

## CURRICULUM for GASTROENTEROLOGY

Trainee's Name \_\_\_\_\_

Date \_\_\_\_\_

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:30-10</b>	Pre-rounds Attending Rounds	Pre-rounds Attending Rounds	Pre-rounds MR (9-10)	Pre-rounds Attending Rounds	Pre-rounds Attending Rounds
<b>10-12 P</b>	Clinic	Procedures	Clinic	Procedures	Clinic
<b>Noon</b>	Conference	Conference	Conference	Grand Rounds	Conference
<b>1-5 P</b>	Attending Rounds, reading	Attending Rounds, reading	Attending Rounds, reading	Attending Rounds, reading	Yale GI Conference

### I. Objectives

#### Patient Care

	Unsatisfactory		Satisfactory			Superior			
	1	2	3	4	5	6	7	8	9
• Takes a complete -focused history and physical examination and gathers appropriate data for presentation to consultant	1	2	3	4	5	6	7	8	9
• Written work is complete and organized in a problem-centered format	1	2	3	4	5	6	7	8	9
• Careful follow-up of patient's problems, providing assistance to the primary inpatient care team	1	2	3	4	5	6	7	8	9
• Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant	1	2	3	4	5	6	7	8	9

#### Medical Knowledge

• Commitment to CME; demonstrates that reads about patients' illnesses	1	2	3	4	5	6	7	8	9
• Demonstrates adequate knowledge for common inpatient and outpatient conditions	1	2	3	4	5	6	7	8	9
• Applies knowledge appropriately and effectively using systematic Bayesian reasoning	1	2	3	4	5	6	7	8	9

#### Interpersonal and Communication Skills

• Caring, respectful behaviors	1	2	3	4	5	6	7	8	9
• Organized consultant-appropriate oral presentations	1	2	3	4	5	6	7	8	9
• Works well with primary team members – communicates consultant's suggestions	1	2	3	4	5	6	7	8	9
• Works and communicates effectively and collegially with nursing and ancillary staff	1	2	3	4	5	6	7	8	9

#### Practice-based learning and Improvement

• Appreciates the limitations of his/her medical knowledge and asks for help when needed	1	2	3	4	5	6	7	8	9
• Independent study and learns from mistakes	1	2	3	4	5	6	7	8	9
• Responsive to constructive criticism	1	2	3	4	5	6	7	8	9
• Able to use the computerized patient database (Powerchart) effectively to obtain information	1	2	3	4	5	6	7	8	9
• Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients	1	2	3	4	5	6	7	8	9

**Professionalism**

- Vigorous patient advocate; knows ALL the relevant facts about patients 1 2 3 4 5 6 7 8 9
- Honesty, reliability, responsibility, cooperativeness and timeliness 1 2 3 4 5 6 7 8 9
- Shows respect, compassion, and integrity in working with patients, peers, attendings, and hospital staff 1 2 3 4 5 6 7 8 9
- Follows the rules of the residency program (e.g., work hour regulations) 1 2 3 4 5 6 7 8 9
- Attends the formal educational venues within the residency (60% attendance) 1 2 3 4 5 6 7 8 9

**Systems-based practice**

- Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, outpatient dialysis) 1 2 3 4 5 6 7 8 9

**Comments:**

**General**

- These objectives were discussed with the resident at the beginning of the rotation  Yes  No
- The trainee has successfully achieved the above-listed objectives of this rotation.  Yes  No
- This evaluation was discussed with the resident by the end of the rotation  Yes  No

Name of Attending Physician \_\_\_\_\_

## **II. Educational Purpose of Rotation:**

The purpose of the Gastroenterology elective is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with diseases of the gastrointestinal track.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common GI diseases, including: pancreatitis, peptic ulcer disease, biliary disease (cholelithiasis/cholecystitis), hepatitis, colitis, inflammatory bowel disease, bowel and pancreatic cancer.

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to GI problem-solving. He/she will master relevant GI review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently, 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions.

C) Attitudes: Desirable attitudes. He/she should:

1) Assume responsibility for aiding in patients' GI management – knowing every detail of their GI-relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering their best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Gastroenterologist.

**III. Principal Teaching Methods:** Residents will learn by performing 1-2 consultations each day, presenting them to the attending consultant during rounds, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles from the reading list that are germane/applicable to their patients' problems. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Residents will present topics 1-2 times per week, and there will be a weekly "sit-down discussion" on specific topics. Daily required conferences include:

1. Resident's Morning Report
2. Attending Rounds - Daily (10-12:00 and 1:5:00 PM as required to complete patient care)
3. Noon conference lecture series – 5 days/week, Tuesday's noon GI conferences and Yale Conferences on Friday afternoon are optional.

**IV. Patient Characteristics** – All adult patients admitted to Bridgeport Hospital and whose physicians request a staff GI consultation. These patients include nearly equal numbers of men and women, ranging in age from 18 to over 100 years and of average age in the mid 60's. Roughly 10% of patients have no insurance or Medicaid. The remaining have Medicare or private insurance. The socioeconomic demographic mirrors that of the community (10-20% poor, 80-90% middle class). Patients are admitted with a broad array of multiple and complex medical illnesses. There is an abundance of common GI diseases: peptic ulcer, inflammatory bowel, bowel cancer, pancreatitis, hepatitis. Because Bridgeport Hospital is also the primary hospital for the largest city in Connecticut, many rare and case-reportable diseases are also seen on the consult service. While the majority of consultations are performed for patients admitted to the Medicine Service, roughly 20-30% come for patients with primary surgical or obstetric-gynecologic reasons for admission.

**V. Procedures** - Residents will observe upper and lower endoscopies, fluoroscopic esophageal dilatation, ERCP, and other procedures as deemed appropriate. They will have the opportunity to use the flexible sigmoidoscope under direct supervision of a gastroenterologist only if they wish.

**VI. References** – \*Harrisons, *Principles of Internal Medicine*: Trainees are expected to read all sections of Harrisons (or similar text) referable to the GI track. Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult*.

**V. Methods of Evaluation**

Residents and interns are evaluated by the consulting attending physicians with whom they work during the 4-week rotation.

All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

**FACULTY**

George Abdelsayed, MD  
Howard Taubin, MD  
Greg Soloway, MD  
David Grayer, MD