DUKE INTERNAL MEDICINE RESIDENCY PROGRAM

GASTROENTEROLOGY SUBSPECIALTY CONSULTS (ELECTIVE) ROTATION DESCRIPTION
Biliary, General GI and Hepatology

http://gi.duke.edu/

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On the first day of the rotation review packet emailed to residents by Jill Rimmer

OVERVIEW: The Duke Gastroenterology-Hepatology Consults (Elective) Rotation consists of an inpatient, consultative experience for the medical house staff, presenting trainees with the opportunity to learn a broad spectrum of Gastroenterology and Hepatology. The house staff on the Gastroenterology Rotation work closely with a GI fellow. The intern or resident is responsible, under the supervision of the fellow and teaching attending, for the performance of inpatient consults as requested from other clinical services at Duke University Medical Center or the Durham VA. The interns and residents will staff all new consults and round with the teaching attending physician daily. The interns on the GI-Hepatology elective typically see 1-2 consults/day. The junior and senior assistant residents may see 3-4 consults/day.

Clinical Responsibilities
Residents on Duke GI or VA consult services should report to the Endoscopy Unit at 8 am unless there is a conference that morning. Residents on Hepatology consults should page the fellow at 8 am. Residents will review patients with the fellows and attending on the service and discover if any new consults occurred over night. The resident will then evaluate and write notes on both new and ongoing consults. Residents should contact the fellow or attending immediately in the event of a critically ill patient that requires urgent intervention or decisions regarding patient care. Residents will then round with the attending and fellows later in the day.

Consultations: residents should obtain a focused history and physical examination relevant to the consultation. The H&P should be documented prior to rounds. The resident should develop an initial assessment with differential diagnoses and treatment plan. The resident should read independently and confer with the fellows as needed. The resident should document an initial assessment and plan prior to teaching rounds. Residents should also contact the primary team and communicate as needed to facilitate care.

Follow-up consultations: residents will be directed by the attending and fellows regarding patients that the service will continue to follow. Residents will write daily notes on patients they are following. Residents will not sign off on a patient without the approval of the attending. Residents should continue to interact with the primary team and communicate as needed to facilitate care.

Clinic: Residents on the Durham VAMC Gastroenterology Consult Service will also attend clinic every Thursday morning. Residents will evaluate these outpatient consultations and review them with the supervising attending.

Call responsibilities: there is no call for the resident on the service. If residents elect to moonlight on other services, these responsibilities must not impact the resident’s attendance for clinical responsibilities and teaching conferences on the Gastroenterology Consult Service.
GOALS OF THE ROTATION:

1) To learn how to perform inpatient consultations and become a competent and caring physician in the needs of patients with Gastroenterological and hepatic disorders who require hospitalization

2) To learn internal medicine with focus on the subspecialty field of Gastroenterology/Hepatology

The required didactic conferences during this rotation are:

1- Core Lectures in Gastroenterology (Summer Lecture Series)
   Tuesdays and Wednesdays at 5:00 p.m.
   03149 - Tyor Conference Room, Basement Orange Zone, Duke South

2- Multidisciplinary Conference (Biliary, General GI or Hepatology Consults)
   Tuesday 7:30 a.m., HAFS Building, Room 7683A

3- GI Research Conference
   1st Tuesday or Wednesday at 5:00 p.m.
   03149 - Tyor Conference Room, Basement Orange Zone, Duke South

4- Faculty lectures or GI Jeopardy
   2nd and 3rd Tuesdays at 5:00 p.m.
   03149 - Tyor Conference Room, Basement Orange Zone, Duke South

5- GI Journal Club
   4th Tuesday at 5:00 p.m.
   03149 - Tyor Conference Room, Basement Orange Zone, Duke South

6- Gastroenterology Grand Rounds
   Thursdays at 8:00 a.m.
   Clinic 2H Conference Room

7- Case Conference – 03149 - Tyor Conference Room, Basement Orange Zone, Duke South
   o 1st Thursday 7:00 a.m.
   o 2nd Wednesday 5:00 p.m.
   o 3rd Thursday 5:00 p.m.
   o 4th Wednesday 5:00 p.m.

PATIENTS AND DISEASE PROFILE:

Inpatient GI and Hepatology Subspecialty Consult Service: Adult inpatients on any adult service within Duke University Hospital who are confirmed or suspected of having a gastroenterological condition or liver disease.

GI/Hepatologic conditions that are frequently encountered during the Consult Rotation:

DISORDERS OF THE ESOPHAGUS: Motility disorders, infectious esophagitis, gastroesophageal reflux, hiatal hernia, Barrett’s esophagus, mucosal tear (Mallory-Weiss) and GI hemorrhage, esophageal perforation, neoplastic diseases of the esophagus
DISORDERS OF THE STOMACH: Peptic ulcer disease and gastritis, chronic gastritis, H. pylori infection, gastric ulcer, duodenal ulcer, upper GI hemorrhage, gastric emptying disorders, post-gastric bypass surgery syndromes, gastric or duodenal perforation and acute peritonitis, tumors of the stomach

DISORDERS OF THE SMALL BOWEL: Gastroenteritis, small bowel obstruction, celiac disease, malabsorption syndromes, protein losing enteropathy, inflammatory bowel disease of the small bowel, tumors of the small bowel

DISORDERS OF THE COLON: Inflammatory bowel disease, irritable bowel syndrome, diverticulosis and diverticulitis, intestinal pseudoobstruction, infectious colitis, ischemic colitis, angiodysplasia of the colon, mesenteric ischemia and infarction, polyps, colorectal cancer, hemorrhoids

PERITONEAL DISORDERS: Acute peritonitis, peritoneal carcinomatosis, chylos ascites,

DISORDERS OF THE LIVER: Viral hepatitis, drug-induced and toxic liver disease, autoimmune hepatitis, alcohol-related hepatitis, alcohol-related cirrhosis, non-alcoholic fatty liver disease, cryptogenic cirrhosis, primary biliary cirrhosis, hepatic vein thrombosis and Budd-Chiari, portal vein thrombosis, metabolic liver diseases, sequel of liver cirrhosis such as portal hypertension, gastroesophageal varices and hemorrhage, ascites, splenomegaly due to cirrhosis and portal HTN, spontaneous bacterial peritonitis, hepatic encephalopathy, hepato-renal syndrome, coagulopathy, hepatocellular carcinoma, liver transplantation indications and evaluation, liver abscess, liver disorders associated with systemic diseases, neoplastic disorders of the liver

DISORDERS OF THE GALLBLADDER / BILE DUCTS : Cholelithiasis, acute cholecystitis, chronic cholecystitis, primary sclerosing cholangitis, choledocholithiasis, biliary tract tumors

DISORDERS OF THE PANCREAS: Acute pancreatitis, chronic pancreatitis, pancreatic pseudocyst, pancreatic exocrine insufficiency, pancreatic endocrine tumors, pancreatic cancer

DUTIES of the Intern/JAR/SAR:
The medicine interns and residents rotate through the inpatient GI/Hepatology consult service at DUH. Several teaching attending physicians rotate on a weekly basis on the inpatient consultation service at Duke University Hospital. During the week, the medical resident receives the consults from the GI or liver service fellow on consult rotation and performs these consultations. The medical resident then presents the case(s) to the teaching attending who reviews the history and physical examination with that resident. The medical resident will then follow-up on the consultation patient as deemed appropriate by the consultation team. The medical resident rounds with the GI/Liver attending on a daily basis at least once a day and more frequently as needed.

Procedures
The house staff will have the opportunity to observe gastroenterological procedures such as upper and lower GI endoscopies, ERCP and transcutaneous liver biopsy. In some cases, the house staff may perform procedures for which they have been properly trained such as abdominal paracentesis, and will be supervised by the fellow or attending physician. All procedures need to be documented by a written note in the chart. Prior to all procedures, patient identification should be accomplished using the “TIME-Out” process. The attending physician will be present during the critical portion of any procedure.
Hand-off protocol
The resident handoff in browser for the GI/Liver Consult service is updated by the house officer at the end of the day following attending rounds.

Back-up
At no time should house staff feel overwhelmed by either the number of patients to care for, amount of work to do or a feeling that there are too many patients that need to be seen. In the event that this does occur, the residents need to take responsibility for asking for help and should not feel any pressure to not do so, or that such an action would be viewed as “a sign of weakness”. Available resources include the fellow on call, the chief resident, and the attending physician on service or on call.

EDUCATION METHODS:
Residents are assigned significant responsibilities for patient evaluation and care in both the inpatient and outpatient settings where teaching and supervision are provided by fellows and attending physicians. These clinical experiences are complemented by didactic conferences which focus on clinical and basic science aspects of Gastroenterology, GI radiology, clinical laboratory testing, GI pathology, liver transplantation and surgery.

Supervision of the trainees by faculty is accomplished by:
- Review by the faculty of the resident’s history and physical examination, plan of therapy and evaluation of laboratory and other diagnostic data
- Direct Observation of Resident’s History and Physical Examination
- Direct Observation of Procedures and Skills
- Case Review and Discussion at Conferences

Assumption of responsibility for the care of patients is monitored by:
- Review by the faculty of the resident’s history and physical examination, plan of therapy and evaluation of laboratory and other diagnostic data
- Direct Observation of Procedures and Skills
- Case Review and Discussion at Conferences

EVALUATION METHODS:
Each resident will be evaluated for his/her ability to formulate a reasonable plan of diagnostic testing and patient management, as well as by his/her performance of collateral reading and medical knowledge, judgment, intellectual honesty, and maturity. The resident’s performance in the core competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and system based practices will be evaluated by the various attending physicians with whom s/he works during this rotation and documented using https://duke.medhub.com/. Each resident will also be evaluated by the attending as needed as to his/her potential for academic medicine, insofar as the attending can assess this through observation and interaction in the context of the rotations in the outpatient clinics and inpatient consult service. The evaluation will consist of a written evaluation as well as individual verbal feedback.

CORE COMPETENCIES:
Patient Care
1. Recognize common clinical presentations and cardinal manifestations of Gastroenterologic and hepatic disorders to formulate initial clinical impression and differential diagnosis
2. Demonstrate comprehensive evaluation, presentation, documentation and decision-making skills including history taking, physical examination, laboratory evaluation, diagnosis and patient management on the Gastroenterology inpatient consult service
3. Develop and carry out comprehensive patient evaluation and management plans for patients with Gastroenterologic and hepatic disorders.

4. Gain clinical experience and competence in safely performing and interpreting procedures required for the diagnosis of Gastroenterologic and hepatic disorders under the supervision of the GI fellow and attending physician.

5. Acquire clinical skills, experience and competence in consultative Gastroenterology/Hepatology to provide patient care recommendations to patients on other subspecialty or specialty services

**Medical Knowledge**

1. Appropriately select, order and interpret routine Gastroenterologic and Hepatologic tests and apply the findings to the management of patients

2. Effectively employ medical knowledge to manage patients seen in the Gastroenterology clinic or on the inpatient consult service under the supervision of fellow and attending physician

**Practice Based Learning and Improvement**

1. Identify and evaluate evidence from clinical and scientific studies relevant to patients with Gastroenterologic and Hepatologic disorders.

2. Present case discussions and literature reviews at the weekly Gastroenterology-Hepatology conferences working closely with the fellows.

**Interpersonal and Communication skills:**

1. Work effectively as part of the ambulatory staff and inpatient consult service team consisting of fellows, other residents, medical students, nursing staff and pharmacists.

2. Develop effective communication skills towards patients, their families, colleagues, and members of the patient care team

**Professionalism:**

1. Demonstrate exemplary attitude, respect, compassion and integrity at all times.

2. Demonstrate a commitment to excellence and ongoing professional development.

**System Based Practices:**

1. Practice cost-effective utilization of laboratory studies

2. Work effectively with primary health care teams and ancillary care providers to provide appropriate and timely patient care

3. Coordinate outpatient follow-up for consult patients and communicate with clinic physicians.