Goals and Objectives Gastroenterology Rotation

Introduction:

This two month rotation consists of rotations involving Gastroenterology inpatient service, Gastroenterology inpatient consult service, and gastroenterology clinic. At the discretion of the attending (supervising) gastroenterology, residents are scheduled to spend equal amount of time rotating between Gastroenterology inpatient service and Gastroenterology inpatient consult service, while attending weekly Gastroenterology clinic for the duration of the two month rotation. The resident is expected to attend the Gastroenterology grand rounds.

For Gastroenterology rotations, residents may be assigned at Mubarak Al-Kabeer Hospital, Al-Amiri Hospital, Al-Jahra Hospital, Al-Farwaniya Hospital, or Al-Adan Hospital.

Rotation Structure and Schedule:

On the inpatient GI service, residents are expected to round on a minimum of 3-5 patients per day. At the discretion of the attending supervision physician, the resident is expected to admit patients presenting with various common GI conditions (e.g. GI bleeds, inflammatory bowel disorders exacerbations, complications of cirrhosis and liver disease, biliary complications, pancreatitis, esophageal disorders, acute and chronic diarrhea etc). The resident is expected to pre-round on their patients daily, write progress notes in the chart and discuss daily progress of their patients on rounds with the rest of the GI team lead by the attending Gastroenterologist. It is expected that the resident complete their progress notes prior to rounds and, in certain instances, the residents may ask to complete a discharge summary when their patients are discharged from the service.

On the consult service, it is expected that resident sees an average of 2-4 new cases per day, and follow up on 3-5 cases/day. The resident will initially perform all new consults. The patient is subsequently seen jointly by the resident/student and the attending. Consultation note prepared by the resident will not be placed in the chart until signed by the attending. Emphasis is placed upon a pertinent history and physical with review of laboratory/autoimmune markers findings and radiographic/endoscopic studies. This information is used to answer a question (if stated in the consult request) or to formulate a differential diagnosis which then becomes a starting point for teaching/discussing evaluation and management points of the current and similar clinical situations.

In the outpatient Gastroenterology clinic, the resident is expected to work with preceptor on a one to one basis seeing and evaluating patients presenting with a variety of GI related disorders. To this end, residents are highly encouraged to rotate in various Gastroenterology subspecialty clinics, including Hepatology Clinic, Inflammatory Bowel Disease Clinic and general Gastroenterology Clinic.

Sample Daily Schedule on Gastroenterology Inpatient Consult Service:

7:30 am to 8:00 am: Resident attends morning report. Residents must maintain 70% mandatory attendance.
8:00 am to 12:00 am: Resident follows up on old patients and work up new consults.
12:30 pm to 2:00 pm: Team gather and round on all new and old patients.

Sample Daily Schedule on Gastroenterology Inpatient Service:

7:30 am to 8:00 am: Resident attends morning report. Residents must maintain 70% mandatory attendance.
8:00 am to 9:00 am: Pre-Rounds on patients
9:00 am – Noon: Teaching rounds with rest of the team and GI attending
12:30 pm -2:00 pm: Teaching/Didactics/Follow up on patients.

Sample Daily Schedule on Gastroenterology Inpatient Service
7:30 am to 8:00 am: Resident attends morning report. Residents must maintain 70% mandatory attendance.
8:00 am to 1:00 pm: See patients in ambulatory GI clinic along with supervising GI attending.
1:00 pm to 2:00 pm: Didactic teaching session.

On-call Schedule:
There is no assigned call or weekend coverage on Gastroenterology rotation. Hence, the Internal Medicine resident must take general medicine call, as assigned by the internal medicine program director.

Objectives and Core Competency:
Residents are evaluated monthly based on CAN med core competency: (1) Medical expert; (2) Communicator; (3) Collaborator; (4) Leader; (5) Health advocate; (6) Scholar; and (7)Professional.

5. Medical Expert:

- R1-R2 residents:

By the end of the rotation, the resident will be able to:

1. Obtain a complete, concise and accurate history and physical in patients presenting with GI ailment, including but not limited to:
a. Disorders of Esophagus and Stomach
b. Gastrointestinal bleed
c. Acute and Chronic Hepatic failure
d. Inflammatory Bowel disease
e. Disorders of small intestine
f. Disorders of colon
g. Disorder of pancreas and hepatobiliary system

2. To formulate an appropriate differential diagnosis and management strategy based on most common GI disorders
3. To perform abdominal paracentesis and interpret the laboratory analysis of peritoneal fluid.
4. To perfect placement of nasogastric and oral gastric feeding tubes.

Gastrointestinal disease

1) Upper and lower gastrointestinal hemorrhage
2) Dysphagia
3) Nausea and vomiting;
4) Regurgitation
5) Acute and chronic abdominal pain
6) Malabsorption syndromes
7) Acute and chronic diarrhea
8) Acute and chronic constipation
9) Abnormal liver enzymes
10) Jaundice
11) Ascites
12) Encephalopathy
13) Bacterial peritonitis
14) Intestinal obstruction

Esophageal disease

1) Gastro-esophageal reflux and its complications
2) Esophageal motility disorders
3) Esophageal cancer
4) Hiatus hernia
5) Esophageal varices

Gastro-duodenal disease

1) Peptic ulcers
2) Gastritis
3) Gastric motility disorders
4) Gastric cancer

Pancreatic disease

1) Acute and chronic pancreatitis
2) Pancreatic cancer

Biliary tract disease

1) Cholelithiasis and its complications
2) Sclerosing cholangitis
3) Biliary cancers

Small and large bowel disease

1) Celiac disease and other diseases causing malabsorption
2) Inflammatory bowel disease
3) Infectious diseases (Clostridium difficile and Fecal Microbiota Transplant)
4) Small bowel neoplasia
5) Colorectal Cancer
6) Diverticular disease
7) Irritable bowel syndrome

Liver disease

1) Acute and chronic hepatitis
2) Biliary tract diseases
3) Cirrhosis and its complications
4) Cancer: primary and metastatic

- R3-R4 residents:

By the end of the rotation, the resident will be able to:

3. Meet competency stated for R1-R2 residents.
4. The resident will demonstrate the ability to describe the etiology, epidemiology, pathophysiology, clinical features, relevant laboratory knowledge, and the therapeutic options for major gastrointestinal diseases, including:

❖ Gastrointestinal disease

15) Upper and lower gastrointestinal hemorrhage
16) Dysphagia
17) Nausea and vomiting;
18) Regurgitation
19) Acute and chronic abdominal pain
20) Malabsorption syndromes
21) Acute and chronic diarrhea
22) Acute and chronic constipation
23) Abnormal liver enzymes
24) Jaundice
25) Ascites
26) Encephalopathy
27) Bacterial peritonitis
28) Intestinal obstruction

❖ Esophageal disease

6) Gastro-esophageal reflux and its complications
7) Esophageal motility disorders
8) Esophageal cancer
9) Hiatus hernia
10) Esophageal varices

❖ Gastro-duodenal disease

5) Peptic ulcers
6) Gastritis
7) Gastric motility disorders
8) Gastric cancer

❖ Pancreatic disease

3) Acute and chronic pancreatitis
4) Pancreatic cancer

- ❖ Biliary tract disease
  4) Cholelithiasis and its complications
  5) Sclerosing cholangitis
  6) Biliary cancers

- ❖ Small and large bowel disease
  8) Celiac disease and other diseases causing malabsorption
  9) Inflammatory bowel disease
  10) Infectious diseases (Clostridium difficile and Fecal Microbiota Transplant)
  11) Small bowel neoplasia
  12) Colorectal Cancer
  13) Diverticular disease
  14) Irritable bowel syndrome

- ❖ Liver disease
  5) Acute and chronic hepatitis
  6) Biliary tract diseases
  7) Cirrhosis and its complications
  8) Cancer: primary and metastatic

5. To demonstrate a thorough knowledge of the indications, limitations and major complications of liver biopsy, endoscopy, ERCP, esophageal motility studies, and radiology of the GI tract
6. To recognize the following radiological abnormalities: (a) Plain films: mechanical obstruction, ileus, perforated viscus; (b) Contrast studies: esophageal stricture, achalasia, peptic ulcer, esophageal and gastric cancer, diverticulosis, colonic polyps, colon cancer, Crohn's disease, ulcerative colitis; (c) US/CT scans: gallstones, acute cholecystitis, CBD obstruction, pseudocysts of the pancreas, acute pancreatitis, cancer of the liver/pancreas, ascites.
7. Demonstrate understanding of indications/contraindications, administration, monitoring and complications of common biologic Agents used in treatment of Inflammatory Bowel disease.
8. Demonstrate understanding of indications/contraindications, administration, monitoring and complications of common direct-acting antivirals (DDA) used in treatment of Hepatitis C.

- R5 resident:

By the end of the rotation, the resident will be able to develop proficiency and competency in the following areas:

9. Ability to undertake a critical appraisal of the literature
10. Synthesize data to derive the most likely diagnosis (es) and differential diagnosis (es).
11. Independently choose appropriate management and therapeutic plan.
12. Independently be able to handle gastrointestinal emergency including Gastrointestinal bleed; hepatic encephalopathy; hepatorenal syndrome; bowel obstruction; severe clostridium difficile colitis, etc.
13. Demonstrate effective consultation skills in the provision of timely well-documented assessments and recommendations in written and/or verbal forms.

14. Demonstrate the attitudes and skills necessary to collaborate with other health care professionals necessary to the care of the patient.
15. Access, retrieve, critically evaluate, and apply information from all sources in maintaining the highest standard of patient evaluation, care, and management.
16. Demonstrate insight into his/her own limitations of expertise by self-assessment

2. Communicator:

By the end of this rotation, the resident at all levels will be able to perform the following:

8. Establish a therapeutic relationship with patients and their families, emphasizing active listening, understanding, trust, empathy, and confidentiality.
9. Demonstrate an appreciation of the patients' perception of health, concerns, and expectations and the impact of the gastrointestinal disease on the patient and the family while considering factors such as the patient's age, gender, cultural, and socioeconomic background and spiritual values.
10. Discuss appropriate information with the patient, his/her family, and other healthcare providers (hospitalists, intensivists, other physician requesting consultation, nursing staff, and other health professionals) to facilitate the optimal management plan for the care of the patient.
11. Articulate in writing a sound and detailed information about the patient's history, pathogenesis of his/her infectious illness, and appropriate evidence-based treatment plan.
12. Communicate verbally a succinct assessment and management plan to Attending Staff and to other physicians requesting consultation.

3. Collaborator:

By the end of this rotation, the resident at all levels will be able to perform the following:

5. Residents will collaborate with other specialists to optimize management of patient with Gastrointestinal disease.
6. Residents will collaborate with pharmacologists and infectious diseases physicians to ensure appropriate Biologic dosing and DDA is administered.

4. Leader:

By the end of this rotation, the resident at all levels will be able to perform the following:

4. Residents will demonstrate timeliness in completing assignments & performing consultations (which should typically be completed and reviewed on the day received), and progress notes.
5. Residents will demonstrate the ability to prioritize and perform necessary follow-up
6. Residents will demonstrate the use of cost/benefit ratios of diagnostic and interventions for gastrointestinal disorders as well as cost containment, efficacy, and efficiency as they relate to decision making and quality assurance.

5. Health Advocate:

By the end of this rotation, the resident at all levels will be able to perform the following:

5. **Residents will identify the important determinants of health affecting patients, particularly those contributing to the burden of illness and disability from chronic gastrointestinal disorders, including GERD, IBS, IBD, celiac disease and chronic pancreatitis.**
6. **Advocate on behalf of patients and parents for improved and timely access to specialist, and allied health care, necessary surgery, beneficial medications and therapies, and community based support services.**

6. Scholar:

By the end of this rotation, the resident at all levels will be able to perform the following:

6. **Demonstrate evidence of teaching/educating consulting services and team members**
7. **Search and critically appraise current Gastrointestinal literature, and apply new knowledge based on appropriate evidence**
8. **Demonstrate effective oral presentation of case reports, journal club, or rounds with sound synthesis of pertinent information**
9. **Facilitate education of patients, housestaff, students and other professionals in formal and informal educational settings.**

7. Professional:

By the end of this rotation, the resident at all levels will be able to perform the following:

6. **Demonstrate appropriate professional behavior during interactions with other team members including, pharmacists, nurses and secretarial and clerical staff members.**
7. **Demonstrate a willingness to accept peer and supervisor reviews of professional competence.**
8. **Demonstrate recognition of personal limitations of professional competence and demonstrate a willingness to call upon others with special expertise.**
9. **Appropriate attendance and punctuality at clinical rounds, and clinics**
10. **Deliver highest quality care with integrity, honesty, and compassion**
11. **Demonstrate appropriate interpersonal and professional behavior**
12. **Practice medicine ethically consistent with the obligations of a physician**
13. **Be aware of the ethical and legal aspects of patient care**
14. **Strive for a balance between personal and professional roles and responsibilities.**

Evaluations:

Evaluations should be done on an ongoing basis and residents should ensure they receive and provide verbal mid-rotation feedback to discuss strengths & weaknesses and ensure objectives are being met. At the end of the rotation, a written evaluation will be completed by the attending, with whom the resident spent the majority of their rotation. It is also expected that the residents will complete evaluations on all attendings with whom they have worked.