Internal Medicine Curriculum  
Gastroenterology/Hepatology Rotation

Contact Person:

Educational Purpose
Gastrointestinal and hepatic disorders frequently cause patients to seek medical attention. Abdominal pain, diarrhea, weight loss and other abdominal complaints are common presenting complaints. Hepatitis affects occupational choices and is a particular risk to health care workers, such as physicians. Alcohol abuse and its complications affect all socioeconomic groups. An internist must acquire sufficient skill and knowledge to evaluate and manage common as well as uncommon gastrointestinal and hepatic disorders.

During the gastroenterology/hepatology (GI) rotation, emphasis will include the following:
A. Normal and disordered hepatic and GI tract function.
B. Evaluation and management of common gastrointestinal diseases, both inpatient and outpatient.
C. Exposure to patients with complications affecting the GI tract.
D. Exposure to patients with multi-system diseases, affecting the GI tract.
E. Exposure to common GI procedures including endoscopic, biopsy and aspiration procedures during which time the resident will develop knowledge of indications, contraindications and complications of these procedures.
F. If requested, individual opportunity to perform flexible sigmoidoscopy.

Teaching Methods
The principal teaching methods on the GI rotation include the following:
A. Self-directed readings, as well as preparation for presentations.
B. Evaluation of inpatients and outpatients followed by presentation and discussion with the attending gastroenterologist.
C. Exposure to and performance of gastroenterologic procedures including discussions of their indications and complications.
D. Teaching rounds with discussion of specific topics using a didactic format.
E. Discussion of assigned and required readings.

Disease Mix and Learning Topics
A. History and physical exam techniques for evaluation of gastrointestinal complaints.
B. Developing expertise in selecting appropriate laboratory, radiographic and endoscopic studies for evaluation of gastrointestinal disorders and diseases.
C. Developing procedural skills including paracentesis, NG intubation, and possibly flexible sigmoidoscopy.
D. Developing a knowledge base for the use/interpretation of the following tests.
   1. Fecal leukocytes, blood, OVA and parasites, fat (qualitative and quantitative).
   2. Esophageal motility studies, extended pH monitoring, Bernstein test and barium studies.
3. Endoscopy with biopsy
4. Helicobacter pylori testing.
5. Serology of hepatitis.
6. CT, abdominal MRI studies, ultrasound of abdomen, abdominal angiography.
7. Stool studies for evaluation of secretory and osmotic diarrhea.
8. Stool studies for evaluation of surreptitious diarrhea and laxative abuse (electrolytes, osmolality, etc.)
10. Tests for evaluating the biliary tract, pancreas and gall bladder.
11. Selected GI hormonal studies.
12. Hepatic function studies.

E. The following GI problems will be reviewed during the rotation
1. Evaluation of dysphagia.
2. Non-cardiac chest pain.
4. Esophageal motility disorders.
5. Acid peptic disease (H, pylori, gastric irritant use, etc.).
7. Cholestatic syndromes.
8. Motility disorders primary and secondary (Irritable bowel syndrome, chronic pain, constipation, etc.)
9. Inflammatory bowel diseases
10. Viral Hepatitis-classification, serology, management (including both acute and chronic forms).
11. Acute and chronic diarrhea.
12. Upper and lower gastrointestinal bleeding (including both acute and occult).
15. Evaluation and management of both acute and chronic pancreatitis.
16. Malabsorption and maldigestion work-up and syndromes.
17. Divertricular disease, management and complications.
18. Constipation.
19. Fecal incontinence.

Patient Characteristics
Patients evaluated by residents on the GI rotation include both inpatients and outpatients. Patients may be stable and only mildly symptomatic or critically ill intensive care patients. The resident will participate in the University Medical Associates gastrointestinal clinic as well as in the private office of the attending gastroenterologist to evaluate and treat patients. Residents will assist with selected procedures in the GI lab and will develop an appreciation of the skills of ancillary clinic personnel who routinely assist in the evaluation and management of patients with GI disorders. Residents will be supervised by the attending when performing procedures. The evaluation and
management recommendations of private office patients, inpatient consultations and follow-up care will be under the supervision of the attending gastroenterologist.

**Procedures and Services**
Procedures performed by the resident on the GI rotation can include paracentesis, nasogastric intubation, and flexible sigmoidoscopy.

**Required Reading**
A. MKSAP 14: GI/Hepatology syllabus and question/answer section.
D. Current literature as assigned by the supervising faculty

**Pathological Material**
Residents are encouraged to review the results of biopsies and surgical pathology specimens obtained on patients for whom they have provided consultative or management assistance.

**Method of Evaluation**
Residents will be evaluated by the attending gastroenterologist in the following manner:
A. End of month rotation evaluation.
B. Completion of assigned and required reading lists.
C. Attendance at all assigned clinic activities.
D. The attending gastroenterologist will review the history and physical exam capabilities of all resident consults with feedback provided to the resident.

**To complete the Gastroenterology/Hepatology rotation, the resident must:**
A. Receive satisfactory end of rotation evaluation by the supervising faculty member.
B. Complete assigned readings.
C. Attend all clinical activities (excluding scheduled time away, required clinics and emergencies).
D. Complete required case report abstracts and/or posters assigned by the supervising faculty member.
E. Demonstrate understanding of initial management of a patient with acute GI bleeding.
F. Demonstrate understanding of currently recommended screening for colon cancer.

**Accreditation Council on Graduate Medical Education**
“Every competency can be taught with every patient.” B. Joyce, 2006
http://www.acgme.org/Outcome

**PATIENT CARE**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
• communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
• gather essential and accurate information about their patients
• make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
• develop and carry out patient management plans
• counsel and educate patients and their families
• use information technology to support patient care decisions and patient education
• perform competently all medical and invasive procedures considered essential for the area of practice
• provide health care services aimed at preventing health problems or maintaining health
• work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
• demonstrate an investigatory and analytic thinking approach to clinical situations
• know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
• analyze practice experience and perform practice-based improvement activities using a systematic methodology
• locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
• obtain and use information about their own population of patients and the larger population from which their patients are drawn
• apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
• use information technology to manage information, access on-line medical information; and support their own education
• facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:
• create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
**Gastroenterology and Hepatology Rotation Checklist**

Intern/Resident ______________________   PGY 2 or 3  

Supervising Faculty ______________________  Month: ______________________

<table>
<thead>
<tr>
<th>Rotation Check List</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tr>
<td>Reviewed the goals and objectives at the beginning of the rotation</td>
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<td>Evaluation and feedback mid month</td>
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<td>Evaluation and feedback at the end of rotation</td>
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<td>Attended all scheduled clinical sessions</td>
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<td>Completed assigned readings</td>
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<td>Completed required case reports/abstracts/posters</td>
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<td>Performed at or above the expected PGY level. Please check one.</td>
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<td>PGY 1 Residents are responsible</td>
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<td>- for gathering relevant patient data</td>
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<td>- performing and interpreting physical examination findings</td>
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<td>- perform basic procedures and interpret data</td>
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<td>- interpret laboratory tests</td>
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<td>- interpret basic radiographic studies</td>
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<td>PGY-2 will have improved competence and demonstrate</td>
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<td>- improved data gathering and physical examination skills</td>
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<td>- improved knowledge</td>
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<td>- improved decision making</td>
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<td>- enhanced ability to counseling</td>
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<td>PGY-3 will approach mastery and demonstrate the ability to function as consultant</td>
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<tr>
<td>Reviewed and met the core competencies as outlined. Please give at least one additional example.</td>
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**A Patient Care**

- Residents will obtain and document appropriate history taking, physical exam and laboratory interpretation skills for patients with gastrointestinal disorders
- Enhance physical examination skills focusing on the gastrointestinal diseases

**B. Medical Knowledge**

- Applies clinical epidemiologic and social-behavioral science knowledge to the care of the patient
- Demonstrate appropriate skills in evaluating and managing the patients with the stated disease mix
- Complete the required reading list
### C. Practice Based Learning
- Residents will develop and implement treatment plans by utilizing appropriate information systems and resources to help manage patients presenting with gastrointestinal disorder
- Undertakes self-evaluation with insight and initiative
- Will adapt learning and evidence based medicine to own patient practice
- Demonstrate understanding of currently recommended screening for colon cancer

### D. Interpersonal and Communication Skills
- Residents will communicate diagnosis, treatment plan and follow up care to patients and their families

### E. Professionalism
- Residents will recognize the importance of patient preferences when selecting diagnostic and therapeutic options.
- Commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent, and business practices

### F. Systems-Based Practice
- Residents will be able to develop, implement and evaluate treatment plans for patients that include determining when to obtain consultations
- Advocates for quality patient care and assists patients in dealing with health system complexity
- Uses systematic approaches to reduce errors and enhance care

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**Resident Signature** ___________________________ **Date** __________

**Supervising Faculty** ___________________________ **Date** __________