

**GASTROENTEROLOGY FELLOWSHIP
CONSULT ROTATION
GOALS AND OBJECTIVES
University of Toledo**

Educational Purpose:

The Gastroenterology Consult Rotation introduces the fellow to inpatient hospital management of patients with gastrointestinal diseases. During this period, the fellow will have this experience. Minimum levels of achievement in each competency are expected over the course of 2 years of fellowship training. The following are the goals and objectives for each component of training for the Gastroenterology Consult Rotation.

First Year Fellow:

Goal: A Year 1 fellow should be able to assess new patient problems, formulate and execute a plan with guidance and teach basic gastroenterology skills to medical students and other trainees. The fellow should begin to develop basic procedural competencies in diagnostic upper endoscopy.

	First Year Fellow
Patient Care	<p>Perform an accurate physical examination and present information concisely with an initial assessment plan. Follow the patient's disease course during the patient's hospital stay. With attending consultation, formulate and execute an impression and a list of recommendations for the primary service. When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g., endoscopy, radiologic tests, etc.) in conjunction with the primary/referring service.</p> <p>Perform with supervision the following basic gastroenterology procedures:</p> <ul style="list-style-type: none"> ○ Colonoscopy <ul style="list-style-type: none"> ● By completion of Year I a fellow should be able to perform a diagnostic colonoscopy to the cecum with limited assistance. ○ EsophagoGastroDuodenoscopy (EGD or Upper Endoscopy) <ul style="list-style-type: none"> ● By completion of Year I a fellow should be able to perform a diagnostic endoscopy to the second portion of the duodenum. <p>Develop expertise in the diagnosis and management of acute and chronic inpatient gastrointestinal diseases including:</p> <ul style="list-style-type: none"> ○ Upper & lower GI bleed ○ Peptic ulcer disease

	<p>Learn to be sensitive to cultural, age, gender and disability issues.</p> <p>Cross-cover colleagues' services when needed and conduct this coverage carefully with appropriate feedback to responsible colleagues.</p> <p>Participate in program planning, including Program Director meetings.</p>
Systems-Based Practice	<p>Attend conferences concerning healthcare system patient management and components of systems of healthcare.</p> <p>Achieve basic understanding of healthcare systems related to gastroenterology care and overall system activities.</p> <p>Learn proper documentation and billing skills to practice cost-effective care.</p> <p>Utilize an appropriate range of healthcare professionals to care for patients, working closely with social services to maximize patient care and understanding the role of hospice, referring appropriately when needed.</p> <p>Begin involvement to understand the standard operating procedures and quality improvement initiatives within the hospital.</p> <p>Attend national gastroenterology conferences (e.g., ACG and endoscopy training courses).</p>

Second Year Fellow:

Goal: A Year II fellow should learn to assess and care for a larger volume of patients and learn and teach basic textbook and evidence-based medicine to medical students and other trainees. Year II fellows should independently perform diagnostic upper endoscopy and colonoscopy and begin to perform therapeutic maneuvers.

Patient Care	<p>Second Year Fellow</p> <p>Complete a time-efficient history and physical examination.</p> <p>Critique the work and orders of Year I fellows.</p> <p>Direct the Year I fellows successfully with the appropriate level of intervention for each trainee's skills.</p> <p>Complete competency-level performance of the following basic gastroenterology procedures:</p> <ul style="list-style-type: none"> o Colonoscopy <ul style="list-style-type: none"> • By completion of Year II, master all Year I colonoscopic skill requirements. Additionally, perform endoscopic maneuvers, including snare polypectomy and
---------------------	---

bleeding: sclerotherapy and thermal coagulopathy of bleeding vessels.

o Upper Endoscopy

- By completion of Year II, master all Year I upper endoscopic skill requirements. Additionally, begin to develop competency in performing therapeutic maneuvers: banding and sclerosing of varices, and sclerotherapy and thermal coagulopathy of bleeding vessels.

Develop clear expertise in the diagnosis and management of acute and chronic inpatient gastrointestinal diseases including:

- o Neuroendocrine diagnosis
- o Intestinal/colonic pseudobstruction
- o Secretory diarrheal states
- o Idiopathic abdominal pain
- o Upper & lower GI bleeding
- o Peptic ulcer disease
- o Inflammatory bowel disease
- o GI infections
- o Pancreatitis
- o Ischemic colitis

Present cases succinctly in a direct manner.

Know the GI Hospital Rotation's patients at Rhee Htl lav(H)lw 17.36 0 Td ()2 (1C /P <</

	<p>Read textbook and pertinent literature materials concerning problems encountered.</p> <p>Teach medical students and other trainees about GI disease states and patient management.</p>
Practice-Based Learning and Improvement	<p>Participate in project groups, committees and hospital groups when requested.</p> <p>Participate in programmatic reviews and conferences studying adverse events.</p> <p>Give usable feedback to medical students and other trainees based on observation of their performance and assess improvement.</p> <p>Participate in problem-based quality improvement projects.</p> <p>Review, analyze and utilize scientific evidence from the gastrointestinal literature for the management of GI patients.</p> <p>Know the best practice patterns to facilitate gastroenterology care through clinic operating procedures and patient interactions.</p>
Interpersonal and Communication Skills	<p>Interview patients and family members accurately, patiently and compassionately and present information in an understandable manner. Convey bad news compassionately and honestly.</p> <p>Plan patient and family conferences.</p> <p>Counsel patients about transitioning to palliative care, when needed.</p> <p>Address or refer patients related to spiritual or existential issues.</p> <p>Communicate effectively with staff, peers, attending gastroenterologists, referring physicians and other consultants.</p> <p>Present cases succinctly, in a problem-based, direct manner.</p> <p>Learn to become a teacher of gastroenterology to junior trainees, medical students and other healthcare professionals.</p>
Professionalism	<p>Begin to mentor medical students, other trainees and Year I fellows in professional conduct.</p> <p>Understand and demonstrate professional behavior in daily activities.</p> <p>Participate in professionalism-based learning activities through conferences.</p> <p>Interact collegially with his/her peer group and other healthcare professionals, including acting responsibly in the larger context of pursuing programmatic successes.</p>

Practice ethical principles with relation to patient care and confidentiality.

Practice interactions with pharmaceutical representatives and be unbiased in prescribing habits.

Practice sensitivity to cultural, age, gender and disability issues.

	<p>Attend national conferences directed at career goals.</p>
--	--

Demonstrate near-attending level utilization of overall systems of care.

overload. Daily attending supervision is available at UTMC seven days per week as well as supervision is available all night. The attending has ultimate responsibility for patients.

Supervising attending physicians have the responsibility to enhance the knowledge of the Fellow and to ensure the quality of care delivered to each patient by any Fellow. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills and attitudes by the practitioner to the Fellow and assuring

- *PubMed*
- *Textbook of Gastroenterology* Yamada, et.al.
- *Gastrointestinal Disease: Pathophysiology Diagnosis Management* -Sleisenger & Fordtran.
- Major Gastroenterology journals online and in the program's fellow library including *Gastroenterology*, *American Journal of Gastroenterology*, *Gut* and other major publications.

Curricular Design

- ACGME Outcome Project documentation (from www.acgme.org).
- Graduate Education in Internal Medicine: A Resource Guide to Curriculum Development
- The report of the Federated Council for Internal Medicine Task Force on the Internal Medicine Residency Curriculum, 1997.

Pertinent Teaching References:

- *Textbook of Gastroenterology* Yamada, et.al.
- *Gastrointestinal Disease: Pathophysiology Diagnosis Management* -Sleisenger & Fordtran.