performs accurate and appropriate physical exams (PC 1)
3. Synthesizes data to define a patient's central clinical problem(s) (PC 1)
4. Consistently develops an appropriate care plan (PC 2)
5. Efficiently organizes for the care of patients (PC3)
6. Recognizes situations requiring urgent or emergent care (PC 2)
7. Seeks additional guidance or consultation when appropriate (PC 2)
8. Provides consultation services for patients with basic and complex clinical problems (PC5)

Medical Knowledge

1. Possesses the scientific knowledge required to provide care for common medical conditions (MK 1)
2. Able to interpret basic diagnostic tests accurately (MK 2)
3. Understands the rational and risks associated with common procedures (MK 2)

Systems Based Practice

1. Works effectively within the team (SBP1)
2. Advocates for safe patient care (SBP2)
3. Reflects upon and learns from own incidents that may lead to medical error (SBP2)
4. Minimizes unnecessary diagnostic and therapeutic tests (SBP 3)
5. Provides complete and appropriate verbal and written care plans to the primary team (SBP 4)

6. Communicates effectively with other caregivers during transitions in patient care (SBP 4)

Practice Based Learning

1. Consistently self-reflects upon one's practice and performance (PBL-1)
2. Solicits feedback and is open to unsolicited feedback (PBL 3)
3. Able to utilize information technology effectively (PBL 4)
4. Able to critically appraise clinical research studies and reports (PBL 4)

Professionalism

1. Is respectful of and responsive to needs and concerns of patients, caregivers and members of the team (PROF 1)
2. Completes tasks in a timely manner (PROF 2)
3. Is sensitive to each patient's unique characteristics and needs (PROF 3)
4. Demonstrates accountability for the care of patients (PROF 4)
5. Is honest and forthright in clinical interactions and documentation (PROF 4)

Interpersonal & Communication Skills

1. Engages patients in shared decision making (ICS 1)
2. Able to develop therapeutic relationships with patients and caregivers (ICS 1)
3. Engages in collaborative communication with appropriate members of the team (ICS 2)
4. Health records are organized and accurate (ICS 3)

V. Core primary resource readings

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are

| | |
|------------|-----------------------------------------------------------------------|
| Chapter 15 | <u>Gastrointestinal Disorders</u> |
| Chapter 16 | <u>Liver, Biliary Tract, & Pancreas Disorders</u> |

Manual of Gastroenterology: *GL Eastwood, C Avunduk*

Textbook of Gastroenterology: *Yamada, et al*

Gastrointestinal and Liver Diseases: *Feldman, Scharschmidt, Sleisenger*

Diseases of the Liver and Biliary System: *Sherlock*

VI. Key physical diagnosis skills which should be reviewed during this rotation

Complete physical diagnosis of the abdomen, rectum

VII. Key procedures that the resident should be able to perform

Flexible sigmoidoscopy

Diagnostic and therapeutic paracentesis

VIII. Key tests or procedures which the resident should be able to understand the indications for and to interpret

Flexible sigmoidoscopy

Diagnostic and therapeutic paracentesis

IX. The most important diseases or conditions which the resident should see and understand during this rotation

Gastroesophageal Reflux Disorders

Peptic Ulcer Disease

Chronic Diarrhea

Chronic Liver Disease

Inflammatory Bowel diseases

Irritable Bowel Disorders

Acute and Chronic Pancreatitis

Gall stone disease and its Complications

X. Evaluation Methods

Faculty will evaluate each resident's performance using the standard "Internal Medicine Resident Evaluation Form" at the end of each block rotation. Evaluation forms will be submitted to the Residency Program for review by the Program Director and by the Residency Oversight Committee.

Residents will complete evaluations of their attending faculty, their supervising residents, and the rotation itself. These evaluations will be submitted to the Residency Program for Review by the Program Directors and the Curriculum Committee. Copies of evaluations will be submitted to the Division Chiefs for their review.

XI. Core Educational Topics and Venues for this Discipline

Acid Peptic Diseases of the Esophagus

Acid-Related Disorders of the Stomach

Diarrhea

Nutrient Assimilation and Malabsorption

Acute Gastrointestinal Hemorrhage

Inflammatory Bowel Disease

Gastrointestinal Infections and Diseases Associated with Immunocompromise

Gastrointestinal Cancer

Diseases of the Pancreas

Diseases of the Biliary Tree

Metabolic Diseases and Miscellaneous Inflammatory Diseases of the Liver

Viral Hepatitis

Portal Hypertension, Liver Transplantation, and Other Complications of Liver Disease

Clinical Nutrition: Primary Prevention to Critical Care

Update 6/2014