

Rotation Name: Consults - Gastroenterology

Rotation Site Leader: Keith Obstein, MD

Revised by: Nanette Dendy, MD

Date: July, 2021

Goal:

The purpose of this educational unit is to allow house officers to participate in the care of patients with acute or chronic gastrointestinal disease on the VUMC Gastroenterology (GI) consultation service.

The team is composed of an attending, two gastroenterology fellows, and a medical resident. The medical house officer will be an active member of this team and make medical decisions regarding the care of patients with Gastrointestinal diseases. The house officers will be supervised by the attending gastroenterologist as well as the gastroenterology fellows. After completion of this rotation, a house officer should be able to (a) describe the various clinical presentations of patients with Gastrointestinal diseases; (b) discuss and select a focused appropriate plan of care; (c) predict if a patient warrants endoscopic evaluation; and (d) summarize what was seen and treated during endoscopy.

Objectives:

By the end of this educational block, learners in this rotation will be able to:

1) Patient Care

- a. Obtain, document, and present an age-appropriate focused medical history in patients presenting with commonly encountered acute or chronic GI illnesses
- b. Perform a clinically appropriate focused physical exam to establish the diagnosis and severity of disease
- c. Generate a focused and prioritized differential diagnosis based on a clinical consultation question
- d. Recommend if endoscopy is warranted (including consensus-based recommendations for colon cancer screening), select the appropriate preparation for procedures, and help to manage post-procedural complications

2) Medical Knowledge

- a. Recognize, diagnose, triage, and manage commonly encountered GI illnesses that include the following:
 - i. Acute and chronic abdominal pain
 - ii. Acute and chronic constipation
 - iii. Acute and chronic diarrhea (fatty/osmotic, inflammatory, secretory)
 - iv. Acute and chronic GI bleeding
 - v. Acute and chronic pancreatitis
 - vi. Cholelithiasis (including the indications for urgent ERCP in gallstone pancreatitis and ascending cholangitis)
 - vii. Crohn's disease and Ulcerative Colitis
 - viii. Diverticular disease
 - ix. Dyspepsia, GERD, and peptic ulcer disease
 - x. Dysphagia
 - xi. Gastrointestinal neoplasms

- b. Define indications for and interpret diagnostic, laboratory, and endoscopic tests
- 3) Interpersonal and Communication Skills
- a. Communicate the assessment and plan to primary teams, patients, and family members in a caring and compassionate manner
 - b. Consistently establish rapport with patients and their families, demonstrating shared decision making
 - c. Present cases to attending physicians in a logical, focused manner and outline impressions that can be justified based on the clinical data.
 - d. Write appropriately thorough and focused clinical record entries in standard form
- 4) Professionalism
- a. Work as an effective team member with the primary consulting team, staff, nurses, fellows, attending physicians, and other health professionals
 - b. Complete documentation timely and accurately
- 5) Systems based practice
- a. Identify opportunities and effectively coordinate care with other health care professionals and specialties in the treatment of patients with gastrointestinal diseases
 - b. Access and use appropriate information systems and resources to delineate issues related to gastrointestinal diseases
- 6) Practice-based learning and improvement
- a. Provide value-based care by applying risk-benefit, cost-benefit, evidence-based, and patient preference considerations in the selection of diagnostic and therapeutic interventions
 - b. Seek feedback from attending physicians and colleagues
 - c. Continually identify opportunities for improvement

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Bed side rounds	Generating a differential diagnosis for GI illness based on clinical consult question asked. Performing an accurate physical exam in patients with GI illness. Presentation skills.
Didactic lecture	Define indications for and interpret diagnostic, laboratory, and endoscopic tests commonly encountered on the GI consult service. Characteristics of inflammatory bowel disease, complications of medical therapy, and indications for surgery. Consensus-based recommendations for colon cancer screening.
Attending eliciting learning goals at the start of rounds each day.	Residents drive self-learning by identifying one learning goal for each consult day.
Attending/Fellow observations with house staff	Conduct patient centered bedside rounds.

Attending review of documentation with attesting	Complete documentation in a timely and efficient manner. Clinical reasoning and plan clearly communicated to primary team.
--	---

Required Reading: (pdf available from Dr. Obstein)

Khashab, et al. ; **Antibiotic prophylaxis for GI endoscopy (ASGE Guideline Statement)**

GASTROINTESTINAL ENDOSCOPY Volume 81, No. 1 (2015) pp 81-89

Screening for Colorectal Cancer, US Preventive Services Task Force Recommendation Statement

JAMA, May 18, 2021; 325(19) pp. 1965-1977

Gupta, et al.; **Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer**

Gastroenterology Vol. 158, No. 4; (March 2020) pp 1131-1153

Lichtenstein, et al.; **Sedation and anesthesia in GI endoscopy (ASCG Guideline Statement)**

GASTROINTESTINAL ENDOSCOPY Volume 68, No. 5 : (2008) pp 815-826

Suggested Reading and/or Resources:

<https://www.asge.org/home/resources/key-resources/guidelines>

<https://gastro.org/guidelines/>

<https://gi.org/guidelines/>

Evaluation:

Assessment Form:

1. Please identify 3 skills you observed the resident do well.
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently?

For the remaining items, please rate 1-5 (or did not observe):

- 1 = cannot do this skill
- 2 = can do this skill only with direct supervision (some needs to be there to supervise)
- 3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)
- 4 = can do this skill unsupervised (they are ready to graduate for this skill)
- 5 = has achieved mastery of this skill (They can teach others how to do this skill well)

Vanderbilt -Roger's GI consult service- EPAs <u>6/16/2021</u>	Reporting Milestones					
	PC	MK	PBLI	ICS	PROF	SPB
Assesses patients with acute or chronic gi illnesses incorporating all pertinent historical and examination findings, including information from the primary care team, medical record, patient, and family.	1,2		1		1	3
Applies a knowledge of evidence-based recommendations and patient preference considerations in the selection of diagnostic evaluations and therapeutic interventions.(including endoscopy)		4, 2, 3		1	1	
Recognizes patients with impending or active life-threatening conditions such as acute gi bleeding, acute pancreatitis, and acute abdominal pain.	1, 2, 3		1			
Demonstrates diagnostic decision making when creating a prioritized differential diagnosis.		3	3			
Uses the expertise of other health care professions and specialties in the treatment of patients with gastrointestinal diseases.				1, 2		1
Documents clearly, timely and effectively.					3	3
Interacts in a professional and collegial manner with all members of the health care team, including the primary team.				2, 3	1, 2, 3, 4	
Seeks out feedback from multiple observers. Demonstrates using this feedback to make change.				2		3
Demonstrates effective communication with consulting teams, patients and families, using shared decision making and closed loop communication skills.				1, 1,2		1
Accesses appropriate literature and uses system resources to improve patient care.				1		2, 3