

## Gastroenterology Consult A

### Legend for Educational Activities

FR – Faculty Rounds DSP – Directly Supervised Procedures FS – Faculty Supervision MR – Morning Report DPC – Direct Patient Care BRL --Board Review Lectures MJ – Medical Jeopardy	RR – Radiology Rounds EBM - Evidence Based Medicine M&M-Morbidity & Mortality DL- Didactic Lectures GR – Grand Rounds JC – Journal Club PC–Professionalism Curriculum
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### Legend for Evaluations

FE - Faculty Evaluations DSP – Directly Supervised Procedures ITE – In-Training Exam PDR–Program Director’s Review (twice annually) PR – Peer Review
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**Gastroenterology Consult A is a 4 week rotation for PGY2 residents, offering experience both in the inpatient and sub-specialty clinic. The residents will be supervised by a board certified Gastroenterologist on this rotation while providing consultative care to adult patients on General medicine wards and critical care units. One half day a week will be protected time for resident’s continuity clinic and one half day would be protected for Weekly Didactic lecture series where attendance is mandatory. The educational goals for this rotation are indicated for each of the six ACGME competencies.**

#### **A. Patient Care**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Ability to take a complete medical history and perform a careful and accurate physical examination, focusing on gastroenterologic problems.	DPC, FR	FE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes	DPC, FR	FE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for gastroenterology problems.	DPC, FR	FE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, FR	FE

5.	Ability to interpret major abnormalities of upper GI series, barium enemas, and abdominal x-rays.	DPC, FR, DL, GR	FE
6.	Ability to assess and manage gastrointestinal emergencies, including gastrointestinal hemorrhage.	DPC, FR, DL, GR	FE, ITE

**B. Medical Knowledge**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of esophageal reflux, peptic ulcer disease, Crohn's disease, ulcerative colitis, colon cancer, acute and chronic pancreatitis, viral hepatitis and cirrhosis	DPC, FR, DL, GR	FE, ITE
2.	Understanding the various diagnostic and therapeutic approaches to gastrointestinal disease.	DPC, FR, DL, GR	FE, ITE
3.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including EGD, colonoscopy, flexible sigmoidoscopy, ERCP, liver biopsy, upper GI series, barium enemas, and CT scans of the abdomen and pelvis.	DPC, FR, DL	FE, ITE
4.	Understanding the rationale, benefits and shortcomings of various approaches to screening for colon cancer, <i>H. pylori</i> disease and hepatitis C.	DPC, FR, DL	FE

**C. Interpersonal Skills and Communication**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Communicate sensitively and effectively with patients with gastroenterology problems and with their families.	DPC, FR	FE

**D. Professionalism**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, FR, DL	FE, PR
2.	Appreciation of the social context of illness.	DPC, FR, DL	FE

**E. Practice-Based Learning and Improvement**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine	DPC, FR, JC, DL	FE, ITE

**F. Systems-Based Practice**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Work with the service requesting the consultation to assure that care for the patient’s medical needs is properly coordinated with care being delivered by the primary service.	DPC, FR	FE
2.	Knowing when to consult or refer a patient to a gastroenterologist.	DPC, FR	FE
3.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, FR	FE
4.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, FR	FE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FR, DL	FE

<b>PG2 Detailed Objectives:</b>		
Category	Subcategory	
<b>Common Clinical Presentations – it is expected that the resident learns the differential diagnosis and the ability to perform a cost-effective work-up of these conditions.</b>		
		Extensive understanding of full differential. Knowledge of the full w/u and ability to carry out a prioritized, cost effective w/u.
Symptoms		
Anorectal discomfort		
	Bleeding	
	Pruritus	
Anorexia, weight loss		
Chest pain (non-cardiac)		
Constipation		
Diarrhea		
Heartburn		
Indigestion		

	Nausea		
	Pruritus		
	Dysphagia		
	Hematemesis		
	Odynophagia		
	Signs		
	Abdominal distension		
	Abdominal mass		
	Acute abdomen		
	Ascites		
	Jaundice		
	Rectal mass		
	Splenomegaly		
	Hemorrhoids		
	Hernia		
	Melena		
<b>Physical Diagnosis – it is expected that the resident develops competency in these specific</b>			
<b>physical exam skills.</b>			
	Abdominal exam		
	Hepatobiliary exam		
		Hepatomegaly	
		Ascites	
		Pallor	
		Asterixis	
		Palmar erythema	
		Spider angiomas	
		Splenomegaly	
<b>Primary Interpretation of Tests – it is expected that the resident understands the indications</b>			
<b>for ordering these tests and is able to interpret the results without the need for consultation.</b>			
	Abnormal x-ray series		
	Hepatitis serologies		
	Fecal electrolytes/osmolality		
	Pancreatic function tests		
	Stool studies		
		Bacterial culture	
		Clostridium difficile	
	Assays for helicobacter pylori		
	Abnormal liver chemistries		
	Hepatitis serologies		
		Acute	
		Chronic	
	Fecal occult blood		
		Ova/parasite	
		Sudan stain/fecal fat	
<b>Ordering and Understanding of Tests – it is expected that the resident learns the indications</b>			
<b>and a basic understanding of these tests; however, specific test interpretation would</b>			
<b>generally require the assistance of a sub-specialist.</b>			
	Biopsy of gastrointestinal mucosa		
	Blood tests for liver disease		
		Autoimmune	
		Cholestatic	
		Genetic/metabolic	
	Contrast studies		
	Upper GI series		
	Small bowel follow through		

Barium enema		
Endoscopy - upper		
ERCP/THC		
Esophageal manometry		
24 hour esophageal pH monitoring		
Gastric acid analysis		
Gastric emptying study		
Lactose/hydrogen breath tests		
Laparoscopy		
Liver biopsy		
Mesenteric angiography		
Octreotide scan		
Radionuclide isotope red cell scans		
Colonoscopy		
Computed tomography		
MRI		
Ultrasound of abdomen		
Contrast studies		
Serum gastrin level		
Secretin stimulation test		
Schilling test		

<b>Gastroenterology Additional Objectives:</b>		
Diagnose angioedema.		
Diagnose autoimmune gastritis.		
Diagnose Crohn disease.		
Diagnose drug-induced cholestasis.		
Diagnose eosinophilic esophagitis.		
Diagnose gastroparesis.		
Diagnose Gilbert syndrome.**		
Diagnose gluten ingestion in a patient with recurrent symptoms of celiac disease.		
Diagnose iron-overload syndromes.		
Diagnose malabsorption after gastric bypass surgery.		
Diagnose Meckel diverticulum.		
Diagnose microscopic colitis.		
Diagnose oropharyngeal dysphagia.		
Diagnose pill-induced esophagitis.		
Diagnose primary biliary cirrhosis.		
Diagnose schistosomiasis.		
Diagnose sclerosing cholangitis.		
Diagnose the cause of obscure gastrointestinal bleeding in chronic kidney disease.		
Manage acute cholecystitis in a high-risk patient.		
Manage acute diverticulitis.		
Manage bile salt-induced diarrhea.		
Manage chronic constipation.**		
Manage colorectal cancer screening when the bowel preparation is poor.		
Manage Helicobacter pylori-associated peptic ulcer disease.		
Manage toxic megacolon.		
Treat ascites in end-stage liver disease.		
Treat hepatic encephalopathy.		

Treat spontaneous bacterial peritonitis.		