

Gastroenterology Consult B

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 B is a 4 week rotation for PGY3 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

PG3 Detailed Objectives:			
	Category	Subcategory	A=Manage B=Co-manage C=Refer
Physical Diagnosis – it is expected that the resident develops competency in these specific			
	physical exam skills.		
	Abdominal exam		
	Hepatobiliary exam		
		Hepatic bruit	
Procedural Skills – it is expected that the resident develops competency in these			
	specific procedures.		
	Flexible sigmoidoscopy		
	Paracentesis		

Clinical Conditions – it is expected that the resident be familiar with all of the conditions listed. These conditions are divided into 3 categories:			
A – these are conditions that the resident is expected to develop competence in the diagnosis and management of without the need for consultation.			
B – these are conditions that the resident is expected to develop a basic understanding of the diagnosis and management to enable him/her to co-manage with a subspecialty consultant.			
C – these are conditions that the resident is expected to recognize and formulate a differential diagnosis, but management would almost always be carried out by a sub-specialist			
	Acute appendicitis		C
	Anemia, iron deficiency		A
	Biliary tract disease		
		Acute cholecystitis	B
		Cholelithiasis	B
		Cholangitis	B
	Bowel obstruction		C
	Cholestatic liver disease		
		Primary biliary cirrhosis	C
		Primary sclerosing cholangitis	C
		Drug induced	A
		Infectious	B
		Neoplastic	C
	Cirrhosis		
		Complications	B
	Colonic neoplasms		
		Polyps	B
		Cancer	B
	Diarrhea		
		Acute	A
		Chronic	B
		HIV related	A
	Diverticular disease		
		Diverticulitis	A
		Diverticulosis	A
		Diverticular abscess/other	B
	Dyspepsia		A
	Gastroesophageal reflux disease		
		Esophagitis	A
		Esophageal stricture	B
		Hiatal hernia	A
		Barrett's esophagus	B
	Gastrointestinal bleeding		
		Lower	B
		Upper	B
		Occult	B
	Hemorrhoids		
		With complications	B
		Without complications	A

Hepatitis		
	Acute	
	Viral	A
	Drug induced	B
	Chronic	
	Autoimmune	B
	Viral	B
	Drug induced	B
	Metabolic	B
	Genetic	B
	Cholestatic	B
Inflammatory bowel disease		
	Crohn's disease	B
	Ulcerative colitis	B
Irritable bowel syndrome		A
Malabsorption, maldigestion		B
Malnutrition		A
Mesenteric vascular disease		C
Motility disorders		
	Anorectal	B
	Esophagus	B
	Colon	B
	Gastroparesis	B
	Small Intestine	B
Neoplasms		
	Esophagus	C
	Gastric	C
	Colonic	C
	Liver neoplasms	C
	Neuroendocrine	C
	Pancreatic	C
Pancreatitis		
	Acute	A
	Chronic	B
	Complications	B
	Abscess	C
	Pseudocyst	C
Peptic ulcer disease		
	Helicobacter pylori associated	A
	NSAID induced	A
Peritoneal disease		
	Spontaneous bacterial peritonitis	A
Pelvic pain		B
Surgical gastroenterology		
	Procedures	C
	Complications	C
Swallowing disorders		B
Liver transplantation		C

Gastroenterology Additional Objectives:	
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Diagnose angioedema.	
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Diagnose autoimmune gastritis.	
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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.		