

Name of rotation: **General Gastroenterology Consult Service**
 National Institutes of Health Clinical Center

Course director: **Stephen A. Wank, MD**

General description of the rotation including educational purpose, rationale or value:

The NIH GI consult service provides inpatient and outpatient consultative experience in gastroenterology during the second and third years of the fellowship. This consultative experience at the NIH Clinical Center allows fellows to consolidate clinical proficiency in the evaluation and management of patients, with appropriate application of this knowledge to patient problems. This provides a broad exposure to common and uncommon disorders in gastroenterology, the natural history of digestive disease, factors involved in managing nutritional problems, surgical procedures employed in relation to the digestive system, and judicious use of specialized instruments and tests in the diagnosis and management of digestive disorders. Fellows provide consultative services for a broad variety of conditions under the guidance of full-time faculty. Fellows are encouraged to use computer applications to obtain current citations to answer their questions about disease processes and clinical management. Providing patient care in this array of settings, the gastroenterology fellow will attain familiarity with both acute and chronic issues that necessitate input from a gastrointestinal specialist.

Teaching methods include: (1) specific clinical interactions and presentations, with discussion of differential diagnoses and development of a treatment plan during daily patient care rounds, (2) presentation of cases in interactive multidisciplinary conferences, (3) weekly/monthly radiology and pathology conferences, and (4) didactic training in the GI/hepatology core curriculum lecture series.

Fellow responsibilities:

The fellows are expected to serve as consultants for patients referred from internal medicine, surgery, and other subspecialty services at the NIH Clinical Center, a major research facility. All Clinical Center patients are enrolled in an NIH research protocol, although not necessarily from within the Digestive Diseases Branch, and their reason for consultation may or may not be related to their underlying illness or treatment. Consulting departments include general medical, surgical, and subspecialty inpatient units, ICU, day hospital units, and outpatient clinics. Fellows are expected to serve as consultants and to provide guidance and recommendations for all patients on the consult service. This includes a complete initial history and physical examination and daily progress notes Monday through Friday (or supervision of same if performed by rotating resident) and documentation of all procedures. By providing patient care in this array of settings, the gastroenterology fellow will attain familiarity with both acute and chronic issues that necessitate input from a gastrointestinal specialist. Under the direct supervision of a gastroenterology attending, the gastroenterology fellow will also be involved with procedures on the consultation patients. The fellow will learn indications, contraindications and appropriate documentation of the common gastrointestinal procedures such as EGD, colonoscopy, enteroscopy and PEG tube placement. The fellow will also become familiar with complications that arise as a direct result from gastrointestinal procedures. All fellows are expected to attend teaching rounds, multidisciplinary case conference, core curriculum lectures,

pathology conference, radiology conference, research conference, journal club, ethics conference, and visiting professor lecture series.

Educational objectives: An expanded version of the competencies is listed under Core Competencies in Gastroenterology. Those listed here are specific to this rotation.

During this rotation, the F-2 fellow will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Write daily progress notes on patients assigned to them.
3. Supervise residents in their daily patient care, overseeing all evaluations and management.

Medical Knowledge

1. Identify deficits and continue to expand knowledge base in gastroenterology per specialty-specific objectives.
2. Review key guidelines and evidence based medical approaches to work-up and treatment for an array of clinical gastrointestinal diseases.
3. Refine skills in endoscopic procedures, including upper endoscopy, colonoscopy, flexible sigmoidoscopy, and percutaneous endoscopic gastrostomy, and enteroscopy.

Practice-based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussion and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – see master list for these competencies

Professionalism – see master list for these competencies

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through discussions and conferences as needed.
4. Facilitate the learning of residents and other health care professionals.

During this rotation, the F-3 fellow will:

Patient Care

1. Evaluate and manage patients in an independent fashion.
2. Write daily progress notes on patients assigned to them.
3. Supervise residents in their daily patient care, overseeing all evaluations and management.

Medical Knowledge

1. Identify deficits and consolidate knowledge base in gastroenterology per specialty-specific objectives.
2. Refine skills in endoscopic procedures, including upper endoscopy, colonoscopy, flexible sigmoidoscopy, and percutaneous endoscopic gastrostomy, and enteroscopy and complete minimum required numbers for these procedures.

Practice-based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussion and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – see master list for these competencies

Professionalism – see master list for these competencies

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through discussions and conferences as needed.
4. Facilitate the learning of residents, second year fellows, and other health care professionals.

Check all principal teaching methods used during this rotation:

X	Attending teaching rounds		Interdisciplinary rounds
X	Patient management discussions	X	Small group discussions
X	Conferences	X	Bedside clinical rounds
X	Individual instruction of procedures	X	Review of diagnostic studies, including radiology
	Other:		

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures, and services:

Fellows care for patients with a broad mix of gastrointestinal illnesses. The service attending is the consulting physician of record for patients without a designated gastroenterologist. The consult attending teaches on all patients. Clinical encounters include bedside rounds, work rounds, attending rounds, and clinical evaluation and supervision by fellows. Procedures are done by fellows under the direct guidance and supervision of attending physicians.

Check the principal ancillary educational materials used:

	Reading lists	X	Pathologic material
X	Radiologic studies	X	Other noninvasive studies
X	Handouts on relevant topics	X	Articles from the literature
	Other:		Case studies

Methods used to evaluate the fellow and the rotation:

X	Evaluation of fellow performance and professionalism
X	Evaluation of attending teaching skills and other attributes
X	Rotation assessment by fellow
X	Observation of fellow's clinical competency
X	Observation of fellow's leadership and teaching skills

X	Review of the fellow's history/physical exam, progress notes, and documentation of procedures
X	Fellow's attendance of rounds and conferences monitored
X	Other:

Identify strengths and limitations specific to the resources of the sponsoring institution:

The hospital strengthens this rotation by providing supportive ancillary services including phlebotomy, augmented unit clerk activities in the endoscopy unit, and patient transport for procedures. The computer system facilitates access to clinical laboratory and radiological data, medications, and nutrition.

Conferences or Attending/Patient Care Rounds

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Core curriculum	Clinical center	Tuesday	8:00 a.m.
Clinical trial updates	OP9	Alternate Mondays	1:00 – 2:00 pm
Clinical Case Conference	5-1608	Thursday	8:30 – 10:30 am
Pathology Conference	Pathology	Thursday	4:30 – 5:30 pm
Visiting Professor	Clinical center	Once a month	
a. dinner Wednesday night			
b. attends rounds Thursday morning			
c. speaks Thursday noon			
d. lunch with fellows Thursday			
Research conference/Journal Club	9C library	Friday	12:00 – 1:00 pm
Radiology	Doppman room	Friday (monthly)	1:15 – 2:15 pm

Updated: June 2008