



	<ul style="list-style-type: none"> <li>• Biliary Cancer</li> <li>• PostOperative Injuries to the Liver, Bile Ducts &amp; Pancreas</li> </ul> <p>Present cases succinctly in a direct manner.</p> <p>Know the Pancreaticobiliary Consultation Service's patients at a management level.</p> <p>Handle consult calls respectfully and appropriately.</p> <p>Teach good symptom management skills to medical students and other trainees.</p> <p>Provide inpatient care that is safe and compassionate and develop the ability to thoroughly and clearly educate the inpatient in the relevant areas of disease prevention, detection, progression and therapy to promote gastrointestinal health.</p>
<p>Medical Knowledge</p>	<p>Begin to take a leadership role at core conferences and teaching rounds regarding pathophysiology, epidemiology, disease management and procedures and medicine management skills for common and uncommon pancreaticobiliary diseases including:</p> <ul style="list-style-type: none"> <li>• Acute Pancreatitis</li> <li>• Chronic Pancreatitis</li> <li>• Pancreatic Cancer</li> <li>• Bile Duct Stones</li> <li>• Liver Cancer</li> <li>• Biliary Cancer</li> <li>• PostOperative Injuries to the Liver, Bile Ducts &amp; Pancreas</li> </ul> <p>Organize the team's performance at teaching rounds.</p> <p>Read textbook and pertinent literature materials concerning problems encountered.</p> <p>Teach medical students and other trainees about pancreas and biliary disease states and patient management.</p>
<p>Practice-Based Learning and Improvement</p>	<ul style="list-style-type: none"> <li>• Participate in project groups, committees and hospital groups when requested.</li> <li>• Participate in programmatic reviews and conferences studying adverse events.</li> <li>• Give usable feedback to medical students and other trainees based on observation of their performance and assess improvement.</li> <li>• Participate in problem-based quality improvement projects.</li> <li>• Review, analyze and utilize scientific evidence from pancreaticobiliary literature related to patient management.</li> <li>• Know the best practice patterns to facilitate pancreaticobiliary care through clinic operating procedures and patient interactions</li> </ul>
<p>Interpersonal and Communication Skills</p>	<ul style="list-style-type: none"> <li>• Interview patients and family members accurately, patiently and compassionately and present information in an understandable manner. Convey bad news compassionately and honestly.</li> </ul>

Professionalism

- Plan patient and family conferences.
  - Counsel patients about transitioning to palliative care, when needed.
  - Address or refer patients related to spiritual or existential issues.
  - Communicate effectively with staff, peers, attending gastroenterologists, referring physicians and other consultants.
  - Present cases succinctly, in a problem-based, direct manner.
  - Learn to become a teacher of pancreas and biliary diseases to junior trainees, medical students and other healthcare professionals.
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- Begin to mentor medical students and other trainees in professional conduct.
  - Understand and demonstrate professional behavior in daily activities.
  - Participate in professional-based learning activities through conferences.
  - Interact collegially with his/her peer group and other healthcare professionals, including acting responsibly in the larger context of pursuing programmatic successes.
  - Practice ethical principles with relation to patient care and confidentiality.
  - Practice interactions with pharmaceutical representatives and be unbiased in

Demonstrate efficient organization of the Pancreaticobiliary Service and a working knowledge of all patients.

Demonstrate near-attending level capacity for program assessment and care planning.

Attain trainer level proficiency in the following procedures pertinent to his/her career choices:

Complete competency level performance of the following pancreaticobiliary procedures reflecting Year III responsibilities:

- Biliary stone extraction
- Upper Endoscopy
- ERCP
- Cannulation of bile duct and perform sphincterotomy and placement of bile duct stents

Secure expertise in the diagnosis and management of acute and chronic inpatient pancreaticobiliary diseases including:

- Acute Pancreatitis
- Chronic Pancreatitis
- Pancreatic Cancer
- Pancreatic divisum
- Congenital biliary abnormalities
- Biliary strictures and primary sclerosing cholangitis

- Congenital biliary abnormalities
- Biliary strictures and primary sclerosing cholangitis
- Pancreatic necrosis
- Management of bile duct injuries related to trauma
- Bile Duct Stones
- Liver Cancer
- Biliary Cancer
- PostOperative Injuries to the Liver, Bile Ducts & Pancreas

Teach medical students, other trainees and Year I & II fellows at near attending level.

Organize team activities in a smooth and efficient fashion.

Assist Year II fellows' development directly at teaching conferences and indirectly at work sites.

Practice-Based Learning and Improvement

- Demonstrate mastery of Year II fellow skills and encourage participation of colleagues.
- Review, analyze and utilize scientific evidence from the hepatology literature for the management of pancreatic and hepatobiliary disease patients, taking a leadership role in guiding Year I & II fellows and sharing relevant literature reviews with them.
- Know and be able to succinctly communicate the best practice patterns to facilitate pancreatic and hepatobiliary disease care through clinic operating procedures and patient

initiatives.

- Participate in hospital and national medical association committees and multidisciplinary planning groups when requested.
- Attend national conferences directed at career goals.
- Demonstrate near

referrals (UTMC is complete with helicopter transport), patients are seen in both acute status and in diagnostic dilemma status, with both common and uncommon disorders.

#### Types of Clinical Encounters – Attending Supervision:

Encounters are inpatient in nature during the Pancreaticobiliary Consultation Service. Fellows provide 24/7 consultative care under the supervision of an attending within duty hour limits and with faculty back up for situations of overload. Daily attending supervision is available at UTMC seven days per week, and house supervision is available all night as well. 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 that the care is delivered in an appropriate, timely and effective manner. Fulfillment of such responsibility requires personal involvement with each patient and each Fellow who is providing care as part of the training experience. Supervising attending physicians should act professionally and as a role model for trainees.

Supervisors will direct the care of the patient and provide appropriate level of supervision based on the complexity of care, and the experience, judgment and level of training of the Fellow being supervised.

#### Procedures:

During the Pancreaticobiliary Consultation Service, emergency procedures are performed 24/7 within duty hour limits by the fellow with the attending. No emergent procedures are performed during daytime hours in the GI lab by the fellow under the direct supervision of the attending. Procedure based evaluation is performed twice per year by a supervising attending.

#### Evaluation:

Fellows are evaluated during all Pancreaticobiliary Service rotations and are expected to participate in the evaluation of other fellows as well. This occurs in the following forms:

- Detailed, automated evaluations using New Innovations system are submitted for each rotation. These evaluations are reflective of the program's curriculum requirements. Attendings evaluate fellows, and the fellows evaluate the attendings as well.

#### Quarterly evaluations include:

- 360-degree (attending, nurse, nurse practitioner, staff/clerical, etc.);
- Peer reviewed; and
- Patient.
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Evaluation summaries become part of the fellows' and attendings' promotional documents.

- The fellow also evaluates the Gastroenterology Fellowship Program annually through a confidential basis.
- Attendings evaluate the Gastroenterology Fellowship Program annually.
- A Curriculum Committee oversees major changes to the curriculum. Representative program personnel (i.e., program director, representative faculty and at least one fellow) are organized to review program goals and objectives and their effectiveness with which they are achieved. This group conducts a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty and the residents' confidential written evaluations.

If deficiencies are



On Saturdays, the fellow on service will round with the GI attending on service. On Sunday, the fellow will sign out to the GI team. On Monday am, the pancreaticobiliary fellow will take report from the team for Sunday's events/admissions. The pancreaticobiliary attending will leave their beepers on 24Hr/7Day to serve as a backup for the fellow and GI team on weekends for complex cases and for call-ins for emergency procedures.

- Outpatients: Outpatient postprocedure followup mirrors the inpatient model. The fellow will evaluate each patient in the hospital to assess for ERCP complications. If the fellow has personal business which would interfere with his/her responsibilities while on service, special coverage arrangements must be made in advance with the attending fellow. Cross coverage is acceptable only if the crosscovering fellow has had prior experience with ERCP and has been adequately familiarized with the patients on the service. The service fellow will remain responsible for assuring that coverage proceeds smoothly.

## II. Research Protocols

Fellows are encouraged to become familiar with existing research protocols, while they are on the pancreaticobiliary service. Fellows are expected to participate in patient enrollment and in carrying out the steps involved in any procedure-related protocols which apply to procedures they perform. Any fellow wishing to design studies is encouraged to discuss such ideas with attendings. Fellows with a particular interest in pancreaticobiliary gastroenterology are encouraged to discuss the research opportunities available in the pancreaticobiliary section with the attendings, so that they can develop projects early in their fellowship.

## Bibliography:

### Resource Documents

- *Up-To-Date*
- *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.
- *Gastrointestinal Endoscopy: the Journal of the American Society for Gastrointestinal Endoscopy*, the