Gastroenterology Consult Rotation Objectives

Conferences:

1. Residents, Interns, and Students are expected to attend Noon Conference at 12pm and Case Conference at 1pm
   a. Rotation specific conferences that interfere with this schedule along with necessity for travel to an alternate location are the only accepted reasons for excused absence from Noon conference

   b. Rotation specific conferences and Continuity Clinic that interfere with this schedule are the only accepted reasons for excused absence from Case Conference

   Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:

   1st Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy

   2nd violation: Housestaff will be required to repeat the month

Daily Work

1. As a guideline, Residents will be expected to see 2-4 new consult patients on a daily basis
2. As a guideline, Residents will see and write daily progress notes on an average of 8-10 follow-up patients per day until signed off by the attending
3. The Fellow or attending is expected to hold the Consult pager at all times
4. Residents are expected to see patients on the same day as the consult is called up to 5pm M-F and 12noon on Saturday
5. Emergent consults after 5pm or 12 noon on Saturdays are to be seen by the Fellow or Attending

Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.

If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam

The primary roles of the Attending Faculty:

1. The faculty must regularly participate in organized clinical discussions. Teaching Faculty on ward services are expected to attend Case Conference.
2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.
3. Residents have protected educational time for their Conferences per the conference schedule.
4. Faculty may need to rearrange their clinic schedules during their on-service months.
5. Teaching attendings will be held responsible for enforcing the duty hour rules
   -10 hour time period free from all duties must be provided between all daily duty periods
6. Teaching Faculty must clearly state their expectations at the beginning of the rotation to the housestaff and students
7. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team
8. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff on the team

Learning Objectives:

1. Esophagus
    a. Symptoms of esophageal disorders (heartburn, chest pain)
    b. GERD
    c. Barrett's
    d. Motility Disorders
    e. Esophagitis
    f. Esophageal Malignancies
    g. Indications for Endoscopy
2. Stomach and Duodenum
    a. Peptic Ulcer Disease (clinical features, complications, management)
    H. pylori Infection
    NSAIDs
    b. Motility Disorders
    c. Adenocarcinoma
    d. Gastric Surgical Procedures (and complications)
3. Pancreas
    a. Acute Pancreatitis
    b. Chronic Pancreatitis
    c. Pancreatic Adenocarcinoma (diagnosis and treatment)
    d. Other Pancreatic Tumors
4. Intestines
    a. Diarrhea (approach and management)
    b. Malabsorption
    c. Inflammatory Bowel Disease
    d. Irritable Bowel Syndrome
    e. Celiac disease
    f. Dysmotility
    g. Ischemia
    h. Diverticulosis
5. Gastrointestinal Bleeding (evaluation and management)
    a. Upper GI Bleeding
    b. Lower GI Bleeding
    c. Obscure GI Bleeding
    d. Anemia evaluation
6. Colorectal Neoplasia
    a. Pathophysiology and Genetics
    b. Epidemiology and Risk Factors
    c. Primary Prevention and Screening
    d. Surveillance of Patients with Polyps
    e. Treatment and Follow-Up