

March 2019

Goals and Objectives for the Gastroenterology Rotation

The Gastroenterology Rotation will take place at either the Health Sciences Centre or St. Clare's Mercy Hospital. Residents will be responsible for assessing, working-up and managing in-patient GI consults under the supervision of the attending Gastroenterologist. The rotation will also involve out-patient GI clinic experience and residents are expected to attend a minimum of two out-patient GI clinics per week. Resident will be exposed to, and gain expertise in, a wide variety of acute and chronic GI conditions.

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be documented using an end of rotation in-training evaluation report (ITER). Residents will also be evaluated on their patient presentations and procedural skill, including via direct observation by the attending Gastroenterologist. In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Gastroenterology rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

Transition to Discipline:

TD1. Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

TD3. Performing the basic procedures of internal medicine

Foundations:

F1. Assessing, diagnosing and initiating management for patients with common acute medical presentations in acute care settings

F7. Identify personal learning needs while caring for patients and addressing those needs

Core:

C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

C5: Performing the procedures of Internal Medicine

C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers

C10: Implementing health promotion strategies in patients with or at risk for disease

MEDICAL EXPERT

1. Based on the history and physical examination, the trainee will be able to formulate a problem list and a reasonable differential diagnosis.
2. The trainee will have a thorough knowledge of the indications, limitations and major complications of various gastrointestinal procedures, including liver biopsy, UGI endoscopy, colonoscopy, ERCP, and esophageal motility studies.
3. The trainee will be able to identify life threatening GI conditions and organize and execute effective and timely investigations and management taking into consideration the nature of the problem, its prognosis, global health status, and the patient's wishes regarding intervention.
4. The trainee will demonstrate an understanding of the clinical use of various radiographic imaging studies of the gastrointestinal tract and be aware of the indication and limitations of each:
 - a) Plain films – differentiate mechanical obstruction verses ileus; perforated viscus.
 - b) Understand the use of contrast studies to assess achalasia and to assess for anatomic abnormalities, such as perforation, stricture or fistula
 - c) US/CT/MRI scans – Understand the approach in recognizing gallstones, acute cholecystitis, CBD obstruction, pseudocysts of the pancreas, acute pancreatitis, cancer of the liver/pancreas, ascites. Inflammatory bowel disease- understand the appropriate use of CT and MRI to define small bowel anatomy and CT colonography to assess for polyps and mass lesions of the colon
5. The trainee will demonstrate effective, appropriate and timely performance of diagnostic and therapeutic paracentesis and ensure appropriate informed consent, patient safety and follow-up.
6. The trainee will understand the indications and contra-indications for enteral feeding, including the ethical issues pertaining to long term enteral feeding.
7. The trainee will be able to accurately assess and correct any blood and/or fluid loss in a patient presenting with gastrointestinal bleeding or severe extracellular fluid losses.
8. When presented with a patient with a gastrointestinal problem, the trainee will be able to :
 - a) Perform a thorough history with particular emphasis on the detailed history of the present problem.
 - b) Perform a general physical examination as well as a detailed examination of the gastrointestinal system.
 - c) Discuss the significance of any abnormal physical findings related to diseases of the gastrointestinal system.

COMMUNICATOR

1. The trainee must document clearly and concisely by means of notes, procedure notes and clinical letters, the essential components of all clinical encounters. The analysis and clinical plans should be recorded at a level of sophistication in keeping with the PGY level.

2. Appreciate the importance of effective and clear communication with patients and involved family members.

COLLABORATOR

1. The trainee will recognize and integrate into case management the roles of other healthcare providers, including surgeons, physician specialists, dieticians, speech pathologists, psychiatrists, and social workers.
2. To foster respect for and appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

LEADER

1. Based on the differential diagnosis, the trainee will be able to propose logical cost effective investigations that would aid in establishing the diagnosis.
2. The trainee will understand the indications as well as limitations and complications of various radiological and endoscopic investigations of the gastrointestinal tract.
3. The trainee will observe endoscopic procedures on his/her patients and clearly understand the indications for these procedures.

HEALTH ADVOCATE

1. The trainee will recognize the role played by the Gastroenterologist in the health care system.
2. Appreciate the patient autonomy and the religious, ethnic, and psychosocial factors which influence the doctor-patient relationship and to take such factors into account when pursuing problems and understanding patient decisions.
3. The trainee will appreciate the impact of psychosocial factors, such as depression and substance abuse, on the occurrence and management of GI conditions.

SCHOLAR

1. Make reference to the literature in appropriately complex cases.
2. Appreciate the importance of critical appraisal of the literature and the application of the literature in patient care.
3. Recognize the requirement for self-assessment, and the critical role of self-directed learning and continuing medical education.
4. Teaches junior housestaff on the GI rotation, when applicable.

PROFESSIONAL

1. Behave in a respectful manner toward patients, families, and other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Ensure adequate transition of care of patients including assuring proper handover of patients
4. Recognize the limits of one's expertise by knowing when to call for help
5. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
6. Answer pages promptly and display punctuality

These objectives will be acquired by the following methods:

1. Assignment to the gastroenterology service with exposure to inpatient emergency and outpatient component.
2. Direct interaction with the attending Gastroenterologist and discussion of patients on a case-by-case basis.
3. Both didactic and interactive teaching by the attending Gastroenterologist for at least one hour per week as per the Minimal Teaching Requirements.
4. Attendance at academic half-day, medical grand rounds, noon-time rounds, and morning report.
5. Learning about evidenced based medicine and discussion of the relevant literatures surrounding the patients on the Gastroenterology service.
6. Performing appropriate procedural skills under appropriate supervision where possible.
7. Interaction with other members of the healthcare team.

These objectives will be evaluated by the following methods:

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. As a lead in to competency based education, weekly clinical encounter cards and coaching are used as a formative assessment.

1. The trainee’s knowledge base, clinical skills, and attitudes will be continually observed during ward rounds, clinics, review of consultations, and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated.
The accuracy of history taking and physical findings will be assessed in two ways:
 - a) By confirming the findings reported in the oral or written case report
 - b) By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific patient problem prior to them receiving input from the attending Gastroenterologist.
4. Monitoring of attendance at academic half-day, medical grand rounds, noon-time rounds and morning report.
5. Professional attitudes such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee’s interaction with other members of the healthcare team. The attending staff may seek the opinion from other members of the healthcare team concerning these aspects of the evaluation.
6. In-training evaluation reports (ITER)
7. Direct observation of performance of procedures and Logging procedure completion in T-RES
8. Evaluation by the attending staff of trainees’ work-up and management of patients seen during the occasional cross coverage of the other subspecialties on call.

Responsibilities of the Resident

1.	GI inpatient consultations and procedures	Average 3/day	5 half days
2.	GI Emergency Room consultations	Average 1/week	
3.	GI outpatient clinic	2/week	2 half days
4.	GI Procedure lists	2/week	2 half days
		ERCP list	1-2/week

5. Attendance at Morning report, GI rounds as well as Grand Rounds and any visiting lecturers' presentations
6. Attendance at weekly GI ward rounds and teaching session
7. Senior residents have the opportunity to act as senior resident for GI inpatients providing support and teaching for junior CTU housestaff
8. Radiology and/or Pathology component if there is interest and availability

November 2019