Gastroenterology In-patient Consult Services and Out-patient Clinic Curricula

The Gastroenterology division provides evaluation and consultative management of those patients with various Gastroenterological diseases who have been admitted to both medicine and non-medicine services including ICU patients, as well as patients seen at the request of their primary medical practitioners in the out-patient setting. The Gastroenterology division includes the following individuals:

Ronald D. Szyjkowski, MD- Chief and Program Director, Division of Gastroenterology
Uma K. Murthy, MD
David G. Heisig, MD, FACP
Savio John, MD
Sekou R. Rawlins, MD, FACP
Anand Gupta, MD- Chief of Gastroenterology at the Veterans Administration Medical Center
Osman Arif, MD
Divey Manocha, MD
Nuri Ozden, MD
Debra Farenga, NP

Professors Emeritus:
Philip G. Holtzapple, MD
Robert L. Levine, MD

Adjunct Faculty:
Ajoy Roy, MD

I. Educational Purpose
   a. Training in Gastroenterology via exposure to patients at the University Hospital, the Hill Medical Center and the Veteran's Administration Medical Center
   b. Exposure to routine gastrointestinal procedures including esophagastroduodenoscopy, colonoscopy and flexible sigmoidoscopy
   c. Gastrointestinal didactic sessions in Pathology, basic sciences, clinic sciences, and Radiology
   d. Understand the indications for and interpretation of gastrointestinal laboratory and diagnostic imaging studies
   e. Honing of interviewing, physical exam and presentation skills with emphasis on differential diagnoses, assessments and care planning particular to patients with gastrointestinal illnesses
II. Learning Venues  
a. In-patient Consult Services- University Hospital and the Veterans Administration Medical Center  
i. Rotation Description-The in-patient service offers concentrated exposure to acute gastrointestinal cases that require an elevated level of care at both the VA and University Hospital. These are constituted of inpatient consultations. The house-staff will be allowed to perform the initial interview, examination and assessment of these patients under the direct supervision of the attending staff in conjunction with the gastroenterology service fellow. House-staff will be expected to give detailed presentations on their patients with emphasis on differential diagnosis, assessment and comprehensive plans. They will be expected to recommend laboratory and procedural evaluations as a part of their overall plan. Whenever possible they will observe procedures performed on the patients they evaluate and will participate in these procedures at the discretion of, and under the supervision of, the faculty attending.  
ii. Resident Expectations-The inpatient resident will attend all didactic sessions required by the residency program. In addition they will attend gastroenterology service conferences. As assigned by the service attending, they will prepare and present mini-lectures, reviews of the literature, and case-focused discussions. All residents are encouraged to access the core curriculum, which is available via the university web page.  
iii. Teaching Methods  
1. Daily Rounds  
2. Recommended Reading  
3. Mandatory Conferences  
   a. Pathology Conference (Bi-Monthly, Friday AM) - Recent cases of teaching interest are reviewed with the staff pathologist. This allows correlation of endoscopic findings with histopathology. In addition, specific areas of interest are targeted for discussion with appropriate histologic material for review.  
   b. GI Radiology Conference (Monthly-October-June Wednesday AM) - Cases are selected either by the Gastroenterology Service or by the Radiology staff presenting the conference. Common and uncommon radiologic features are reviewed. This may be on a selected interesting case or targeted topic basis. Normal anatomy as well as imaging techniques and general principles of radiology will also be covered.
c. Power Rounds (Weekly-Thursday AM) - The entire staff including house staff and fellow physicians meet to hear high-value presentations of import to the entire Department.

d. GI Tumor Multi-Disciplinary conference (First Monday of each month AM)

e. Hepato-biliary Pancreatic Multi-Disciplinary Conf/GI Oncology – [(Weekly conference-Monday PM)* Now optional]

f. Core Lecture (Tuesday PM)
   i. A series of lectures, usually of didactic nature, on common clinical problems, diagnostic techniques or therapeutic modalities, are presented.
   ii. Basic Science Conference (Bimonthly) - A series of lectures by both staff and fellow physicians, covering basic science and physiology topics.
   iii. Journal Club (Monthly) - Articles from the general medical literature, as well as gastroenterology journals, are reviewed by the entire Service. Critical review of scientific articles is emphasized. Important articles and reviews are copied for lateral review and permanent files.
   iv. Process-Improvement Project report (Bi-annual)- The fellows report on projects that they have embarked upon with an eye to seeking out clinical questions, correcting inefficiencies within our practice with an eye towards publication under faculty supervision.

b. Out-patient- Clinics at the Hill Medical Center and the Veterans Administration Medical Center
   i. Rotation Description- The out-patient rotation offers exposure to patients presenting to the Hill Medical Center and Veterans Administration Medical Center at Syracuse for consultation regarding general gastrointestinal complaints. While emphasis will be placed on evaluation of new patients, exposure to follow up patients will also be offered. To ensure an adequate mix of patients and exposure to liver disease the house-staff will also see patients in the hepatology clinics of both the Veteran's Administration Medical Center at Syracuse and the University Health Care Clinic. The house-staff will be allowed to perform initial interview, examination and assessment of these patients under the direct supervision of the attending staff in conjunction with the gastroenterology fellow.
   ii. Resident Expectations- House-staff will be expected to give detailed presentations on their patients with emphasis on differential diagnosis, assessment and comprehensive plans. They will be expected to recommend laboratory and procedural evaluations as a part of their overall plan. They will observe procedures performed on the patients at Veteran's
Administration Medical Center at Syracuse and the University Endoscopy Suite. They will participate in these procedures at the discretion of and under the supervision of the service attending. When possible, direct training in diagnostic flexible sigmoidoscopy will be provided.

iii. Teaching Methods- Residents will be given the opportunity to review charts of patients with faculty prior to a clinical encounter. Having seen and assessed patients, they will return to discuss the case’s clinical and educational merits pertinent to their level of intellectual development along a spectrum from reporter, to interpreter, to manager, to educator.

iv. Resident evaluation- Residents will be evaluated based on presentations, patient interviews and physicals, assessments, documentation and general knowledge per departmental standards as outlined in the Evaluation Processes of the Core Residency Program.

c. Research- Research activity within the division is available for resident house-staff on a case by case basis as arranged with individual faculty. Evaluation will also be individualized and based on preparation, participation and completion of the project.

III. Mix of diseases- Highest value topics to the Internal Medicine learner have been bolded

a. Basic approach to:
   i. Acute abdominal pain
   ii. Chronic abdominal pain
   iii. Common esophageal disorders: dysphagia, odynophagia, globus sensation, heartburn
   iv. Dyspepsia
   v. Nausea and Vomiting
   vi. Diarrhea
   vii. Intestinal gas
   viii. Fecal incontinence
   ix. Constipation
   x. Gastrointestinal bleeding
   xi. Jaundice

b. Nutrition in Gastroenterology
   i. The malnourished patient
   ii. Nutrition in gastrointestinal disease
   iii. Obesity
   iv. Food allergies

c. Topics involving multiple organs
   i. Diverticular diseases
   ii. Abdominal hernias and gastric volvulus
   iii. Foreign bodies and gastric bezoars
   iv. Caustic injury to the upper gastrointestinal tract
   v. Abdominal abscesses and fistulae
   vi. Eosinophilic disorders of the gastrointestinal tract
   vii. Protein losing gastroenteropathy
   viii. Gastrointestinal lymphomas
ix.  **Gastrointestinal stromal tumors**

x.  **Carcinoid tumors**

  xi.  Endocrine tumors of the pancreas and gastrointestinal tract

  xii.  Gastrointestinal consequences of HIV infection

  xiii.  Gastrointestinal and hepatic complications of solid organ and hematopoietic stem cell transplantation

xiv.  Vascular lesions of the gastrointestinal tract

  xv.  Surgical peritonitis and other diseases of the peritoneum, mesentery, omentum and diaphragm

xvi.  **Gastrointestinal and hepatic disorders in the pregnant patient**

xvii.  Radiation injury to the gastrointestinal tract

xviii.  Complications of gastrointestinal endoscopy

d.  **Esophagus**

  i.  **Achalasia**

  ii.  Hypermotility disorders of the distal esophagus

  iii.  Esophageal hypomotility disorders

  iv.  **Gastroesophageal reflux disease and its complications**

  v.  Esophageal disorders caused by medications, trauma and infection

  vi.  Tumors of the esophagus

e.  **Stomach and duodenum**

  i.  **Gastric motor disorders**

  ii.  **Helicobacter pylori**

  iii.  Gastritis and gastropathies

  iv.  **Peptic ulcer disease**

  v.  Tumors of the stomach

f.  **Pancreas**

  i.  **Acute pancreatitis**

  ii.  **Chronic pancreatitis**

  iii.  Pancreatic cancer, cystic pancreatic lesions, and other non-endocrine pancreatic tumors

g.  **Biliary tract**

  i.  Congenital abnormalities of the biliary tract

  ii.  Gallbladder dyskinesia

  iii.  Sphincter of Oddi dysfunction

  iv.  Disorders of the enterohepatic circulation

  v.  **Gallstone disease**

  vi.  Acalculous cholecystitis, cholelithiasis, adenomyomatosis, and polyp of the gallbladder

  vii.  Sclerosing cholangitis and recurrent pyogenic cholangitis

  viii.  **Tumors of the gallbladder, bile ducts and ampulla**

  ix.  **Endoscopic and radiologic treatment of biliary disease**

h.  **Liver**

  i.  **Liver chemistry and function tests**

  ii.  Hemochromatosis

  iii.  Wilson disease

  iv.  Other inherited metabolic disorders of the liver
v. Hepatitis A
vi. **Hepatitis B and D**

vii. Hepatitis C - with emphasis on emerging treatment strategies
viii. Hepatitis E

ix. Hepatitis caused by other viral agents

x. Bacterial, parasitic, and fungal infections of the liver, including liver abscesses

xi. Vascular diseases of the liver

xii. **Alcoholic liver disease**

xiii. Non-alcoholic liver disease

xiv. Liver disease caused by drugs

 xv. Liver disease caused by anesthetics, toxins and herbal preparations

xvi. Autoimmune hepatitis

xvii. Primary biliary cirrhosis

xviii. Portal hypertension and gastrointestinal bleeding

xix. Ascites and spontaneous bacterial peritonitis

 xx. Hepatic encephalopathy

xxi. Complications of liver disease, including hepato-pulmonary and hepato-renal syndromes

xxii. Acute liver failure

xxiii. Hepatic tumors and cysts

xxiv. Liver transplantation

i. Small and large intestine

   i. Abnormalities in normal embryologic development

   ii. Clinical consequences of disordered small intestinal motility

   iii. Disorders of colonic motility

   iv. Changes in water and electrolyte transport in colonic disease

   v. **Bariatric surgery: effect on digestion and absorption**

   vi. Malabsorption and malabsorption

   vii. Enteric bacterial overgrowth

   viii. **Short bowel syndrome**

   ix. Celiac and refractory sprue

    x. Tropical malabsorption and tropical diarrhea

    xi. Whipple’s disease

    xii. Infectious enteritis

    xiii. Antibiotic-associated diarrhea

   xiv. Clostridium difficile colitis

    xv. Intestinal protozoa

    xvi. Intestinal worms

   xvii. Crohn’s disease

   xviii. Ulcerative colitis

    xix. Ileostomy, colostomy and pouches

    xx. **Intestinal ischemia**

     xxi. Ulcers of the small and large intestines

     xxii. Appendicitis

   xxiii. **Colonic Diverticular disease**
xxiv. **Irritable bowel syndrome**
xxv. Intestinal obstruction and ileus
xxvi. **Acute and chronic pseudo-obstruction**
xxvii. Small intestinal neoplasms
xxviii. **Colonic polyps and polyposis syndromes**
xxix. **Malignant neoplasms of the large intestines**
xxx. Diseases of the anorectum
xxxi. Miscellaneous diseases of the colon and rectum

j. **Psychosocial factors**
   i. A biopsychosocial understanding of gastrointestinal illness and disease
   ii. Palliative medicine in patients with advanced gastrointestinal and hepatic disease
   iii. Complementary and alternative medicine
   iv. The effects of chronic pain related to gastrointestinal disease
      1. 
      2. 

IV. **Method of evaluation**-Evaluations is based on the six core competencies. All team members are expected to complete formal evaluations at the end of each rotation using the web-based MedHub evaluation software. Residents at all levels of training are evaluated by their attending and peers.
   1. Patient Care
   2. Medical Knowledge
   3. Professionalism
   4. Interpersonal and Communication skills
   5. Practice based learning
   6. Systems based practice

Reviewed/Revised by: Dr. Sekou R. Rawlins

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