Gastroenterology Curriculum

Resident Component

CURRICULUM AND OBJECTIVES

INTRODUCTION: The purpose of this document is to outline the general medicine residency gastroenterology rotation under the auspices of the Division of Gastroenterology in the Department of Medicine.

OBJECTIVES:

1. Training in Gastroenterology via exposure to patients at the University Hospital and the Veteran's Administration Medical Center.

2. Exposure to routine gastrointestinal procedures including esophagogastroduodenoscopy, colonoscopy and flexible sigmoidoscopy.

3. Gastrointestinal didactic sessions in Pathology, basic sciences, clinic sciences, and Radiology.

4. Understand the indications for and interpretation of gastrointestinal laboratory and diagnostic imaging studies.

5. Honing of interviewing, physical exam and presentation skills with emphasis on differential diagnoses, assessments and care planning particular to patients with gastrointestinal illnesses.

Residents are exposed to patients with gastrointestinal problems in the inpatient and outpatient settings. The rotation in Gastroenterology involves GI Clinic and inpatient consults in two different hospitals. Residents are expected to attend core lecture series relating to GI topics during their GI rotations. They will refer patients to GI from their General Medicine services and from their continuity clinics and co-manage these patients with the gastroenterologists.

INPATIENT: The inpatient service offers concentrated exposure to acute gastrointestinal cases that require an elevated level of care at both the VA and University Hospital. These cases include both inpatient consultations and direct service admissions. 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. When possible, direct training in diagnostic flexible sigmoidoscopy will be provided.

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.

OUTPATIENT: The outpatient rotation offers exposure to patients presenting to the University Health Care Clinic and Veteran's 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. 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.

The outpatient 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, review of the literature and case focused reviews. All residents are encouraged to access the core curriculum, which is available on via the university web page.

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.

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.

TEACHING STAFF:

A. The following are the full-time staff of the State University of New York Upstate Medical University Gastroenterology Fellowship Training Program:

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<th>IM</th>
<th>GI</th>
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<td>Ronald D. Szyjkowski, M.D.</td>
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<td>Philip G. Holtzapple, M.D.</td>
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B. The following are non-full-time staff (Academic - Emeritus) of the State University of New York Upstate Medical University Gastroenterology Fellowship Training Program:

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<tr>
<td>Robert A. Levine, MD</td>
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IM = Internal Medicine GI = Gastroenterology PED = Pediatrics C = Board Certified E = Board Eligible

C. The following are Clinical Adjunct staff of the State University of New York Upstate Medical University Gastroenterology Fellowship Training Program:

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<td>Ajoy Roy, MD</td>
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IM = Internal Medicine GI = Gastroenterology PED = Pediatrics C = Board Certified E = Board Eligible

D. The following are Research mentor staff of the State University of New York Upstate Medical University Gastroenterology Fellowship Training Program:

GASTROENTEROLOGY SERVICE CONFERENCES:

1. 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.

2. GI Radiology Conference (Monthly-October-June Wednesday PM) - 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.

3. Power Rounds/Interesting Case Conference (Weekly-Thursday AM) - The entire staff including house staff and fellow physicians meet to discuss either perplexing diagnostic cases or management problems so that all may be allowed to participate and contribute their knowledge
and experience. The fellow presenting the case also reviews and formally presents the most recent and/or pertinent literature concerning the case.

4. Hepatobiliary Pancreatic Multi-Disciplinary Conf/GI Oncology – (Weekly conference-Wednesday PM)

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

**Core Lecture (Tuesdays PM):**

6. Clinical Conference Series - A series of lectures, usually of didactic nature, on common clinical problems, diagnostic techniques or therapeutic modalities, are presented.

7. Basic Science Conference (Bimonthly) - A series of lectures by both staff and fellow physicians, covering basic science and physiology topics.

8. 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.

Reviewed/Revised by: Dr. Renee Williams
Revised on: 7/10/2012