

## Hepatology 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:*

*1<sup>st</sup> 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*

*2<sup>nd</sup> 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
6. Resident will be required to check out, *in person*, to the Night Float daily at 4:45pm and check back in the following morning, *in person*, at 6:45am.

### 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. Interpretation of abnormal LFTs—Causes of Acute Hepatitis ,Causes of Chronic Hepatitis, Causes of Cholestasis
2. Viral Hepatitis -- interpretation of HBV serologic patterns, Hepatitis A, B and C- diagnosis, management and treatment, Hepatitis A and B vaccination, HIV and Hepatitis co-infection.
3. Fulminant Liver failure- causes, diagnosis and treatment
4. Drug induced liver toxicity- Amiodarone, Acetaminophen, Herbal medications, Methotrexate, INH, Halothane, Statins, Valproic acid
5. Acetaminophen overdose- diagnosis and management
6. Primary biliary cirrhosis and Primary Sclerosing Cholangitis- diagnosis, management
7. Autoimmune Hepatitis- diagnosis and management
8. Nonalcoholic liver disease (NAFLD & NASH)
9. Hemochromatosis- diagnosis, screening and management
10. Wilson's disease- diagnosis, screening and management
11. Complications of Liver cirrhosis - Portal Hypertension, Variceal bleeding, SBP.
12. SBP- organisms, diagnosis, treatment and prophylaxis
13. Interpretation of diagnostic paracentesis
14. Hepatorenal syndrome- types, diagnosis, treatment
15. Hepatopulmonary syndrome- diagnosis and treatment
16. Hepatic Encephalopathy- causes, diagnosis and treatment and prevention
17. Liver transplantation- eligibility, MELD score, screening, follow-up post transplant, disease recurrence in transplant patients
18. Acute calculous cholecystitis- diagnosis and management
19. Acute Acalculous cholecystitis- diagnosis and management
20. Obstructive Jaundice- workup, approach and management
21. Acute Pancreatitis- diagnosis, management, complications of pancreatitis, necrotizing pancreatitis, Chronic pancreatitis- diagnosis and treatment
22. Hepatocellular Carcinoma- diagnosis, screening of high risk patients, staging, management, prognosis.